**Continuing Healthcare (CHC) - Question and Answer Information Sheet**

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| **1** | **Q** | **What is NHS Continuing Healthcare?** |
|  | **A** | NHS Continuing Healthcare (CHC) is provided to people who have been deemed to have a primary need for healthcare in a nursing or specialist care home. When a patient is assessed and determined as eligible for Continuing Healthcare funding, a package of care will be arranged for them to meet their healthcare needs. This will be free of charge to the individual receiving care for their health needs. |
| **2** | **Q** | **Why have I been asked to have a Continuing Healthcare assessment?** |
|  | **A** | The National Framework for Continuing Healthcare stipulates that any patient whose healthcare needs change so that they now require nursing support should be screened to see if they may be eligible for Continuing Healthcare funding.  A ‘Screening Checklist’ will be completed for each of these patients. If the checklist is positive, then the patient will be offered a ‘full’ Continuing Healthcare assessment to determine whether they are eligible for funding. |
| **3** | **Q** | **What does the full Continuing Healthcare assessment involve?** |
|  | **A** | A member of the Continuing Healthcare team will undertake a comprehensive assessment on behalf of NHS Warwickshire. This will involve collecting information from healthcare professionals and the Local Authority, as well as any other representatives involved in the patient’s care. The assessor will take into consideration all aspects of their health and wellbeing, including physical, mental and psychology needs.  The patient will be asked to give consent for this assessment to take place, and is welcome to have any relatives/representatives present during it. If the patient being assessed is lacking mental capacity, a ‘Best Interest’ decision will need to be made (please refer to the Mental Capacity Act). |
| **4** | **Q** | **What is a Decision Support Tool?** |
|  | **A** | ‘Decision Support Tool’ is the name of the official toolkit (created by the Department of Health) that is used by healthcare professionals to review the patient’s assessment outcomes and decide whether the patient is eligible for Continuing Healthcare. |
| **5** | **Q** | **What happens if I do not agree with the assessment or Decision Support Tool outcomes?** |
|  | **A** | After the assessment has taken place, the patient and their representative will be sent a copy of the written assessment and Decision Support tool reports. If the patient or their representative feels that there are inaccuracies or omissions in the assessment report, they are given the opportunity to comment on these before discussions about eligibility are held among healthcare professionals. |
| **6** | **Q** | **What happens when the assessment is completed?** |
|  | **A** | When the assessment and the Decision Support Tool have been completed, the outcomes of both will be presented to a panel of professionals who make the final decision as to whether the patient should be eligible for Continuing Healthcare or not.  The decision of eligibility made by the ‘ratification’ panel will be sent to the patient and their representative in writing. |
| **7** | **Q** | **What happens if I am eligible for Continuing Healthcare funding?** |
|  | **A** | If the patient is agreed as eligible for Continuing Healthcare funding the Continuing Healthcare ‘Single Point of Access’ team will liaise with them and their representatives to discuss the required care provisions and how these will be coordinated. |
| **8** | **Q** | **Will my current care arrangements continue?** |
|  | **A** | NHS Warwickshire works to take patient’s preferences into consideration when organising care arrangements. However, NHS Warwickshire works with a framework of preferred care providers across the county that provide good quality of care for a reasonable cost, and comply with the National Framework for Continuing Healthcare. |
| **9** | **Q** | **How will my care arrangements be decided on?** |
|  | **A** | NHS Warwickshire has developed the ‘Patient Choice and Resource Allocation’ policy for Continuing Healthcare. This policy outlines the factors that NHS Warwickshire is required to consider when choosing potential care settings for patients.  NHS Warwickshire will identify three care settings that are equipped to provide suitable healthcare for the patient whilst providing value for money. One of these three options will be within a 10 mile radius of the patient’s preferred location.  The patient is required to choose one of the three options within 48 hours of the choices being offered, to ensure that the patient’s needs are met in a suitable environment as soon as possible, and that a suitable bed remains available. (Please note that if the patient has not made a decision within this 48 hour period, NHS Warwickshire is required to choose a care setting on behalf of the patient). |
| **10** | **Q** | **Will I continue to pay my personal contributions?** |
|  | **A** | No, once a patient is eligible for Continuing Healthcare, NHS Warwickshire becomes responsible for funding all the patient’s healthcare needs. |
| **11** | **Q** | **Is Continuing Healthcare funding permanent?** |
|  | **A** | Continuing Healthcare funding is only provided whilst a patient is eligible for it. Each Continuing Healthcare patient’s healthcare needs is reviewed on a regular basis. If a patient is reviewed and found to no longer be eligible for Continuing Healthcare, the funding would cease.  In this scenario, the patient may be eligible for alternative funding sources (e.g. Local Authority). NHS Warwickshire will support any such patients to arrange their next steps if they become ineligible for Continuing Healthcare funding. |
| **12** | **Q** | **Does Continuing Healthcare funding affect my benefits?** |
|  | **A** | Continuing Healthcare funding may affect patient’s benefit entitlements. To get a clear idea of the exact implications on benefits, patients should discuss their situation directly with their benefits agency. In addition, the Department of Health website provides relevant information in on their website “Continuing Healthcare, Other Benefits, and You”. ([www.dh.gov.uk](http://www.dh.gov.uk)). |
| **13** | **Q** | **I live at home and currently receive Direct Payments and/or Independent Living Funding (ILF). Will this be affected?** |
|  | **A** | Yes – as stipulated by the National Framework, NHS Warwickshire are not able to pay Direct Payments for any patient’s care, and cannot enter into a joint package of care for patients to retain their Independent Living Funding.  (The Department of Health has become aware of the difficulties caused by these limits, and are currently working with NHS Warwickshire on a project to overcome this problem. For more information, please research ‘Personal Health Budgets’ on the Department of Health website; [www.dh.gov.uk](http://www.dh.gov.uk)). |
| **14** | **Q** | **Can NHS Warwickshire support family members that act as carers for Continuing Healthcare patients with their need for respite?** |
|  | **A** | NHS Warwickshire will review all requests for respite care in line with the Patient Choice and Resource Allocation policy. Each case will be monitored individually, and the carer will be contacted to discuss how NHS Warwickshire can support them. |

**Please notify the Continuing Healthcare team on the above contact details in any of the following circumstances:**

* You move to a new care home
* You change from a residential placement to a nursing placement (even if it’s within the same care home)
* You are discharged from a care home
* There is a change in your health needs