

Draft

Greater Manchester **NHS**
Strategic Health Authority



**Continuing Health Care
Eligibility Criteria
May 2003**



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A joint initiative between:

[Greater Manchester Strategic Health Authority](#)

[Greater Manchester Primary Care Trusts](#)

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Bolton PCT

Bury PCT

Central Manchester PCT

Heywood & Middleton PCT

North Manchester PCT

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Chapter 1 – introduction

Since September 2002 a group of primary care trust and local authority officers have been meeting with officers of the Strategic Health Authority (SHA) to develop common criteria for eligibility for continuing NHS health care funding.

The new criteria will align the six sets of criteria previously operating across Greater Manchester and will meet the requirements of the Department of Health circular HSC2001/015: LAC(2001)18.

The continuing health care eligibility criteria will operate alongside the assessment for the registered nursing care contribution (also known as Free or Funded Nursing Care), and both will be complementary to the Fair Access to Care eligibility criteria operating within each Local Authority to determine access to adult social care services.

These criteria and supporting guidance take into account the recommendations made to the Department of Health, Strategic Health Authorities and Primary Care Trusts in the Health Service Ombudsman's Report of 20th February 2003 and the outcome of a legal challenge in 1998/9 known as the Coughlan judgement.

Primary Care Trusts and Local Councils were required by the Department of Health to agree SHA wide criteria by 1st October 2002 and implement them by 1st April 2003. The complexity of developing SHA-wide criteria supported by 14 Primary Care Trusts and 10 Local Authorities and our desire to involve patients and the public in the development of the criteria has delayed implementation across Greater Manchester until autumn 2003.

Ongoing development of the arrangements for meeting continuing health care needs, the full training of multi disciplinary teams and working towards consistent and robust application of the eligibility criteria across the SHA will be overseen by the Greater Manchester Joint Continuing Care Leads Group (members listed in Appendix 3). The group's terms of reference will include the following:

- Review the local implementation of the recommended

assessment process and advise the Group of any changes needed to improve the process.

- Review the consistency of application of the eligibility criteria.
- Consider the implications of any requests for a review of eligibility decisions and recommend local action needed to prevent repeat occurrences of problems.
- Share information about the commissioning of services and analyse the use of out-of-area placements in particular.
- Undertake a review of the eligibility criteria periodically and make recommendations for change if appropriate to the PCTs, Local Authorities and the SHA.

The Group is made up of representatives who will report back to their PCT Chief Executive, or Director of Social Services or Director of Performance Management at the SHA.

Joint principles underpinning our approach to continuing NHS health care.

- PCTs and Local Authorities will promote public and professional awareness about the availability of NHS funded continuing health care, how to access an assessment and how to request a review of an eligibility decision.
- People with continuing care needs are extremely vulnerable and their assessment or reassessment will be given priority over all other cases except for emergency or "critical" cases.
- All individuals who have substantial health or health and social care needs are entitled to have their needs assessed thoroughly by a joint team of health and social care workers using a comprehensive assessment process.
- Joint standards around the process of assessment are being developed, see chapter 4, and there is a commitment to monitor and review their implementation.

- Effective independent advocacy should be provided to support the full engagement of the service user if required or requested. These services are starting to develop and there is a commitment to explore how these might be developed further.
- A service user's preferences and wishes will be accommodated where possible. However this may not always be possible - risks, resources and equity of access to resources need to be taken into account.
- No one professional can make a decision that a service user is or is not eligible for a continuing health care package. A recommendation will usually be made at a formal meeting of the joint team of workers who are involved or likely to be involved in the care of a service user.
- A review procedure will be available to all service users who are unhappy about the outcome of the decision about their eligibility for fully funded NHS continuing health care services. Lessons learnt from all review cases will be disseminated through the Greater Manchester Joint Continuing Care Leads Group who will be responsible for effecting any changes in practice that might be necessary to prevent repeat occurrences of any problems which are identified.
- The services available to meet continuing health and social care needs will vary between PCTs and local authorities because of past investment decisions in the range and capacity of services.
- PCTs, Local Authorities and the SHA will work to share and promote good practice; develop best practice and promote standard setting and monitoring through the Greater Manchester Joint Continuing Care Leads Group. Consistency of application of the eligibility criteria rests with the PCT and Local Authority leads who are members of this group.
- The Greater Manchester Joint Continuing Care Leads Group will be responsible for reviewing this policy and its implementation on an annual basis (and any other occasions if necessary) and for recommending changes.

Chapter 2 – questions and answers

Who is covered by this policy?

The eligibility criteria described in this document apply to all adults of age 18 years and over including those with physical disabilities, learning disabilities and mental health problems.

What is continuing NHS health care?

Continuing care (or long term care) is a general term that describes the care which people need over an extended period of time as a result of disability, accident or illness to address both physical and mental health needs. It can also describe the care people might need at the end of their life. It may require the services of the NHS or from both the NHS and social care. It can be provided in a range of settings for example a hospital, a hospice, independent hospital,

care home with nursing or a person's own home¹. Continuing care is not intermediate care, transitional or interim care².

There are two categories of continuing NHS health care as follows:

Category 1: Fully funded continuing NHS health care – arranged and funded solely by the NHS when a service user meets the criteria described in chapter 3. It may be provided in a hospital, hospice, care home registered to provide nursing or in the service user's own home. If the NHS continuing health care is provided in a hospital, hospice or care home registered to provide nursing, the NHS will be responsible for funding the complete package.

If it is provided in an individual's own home, the NHS will meet the full cost of the service user's health care needs, but not the cost of accommodation, food or social care insofar as it can be distinguished from the overall package of care that is being provided to the individual.

Category 2: Continuing health care where the service user is not eligible for fully funded NHS continuing health care and the NHS does not have overall responsibility for the whole package of care.

This includes the wide range of services which PCTs have a responsibility to provide to meet the health needs of their population in a variety of settings, including a person's own home and a care home which is registered to provide nursing and/or residential care. It will include:

- primary health care;
- assessments involving doctors and registered nurses;
- rehabilitation and recovery (where

this forms part of an overall package of NHS care as distinct from intermediate care);

- respite health care;
- community health services;
- specialist health care support;
- health care equipment (in a care home this only applies to equipment which the home itself is not expected to supply);
- palliative care;
- specialist transport services.

The range and amount of NHS services provided in each case will vary and they may form part of a package of care funded jointly with a local authority.

Why do we need to develop a common set of eligibility criteria for fully funded continuing health care across the SHA?

Establishment of a common and consistently applied set of eligibility criteria will reduce inequalities of access to continuing care provision and ensure fair funding of care for vulnerable people in society.

When do the SHA wide eligibility criteria take effect?

The SHA wide criteria must be used by multidisciplinary teams and Primary Care Trusts from October 2003.

What is the relationship between continuing NHS health care and registered nursing care?

Local authorities are no longer responsible for providing nursing care by a registered nurse. Registered nursing care (RNCC) is the nursing care provided within a care home setting. Establishing entitlement to funding for registered nursing care is done through the RNCC Tool whereby residents are assessed as requiring of

¹ Since 1st April 2002 establishments which were registered as a nursing home or a residential care home are now all registered as care homes under the Care Standards Act 2000.

² Intermediate Care : has specific rehabilitative or recuperative objectives, and is provided for a time-limited period, usually no more than 6 weeks. Transitional or Interim Care : provided where the care setting is temporary and different to where the service user is expected to receive any continuing care which they might need.



nursing care in one of three bands (low, medium or high). The Primary Care Trust commissioning the nursing care then pays the care home to provide that care for which the service user is never charged. The Department of Health guidance supporting this section is HSC2001/17:LAC(2001)26 and Draft Supplementary Guidance on NHS Funded Nursing Care (January 2003)

Residents in receipt of NHS funded nursing care with health care needs requiring care which is extra to or more specialist than registered nursing care can be funded for either the top-up services required or may be eligible for fully funded continuing NHS health care if they meet the criteria in Section 3.

By April 2003, all existing residents of care homes who require nursing care will have been assessed for their nursing care, continence and equipment needs, using the Registered Nursing Care Practice Guide and Workbook, by registered nurses employed by the local Primary Care Trust. Physical and mental health nursing needs are also assessed.

Service users and their carers who are considering future placement in a care home should expect that a full care assessment such as the Single Assessment Process (see chapter 4) will be carried out before placement regardless of whether the placement is voluntary or however it is to be funded. The full assessment of care would include a nursing assessment.

When the SHA-wide policy is introduced, PCTs will need to review their local assessment tools for registered nursing care to ensure that they refer to and are consistent with the SHA wide eligibility criteria.

If an individual is placed in a care home with nursing and is eligible for funded nursing care in one of the 3 bands, funded by the PCT, but is not eligible for continuing NHS health care, the local authority retains overall responsibility for the funding of the package of accommodation and social care in line with its responsibilities under S21 of the National Assistance Act 1948.

How do people access continuing NHS health care assessment and funding?

When an individual is assessed as requiring health care services it is necessary to consider at the start of the process whether or not s/he is eligible for fully funded NHS continuing care (Category 1). If the service user is not considered so eligible it is then necessary to consider his/her eligibility for other forms of NHS continuing care (Category 2). In addition it is open to a service user, relative or carer to request an assessment or reassessment for continuing NHS health care.

Most people who become eligible for NHS fully funded continuing health care are already well known to the NHS and social services because of their substantial care needs. Many will already have a Care Manager or a health care Key Worker who is responsible for monitoring their health status and prompting reassessment of the care needs and services. People will usually already be in receipt of care services such as those provided in a general NHS hospital or in community settings through services provided by Primary Care Trusts or purchased from private sector or voluntary providers. These include the services listed under Category 2

Any of the service providers involved can also request an assessment for continuing NHS health care.

For some individuals, the services they are receiving are not sufficient to meet their needs and additional or very specialised services must be funded to meet their particular requirements.

For older people an assessment will take place through the Single Assessment Process. For those already using mental health services their assessment information will be generated through the Care Programme Approach and for those with learning disabilities through a range of assessment processes.

Where service users health needs are close to those which might be considered eligible for NHS funded continuing health care, the multidisciplinary team will consider the outcome of a

comprehensive assessment and make a recommendation for funding to the Primary Care Trust if they believe the service user is eligible for fully funded continuing NHS health care or a joint package. Service users and their families should be informed of the outcome of the teams discussions and whether an application for full NHS funding is being recommended to the Primary Care Trust. The Primary Care Trust must advise the service user of their decision about eligibility and funding and explain their decision in writing to the service user and/or their independent advocate. Service users and their families should also receive information about how they can request a review of the Primary Care Trust's decision if they are unhappy about it.

How are continuing NHS health and social care linked to each other?

When a service users' needs are assessed by a multidisciplinary team, all of the person's health and social care needs are considered and a complete Care Plan is drawn together. When the health and social care services required are described in a care plan and the individual is not eligible for fully funded NHS continuing health care, it is possible for funding to be provided by both the NHS and the Local Authority jointly. The Primary Care Trust and Local Authority may agree to fund the element of the care package they are responsible for in proportions, such as 50:50, or 20:80 or 60:40.

Local Authorities are entitled to ask individuals receiving social care services to make a financial contribution towards the cost of these services, calculated according to the individuals' ability to pay. The NHS makes no charge for providing a package of care or any part of a package which it is responsible for providing.

In applying the criteria for fully funded NHS continuing health care, Primary Care Trusts should not place a council in the position of providing services beyond those set out in Section 47 of the National Assistance Act 1948. Local authorities can provide health care which is "incidental or ancillary" to the provision of accommodation and social care services.

Chapter 3 – eligibility criteria

A PCT needs to first establish whether it is responsible for a service user who needs to be assessed for continuing care eligibility. This involves determining the “Responsible Commissioner” as described below.

IS THE PERSON THE RESPONSIBILITY OF A PRIMARY CARE TRUST THAT IS ACCOUNTABLE TO GREATER MANCHESTER STRATEGIC HEALTH AUTHORITY?

- Legislation prescribes that a PCT is responsible for securing the provision of service for all persons registered with a GP within the PCT and any unregistered service users resident within their geographical boundary.
- However, a General Practitioner must be located close enough to the service user’s normal place of residence to deliver the full terms of his/her contract with the NHS for example, to provide emergency and out-of-hours services to the service user. The role of a GP in providing care services is important and the ability to deliver a service must be taken into account. If the service user is resident far away these services cannot be delivered and a reassignment to a closer GP would be recommended.
- On rare occasions the GP registration rule may not need to apply and other rules may need to be taken into account to determine which PCT is responsible for commissioning continuing health care services. The Department of Health has not issued final guidance on these rules but updates a draft policy on their website (www.doh.gov.uk). The draft is titled “Establishing The Responsible Commissioner”.

ELIGIBILITY CRITERIA FOR FULLY FUNDED NHS CONTINUING HEALTH CARE

CATEGORY 1

Following a comprehensive assessment, a multi-disciplinary team

will meet to recommend whether the service user’s presenting needs meet the eligibility criteria for fully funded NHS continuing health care.

Whether an individual is eligible for continuing NHS health care will depend upon the nature, complexity and intensity of the individual’s health care needs and the intensity and frequency of the health care input which they require. The circumstances of individuals who are eligible for continuing NHS health care and the setting in which they receive it will vary. The key question to be asked in each case is whether the scale, nature and intensity of the health care inputs required are such that the totality of the patient’s care should be arranged and funded by the NHS.

Eligibility for fully funded NHS continuing health care is based on the needs of the service user and the nature, intensity and frequency of health care inputs required. A person’s diagnosis or requirement for a piece of specialist health care equipment does not on its own make them eligible for fully funded NHS continuing care. For example, a diagnosis of Alzheimer or Parkinson disease or the need for PEG feeding.

A person will be considered to be eligible for fully funded NHS continuing health care within Category 1 if the following criteria apply:

1. The Service user has significant health care needs which means that the overall scale is such that they should be regarded as wholly the responsibility of the NHS. This will usually mean that the individual’s condition triggering a comprehensive assessment has resulted in
 - Complex health care needs Et /or
 - Intensive health care needs Et/or
 - Unstable / unpredictable health care needs Et/or
 - Rapid deterioration

AND

2. The service user requires significant healthcare inputs. The individual requires:
 - regular supervision by a member of the NHS healthcare team – a consultant, palliative care specialist, therapist or other registered healthcare professional including a registered nurse Et/or
 - Has a condition that requires the routine use of specialist health care equipment or medication under supervision of a registered healthcare professional working in the NHS.

AND

3. The service user’s condition is likely to continue over the long term although the timescale of each care input might vary between the remainder of an individual’s life and episodes of care.

OR

The service user is experiencing the end of a terminal illness and is not expected to live for a long time.

When applying these criteria, the following definitions should be applied as guidelines:

- **“regular supervision”**
The need for care or supervision from a GP or registered nurse even within the higher band of funded nursing care is not by itself sufficient to make a service user eligible for fully funded NHS continuing care. The University of Kent contributed to the preparatory work on the NHS funded nursing care guidance. They found that users identified as higher than high band RNCC determinations and therefore might be eligible for continuing health care were in receipt of more than 60 minutes of nursing time per 24 hours. Supervision could be defined as both direct care and supervised delegation of tasks by a member of the NHS multidisciplinary team but is not necessarily delivered every 24 hours by the member of the NHS multidisciplinary team.

- **"end of a terminal illness"**

Stated by a specialist or a multidisciplinary team to be very close to death.

It is not possible or appropriate to be prescriptive about a time scale for this.

An individual's eligibility for fully funded NHS health care within Category 1 will be reviewed at regular intervals and if there is a change in the service user's condition, a re-assessment will be undertaken.

Short and medium term complex, intensive, unstable or rapidly deteriorating health care needs (excluding those associated with the end of a terminal illness) especially those where there is an expectation of recovery, are not normally considered under these criteria although these cases should be reviewed on a regular basis. Similarly, the breakdown of care packages that require an immediate service response to arrange interim, short-term, crisis management packages would not normally be considered under these criteria.

ELIGIBILITY FOR CONTINUING HEALTH AND SOCIAL CARE

Many individuals who have continuing health care needs within Category 2, will also have social care needs. A decision will be made about whether the individual is presenting eligible social care needs following a comprehensive assessment that will always involve social care professionals. This decision about eligibility for social care services will be based on the content of the relevant local authority's "Eligibility Criteria for Adult Social Care".

From 7th April 2003, each local authority's Eligibility Criteria for Adult Social Care, will be founded on the content of government guidance called "Fair Access to Care Services: Guidance on Eligibility Criteria for Adult Social Care" (FACS). The implementation of this guidance will lead to a more consistent approach to setting

eligibility criteria for adult social care and thus fairer access to these services across the country. This FACS guidance contains an "eligibility framework" which grades social care needs into four bands, based on seriousness of risk to independence, or other consequences, if needs are not addressed. These bands are:

- Critical needs
- Substantial needs
- Moderate needs
- Low needs

Each local authority will decide which of these four bands it is able to meet, within the resources it has available and publish this information within its eligibility criteria document. (Refer to the relevant local authority document, "Eligibility Criteria for Adult Social Care", for more detail).

An assessment of an individual's presenting needs will be undertaken by the joint team of health and social care workers involved. If following this assessment it is determined that the person has eligible social care needs, the local authority will provide or commission the social care services required to meet these needs, within the resources it has available. These social care services will be provided as part of a joint package of continuing health and social care.

Local authorities operating a charging policy are entitled to ask individuals receiving social care services to make a financial contribution towards the cost of these services. This contribution is calculated on an individual basis, according to the individual's ability to pay.

From 1 April 2003 Local Authorities will be prohibited from purchasing care by a registered nurse. This responsibility will be transferred to the NHS which makes no charge for these and other continuing health care services. The Royal College of Nursing

consultation document "Defining nursing" gives a core definition of nursing which is as follows: "the use of clinical judgement and the provision of care to enable people to promote, improve, maintain or recover health or, when death is inevitable, to die peacefully". It will be necessary for each local health and social care partnership to agree between them the roles, responsibilities and tasks which comprise nursing care and which are different from personal care provided by support workers or informal carers. Local agreement will enable separation of tasks and thus funding streams required for individual packages of care.

Where people are receiving continuing NHS healthcare in their own homes, the NHS meets the full cost of their health care needs. Social Security benefits (which may include disability benefits) available to support the individual's other costs are not down rated.

Chapter 4 - assessment and commissioning process

The Health Service Ombudsman made a recommendation to the Department of Health in Feb. 2003 that continuing healthcare assessment processes should be aligned to the national guidance on the Single Assessment Process for older people. PCTs and Local Authorities are in the process of developing their local single assessment process and defining the information they need to collect and share in order to assess the needs of service users and plan for their care. They have been asked to follow national guidance which suggests that a comprehensive assessment should consist of 6 stages:

- Identifying people who need a comprehensive assessment which must include considering whether an assessment for fully funded NHS continuing health care is required.
- Comprehensive needs assessment
- Evaluation needs information – the multi-disciplinary team meeting
- Deciding what help should be offered, including eligibility for NHS funded continuing health care
- Care planning leading to service delivery
- Monitoring and review

The following flow diagram illustrates these stages, modified where necessary to include elements that are unique to the continuing health care assessment and commissioning process. Local processes should reflect the key elements of this "model pathway" and produce written standardised information sets described in Appendix 1 and 2

The Continuing Health Care Review Panel will use this "model pathway" to review the process of assessment and commissioning that was applied in each case. Service users should expect the components of the pathway to be part of their comprehensive assessment.

SEE ASSESSMENT & COMMISSIONING DIAGRAM ON PAGES 10-11

Chapter 5 - the review procedure

A service user whose needs have been assessed and who has been found not eligible for continuing health care services can request a review of the decision concerning their eligibility.

The Department of Health has advised that the existing Review Procedure, previously only available for service users about to be discharged from continuing NHS health care, should be extended to other decisions regarding the NHS arranged and funded elements of joint continuing health and social care packages and to Funded Nursing Care determinations. This is intended to ensure that the NHS and local councils make available a full range of services to people whether in receipt of continuing NHS health care or continuing health and social care, and that there are no gaps in services locally.

A 'single' Review Panel is required for Greater Manchester making

recommendations to the Primary Care Trusts. The Panel's role is advisory and it does not have legal status. The decisions of the Panel however should be accepted in all but exceptional circumstances by the relevant PCT. The SHA will monitor the actions taken by any Primary Care Trust in response to a Review Panel recommendation and receive an explanation for why any recommendation is not accepted and acted upon.

Service user's rights under the existing complaints procedures and their rights to refer the case to the Health Service Ombudsman remain unaltered by the panel arrangements.

Consistent recommendations made by the Review Panel are central to reducing differences in practice across Primary Care Trust areas and establishing more equitable application of the criteria by care practitioners.

ACCESS TO THE REVIEW PROCESS

Before a Review Panel is convened all appropriate steps to resolve the matter informally should have been taken by the relevant PCT. Each organisation has a named contact that is the first port of call for queries from service users and partner organisations for both Continuing Care and Funded Nursing Care. Funded Nursing Care Lead Nurses have existed in PCTs since 2001. The SHA has established a network and database of PCT Continuing Care Leads and Local Authority nominated Continuing Care Leads. These will be updated as part of the annual review of continuing care.

If a case cannot be resolved informally by the PCT, the service user, his or her family or any carer may ask the Review Panel Chairman, to review the decision that the service user's needs do not meet the eligibility criteria for continuing NHS care.

Service users should be given clear information by the PCT about the review procedure, the situations it does and does not cover and how it operates locally. Independent advocates should be commissioned by the PCT where this will support the service user through the review process. The PCT Continuing Care Lead is responsible for providing this information to service users and ensuring that advocacy is available if needed.

A request for a review should be submitted to the PCT Continuing Care Lead who should forward it on to the Review Panel Administrator at the SHA along with the minimum dataset specified in the Appendix 1 & 2.

The Review Panel Chairman will decide whether a Panel should be convened and the timetable for it to meet and make its recommendations. The Chair will advise the service user of this timetable as soon as the decision is made.

While a review is proceeding the current service inputs will be maintained for the service user for example, if the user is in hospital then they should remain there until the review is completed.

THE PURPOSE AND SCOPE OF REVIEW PANELS

The Panel's key task is to assess whether the SHA and PCT's eligibility criteria for fully funded continuing NHS health care OR the NHS element of continuing health and social care, have been correctly applied. It also exists to review Funded Nursing Care determinations when they are challenged and remain unresolved by local PCT action.

The purpose of the review is to:

- Check that proper procedures have been followed in reaching decisions about the need for continuing NHS care and the NHS elements of joint continuing health and social care.
- Ensure that the eligibility criteria to identify eligible continuing health care needs are properly and consistently applied.

- When a service user or carer has requested a review of the outcome from a Funded Nursing Care determination, to check that proper procedures have been followed in reaching the decision about the level of registered nursing care input to be funded by the NHS.

A review should not proceed if it is discovered that the individual has not previously received a joint comprehensive assessment or that all appropriate steps have not been taken by the PCT to resolve the case informally.

Review procedures do not apply when service users or their families wish to challenge the following:

- The content of the SHA's eligibility criteria.
- The type and location of any offer of NHS funded continuing care services
- The content of any alternative packages they may be offered
- Their treatment or any other aspect of the services they are receiving or have received.

The Review procedure should be completed promptly to the timetable outlined in the Chairman's acceptance letter and the outcome of the review should be reported to the service user, the Primary Care Trust Chief Executive and the SHA Director of Performance Management.

MEMBERSHIP OF THE REVIEW PANEL

The SHA is required to maintain a "standing panel", comprising the following members:

- an independent chair
- a representative of the SHA
- a local council representative.
- a local PCT representative from within the authority's area but

not from the PCT area from which the request for review has emerged

Nominations from councils and PCTs should have skills relevant to the work of the panel and will receive specific training in the application of the continuing healthcare eligibility criteria and the model process for assessment and commissioning continuing care services.

The SHA must also make arrangements to appoint an alternative Chair and members to cover absences and will pay reasonable expenses.

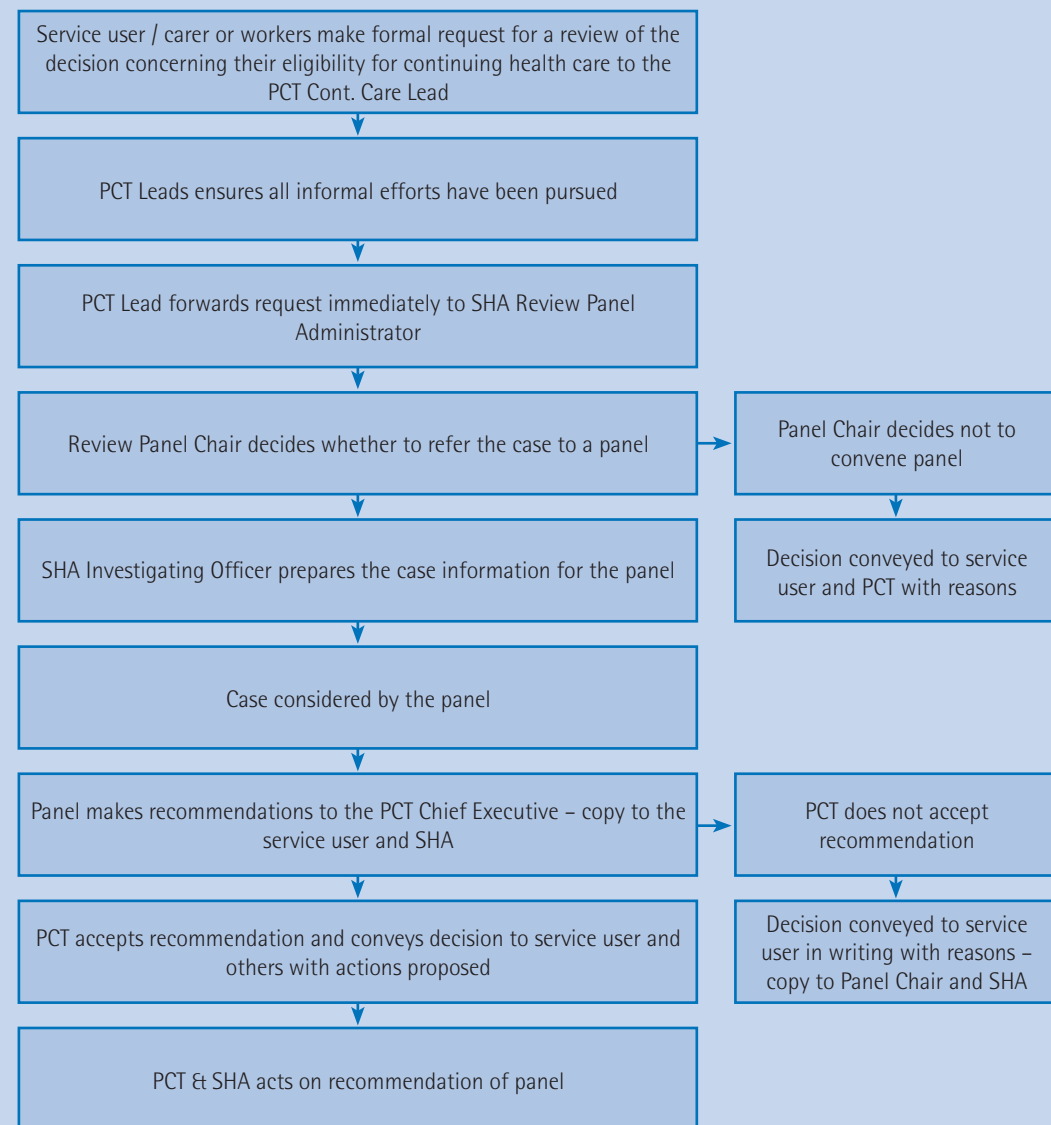
The panel will have access to independent clinical advice which should take account of the range of medical, nursing and therapy needs involved in each case and avoid any obvious conflict of interest between individual clinicians.

The SHA must appoint an Investigating Officer to present the case to the panel and an Administrator to convene meetings, provide appropriate paperwork and disseminate findings. These individuals would attend panel meetings but are not panel members.

OPERATION OF THE REVIEW PROCEDURE

Service users and their families should be advised of the Review Panel arrangements at the beginning of their comprehensive assessment and this should be reaffirmed with written information when the Primary Care Trusts advised them of their eligibility for continuing NHS health care. A diagram summarising the steps in the process is presented overleaf.

In outline the review procedure involves the following steps:



In order to provide an effective review process the following responsibilities will be provided by the various agencies involved:

PCT Continuing Care Leads are responsible for:

- Advising the service user about the review procedure for continuing health care and providing written information.
- Arranging for the provision of independent advocacy to the service user if required.
- Attempting to resolve the request informally in the first instance. If the matter cannot be resolved, confirming the request for review with the service user and if possible agreeing a written statement describing the reasons for the request, signed by the service user, their advocate or carer.
- Forwarding a request for review (and reasons for the request) immediately on receipt to the SHA Review Panel Administrator along with the minimum dataset specified in Appendix 1 & 2 of this document.
- Liaising and supporting the SHA's appointed Investigating Officer as required.
- Keeping the service user informed of progress.
- Following a review:
 - Ensuring the recommendation of the panel, once agreed by the PCT Chief Executive, are implemented.
 - Ensuring lessons learnt are disseminated to PCT and local NHS Trust staff and relevant local authorities and incorporated into ongoing staff training.
 - Make any recommendations for changes to document to the Greater Manchester Joint Continuing Care Leads Group.

PCT Funded Nursing Care Lead Nurses are responsible for:

- Advising the service user about the review procedure for Funded Nursing Care determinations.
- Attempting to resolve the request informally in the first instance. If the matter cannot be resolved, confirming the request for review with the service user and if possible agreeing a written statement describing the reasons for the request, signed by the service user, their advocate or carer.
- Forwarding a request immediately on receipt to the SHA Review Panel Administrator

along with the Funded Nursing Care Determination documentation.

- Arranging for the provision of independent advocacy to the service user if required.
- Liaising and supporting the SHA's appointed Investigating Officer as required.
- Keeping the service user informed of progress.
- Following a review:
 - Ensuring the recommendation of the panel are implemented.
 - Ensuring lessons learnt are disseminated to PCT and local NHS Trust staff; and relevant local authorities and incorporated into ongoing staff training.
 - Make any recommendations for changes to the local Funded Nursing Care policy to the PCT Board.

The SHA's Investigating Officer is responsible for:

- Ensuring the views of key parties involved in the case including the service user, his or her family and any carer, health and social service staff and any other relevant bodies or individuals are obtained and documented in a clear and concise fashion for the panel.
- Interviewing key parties as requested or deemed appropriate to clarify the history of the case.
- Ensure the service user has advocacy support if appropriate.
- Ensure the minimum dataset is available either from the local single access documentation or a continuing health care application document.
- Identifying whether any independent clinical advice is required, secure approval from the panel Chair to secure such advice and make arrangements to secure the advice within the process deadline of 2 weeks.

- Advising the review panel members and Chair about the case as required.

Independent Clinical Advisors.

The panel will require access to independent clinical advice to provide views on the original clinical judgements and how these judgements relate to the SHA's eligibility criteria. The clinical advisor role is not to provide a second opinion on the clinical diagnosis, management or prognosis of the service user.

Review Panel Members.

The panel members, with the panel chair, decide on the recommendations to be put before the relevant PCT and prepare a written statement to forward to the PCT Chief Executive concerned with a copy to the service user and the SHA Director of Performance Management.

The Review Panel Chair is responsible for:

- Ensuring panels are convened appropriately
- All the relevant information required is available
- Ensuring Panel members decide whether the proper procedures and criteria have been applied.
- Making a recommendation to the relevant PCT Chief Executive in writing within one week of the panel sitting and setting a deadline for a response.
- Copying any recommendations from Review Panels to the Director of Performance Management of the GMSHA who is responsible for
- Check that the GMSHA advises the service user of the outcome of the review and their response to the recommendations made by the panel.

PCT Chief Executives are responsible for:

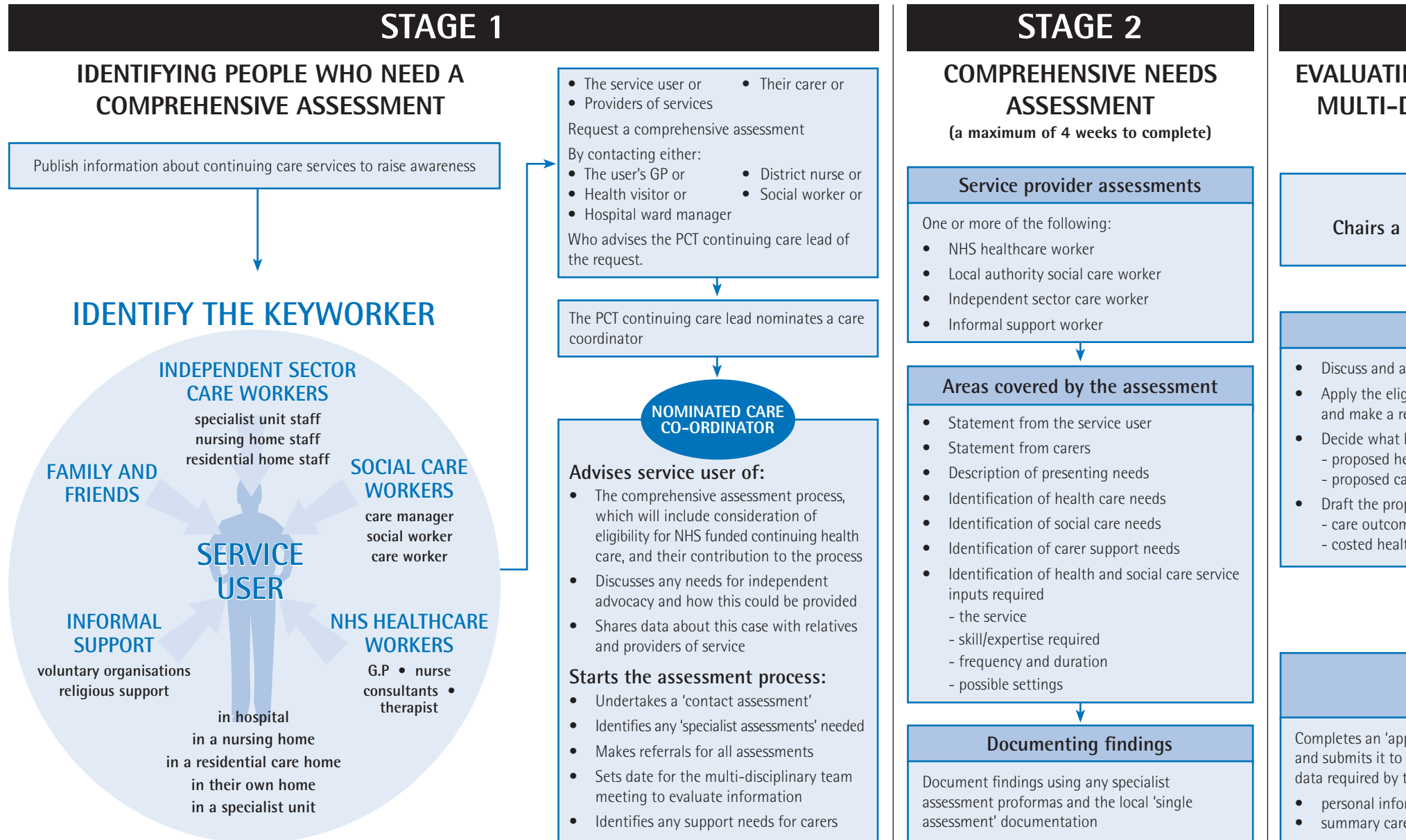
- Preparing a response to the Review Panel's recommendation within the timeframe they specify and forwarding this to the Review Panel Chair and a copy to the GMSHA Director of Performance Management. Any non-compliance with the Panel's recommendations will need to be explained.
- Informing the service user and carer, if appropriate, of the outcome of the Review Panel and the PCT's response. The PCT should enclose a copy of the Review Panel's recommendation letter with their correspondence to the service user.
- Advising the PCT Board in the confidential section, the outcome of the review panel and the proposed response.
- Taking action to implement the recommendations of the Review Panel.
- Liaising with the GMSHA Director of Performance Management

The SHA Director of Performance Management is responsible for:

- Ensuring that members of the Greater Manchester Joint Continuing Care Leads Group receives anonymised details of the outcome of Review Panels in order that they may discuss the implications; learn from the reviews and make any recommendations for changes to the eligibility criteria or procedures as a result of the outcome
- Ensure that an annual review of the Greater Manchester Continuing Care Eligibility Criteria is conducted.
- The competent running of the review procedure.
- Monitoring PCT's responses to the Review Panel recommendations and resolving any non-compliance issues.

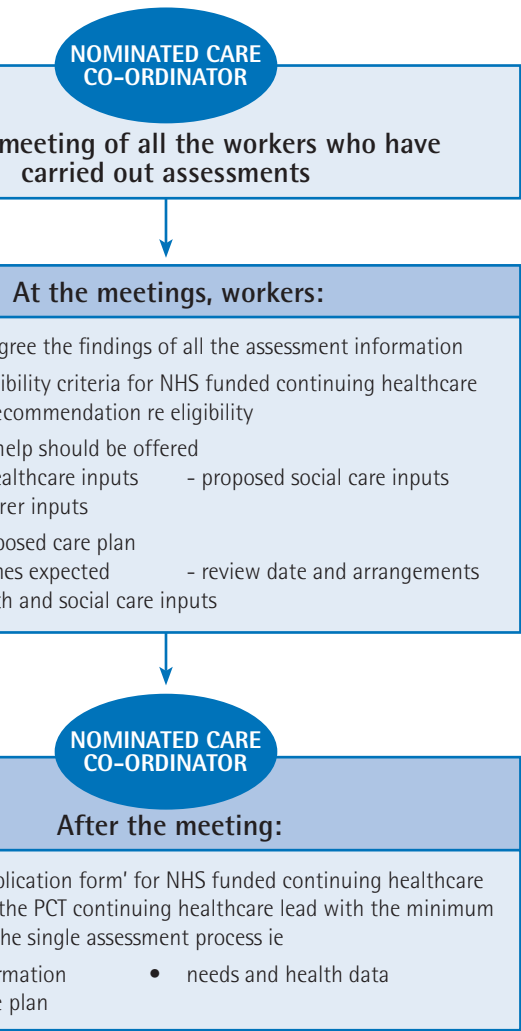
PCTs and Local Authorities are developing their local Single

Appendix 1 ASSESSMENT AND COMMISSIONING DIAGRAM



STAGE 3

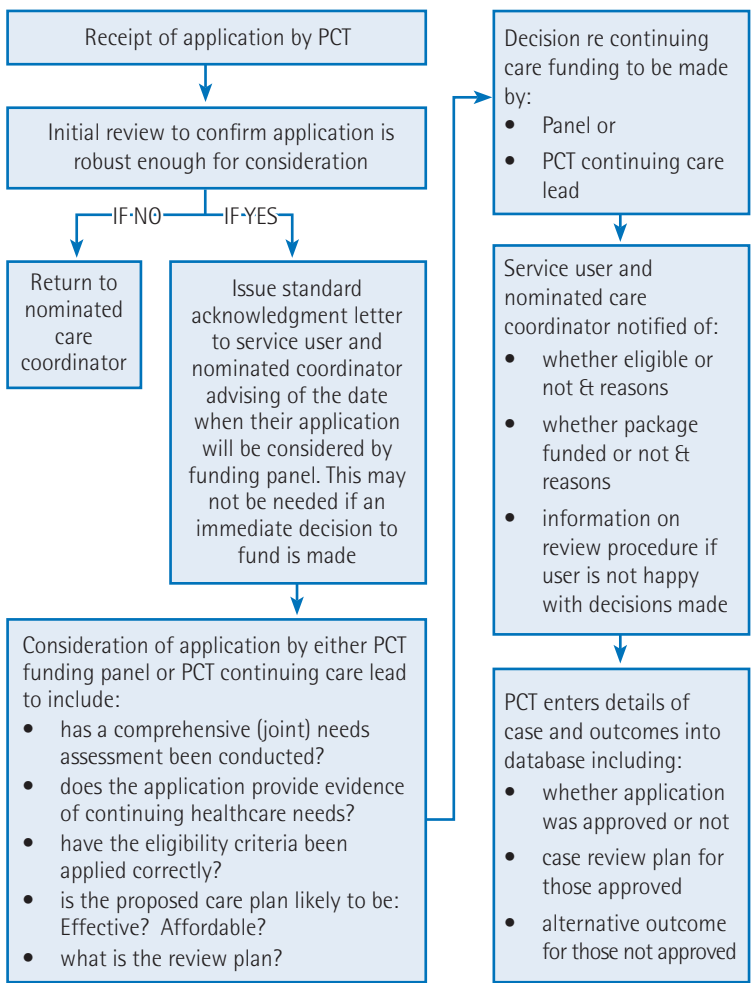
SHARING NEEDS INFORMATION - THE DISCIPLINARY TEAM MEETING



STAGE 4

DECIDING WHAT HELP SHOULD BE OFFERED, INC ELIGIBILITY FOR NHS FUNDED CONTINUING HEALTH CARE

(a maximum of 10 working days to complete or 3 days if fast-track is required)



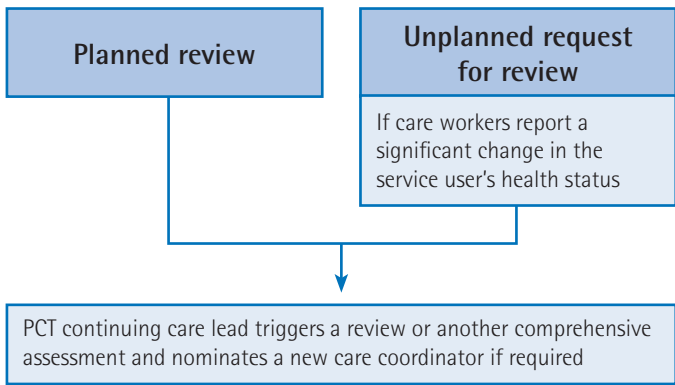
STAGE 5

CARE PLANNING LEADING TO SERVICE DELIVERY



STAGE 6

MONITORING AND REVIEW (usually after first 3 months and then every 12 months)



Appendix 2

STANDARDISED ASSESSMENT INFORMATION SETS

Assessment Process and agreeing the information they will collect and share. They have been asked to follow national guidance that suggests the following information should be collected for everyone who undergoes a comprehensive assessment such as that needed to determine eligibility for continuing health care.

1. BASIC PERSONAL INFORMATION

- Family name and forenames
- Present address and postcode
- Permanent home address if different
- Phone number
- Type of accommodation
- Tenure of accommodation
- NHS number
- Date of birth
- Gender
- Ethnicity
- Religion
- Preferred first language
- Household composition
- Current or previous occupation
- Name, address and phone number of person most close the service user.
- Name, address and phone number of main carer (if different)
- Name of GP
- Name of dentist

2. NEEDS AND HEALTH INFORMATION

User's perspectives

- Needs and issues in the users' own words
- Users' expectations, strengths, abilities and motivation
- Personal fulfilment
- Spiritual fulfilment

Clinical background

- History of medical conditions and diagnoses
- History of falls
- Medication use and ability to self-medicate

Disease prevention

- History of blood pressure monitoring
- Nutrition, diet and fluids
- Vaccination history
- Drinking and smoking history
- Exercise pattern
- History of cervical and breast screening

Personal care and physical well-being (needs and whether they are assessed as "eligible")

- Personal hygiene, including washing, bathing, toileting and grooming
- Dressing
- Pain
- Oral health
- Foot-care

- Tissue viability
- Mobility
- Continence and other aspects of elimination
- Sleeping patterns
- Eating, drinking and swallowing
- Breathing difficulties

Senses (needs and whether they are assessed as "eligible")

- Sight
- Hearing
- Communication

Mental health (needs and whether they are assessed as "eligible")

- Cognition and dementia, including orientation and memory
- Mental health including depression, reactions to loss and emotional difficulties

Relationships (needs and whether they are assessed as "eligible")

- Social contacts, relationships and involvement in leisure, hobbies, work and learning
- Carer support and strength of caring arrangements, including carer's perspective
- Personal relationships
- Lifestyle choices

Safety (needs and whether they are assessed as "eligible")

- Abuse and neglect
- Other aspects of personal safety

- Public safety

Immediate environment (needs and whether they are assessed as "eligible")

- Care of the home and managing daily tasks such as food preparation, cleaning and shopping
- Housing – location, access, amenities and heating
- Level and management of finances
- Access to local facilities and services

3. SUMMARY OF CARE PLAN

- Summary of identified /eligible needs indicating the intensity, instability predictability and complexity of needs, the associated risks to independence and the potential for rehabilitation
- Whether the service user has agreed the care plan or not and a reason where this was not possible
- Whether the service user has consented for care plan information to be shared among relevant agencies and a reason where this was not possible
- The objectives of providing help and anticipated outcomes for the users.
- A summary of how services will impact on identified/eligible need and associated risks
- The part the user will play in addressing needs, including the strengths and abilities s/he will bring to this.
- Details on managing risk as appropriate. Where it has been agreed that users will accept a certain degree of risk, this must be written in the care plan.
- Details of what carers are willing to do and related needs and support.

- Description of the level and frequency of the help that is to be provided, stating which agency is responsible for what service. List of service might include:

- Home care
- Respite care in own home
- Visiting nurses
- Delivered meals
- Equipment to assist daily living
- Adaptations / improvements to accommodation
- Physiotherapy
- Speech & language therapy
- Occupational Therapy
- Dieticians
- Chiropody/podiatry
- Dental care
- Attendance at day centre
- Attendance at day hospital
- Transport
- Attendance at out-patients clinic
- Intermediate care in hospital or care home
- Respite care in care home or other settings away from home
- Other temporary stay in a care home
- Permanent admission to a care home
- Permanent admission to a care home which provides nursing care

- Details of any contributions to care costs that users are asked to make
- A nursing plan

- The level of registered nursing care contribution for admissions to care homes which provide nursing care
- The name of the nominate care coordinator and contact number
- A contact number or office in case of emergencies, and a contingency plan if things go wrong
- Monitoring arrangements and a date for review.

Appendix 3

ADDITIONAL INFORMATION (not specified in the Single Assessment Process guidance) REQUIRED TO SUPPORT AN APPLICATION FOR FULLY FUNDED NHS CONTINUING HEALTH CARE AND FOR ANY POTENTIAL REVIEW OF AN ELIGIBILITY DECISION.

Service user involvement in the assessment process

- Has the service user and/or carer been given written information about the Continuing Health Care Eligibility Criteria and assessment process?
- Has an independent advocate been considered?
- Has the service user and/or carer been informed in writing of the decision of the PCT concerning the service user's eligibility criteria for NHS continuing health care or joint continuing NHS and social care and the reasons for the decision?

Multi-disciplinary team involved (name; tel no. and emails)

- Consultant(s)
- General Practitioner
- General Nurses (hospital and community)
- Specialist Nurses
- Community liaison nurses
- Social Worker
- Therapists (physio; OT; speech & language)
- Dietician
- Other Healthcare professionals
- Social workers &/or care managers
- Others e.g. voluntary or independent sector agency workers
- PCT commissioning representative involved.

Multi-disciplinary care planning meeting when eligibility for continuing NHS health care or continuing health and social care was recommended:

- Date of meeting
- List of people who attended
- Who chaired the meeting
- Recommendation re. eligibility for continuing NHS health care or continuing health and social care and reasons
- Was the eligibility decision agreed by all members of the multi-disciplinary team?

PCT Commissioning decisions

- Was the multi-disciplinary team's recommendation re. eligibility for NHS funded continuing care accepted or rejected and what were the reason given?
- Was the proposed care plan accepted or rejected and the reasons?
- Have all informal efforts to resolve a request for review been exhausted?

SUPPLEMENTARY INFORMATION TO BE PRODUCED BY THE GMSHA INVESTIGATING OFFICER IF A REVIEW IS REQUESTED OF AN ELIGIBILITY DECISION:

- Written or Interview statements from the service user and carer(s)
- Written or Interview statements from members of the multi-disciplinary team involved.
- Statements from clinical advisors as appropriate to the case.

Appendix 4

PCT, LOCAL AUTHORITY & SHA CONTINUING CARE LEADS

PRIMARY CARE TRUSTS				
ORGANISATION	NAME	ADDRESS	TEL	E-MAIL
Ashton, Leigh & Wigan PCT	Eve Crabtree	Bryan House 61 Standishgate Wigan WN1 1AH	0942 772782	Eve.crabtree@alwpct.nhs.uk
Bolton PCT	Jean Tottie	St.Peter's House Silverwell St. Bolton BL1 1PP	01204 547859	Jean.tottie@bolton.nhs.uk
Bury PCT	Janet Hall	21 Silver Street Bury BL9 0EN	0161 762 3055	janet.hall@burypct.nhs.uk
Heywood & Middleton PCT	John Lloyd	Littleborough Health Centre Featherstall Road Littleborough Rochdale OL15 8HF	01706 702310	John.Lloyd@rochdalepct.nhs.uk
Manchester Central PCT	Christine Lamb	Mauldeth House Mauldeth Rd West Chorlton Manchester M21 7RL	0161 958 4150	Christine.lamb@centralpct.manchester.nwest.nhs.uk
Manchester North PCT	Jo Purcell	2 nd Floor Newton Silk Mill Holyoak St Newton Heath Manchester M40 1HA	0161 219 9403	Jo.Purcell@northpct.manchester.nwest.nhs.uk
Manchester South PCT	Bernadette Starkey	Wythenshawe Healthcare Centre Stancliffe Road Wythenshawe Manchester M22 4PJ	0161 445 3811	Bernie.starkey@smpct.manchester.nwest.nhs.uk

PRIMARY CARE TRUSTS				
ORGANISATION	NAME	ADDRESS	TEL	E-MAIL
Oldham PCT	Terry Hevicon – Holland	Oldham PCT Westhulme Ave Oldham, Lancashire OL1 2PL	0161 622 6500	terryh@oldham.nhs.uk
Rochdale PCT	John Lloyd	Littleborough Health Centre Featherstall Road Littleborough Rochdale OL15 8HF	01706 702310	John.Lloyd@rochdalepct.nhs.uk
Salford PCT	Hilary Compston	2 nd Floor St James House Pendleton Way Salford M6 5FW	0161 212 4822	Hilary.compston@salfordpct.nhs.uk
Stockport PCT	Sue Alting	Springwood House Poplar grove Hazel grove Stockport, Cheshire SK7 5BY	0161 419 5401	Sue.aling@stockportpct.nhs.uk
Tameside PCT	Terry Hevicon– Holland	Oldham PCT Westhulme Ave Oldham, Lancashire OL1 2PL	0161 622 6500	terryh@oldham.nhs.uk
Trafford North PCT	Susan Meadows	Oakland House Talbot Road Stretford Manchester M16 0PG	0161 873 9519	Susan.meadows@traffordnorth-pct.nhs.uk
Trafford South PCT	Dorian Williams	Oaklands House Washway Road Sale, Manchester M33 6FS	0161 968 3721	Dorian.Williams@traffordsouth-pct.nhs.uk

LOCAL AUTHORITY - SOCIAL SERVICES

ORGANISATION	NAME	ADDRESS	TEL	E-MAIL
Bolton	Phil Purvis	Bolton Social Services, Bolton Metro, Le Mans Crescent, Bolton, BL1 1SA	01204 337252	Phil.purvis@bolton.gov.uk
Bury	Pat Horan	Castle Building Market Place Bury BL9 0L	0161 253 5405	p.horan@bury.gov.uk
Derbyshire	Jill Ryalls	Bolsover Area Manager Derbyshire County Council Social Services Dept. Oxcroft House Oxcroft Lane Bolsover Chesterfield	01246 348 412	Jill.ryalls@derbyshire.gov.uk
Manchester	Claudette Webster	Manchester City Council PO Box 536 5 th Floor Town hall Extension Manchester M60 2AF	0161 234 3806	Claudette.Webster@notes.manchester.gov.uk
Oldham	Dorothy Phillips	Failsworth Town Hall Manchester M35 0FJ	0161 683 2900	Socs.Dorothy.Phillips@oldham.gov.uk
Rochdale	Colin Beech	Denehurst House Denehurst Park Edenfield Road Rochdale OL11 5AU	01706 644106	Colin.beech@rochdale.gov.uk

LOCAL AUTHORITY - SOCIAL SERVICES

ORGANISATION	NAME	ADDRESS	TEL	E-MAIL
Salford	Julia Clark	Crompton House 100 Chorley Road Swinton Manchester M27 6PB	0161 793 2234	Julia.clark@salford.gov.uk
Stockport	Maggie Kufeldt	Ashlea House 28 Manchester Road Cheadle Cheshire SK8 2NP	0161 428 3241	Maggie.kufeldt@stockport.gov.uk
Tameside	Stephanie Butterworth	Tameside MBC Council offices Wellington Road Ashton under Lyne Lancashire OL6 6DL	0161 342 3381	stephanie.butterworth@tameside.gov.uk
Trafford	Paul Rowley	Trafford Town hall Talbot Road Stretford Manchester M32 0YT	0161 912 4412	Paul.Rowley@trafford.gov.uk
Wigan	Louise Sutton	Wigan Council Social Services Dept. Civic Centre Millgate Wigan WN1 1AX	01942 827798	L.Sutton@wiganmbc.gov.uk

GREATER MANCHESTER STRATEGIC HEALTH AUTHORITY

NAME	ADDRESS	TEL	EMAIL
Barbara Whitehouse Corporate Affairs Manager	Room 720A, Gateway House Piccadilly South, Manchester M60 7LP	0161 237 2029	Barbara.whitehouse@gmsaha.nhs.uk

Appendix 5

COMMENT FORM – Please return your comments to your local Primary Care Trust Continuing Care Lead Officer- for contact details see Appendix 4

TOPIC / ISSUE		YOUR COMMENTS
CHAPTER 1 INTRODUCTION		
1.1	Do you support the joint principles underpinning our approach to continuing care? Can you offer any alternatives or additions?	
1.2	Do you support the proposed arrangements for the ongoing development of good practice through the work of the Greater Manchester Continuing Care Leads Group?	
Other comments		
CHAPTER 2 QUESTIONS AND ANSWERS		
2.1	Are there any questions missing from this section that the document should try to address? If so, please could you suggest wording?	
2.2	Do any of the answers need further explanation in order to be clearer? Please provide the additional questions that you think need to be answered.	
2.3	Is the distinction between fully funded continuing NHS care and joint packages made clear? If not, can you offer any additional wording that might make it clearer?	
Other comments		

CHAPTER 3 ELIGIBILITY CRITERIA

3.1	<p>Are the criteria for fully funded NHS continuing health care clear?</p> <p>If not, can you make any suggestions about how they might be improved?</p>	
3.2	<p>Are the criteria for continuing health and social care clear?</p> <p>If not, can you make any suggestions about how they might be improved?</p>	
3.3	<p>Are there any criteria that you would recommend should be changed or added? Please give details.</p>	
Other comments		

CHAPTER 4 ASSESSMENT AND COMMISSIONING PROCESS

4.1	<p>Is it clear from the flow diagram, what a service user can expect to happen?</p> <p>If not, can you suggest how it can be improved?</p>	
4.2	<p>Is it clear from the flow diagram, how and at which points in the process, a service user should be involved?</p> <p>If not, can you suggest how it can be improved?</p>	
Other comments		

CHAPTER 5 REVIEW PROCEDURE

5.1	Is the purpose of the review panel made clear?	
5.2	Is it clear how to access the review process? If not can you suggest what other information should be included?	
5.3	Are the steps in the review procedure made clear? If not, how could this section be improved?	
5.4	Do you have any concerns about how this procedure might operate? Please describe.	
Other comments		

APPENDICES

Appendix 1	Assessment and Commissioning Diagram "Any comment?"	
Appendix 2	Standardised Assessment Information Sets Any comments?	
Appendix 3	Additional information. Any comments?	
Other comments		

OVERALL COMMENT ABOUT THE NATURE OF THE PROPOSAL AND THE CHANGES THEY MIGHT INTRODUCE (see over)

OVERALL COMMENT ABOUT THE NATURE OF THE PROPOSAL AND THE CHANGES THEY MIGHT INTRODUCE

Please provide any comments appropriate to the development of these proposals.

OVERALL, DO YOU SUPPORT THE PROPOSALS IN THIS DOCUMENT

YES - with no changes

YES - with the changes I have suggested below

NO, please give reasons below

Name _____ Organisation _____ Contact Tel No. _____

