

# CONTINUING HEALTHCARE



## GUIDE TO GETTING A CONTINUING HEALTHCARE ASSESSMENT

1) Ask a nurse, Doctor, qualified healthcare professional or Social Worker involved in the person's care to complete an NHS Continuing Healthcare Checklist. (Most care homes, Doctors and Social Services should have copies for their own use.)

The Checklist assesses the needs of the person over different areas at three levels. This will not determine if the person is eligible for funding but will indicate if a full assessment should be carried out.

2) If no one will carry out a Checklist or if you are not happy with the outcome of the Checklist refer the matter directly to the Clinical Commissioning Group (CCG). Once a Checklist has been carried out make sure it is sent to the relevant CCG by the person who prepared it and ask for a copy.

3) Ask the CCG to carry out a full assessment using the Decision Support Tool (DST).

This assessment is a face-to-face meeting and looks at the person's needs over 12 different areas and assesses the severity of their needs in each area according to the national framework eligibility criteria. A team of people will carry out this assessment, led by a coordinator from the CCG, who will gather information prior to the meeting.

Representatives from the CCG, the Local Authority and anyone else involved in the person's care e.g. Social Services, Care Home Manager, Community Psychiatric Nurse may be present, as well as the person (if appropriate) or a representative for the person.

4) Ask the CCG when the assessment will take place and make sure they are aware you wish to be part of that process.

5) Look at the Decision Support Tool before you attend the assessment so you can comment on the person's needs in each area. Refer to specific examples of how and when needs arise and how they need to be managed.

6) Attend the assessment and do not be afraid to put forward your view if you think the professionals are wrong. You know the person better than they do.

7) Ask for a copy of the Decision Support Tool.

The teams' recommendation still does not mean the person will be eligible for funding.

The team will put their decision to the Continuing Healthcare Panel who will then decide on eligibility.

8) Wait for a copy of the Panel's decision which should be within 28 days of the teams recommendation.

9) Keep copies of all documentation.

10) If the person is eligible, they may not be forever. Be aware that a review will normally take place within 3 months of the decision and thereafter annually. The person could lose their Continuing Healthcare Funding in the future.

If the person is not eligible seek our further advice. We can offer you a fixed fee interview to discuss the way forward and help you with the appeal process.

Please do not hesitate to contact our expert team for any information or advice on all aspects of care home funding.

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