

## **Cheselden Factsheet 4 – When a Patient has Qualified for Continuing Care Funding**

This factsheet explains what happens next if you or a relative has been assessed as eligible for continuing care funding.

### **The decision to fund continuing care**

The Primary Care Trust (PCT) should tell you the result of the multi-disciplinary assessment within two weeks of the assessment taking place. They should contact you verbally and confirm the decision in writing. The PCT should make you aware that your case will be reviewed after three months and then at least every 12 months after that, so the decision to fund continuing care may change.

### **Your care plan**

As continuing care is funded solely by the NHS, it is up to the PCT to put a care plan in place that it considers will meet your best interests. The PCT will try to take your wishes into account, but this will not always be possible. For example, the choice of care homes that you can be accommodated in will usually be limited to those homes that have a contract with the NHS. The PCT must also take into account the risks associated with different types of care and the accessibility to PCT resources such as GP services.

Your care plan will take into account all of your needs – healthcare, personal and social. If you move into a care home, your nursing care will be provided by a NHS registered nurse. Non-nursing care such as washing and feeding will be provided by other staff at the home, although the care will still be funded by the NHS. The NHS will also pay for your board and accommodation at the home.

If you receive continuing care at home, the NHS will arrange and pay for healthcare services and personal / social care to be provided by both nursing and non-nursing staff as appropriate. The Local Authority may provide additional services on top of those arranged by the NHS – such as delivery of Meals on Wheels – if this has been agreed as appropriate by the Local Authority and the PCT. The NHS cannot fund any housing or utility costs if you receive care at home but you may be able to claim state benefits such as Housing Benefit which will help. Read our factsheet: 'State Benefits – your entitlement' for more information.

### **The location of care**

Depending on your circumstances and the level of care that you require, continuing care can be provided in any of the following settings:

1. A hospital

It may be decided that your needs can only be adequately met in a hospital setting. Depending on your needs, you may not have a choice as to the location of the hospital.

2. A care home with nursing

You cannot choose the town where the home will be located or the home itself, although the PCT will try to take your wishes into account. You will not necessarily be able to move into a home in the local area unless there is a home that is suitable for your needs. You can propose to move into a home in another PCT area to be nearer your family but your local PCT may not agree to the move. If it does agree, your local PCT will still fund your nursing home fees but your other primary health care needs such as nursing care and GP services will be met by the new PCT.

If you are already living in a nursing home when you are assessed as qualifying for continuing care funding, you may be able to stay there if the home is suitable for your needs. If it is not suitable, or if the home is more expensive than the NHS would normally pay for, you may have to move to a different home. You will need to discuss your options with the PCT.

3. In a hospice

Continuing care can be provided in a hospice if you are in the final stages of a terminal illness. Again, the location will be decided by the PCT although your wishes and the wishes of your family will be accommodated where possible. It is Government policy that if a terminally-ill patient wishes to remain at home, it is their right to do so and the PCT must fund continuing care at home if possible.

4. In your own home

The care plan that the PCT will put in place after your continuing care assessment has to meet all your needs, including social needs. The care plan may be complex, which can make it hard to arrange in a patient's own home if local resources are limited. If you were living at home before qualifying for continuing care funding, Social Services may have funded your care through Direct Payments. The NHS cannot make Direct Payments but they may be able to arrange a similar package of services to those you are already receiving. When doing this, they should take your wishes into account where possible.

Sometimes Local Authority Social Services will arrange additional services to those provided by the PCT to enable the full requirements of your care plan to be met in your own home, e.g. delivery of Meals on Wheels or access to a day centre. The PCT and the Local Authority should consider this option when agreeing your care plan after the continuing care assessment.

If you receive continuing care at home and decide to move house into a different PCT area, you will need to discuss the implications of this with your original PCT.

In addition to the above locations, it may be possible for your continuing care to be provided in a residential care home (i.e. not a care home with nursing). However,

depending on your needs, it may be hard to find a residential care home that will accept you. The home may feel that accepting you will contravene its registration requirements as a non-nursing care home. If you want to receive continuing care in a particular residential care home, you can discuss this with the Care Quality Commission (formerly the Commission for Social Care Inspection or CSCI) that is responsible for registering and inspecting care home. You can contact the CQC on 03000 616161, or visit their website [www.cqc.org.uk](http://www.cqc.org.uk).

### **Moving outside England**

If you wish to move within the UK to Wales, Scotland or Northern Ireland it should be possible to arrange continuing care funding in the new location, although your PCT would need to discuss this with the relevant health body in the chosen country.

If you wish to move outside the UK, your entitlement to continuing care funding would cease.

### **Effect on state benefits**

If you are assessed as eligible for continuing care funding, your entitlement to various State Benefits may change depending on whether you receive continuing care in a care home or at home. Your state pension will not be affected. For more information, read our factsheet "State Benefits – your entitlement".

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