

Colin Ball, the managing director of continuing care funding specialists, Cheselden talks about the injustice and difficulty families are facing when applying for continuing care funding and how some are being forced to sell their homes.

Shocking statistics released by a Liberal Democrat health spokesman revealed 45,000 people in care homes had to sell their houses to pay the fees – a rise of 12 per cent in five years. The truth is these people were likely to have been entitled to NHS continuing care funding that they simply were not aware of.

Primary Care Trusts are failing to inform people they are entitled to continuing care funding. Complex rules and a post code lottery mean too many people are being forced to pay for care themselves.

Continuing care or continuing healthcare is the provision of health and social care over an extended time as a result of disability, accident or illness. This care can take place in a range of settings including hospital, care home, hospice or the individual's own home.

When a patient is not ill enough to qualify for continuing care funding and they have more than £13,500 in assets, they will be asked to begin paying towards their own care fees. If they have more than £22,250 they will pay for all their care fees. However, Government guidance states that councils must not take a resident's home into account when calculating their assets if their spouse is still living there.

Patients who are placed in a home due to a medical condition should be assessed using national guidelines for continuing healthcare by a multidisciplinary team.

If the needs are assessed as primarily healthcare needs, this should be provided by or fully funded by the NHS.

There are complex rules determining who can apply for continuing care funding, meaning thousands of people who are ill are paying when they should not be. Complex criteria exists to determine what constitutes being 'ill'; that is, having a primary healthcare need. Cheselden represents the needs of hundreds of people who are in care and are ill, yet they are being made to pay.

In many cases we are able to obtain ongoing continuing care funding and reimbursement of monies spent on care since 1996 if the healthcare records are available. This could mean a substantial payout for the person in care or their family, even if the person is deceased.

There are many examples of people who have had to sell their homes to pay for continuing care, when they should have qualified for NHS funding. Many people have received confusing and, in some instances, incorrect information from social services and PCTs which has lead them to pay when they should not have been.

People making an application for continuing care funding need to be aware of their entitlement and be persistent. Enlisting the help of experts in this field will quicken the process, reduce family stress and save money in the longer term.

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