

CHC Choice and allocation of resources Policy – Frequently Asked Questions v04

Question	Response
1. What is continuing Healthcare (CHC)?	NHS Continuing Healthcare (CHC) is the name given to a package of care which is arranged and funded solely by the NHS for individuals outside of hospital who have on-going health care needs
2. Is CHC funding available for the lifetime of the patient / individual?	No. It will depend on the individual's needs, which is assessed / and reviewed initially at 3 months of becoming eligible for CHC and then annually.
3. Which CCGs have a similar policy currently?	<p>There are at least 22 CCGs that we are aware of across England that are adopting a similar policy (building on existing arrangements).</p> <p>Within North West London 7 of the CCGs already have a similar policy in place. There are differences in terms of whether a ceiling has been agreed from no ceiling to a 10%</p>
4. Why make the changes?	While the CCGs in NW London have had similar policies in the past they have not been applied consistently and there are some variations. Part of this approach is to ensure that ALL patients in NW London are treated fairly and equitably, regardless of which GP in the STP area they are registered with.
5. What is the rationale for setting the ceiling at 10%?	North West London CCGs propose to maintain (or adopt) the threshold of 10% for Continuing Healthcare packages because this ceiling can accommodate the costs of the majority of existing care packages and gives CCGs the appropriate flexibility to meet individual patient needs.
6. Who will be affected by the policy?	The policy will be applied to all new patients who are assessed as eligible for continuing health care, and existing patients who have chosen to have their care provided in their own home. For people already receiving care at home, where care will continue to be

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	provided will be determined following their next planned review (at least annually).
7. If the policy does not affect an individual now will, could he/she be affected later on e.g. one year on?	Possibly. It is difficult to predict how an individual's needs may change and what care will be required. At the point that a change in need is identified, a review will be undertaken to identify what the changes are and how best they can be met.
8. How many people have been transferred to a nursing home using the existing policy?	None that we are aware of.
9. Will everyone with a care package above a set price be required to move into a nursing home or other care setting?	No. Just because a package of care is higher than an average / expected value it does not mean that it can be met safely, clinically appropriately or even for less cost than the existing arrangements in an alternative care setting. It is only where all clinically assessed needs can be met safely in another setting, that the differences in costs would be considered.
10. From what you say, you plan to review all NHS cares package at home where they cost more than ten per cent above "alternative costs". How are you defining "alternative costs", please? Do you mean a care home?	An alternative arrangement could be a care home with Nursing, or an alternative provider to the individual in their own home.
11. I am getting a Personal Health Budget (PHB), will this policy affect me?	Yes. The costs of the PHB would be considered in the same way as any package of care at home paid for through CHC.
12. What will happen if your review considers the costs of home care not justified? For example,	If the cost of the care package is not 'justified' through an exceptions panel, the CCG would seek to commission an alternative provider and or negotiate the cost with the current provider. If a PHB is already in place, the CCG would pay the cost which is

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<p>would you then only pay up to the cost of a nursing home placement? What else might you do?</p>	<p>justified to meet the needs of the individual. Or a PHB could be offered. The cost would be based on the care considered to be reasonable / value for money in relation to the individual's assessed needs.</p>
<p>13. What constitutes exceptional circumstances?</p>	<p>The CCG will take account of an individual's views and wishes, including the individual's particular reasons and family circumstances, in determining whether there are very compelling social and or clinical circumstances that justify a higher cost being incurred to provide care. However, in reaching this decision, the CCG must be satisfied that the proposed overall cost of the Residential Care package is proportionate and a justifiable use of CCG funds in comparison to the cost of commissioning a package of care for the individual in another Residential Care setting.</p> <p>The current approach suggested would be to consider these types of exceptional cases by a panel, set up in a similar way as the Individual Funding Request (IFR) panel that looks at CCG funding requests (outside of standard commissioning) on the basis of clinical exceptionality. The definition for clinical exceptional defined within the NWL IFR Standard Operating</p> <ul style="list-style-type: none"> • Significantly different clinically to the group of patients with the condition in question and at the same stage of progression of the condition. (I.e. compared with the same age, sex, disease specific cohort of patients). An example would be an exceptionally indolent or other 'variant' of the illness or host factors such as an unusual genetic make-up that will make them exceptionally responsive to treatment. <p>AND</p> <ul style="list-style-type: none"> • Likely to gain significantly more clinical benefit from the intervention than might be expected from the average patients with the same clinical condition. An

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	<p>example will be where a treatment is likely to be more clinically effective as well as cost effective on an individual patient.</p> <p>There is no published information around decision making in exceptional circumstance on compassionate grounds within the NHS</p>
<p>14. What amount of savings are the CCGs planning to achieve with this policy?</p>	<p>This is not a cost saving policy; this is about the CCG using its limited resources in a transparent and equitable way when meeting the needs of the whole population.</p> <p>The CCGs will:</p> <ul style="list-style-type: none"> i. Review the needs of the individual at least annually ii. Identify appropriate care provision, taking in to consideration patient choice iii. Broker a care package that meets those needs. If the care needs can be met within a home care environment and or with a suitable provider, the CCG will endeavour to support individual choice. <p>If the individual's choice is deemed to be unsustainable (staffing and or cost etc.) the CCG will seek alternative arrangements, involving the individual and their representatives at all times.</p>
<p>15. Will the local authority be expected to pick up transferred costs?</p>	<p>No. The policy applies to individuals that are eligible for CHC funding, which is CCG funded.</p>
<p>16. What is the average cost of a care package now?</p>	<p>This is variable depending on each individual's health and care needs</p>
<p>17. For those with existing home care packages costing more than 10% above what could be</p>	<p>The CCG will work closely with the individual, their family and representatives. No one would be forced to leave their home to live in a care home, however the CCG will advise on how best they are able to meet an individual's needs within the financial resource</p>

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<p>provided in a residential setting and at the point of their review if they say ‘ No ‘ to a placement option and simply refuse to move - how will that be managed?</p>	<p>available.</p>
<p>18. Will individuals be forced in to a care home?</p>	<p>No. The CCG has no legal remit to force anyone to live in a care home.</p>
<p>19. Will this policy apply to all client groups?</p>	<p>The policy will apply to all adults whose care is funded through NHS Continuing Healthcare. It does not apply to children under the age of 18, however children and their families will be made aware of the policy as they enter transition into adulthood and possible transfer to adult CHC where eligible at which point the policy would apply.</p>
<p>20. I'm particularly concerned about the impact of your new approach on people with Learning Disabilities, who are the most likely to be affected as requiring the highest cost care packages. Is the NHS really permitted to determine whether you are meeting people's needs on the basis of cost? Can you reassure me, please, that you have checked this meets your legal statutory duties around NHS provision of care?</p>	<p>The NHS is committed to meeting the individual's assessed needs and providing care that meet those needs. The CCGs are aware that provider costs can vary; therefore we are seeking to commission care that is also value for money. But primarily the care provider must be able to meet the needs of the individual. In many cases, these higher costs are justified, due to the complex needs of individuals, which the CCG accepts.</p> <p>The policy has been written and approved by a legal expert in CHC. The draft has been shared with NHSE (London and national) colleagues with expertise in CHC. The development and implementation of the policy has been led by Diane Jones (Chief Nurse & Director of Quality). The CCGs are assured that we are meeting our legal statutory duties.</p>

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<p>21. Can the patient family ‘top up’ their care by contributing to the costs of the care package?</p>	<p>It is not possible to ‘top up’ NHS funded care. However, when looking at the overall care package the CCG will take into account care provided in a unpaid capacity by family members and others e.g. where night support is provided by family members rather than paid careers.</p>
<p>22. Has an Equality & Health Inequality Impact Analysis (EHIA) been undertaken</p>	<p>Yes. This is a developing document. The screening has been completed, which has informed the next stage to undertake engagement with the protected groups of people. The CCGs will also request participants to complete an equality monitoring form, so that we can evidence the range of people we have spoken to.</p>
<p>23. How will you be engaging with individuals?</p>	<p>Those that are affected* will / have received a letter with details about who to contact so that an individual meeting can be arranged to explain the policy and how it affects them.</p> <p>Those that are unaffected** will be sent a letter by post with details about who to contact so that an individual meeting can be arranged to explain the policy. There will also be an option for individuals/ carers to attend a drop in session to discuss the policy.</p> <p>The policy will also be posted on the CCGs website with an opportunity to send in comments.</p>
<p>24. You say you’ve written to all those people who use NHS continuing healthcare services. Might I confirm that this was in an accessible format, please? I’d much appreciate seeing the letter. This will also help us can direct anyone asking about the new approach to the appropriate</p>	<p>The CCGs (Brent, Central, Ealing, Hammersmith & Fulham, Harrow and West, ()) wrote to all individuals in receipt of a home care package. This is approximately 9 – 19% of CHC care packages depending on the borough. <i>(Hillingdon and Hounslow will follow at a later date to be agreed)</i></p> <p>The review of their care identified individuals that would not be affected by the policy based on their current needs and care package, and those who are likely to be affected. The affected individual’s received a hand delivered letter by a member of the staff from the CHC team.</p>

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person in the CCG.	The letters were personalised and gave the contact details of the CHC team and clinical lead for each of the boroughs. The website information directs people to Diane Jones for further information. A copy of the letter template is attached.
25. Will providers and other stakeholders be invited to a drop in session?	Yes. Providers can access the policy via the CCGs website and or attend a stakeholder drop in session.
26. Has a decision already been made about adopting the revised policy?	No decision has been made yet. The governing Body will make the decision following a period of engagement and the collation of the feedback to help them make the decision.
27. What are you proposing to ask?	<p>We would welcome views as to whether the draft policy provides the right balance between supporting individual patients in their choices and ensuring that local NHS funds are allocated fairly across all patients in the area.</p> <p>We'd particularly like to hear views on the following areas:</p> <ol style="list-style-type: none"> 1. The CCGs applying a limit (or 'ceiling') for providing care at home through Continuing Healthcare? 2. The CCGs applying a ceiling for providing care at home being set at 10% higher than providing the equivalent care in a care home? Should it be higher or lower? 3. Whether the CCG should be willing to exceed that limit in exceptional circumstances? 4. Whether the CCG should apply the policy to all cases consistently, or only to new cases?

**Affected: In receipt of CCG funding for a home care package above 10% of an expected care package*

***Unaffected: In receipt of CCG funding for a home care package below 10% of an expected care package*