

## **Do I have to sell my home to pay for my care?**

When a patient with complex health needs requires care outside of hospital (such as in a care home), and has more than £23,250 in assets, then they may need to pay for their care fees. This often means that people are told that they must sell their homes to cover the cost.

However, if a person is eligible for Continuing Healthcare, then their care fees are fully funded by the NHS, which could potentially save them tens of thousands of pounds.

The aim of this booklet is to provide you with a brief overview of the NHS Continuing Healthcare Scheme and its eligibility requirements.

## **What is Continuing Healthcare?**

NHS Continuing Healthcare provides care that is fully funded by the NHS for adults over the age of 18 with a primary health need.

As per paragraph 5 of the National Framework for Continuing Healthcare:

*“Where an individual has a primary health need and is therefore eligible for NHS Continuing Healthcare, the NHS is responsible for commissioning a care package that meets the individual’s health and associated social care needs”.*

There is a statutory duty under Regulation 21(2) of the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 for the Clinical Commissioning Group (CCG) to ensure that an

assessment for Continuing Healthcare is carried out in cases where it appears to the CCG that there may be a need for such care. Despite this duty, many patients have never been informed about the NHS Continuing Healthcare Scheme, even though they meet the eligibility requirements.

### **Am I eligible for Continuing Healthcare?**

To be eligible for NHS Continuing Healthcare, an initial checklist is completed to determine whether a full assessment will be necessary. The checklist assesses the level of needs an individual has for the following care domains:

- Breathing
- Nutrition
- Continence
- Skin
- Mobility
- Communication
- Psychological and emotional needs
- Cognition
- Behaviour
- Drug therapies and medicine
- Altered states of consciousness

If the individual meets the requirements of the initial assessment, they will be referred for a full assessment.

The full assessment is undertaken by a multidisciplinary team (made up of a minimum of two healthcare professionals) who determine whether the individual has a primary health need by assessing the individual's needs with reference to the care domains that were listed previously.

The severity of the need for each care domain will be assessed as either:

- Priority

- Severe
- High
- Moderate
- Low
- No need

In cases where the individual has at least one priority need, or at least two severe needs, then they are likely to possess a primary health need and will therefore be eligible under NHS Continuing Healthcare.

An individual may also be eligible for Continuing Healthcare if they have one severe level need combined alongside needs in other areas, or if they have multiple high or moderate needs.

The Decision Support Tool, which aims to aid practitioners in assessing an individual's eligibility for Continuing Healthcare, sets out the criteria for each level of need. The Tables below show the criteria required for each of the care domains.

If you believe that someone you know will meet the eligibility requirements for Continuing Healthcare, but they have not been informed about it by any Clinical Commissioning Group or by Social Services, then please do not hesitate to contact us so that we can discuss this with you further and help you in receiving the fully funded care that you may be entitled to.

## 1. Breathing

Description	Level of need
Normal breathing, no issues with shortness of breath.	No needs
<p>Shortness of breath or a condition which may require the use of inhalers or a nebuliser and has no impact on daily living activities.</p> <p>OR</p> <p>Episodes of breathlessness that readily respond to management and have no impact on daily living activities.</p>	Low
<p>Shortness of breath or a condition which may require the use of inhalers or a nebuliser and limit some daily living activities.</p> <p>OR</p> <p>Episodes of breathlessness that do not consistently respond to management and limit some daily living activities.</p> <p>OR</p> <p>Requires any of the following:  low level oxygen therapy (24%).  room air ventilators via a facial or nasal mask.  other therapeutic appliances to maintain airflow where individual can still spontaneously breathe e.g. CPAP (Continuous Positive Airways Pressure) to manage obstructive apnoea during sleep.</p>	Moderate
<p>Is able to breathe independently through a tracheotomy that they can manage themselves, or with the support of carers or care workers.</p> <p>OR</p> <p>Breathlessness due to a condition which is not responding to treatment and limits all daily living activities</p>	High
<p>Difficulty in breathing, even through a tracheotomy, which requires suction to maintain airway.</p> <p>OR</p> <p>Demonstrates severe breathing difficulties at rest, in spite of maximum medical therapy</p> <p>OR</p> <p>A condition that requires management by a non-invasive device to both stimulate and maintain breathing (bi-level positive airway pressure, or non-invasive ventilation)</p>	Severe

Unable to breathe independently, requires invasive mechanical ventilation.	Priority
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## 2. Nutrition – Food and Drink

Description	Level of need
Able to take adequate food and drink by mouth to meet all nutritional requirements.	No needs
Needs supervision, prompting with meals, or may need feeding and/or a special diet (for example to manage food intolerances/allergies). OR Able to take food and drink by mouth but requires additional/supplementary feeding.	Low
Needs feeding to ensure adequate intake of food and takes a long time (half an hour or more), including liquidised feed. OR Unable to take any food and drink by mouth, but all nutritional requirements are being adequately maintained by artificial means, for example via a non-problematic PEG.	Moderate
Dysphagia requiring skilled intervention to ensure adequate nutrition/hydration and minimise the risk of choking and aspiration to maintain airway. OR Subcutaneous fluids that are managed by the individual or specifically trained carers or care workers. OR Nutritional status “at risk” and may be associated with unintended, significant weight loss. OR Significant weight loss or gain due to identified eating disorder. OR Problems relating to a feeding device (for example PEG) that require skilled assessment and review.	High
Unable to take food and drink by mouth. All nutritional requirements taken by artificial means requiring on-going skilled professional intervention or monitoring over a 24 hour period to ensure nutrition/hydration, for example I.V. fluids/total parenteral nutrition (TPN). OR Unable to take food and drink by mouth, intervention inappropriate or impossible.	Severe

### 3. Continence

Description	Level of need
Continent of urine and faeces.	No needs
Continence care is routine on a day-to-day basis; Incontinence of urine managed through, for example, medication, regular toileting, use of penile sheaths, etc. <b>AND</b> is able to maintain full control over bowel movements or has a stable stoma, or may have occasional faecal incontinence/constipation.	Low
Continence care is routine but requires monitoring to minimise risks, for example those associated with urinary catheters, double incontinence, chronic urinary tract infections and/or the management of constipation or other bowel problems.	Moderate
Continence care is problematic and requires timely and skilled intervention, beyond routine care (for example frequent bladder wash outs/irrigation, manual evacuations, frequent re-catheterisation).	High

#### 4. Skin (including tissue viability)

Description	Level of need
No risk of pressure damage or skin condition.	No needs
<p>Risk of skin breakdown which requires preventative intervention once a day or less than daily without which skin integrity would break down.</p> <p>OR</p> <p>Evidence of pressure damage and/or pressure ulcer(s) either with 'discolouration of intact skin' or a minor wound(s).</p> <p>OR</p> <p>A skin condition that requires monitoring or reassessment less than daily and that is responding to treatment or does not currently require treatment.</p>	Low
<p>Risk of skin breakdown which requires preventative intervention several times each day without which skin integrity would break down.</p> <p>OR</p> <p>Pressure damage or open wound(s), pressure ulcer(s) with 'partial thickness skin loss involving epidermis and/or dermis', which is responding to treatment.</p> <p>OR</p> <p>An identified skin condition that requires a minimum of daily treatment, or daily monitoring/reassessment to ensure that it is responding to treatment.</p>	Moderate
<p>Pressure damage or open wound(s), pressure ulcer(s) with 'partial thickness skin loss involving epidermis and/or dermis', which is not responding to treatment</p> <p>OR</p> <p>Pressure damage or open wound(s), pressure ulcer(s) with 'full thickness skin loss involving damage or necrosis to subcutaneous tissue, but not extending to underlying bone, tendon or joint capsule', which is/are responding to treatment.</p> <p>OR</p> <p>Specialist dressing regime in place; responding to treatment.</p>	High
<p>Open wound(s), pressure ulcer(s) with 'full thickness skin loss involving damage or necrosis to subcutaneous tissue, but not extending to underlying bone, tendon or joint capsule' which are not responding to treatment and require regular monitoring/reassessment.</p> <p>OR</p> <p>Open wound(s), pressure ulcer(s) with 'full thickness skin loss with extensive</p>	Severe

destruction and tissue necrosis extending to underlying bone, tendon or joint capsule' or above OR Multiple wounds which are not responding to treatment.	
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## 5. Mobility

Description	Level of need
Independently mobile	No needs
Able to weight bear but needs some assistance and/or requires mobility equipment for daily living.	Low
Not able to consistently weight bear. OR Completely unable to weight bear but is able to assist or cooperate with transfers and/or repositioning. OR In one position (bed or chair) for the majority of time but is able to cooperate and assist carers or care workers. OR At moderate risk of falls (as evidenced in a falls history or risk assessment)	Moderate
Completely unable to weight bear and is unable to assist or cooperate with transfers and/or repositioning. OR Due to risk of physical harm or loss of muscle tone or pain on movement needs careful positioning and is unable to cooperate. OR At a high risk of falls (as evidenced in a falls history and risk assessment).	High



OR	
Involuntary spasms or contractures placing the individual or others at risk.	
Completely immobile and/or clinical condition such that, in either case, on movement or transfer there is a high risk of serious physical harm and where the positioning is critical.	Severe

### 6. Communication

Description	Level of need
Able to communicate clearly, verbally or non-verbally. Has a good understanding of their primary language. May require translation if English is not their first language.	No needs
Needs assistance to communicate their needs. Special effort may be needed to ensure accurate interpretation of needs or additional support may be needed either visually, through touch or with hearing.	Low
Communication about needs is difficult to understand or interpret or the individual is sometimes unable to reliably communicate, even when assisted. Carers or care workers may be able to anticipate needs through non-verbal signs due to familiarity with the individual.	Moderate
Unable to reliably communicate their needs at any time and in any way, even when all practicable steps to assist them have been taken. The individual has to have most of their needs anticipated because of their inability to communicate them.	High

## 7. Psychological and Emotional Needs

Description	Level of need
Psychological and emotional needs are not having an impact on their health and well-being.	No needs
<p>Mood disturbance, hallucinations or anxiety symptoms, or periods of distress, which are having an impact on their health and/or well-being but respond to prompts, distraction and/or reassurance.</p> <p>OR</p> <p>Requires prompts to motivate self towards activity and to engage them in care planning, support, and/or daily activities.</p>	Low
<p>Mood disturbance, hallucinations or anxiety symptoms, or periods of distress, which do not readily respond to prompts, distraction and/or reassurance and have an increasing impact on the individual's health and/or well-being.</p> <p>OR</p> <p>Due to their psychological or emotional state the individual has withdrawn from most attempts to engage them in care planning, support and/or daily activities.</p>	Moderate
<p>Mood disturbance, hallucinations or anxiety symptoms, or periods of distress, that have a severe impact on the individual's health and/or well-being.</p> <p>OR</p> <p>Due to their psychological or emotional state the individual has withdrawn from any attempts to engage them in care planning, support and/or daily activities.</p>	High

## 8. Cognition

Description	Level of need
No evidence of impairment, confusion or disorientation.	No needs
<p>Cognitive impairment which requires some supervision, prompting or assistance with more complex activities of daily living, such as finance and medication, but awareness of basic risks that affect their safety is evident.</p> <p>OR</p> <p>Occasional difficulty with memory and decisions/choices requiring support, prompting or assistance. However, the individual has insight into their impairment.</p>	Low
Cognitive impairment (which may include some memory issues) that requires some supervision, prompting and/or assistance with basic care needs and daily living activities. Some awareness of needs and basic risks is evident. The individual is usually able to make choices appropriate to needs with assistance. However, the individual has limited ability even with supervision, prompting or assistance to make decisions about some aspects of their lives, which consequently puts them at some risk of harm, neglect or health deterioration.	Moderate
Cognitive impairment that could, for example, include frequent short-term memory issues and maybe disorientation to time and place. The individual has awareness of only a limited range of needs and basic risks. Although they may be able to make some choices appropriate to need on a limited range of issues they are unable to consistently do so on most issues, even with supervision, prompting or assistance. The individual finds it difficult even with supervision, prompting or assistance to make decisions about key aspects of their lives, which consequently puts them at high risk of harm, neglect or health deterioration.	High

<p>Cognitive impairment that may, for example, include, marked short or long-term memory issues, or severe disorientation to time, place or person.</p> <p>The individual is unable to assess basic risks even with supervision, prompting or assistance, and is dependent on others to anticipate their basic needs and to protect them from harm, neglect or health deterioration.</p>	<p>Severe</p>
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### 9. Behaviour

Description	Level of need
<p>No evidence of 'challenging' behaviour.</p>	<p>No needs</p>
<p>Some incidents of 'challenging' behaviour. A risk assessment indicates that the behaviour does not pose a risk to self, others or property or create a barrier to intervention. The individual is compliant with all aspects of their care.</p>	<p>Low</p>
<p>'Challenging' behaviour that follows a predictable pattern. The risk assessment indicates a pattern of behaviour that can be managed by skilled carers or care workers who are able to maintain a level of behaviour that does not pose a risk to self, others or property. The individual is nearly always compliant with care.</p>	<p>Moderate</p>
<p>'Challenging' behaviour of type and/or frequency that poses a predictable risk to self, others or property. The risk assessment indicates that planned interventions are effective in minimising but not always eliminating risks. Compliance is variable but usually responsive to planned interventions.</p>	<p>High</p>
<p>'Challenging' behaviour of severity and/or frequency that poses a significant risk to self, others or property. The risk assessment identifies that the behaviour(s) require(s) a prompt and skilled response that might be outside the range of planned interventions.</p>	<p>Severe</p>
<p>'Challenging' behaviour of a severity and/or frequency and/or unpredictability that presents an immediate and serious risk to self, others or property. The risks are so serious that they require access to an immediate and skilled response at all times for safe care.</p>	<p>Priority</p>

### 10. Drug Therapies and Medication: Symptom Control

Description	Level of need
Symptoms are managed effectively and without any problems, and medication is not resulting in any unmanageable side-effects.	No needs
Requires supervision/administration of and/or prompting with medication but shows compliance with medication regime. OR Mild pain that is predictable and/or is associated with certain activities of daily living. Pain and other symptoms do not have an impact on the provision of care.	Low
Requires the administration of medication (by a registered nurse, carer or care worker) due to: non-compliance, or type of medication (for example insulin), or route of medication (for example PEG). OR Moderate pain which follows a predictable pattern; or other symptoms which are having a moderate effect on other domains or on the provision of care.	Moderate
Requires administration and monitoring of medication regime by a registered nurse, carer or care worker specifically trained for the task because there are risks associated with the potential fluctuation of the medical condition or mental state, or risks regarding the effectiveness of the medication or the potential nature or severity of side-effects. However, with such monitoring the condition is usually non-problematic to manage. OR Moderate pain or other symptoms which is/are having a significant effect on other domains or on the provision of care.	High
Requires administration and monitoring of medication regime by a registered nurse, carer or care worker specifically trained for this task because there are risks associated with the potential fluctuation of the medical condition or mental state, or risks regarding the effectiveness of the medication or the potential nature or severity of side-effects. Even with such monitoring the condition is usually problematic to manage.	Severe

<p>OR</p> <p>Severe recurrent or constant pain which is not responding to treatment.</p> <p>OR</p> <p>Non-compliance with medication, placing them at severe risk of relapse.</p>	
<p>Has a drug regime that requires daily monitoring by a registered nurse to ensure effective symptom and pain management associated with a rapidly changing and/or deteriorating condition.</p> <p>OR</p> <p>Unremitting and overwhelming pain despite all efforts to control pain effectively.</p>	Priority

### 11. Altered States of Consciousness (ASC)

Description	Level of need
No evidence of altered states of consciousness (ASC).	No needs
History of ASC but it is effectively managed and there is a low risk of harm.	Low
Occasional (monthly or less frequently) episodes of ASC that require the supervision of a carer or care worker to minimise the risk of harm.	Moderate
Frequent episodes of ASC that require the supervision of a carer or care worker to minimise the risk of harm. OR Occasional ASCs that require skilled intervention to reduce the risk of harm.	High
Coma. OR ASC that occur on most days, do not respond to preventative treatment, and result in a severe risk of harm.	Priority