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University Health Board



# Cardiff and Vale UHB

# RETROSPECTIVE

# CONTINUING HEALTHCARE



*Information Booklet*

*Caring for people.....keeping people well*

## **Welcome!**

This booklet contains all the information about NHS Continuing Healthcare and the Retrospective process that you will need if you are considering putting in a Retrospective claim

Information about Continuing Healthcare can also be found on the Health Board's website and the Welsh Assembly website, where the national frameworks and policies are also available for download

[www.cardiffandvaleuhb.wales.nhs.uk](http://www.cardiffandvaleuhb.wales.nhs.uk)

[www.gov.wales](http://www.gov.wales)

## Continuing healthcare: what is it?

Continuing Healthcare is about the provision of [nursing care](#).

A person's needs can be separated into two categories: social needs and nursing needs.

### [Social Needs](#)

Social needs are needs that can be met by trained carers rather than by nurses. These include needs like help with washing and dressing, assistance with eating and drinking, supervision for walking and doing daily activities, preparing meals and going to the bathroom among others.

### [Nursing Needs](#)

Nursing needs are needs that require a trained nurse to address. These include needs like administering medication, looking after pressure sores and skin wounds, taking blood and monitoring blood conditions like diabetes and specialist diet provision among others.

What kind of needs a person has determines the package of care they receive. A person with only social needs can be cared for in a residential home and such placements fall under the remit of local authorities and social services.

A person with nursing needs will need a placement in a nursing home.

# Continuing healthcare: what is it?

## Nursing needs

There are two different kinds of nursing placements that provide for people with nursing needs. The first of these is [Funded Nursing Care](#), or FNC.

FNC is a financial contribution that the NHS pays directly to the nursing home that covers the nursing elements of a person's care . This contribution is in addition to the costs that the home charge for social care, which is not covered by the NHS. FNC is paid for everyone who is assessed as having nursing needs and pays for the routine nursing care that nursing homes provide, such as District Nurse care, Speech and Language Therapy, etc

If a person's nursing needs are greater than those that can lawfully be provided by their nursing home, then they may be eligible for [Continuing Healthcare](#).

## Continuing healthcare

Continuing healthcare provision covers the total cost of a person's care in a nursing home. This is because a Primary Healthcare Need has been identified for that person. This is where a person's needs fall outside what the nursing home can lawfully provide, or FNC.

It is important to understand that CHC is about the level of nursing needs that a person has and not about their medical conditions or diagnosis.

## Establishing a Primary Health Need

So how do we know if someone has a Primary Health Need? To find evidence of a Primary Health Need, a series of assessments is carried out with the joint input of multiple professionals.

1



First, a Nursing Assessment is carried out by a nurse assessor

2



Next, a Multidisciplinary Team Meeting (MDT) is held where a Decision Support Tool assessment is conducted. The MDT is contributed to by the person's GP, Social Worker, Care home manager and family

3



Lastly, the results of the DST are considered alongside the Four Key Indicators by the whole MDT. If there is enough evidence to support one or more of the four key indicators, then a Primary Health Need has been established

# Establishing a Primary Health Need

## The DST and Four Key Indicators

### Decision Support Tool

The DST is a Welsh Assembly Government tool. It consists of 12 nursing need domains. For each domain, a level of need from no needs to severe needs can be attributed. Each level of need comes with its own description. The job of the MDT is to fit each person into a level of need according to these descriptors.

### Four Key Indicators

The four Key Indicators are Nature, Intensity, Complexity and Unpredictability. In each one, all 12 of the nursing need domains from the DST are looked at together to see if there is any Intensity of need, Complexity of need or Unpredictability of need. Nature looks at the totality, or total picture, of a person's needs. If there is enough evidence to support any of these four areas, then a Primary Health Need has been identified.

## Retrospective Assessments

A retrospective assessment aims to answer the question SHOULD someone have been receiving CHC in the past. The same DST and Four Key Indicators are used to identify a Primary Healthcare Need, but where a current assessment looks at what a person's need are, a retrospective has to find out what a person's need were.

### So how can we do this?

In order to establish what a person's needs were for a specific period of time, a retrospective first has to put together a chronology. For the time that the retrospective assessment is considering, everything that happened to a person during that time is recorded in the chronology. For example, did the GP come to see them and what for? What were carers doing for them in their nursing home? Did they have visits from district nurses? Or from other specialist services? What did their typical day look like? What untypical days did they have? Did they have any episodes of illness? Did they go to hospital?

For each of the 12 nursing need domains of the DST, the chronology lists all the evidence that there is to support each one. The information collaborated within our chronologies comes from all the records that were made at the time being looked at.

Just like the MDT for a current assessment takes on board the views of a range of professionals, the chronology uses the records from all the services that had involvement with a person's care. Records are collected from the GP, District Nurses, Mental Health, Hospitals, Social Service, Dieticians and Speech and Language Therapy, Physiotherapy and so on. The views of the family are also considered in the Claimants' Perspective.

# Retrospective Assessments

After the chronology has been completed, the information is then used to do a

## Needs Assessment

A needs assessment is completed using the information from the chronology and the claimant's statement to determine the needs of the individual during the period under consideration. The 12 domains of the DST are used to first look at the nature of needs and then consideration is given to the intensity, complexity and unpredictability of these needs to determine if there is a Primary Health Need.

## WHAT TO EXPECT WHEN UNDERGOING A RETROSPECTIVE

Application forms are available on the Cardiff and Vale website, the Welsh Assembly website and from us. The form must be filled out by the person who has the legal authority to do so: if you are making the claim on behalf of a family member then the form must be filled out by the person who has Power of Attorney or Grant of Probate. Application forms need to be returned to us within six weeks.

Once your application has been received by us, we then need you to supply us with: a copy of your legal authority (Power of Attorney or Grant of Probate) and copies of bank statements and care home invoices for the period being looked at. You have 5 months to get this information in to us. Once all this information has been received and checked, your claim becomes active and we can begin to request the records that we need.

Please note: you do not need the representation of a solicitor for this process.



# Undertaking a Retrospective: what to expect

## Receiving the Needs Assessment

You may not agree with the findings of the needs assessment. For example, you may be aware of information that was not included in the evidence for the decision, or you may identify information that was wrong. In this case, you have the following options:

**Negotiation meeting** – you will be invited to attend a negotiation meeting with us. This meeting will give you the opportunity to discuss with us what disagreements you have and why. For example, you may disagree with the level of need award for certain domains, or you may wish to present us with information and evidence we did not have available to us at the time of assessment.

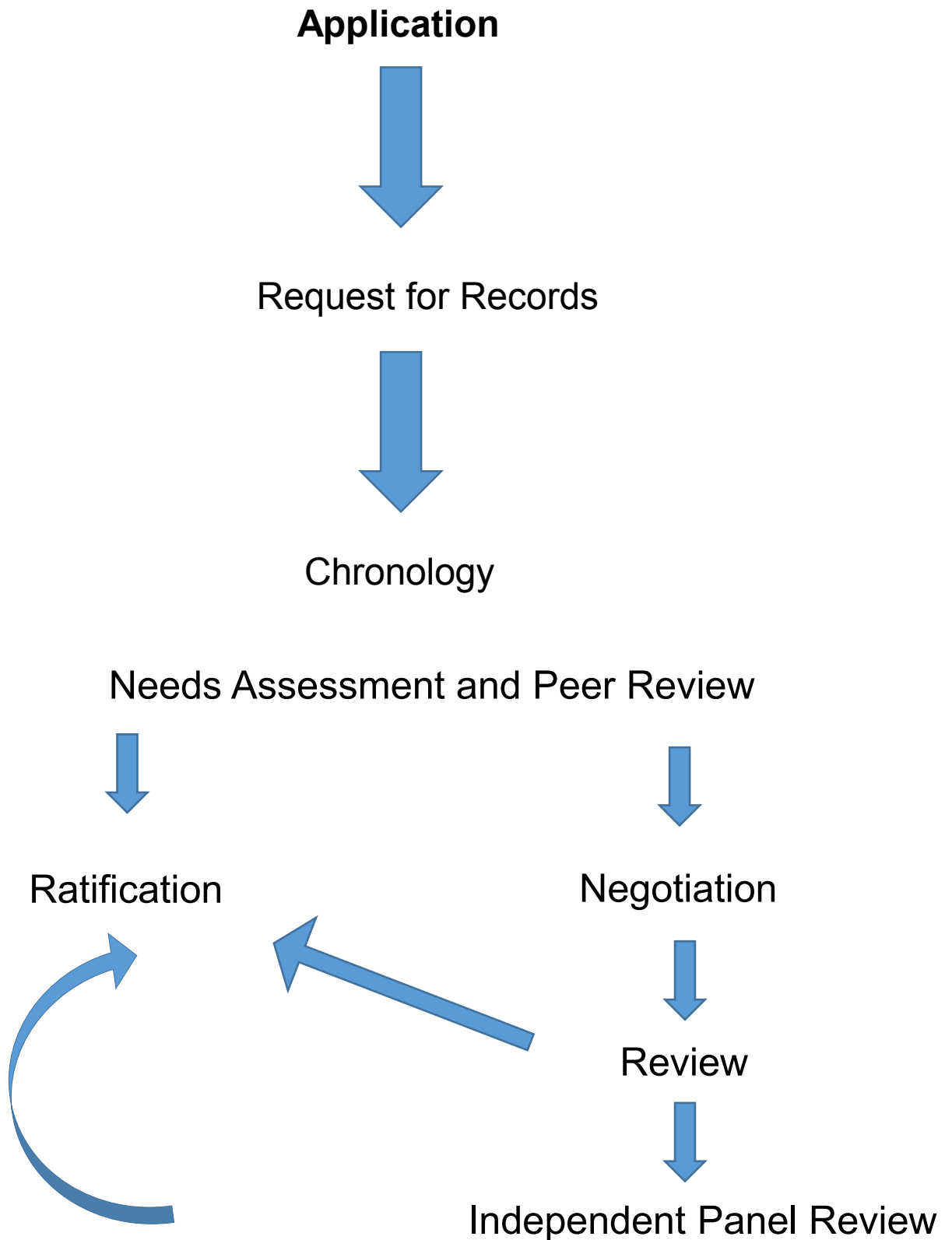
**Independent Review Panel** – if you feel that the Health Board has not followed the correct procedures and policies in place and disagree with the recommendation made, you can ask for the claim to be put for consideration of an IRP. This is where an Independent Chair will take a look at the case and decide if there is enough evidence for the claim to be put to an IRP. If your claim goes to IRP, then the panel will decide two things: if the health board followed process and a recommendation of eligibility

Once a recommendation of eligibility has been agreed by all parties then the documentation is ratified by a UHB chair. If appropriate, you will then receive information from our finance team about any reimbursement due.

**Please note: you have the right to enter into our complaints procedure, details of which are available from the UHB website or from us.**

In rare cases, it may be necessary to refer the case to the Welsh Ombudsman if no agreement can be reached.

## Retrospective CHC flow chart



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