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RETROSPECTIVE CONTINUING HEALTHCARE

Informational Training Sessions



WELCOME





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INTRODUCTIONS 😊

Aims and objectives:

- to understand Continuing Healthcare
- establishing a Primary Health Need
- to understand what a Retrospective is
- undertaking a Retrospective process



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Continuing healthcare: what is it?

Continuing Healthcare is all about **NURSING PROVISION**

What kind of care does this person need?

Social Needs

- Washing, Dressing, Bathing
- Supervision and Assistance
- Prompting and Reminding

Nursing needs

- Administering of medication
- Skin and Pressure sores
- Bloods and Monitoring
- Speech And Language Therapy and Dietician

The kind of care a person needs will determine what kind of placement they get



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Continuing healthcare: what is it?

A person with only social need will need a **RESIDENTIAL** placement.
A person with both social and nursing needs will need a **NURSING** placement

Nursing placements fall into two different categories:

FUNDED NURSING CARE

Funded Nursing Care (FNC) is the provision the NHS gives to everyone assessed as having nursing needs. The NHS gives a financial contribution to the costs of the person's care **DIRECTLY TO THE NURSING HOME**. This is paid in addition to the costs the home charges for the person's social care. FNC pays for the routine nursing care that a nursing home would normally provide, such as a nurse to administer medications, district nursing visits, care for skin, nutrition, mobility etc



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Continuing healthcare: what is it?

Nursing placements fall into two different categories:

CONTINUING HEALTHCARE

CONTINUING HEALTHCARE (CHC) is when the NHS pays the full cost a person's care in their nursing home because their needs are **greater** than those that are considered routine, or FNC. When a person needs more help than can lawfully be provided by their nursing home, it is called having a **Primary Healthcare Need**.

CHC is **not** about a person's medical diagnosis or condition, but rather about the **level of their nursing needs**



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Establishing a Primary Health Need

To find out if a person has a Primary Health Need, a series of assessments are undertaken with the joint input of multiple professions

1



First, an **Integrated Assessment** is carried out by a nurse assessor.

2



Next, a Multi Disciplinary Team meeting 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, nurse assessor and family.

3



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



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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.



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Retrospective Assessments

How can we establish if someone SHOULD have been given CHC in the past?

A retrospective CHC assessment uses the same DST and Four Key Indicators tool as a current CHC assessment. But whereas a current assessment looks at what a person's needs **ARE**, a retrospective has to identify what a person's needs **WERE**.

How do we do this?

Retrospective assessments use a **chronology** of events to establish what a person's needs were. 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



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Retrospective Assessments

Where do we get the information for a chronology from?

The information collabored 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

GP RECORDS

**NURSING
ASSESSMENTS**

**MENTAL HEALTH
RECORDS**

**CARE
HOME
RECORDS**

**DISTRICT NURSE
RECORDS**

**HOSPITAL
RECORDS**

**SOCIAL SERVICE
RECORDS**

**OT AND
PHYSIOTHREPY**

SALT AND DIETICIAN



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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.



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Undertaking a Retrospective: what to expect

If you think you or someone in your family was eligible for CHC in the past, you can ask for a Retrospective assessment
Current framework allows us to look back one year from when you make an application

Making an application

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.



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Undertaking a Retrospective: what to expect

Making an application

Once your application has been received by us, we then need you to supply us with:

- A copy of your legal authority (PoA, GoP, Deputy Order etc)
- Financial evidence in the form of bank statements and care home invoices

You have **5 months** to get this information to us

Once all this information has been gathered and checked, then your claim becomes active and we begin the process of requesting the necessary records.

Please note: you **DO NOT** need the representation of a solicitor to undergo this process



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Undertaking a Retrospective: what to expect

Receiving the Needs Assessment

Once your case has been reviewed by our nurse assessors, it is sent to you for your consideration. The needs assessment document will have one of three outcomes: no eligibility, partial eligibility or full eligibility.

No eligibility – this is where a Primary Health Need could not be identified. This decision will have been peer reviewed twice before it was finally agreed.

Partial eligibility – this is where a Primary Health Need has been identified, but not for the whole period of time that was being considered: only for part of it

Full eligibility – this is where a Primary Health Need has been identified for the whole period of time under consideration



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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



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Undertaking a Retrospective: what to expect

Receiving the Needs Assessment

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.

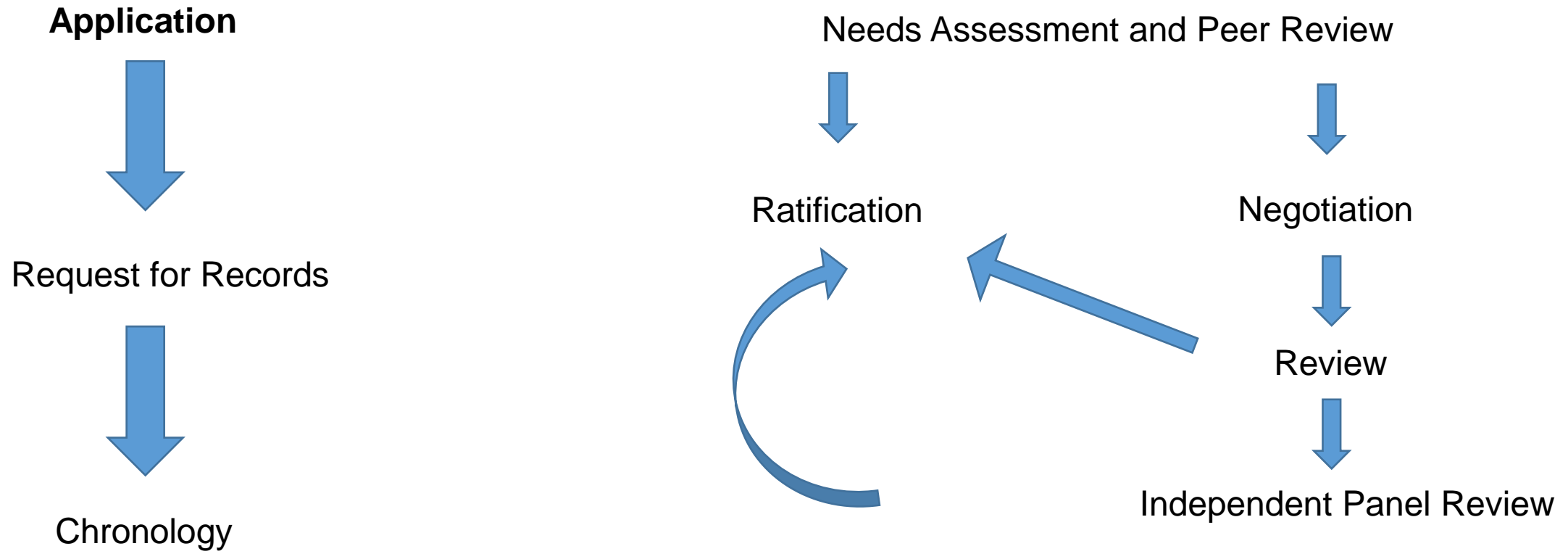


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Retrospective CHC flow chart



Public Service Ombudsman



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Questions?

Thank you for your attention

Please feel free to take an application form and our information booklets with you

If you have anything you would like to discuss, please feel free to stay behind and have an informal chat with our friendly staff



