

NHS Sheffield Funded Nursing Care

Guidance on NHS Sheffield financial contributions to regular respite care, for patients eligible for Funded Nursing Care

1.0 Purpose and scope

1.1 This guidance sets out NHS Sheffield's position on the funding of regular respite care for patients who are eligible for Funded Nursing care (FNC). It applies to people who do not live in a care home registered by the Care Quality Commission.

1.2 This guidance does not apply in emergency situations. NHS Sheffield has a separate policy on emergency access to FNC.

1.3 The term nursing home means a care home with nursing as registered by the Care Quality Commission. It does not include care homes that are not registered to provide nursing care.

2.0 Audience

2.1 This guidance has been developed to assist MDTs assessing patients for eligibility for continuing healthcare (CHC). It will be particularly useful where a patient is unlikely to be eligible for CHC but has nursing needs and may benefit from some respite care.

2.2 This guidance is also developed for patients and their families, to assist them to understand the likely extent of services that may be available to them.

3.0 Background

3.1 The National Framework for Continuing Healthcare states that

“Eligibility for NHS continuing healthcare is ... not determined or influenced either by the setting where the care is provided or by the characteristics of the person who delivers the care”

3.2 The Practice Guidance for Funded Nursing Care states

“There may be occasions when individuals need to go into a care home for short periods of time such as...for respite care. Such short periods in a care home providing nursing care of less than six weeks qualify for NHS funding.”

4.0 Eligibility

4.1 Eligibility for NHS funding for regular respite care is only conferred after a patient has been assessed for CHC. If the patient has not been assessed for CHC, they will not be eligible for FNC contributions from NHS Sheffield towards the cost of respite care, except in an emergency. In an emergency, NHS Sheffield's policy on seeking emergency FNC will apply.

4.2 When a patient is assessed for CHC, there are four possible outcomes. These are:

- eligibility for CHC; or
- eligibility for a joint package of care; or
- eligibility for FNC; or
- eligibility for social care with mainstream support.

4.3 Where a patient is eligible for continuing healthcare or a joint package of care, any need for regular respite should be included in their ongoing package of care.

4.4 Where a patient is eligible for FNC but their main residence is not a nursing home, they will be eligible for support from NHS Sheffield with the cost of respite care in a nursing home. The payments will only be made for the time the patient is staying at the nursing home. Such respite care should be part of an agreed programme with NHS Sheffield. In such circumstances, NHS Sheffield's contribution towards the cost of the respite will be limited to the FNC weekly rate set annually by the Government.

4.5 Where a patient is eligible for FNC, NHS Sheffield's financial contribution to the care package will be limited to paying the weekly rate to a nursing home. Where the patient is not living in a nursing home then NHS Sheffield will not make any further financial contribution towards the cost of their care package. The patient remains eligible for primary and secondary NHS services, along with all other people of Sheffield.

4.6 MDTs will often be aware of a patient's preferred choice of care setting before an eligibility decision has been reached. However, this should not have a bearing on the eligibility recommendation that is made. It is consistent with the framework to make a recommendation of eligibility for FNC even when the MDT is aware that the person does not wish to live in a nursing home.

4.7 Where an MDT makes a recommendation of eligibility for FNC, the DST will be subject to the regular consideration at NHS Sheffield. Where such a recommendation is ratified, the patient will be informed that they are ineligible for CHC, but that they are eligible for FNC, using one of NHS Sheffield's standard letters.

4.8 Responsibility for care management for patients eligible for FNC lies with Sheffield City Council. The Council will inform NHS Sheffield in advance of any periods of respite care. NHS Sheffield will only provide this funding to establishments registered as a nursing home with the Care Quality Commission

4.9 In line with the Practice Guidance for Funded Nursing care, NHS Sheffield will usually fund a maximum of 6 weeks respite care per year. However, NHS Sheffield will consider whether to contribute to more than 6 weeks of respite care per year, based on the assessed needs of patients. Decisions on the exact amount of respite care for any given patient will be made in line with NHS Sheffield's CHC Policy on the Commissioning of Care Provision.

4.10 NHS Sheffield will not pay FNC contributions to a care home that is not registered to provide nursing care.

4.11 The patient's eligibility for FNC will continue to apply until the patient has had a review. Where a patient has been assessed as eligible for FNC, did not initially move to a nursing home but subsequently decides to do so, they will not require a further assessment to determine eligibility. Where the patient decides to move into a nursing home, the care manager should consider whether a review of their needs or eligibility should be carried out.

5.0 Consultation

5.1 NHS Sheffield has consulted with partners on the development of this guidance, through the CHC Operational Group.

5.2 This guidance is due for review on 31 October 2013.

6.0 Communication

6.1 This guidance will be published on NHS Sheffield's website. It will be disseminated to partner organisations through the CHC Operational Group.

6.2 This guidance will take effect from Monday 15 October 2012.

Version Control

Version	Date	Author	Comment
01	14 August 2012	E Harrigan	For discussion at August Operational Group
02	15 August 2012	E Harrigan	Following discussion at August Operational Group, for comment from CHC SMT.
03	18 September 2012 (final)	E Harrigan	Following comments form Operational Group, approved by Chief Nurse 05-10-12.