

CHC policy on the commissioning of care provision
To guide the care commissioning stage of the Continuing Healthcare pathway

1.0 Purpose

1.1 This is Sheffield Clinical Commissioning Group's (CCG) policy on the commissioning of care packages for patients eligible for an episode of continuing healthcare (CHC). The CCG is responsible for commissioning and procuring services for all individuals who qualify for NHS continuing healthcare and for the healthcare element of a joint care package. The purpose of this policy is to assist Sheffield CCG to ensure that the reasonable requirements of eligible individuals are met

1.2 This policy applies once an individual has received a comprehensive, multidisciplinary assessment of their health and social care needs and the outcome shows that they have a primary health need and are therefore eligible for an episode of NHS Continuing Healthcare (CHC) funding or for a joint package of care.

1.3 This policy has been developed to help provide a common and shared understanding of CCG commitments in relation to individual choice and resource allocation.

The benefits of this policy are to

- inform robust and consistent commissioning decisions for the CCG
- ensure that there is consistency in the local area over the services that individuals are offered;
- ensure the CCG achieves value for money in its purchasing of services for individuals eligible for NHS Continuing Healthcare and joint packages of care;
- facilitate effective partnership working between health care providers, NHS bodies and the Local Authority in the area;
- Promote individual choice as far as reasonably possible.

1.4 This policy details the legal requirements, CCG responsibilities and agreed course of action in commissioning care which meets the individual's assessed needs. This policy has been developed to assist the CCG to meet its responsibilities under the sources of guidance listed towards the end of this policy.

1.5 Whilst improving quality and consistency of care, this policy is intended to assist CCGs to make decisions about clinically appropriate care provision for individuals in a robust way and thus improve financial management at the CCG.

2.0 General principles

2.1 Where an individual qualifies for NHS continuing healthcare, the package to be provided is that which the CCG assesses is appropriate to meet all of the individual's assessed health and associated social care needs.

2.2 The CCG will seek to promote the individual's independence subject to the factors set out in paragraph 2.4. The CCG aims to support individuals to take reasonable risks whilst ensuring that care provided is clinically safe, including through the use of a personal health budget, where appropriate

2.3 The CCG's responsibility to commission, procure or provide continuing healthcare is not indefinite, as needs could change. Regular reviews are built into the process to ensure that the care provision continues to meet the individual's needs.

2.4 When commissioning services with individuals, the CCG will balance a range of factors including:

- individual safety;
- individual choice and preference;
- individual's rights to family life;
- value for money;
- the best use of resources for the population of Sheffield
- ensuring services are of sufficient quality;
- ensuring services are culturally sensitive; and
- Ensuring services are personalised to meet individual need.

3.0 Mental capacity & Representation

3.1 Where there is reason to believe that an individual may lack capacity to make a decision regarding the provision of (or change to) their care or accommodation a mental capacity assessment shall be undertaken. If the assessment confirms that the individual lacks the relevant capacity best interest decision making shall be undertaken in accordance with the Mental Capacity Act and its Code of Practice. The CCG will appoint an Independent Mental Capacity Advocate to support the individual in decision making where necessary in accordance with the Act. Any best interest decision made will be in accordance with this policy.

3.2 In some circumstances the individual may have given another person authority to make a decision on their behalf. Where the CCG is made aware of this, and a best interest decision is required in respect of an offer of care, it will ask to see one of the following documents:

- a Lasting Power of Attorney which has been registered with the Office of the Public Guardian. This can be either a Health and Welfare Lasting Power of Attorney or a Property and Financial Affairs lasting Power of Attorney;
- an Enduring Power of Attorney which has been registered with the Office of the Public Guardian;
- an order of the Court of Protection appointing them as Deputy and the order enables them to decide on the care or accommodation of the individual; or

- an order from the Court of Protection, in respect of the care or accommodation of the individual.

3.3 Where one of the above documents is provided to the CCG, it will decide how to involve the bearer in any best interest decisions. The CCG will take its decision in accordance with the Mental Capacity Act guidance referenced below.

4.0 Identification of care provision

4.1 Where an individual is eligible for an episode of CHC funding, the CCG will commission care which meets the individual's assessed needs. The CCG will only fund services that are identified in the care plan, for which it has a statutory responsibility and that are needed to meet the individual's reasonable requirements.

4.2 The individual's care coordinator will discuss the proposed care provision with the individual and their representative(s) (where the individual gives consent for such a discussion or where the individual lacks capacity) including where the service may be provided. The care coordinator should identify different options for providing the care, indicating which of these is preferred by the individual.

4.3 The Care Plan will identify the outcomes that individual wishes to achieve

4.4 The care coordinator will use the CCG's 'Resource Panel pro forma' to set out the requested care package and associated information. The pro forma must be completed in full for every proposed care package.

4.5 The CCG will seek to take into account any reasonable request from the individual and their representative(s) in making the decision about the care provision, subject to the factors set out in section 2.4.

4.6 The CCG will endeavour to offer a reasonable choice of available, preferred providers to the individual. Where the individual wishes to receive their care from an alternative provider the CCG will consider this subject to the CCG following criteria:

4.6.1 The individual's preferred care setting is considered by the CCG to be suitable in relation to the individual's needs as assessed by the CCG;

4.6.2 The cost of making arrangements for the individual at their preferred care setting would not require the CCG to pay more than they would usually expect to pay having regard to the individual's assessed needs (and having regard to the average value of care provision offered by the CCG and rejected by the individual);

4.6.3 The individual's preferred care setting is available;

4.6.4 The people in charge of the preferred care setting are able to provide the required care to the individual subject to the CCG usual terms and conditions, having

regard to the nature of the care setting, for providing the care setting for such a person for CHC.

4.7 Registered care settings

4.7.1 Where care is to be provided in a registered care setting (such as a nursing home, residential home or independent hospital), the CCG will only place individuals with providers which are:

- a) registered with the Care Quality Commission (or any successor) as providing the appropriate form of care to meet the individual's needs; and
- b) not subject to an embargo by the CCG or Local Authority, including the host CCG or Local Authority if the provider is not located in Sheffield.
- c) contracted to the CCG to provide nursing care at the standard rate. Contracted providers are also eligible for the CQUINs quality premium, subject to achieving the required quality standards; or
- d) contracted to the CCG to provide care at an enhanced rate, where the CCG determines enhanced care is required.

4.7.2 The CCG will consider providing a placement in a registered care setting not contracted to the CCG in exceptional circumstances. This will only be approved when the provider complies with paragraphs 4.7.1 a) and 4.7.1 b) above. Furthermore, non-contracted providers will not be eligible for the CQUINs quality premium.

4.8 Home care

4.8.1 Where home care is to be provided, the CCG will use domiciliary care agencies it has commissioned to provide such care, including agencies commissioned by the Local Authority on its behalf. Home care will be provided by agencies suitably qualified to deliver the care that meets an individual's assessed needs.

4.8.2 The cost of home care provision should not exceed the equivalent cost of care in a registered care setting capable of meeting the needs of the individual.

4.7 Personal Health Budgets

4.7.1 Patients eligible for CHC will have the right to ask for a personal health budget from April 2014. The cost of a personal health budget should not exceed the equivalent cost of care in an alternative care setting capable of meeting the needs of the individual.

4.7.2 The decision making process for determining whether to offer a personal health budget, its format and cost will be set out in an addendum to this policy.

5.0 CCG preferred providers

5.1 To assist the CCG in achieving consistent, equitable care, the CCG will endeavour to offer and place individuals with preferred providers.

5.2 Where a preferred provider is not available to meet the individual's reasonable requirements, the CCG may make a specific purchase and place the individual with another care provider who meets the individual's needs. Where such an arrangement has been agreed the CCG reserves the right to move the individual to a suitable preferred provider when capacity becomes available, where this will provide a financial or clinical advantage to the CCG. For example, if an individual has a specific care need which cannot be catered for in available preferred accommodation, the CCG will need to specifically commission accommodation for the individual, potentially through an individually negotiated agreement. The CCG should notify the individual and/or their representative(s) that they may be moved should a preferred provider subsequently have capacity.

5.3 Though all reasonable requests from individuals and their families will be considered, the CCG is not obliged to accept requests from individuals for specific care providers which have not been classified as preferred providers.

5.4 Where the CCG deems that a provider is not providing care of an acceptable quality and standard, the CCG reserves the right to move the individual to an alternative provider.

5.5 The CCG contracts with different providers to meet the needs of different service users. Where an individual's needs change, the CCG may offer a package of care with a new provider.

6.0 Location

6.1 The CCG will take account of the wishes expressed by individuals and their families when making decisions as to the location or locations of care to be offered to individuals to satisfy the obligations of the CCG to provide CHC.

6.2 Home Care

6.2.1 The CCG acknowledges that many individuals with complex healthcare needs wish to remain in their own homes, with support provided to the individual in their own homes. Where an individual or their representative(s) express such a desire, the CCG will investigate to determine whether it is clinically feasible and within the duties of the CCG to provide a sustainable package of NHS CHC for an individual in their own home.

6.2.2 The willingness of family to supplement support should be taken into account, although no pressure should be put on them to offer such support. Whilst family members are under no legal obligation to offer care, the CCG will ask family members if they are prepared to do so and, if they agree, the CCG is entitled to assume that family members will provide the agreed level of support in designing any home care package.

6.2.3 Where an individual expresses the preference to receive care at home, the CCG will benchmark the cost of such a package against the cost of a suitable package of care in a registered care setting.

6.2.4 The cost of domiciliary care provision should not exceed the equivalent cost of a registered care setting capable of meeting the assessed needs of that individual at that time.

6.2.5 The CCG may be prepared to support clinically sustainable provision of a package of care which keeps an individual in their own home where the anticipated cost of the care to the CCG may be more than the most cost effective care identified (based on CCG agreed standard rates for equivalent levels of need).

6.2.6 The CCG will consider such requests on a case by case basis guided by the factors set out in section 2.4 and using the two stage process for determining exceptional circumstances set out below.

6.2.7 Where the CCG decides to offer home care to an individual, the individual's home becomes the member of staff's place of work. Employee safety is an important consideration in home care packages. The individual's home must be a reasonably safe environment to work and deliver care to the individual. This includes cleanliness of the environment, and interactions between the individual, family/carer and the employee.

6.3 Registered care settings

6.3.1 Through discussions with the individual, or their representative(s), location requests will be accommodated as much as reasonably possible, and in accordance with this policy, for example, proximity to relatives. Location requests will be subject to fulfilment of the criteria described in section 4.7 of this policy.

6.3.2 If a care home that was not originally offered is requested by the individual, the CCG will accept the individual's selection providing it complies with the criteria set out in section 4.7 of this policy.

6.3.3 The CCG understands that individuals may want to be located near specific places to stay in the local community and enable family and friends to visit easily. To accommodate this, where the CCGT's preferred available care homes are not within a reasonable travelling distance, the CCG may choose to make a specific purchase for that individual to enable them to be accommodated in their preferred area where

the anticipated cost to the CCG may be more than the available CCG preferred accommodation (based on CCG agreed standard rates for equivalent levels of need).

6.3.4 The CCG will consider such requests on a case by case basis, guided by the factors set out in section 2.4 and using the two stage process for determining exceptional circumstances set out below.

6.3.5 Where such an arrangement has been agreed, the CCG reserves the right to subsequently move the individual to a suitable preferred provider where this will provide a financial saving to the CCG.

6.3.6 Reasonable travelling distance will be based on a case by case assessment of an individual's circumstances, and will take into account factors such as ability of family and friends to visit, which may include public transport links, mobility of the family and friends and so on.

6.3.7 If an individual or their representative(s) exercise individual choice and select a care home in another area, the CCG will consider placing the individual there and, if they do place the individual the responsibility for commissioning between different CCGs will be decided in accordance with DH guidance.

6.4 Personal Health Budgets

6.4.1 A personal health budget may be provided to an individual in a registered or a non-registered setting. It may cover the all or part of the care needed by the individual. It may only be used to pay for care agreed as part of a care package, by the CCG.

6.4.2 Where the CCG decides to offer an individual a personal health budget, it will benchmark the cost of such a package against alternative packages of care. The cost of a personal health budget will not exceed the equivalent cost meeting the individual's reasonable requirements. The cost of a personal health budget will include any directly incurred additional expenditure, including:

- Administering managed accounts
- Recruiting PAs
- Tax, national insurance and any other costs associated with directly employing staff
- Costs associated with redundancy
- Legal advice
- Financial advice, including accountancy

The above list is not exhaustive.

6.4.3 The CCG may be prepared to support clinically sustainable provision of NHS a package of care CHC which keeps an individual in their own home where the

anticipated cost of the care to the CCG may be more than the most cost effective care identified (based on CCG agreed standard rates for equivalent levels of need).

6.4.4 CCG will consider such requests on a case by case basis guided by the factors set out in section 2.4 and using the two stage process for determining exceptional circumstances set out below.

6.4.5 Where the CCG receives a personal health budget to an individual, the individual's home usually becomes the member of staff's place of work. Employee safety is an important consideration in home care packages. The individual's home must be a reasonably safe environment to work and deliver care to the individual. This includes cleanliness of the environment, and interactions between the individual, family/carer and the employee.

6.4.6 Where the individual receives a personal health budget and they directly employ staff they assume responsibility for all of the obligations that apply to any employer. The CCG will not accept any vicarious liability arising out of an individual's decisions to employ staff, funded by a personal health budget.

7.0 Additional services

7.1 The individual or their representative(s) has the right to enter into discussions with any provider to supplement the care provision, over and above that required to meet assessed needs. Any such costs arising out of any such agreement must be funded by the individual or through third party funding. These costs may relate to;

7.1.1 additional non-healthcare services to the individual. For example hairdressing, provision of a larger room, en-suite, or enhanced TV packages.

7.1.2 additional healthcare services to the individual, outside of the services the CCG has agreed to provide as part of the CHC package. These types of services may include things such as chiropractor appointments or additional physiotherapy sessions. The CCG will satisfy itself that these services do not constitute any part of the CHC identified need.

7.2 The decision to purchase additional services to supplement a CHC package must be entirely voluntary for the individual. The provision of the CHC package must not be contingent on or dependent on the individual or their representative(s) agreeing to fund any additional services. This means that the care home must be willing and able to deliver the assessed CHC needs to the individual, without the package being supplemented by other services as described in 7.1 of this policy.

7.3 Any funding provided by the individual for private services should not contribute towards costs of the assessed need that the CCG has agreed to fund. Similarly, CHC funding should not in any way subsidise any private service that an individual chooses outside of the identified care plan.

7.4 Where an individual is funding additional services, the associated costs to the individual must be explicitly stated and set out in a separate agreement with the provider. If the individual chooses to hold a contract for the provision of these services, it should be clear that the additional payments are not to cover any assessed needs funded by the CCG.

7.5 In order to ensure that there is no confusion between the NHS and privately funded services, the CCG will enter into a legally binding contract with the selected provider which details the provision by the provider of a defined level of health and social care to the individual. This will expressly be independent of any arrangement between the care provider and the individual or their representative(s) and will be expressed to continue notwithstanding the termination of any arrangements made between the individual and the care provider. Any payments made by the individual under a contract with the care provider for additional services cannot be made under the CCG contract.

7.6 If the individual or their representative(s), for any reason, decides that they no longer wish to fund the additional services supplementing the care package, the CCG will not assume responsibility for funding those additional services.

7.7 Where the CCG is aware of additional services being provided to the individual privately, the CCG will satisfy itself that they do not constitute any part of the provision to meet assessed needs.

8.0 Availability

8.1 To enable individuals to receive the correct care promptly, individuals will be offered available care as soon as possible. If an individual's first choice from the CCG's preferred provider range is not available, they will be offered another CCG preferred provider to ensure provision as soon as possible. The CCG will offer care from preferred providers before any other unless exceptional circumstances apply.

8.2 If the individual requests care which is currently unavailable, and is unwilling to accept the CCG's offer of care, there are several options available to the CCG:

8.2.1 Temporary placement of the individual with alternative care provision until the care from the CCG's preferred care is available. For example, alternative home care provider, alternative care home, respite care or a community bed;

8.2.2 The individual may choose to go to their own or a relative's home without the assessed care provision until the preferred care is available. The terms set out in section 10 of this policy will apply. The individual will, however, retain the right subsequently to change their mind and elect to accept the care provision offered by the CCG. If the individual may not have mental capacity to make this decision, the CCG will exercise its duties under the Mental Capacity Act;

8.2.3 If it has been agreed with the individual that the assessed needs can best be met through a care home placement, the CCG may choose to provide home care until the preferred care home is available, but cost implications to the CCG must be considered. This will be in accordance with section 6.2 of this policy.

8.3 If the individual's representative(s) are delaying placement in a care home due to non-availability of a preferred home, and the individual does not have the mental capacity to make this decision themselves, the CCG will have recourse to the Vulnerable Adults Risk Management Model (VARMM), local safeguarding procedures and the Mental Capacity Act, as appropriate.

8.4 If the individual is in an acute healthcare setting, they must move to the most appropriate care setting as soon as they are medically fit for discharge, even if their first choice of care provision is not available. The individual's preference will be considered in line with section 4 of this policy, when the CCG is deciding which package of care to offer to them. Where the individual's preferred choice is not available, but alternative provision which will meet their assessed needs is available, they must move and cannot remain in an acute healthcare setting once they are medically stable.

8.5 If the CCG provides an individual with care that is more expensive than the standard cost due to, either availability in the market, or the ability of the CCG to commission at the standard cost, the additional cost will be funded by the CCG. Where such an arrangement has been agreed the CCG reserves the right to move the individual to a suitable preferred provider where this will provide a financial saving to the CCG. The CCG should notify the individual and/or their representative(s) that their provision may be moved should a preferred provider subsequently have capacity. In such circumstances, the CCG will give a minimum of 7 days' notice to the individual.

9.0 Acceptance

9.1 An individual is not obliged to accept a CHC package. Once an individual is eligible and offered CHC, and they choose not to accept the CHC package, the CCG may, in appropriate cases, take reasonable steps to make the individual aware that the Local Authority does not assume responsibility to provide care to the individual. The CCG will work with the individual to help them understand their available options and facilitate access to appropriate advocacy support. As appropriate, the CCG will have recourse to VARMM, local safeguarding procedures and the Mental Capacity Act 2005.

10.0 Withdrawal

10.1 The NHS discharges its duty to individuals by making an offer of a suitable care package to individuals whether they choose to accept the offer. The following are examples of how this can work in practice:

10.1.1 The CCG offers to discharge its duty by providing a package of services for an individual in one or more appropriate care settings, irrespective of whether this is the individual's preferred location, and that offer is rejected by the individual;

10.1.2 The CCG offers to discharge its duty to an individual who, to date, has had a package of services in their own home by moving the individual to one or more appropriate care homes (since the costs of providing such care may be significantly less than providing care for an isolated individual) but that offer of a care home is rejected by the individual.

10.2 Either of the above circumstances may lead to a decision to withdraw services from the individual. The CCG will have recourse to VARMM, local safeguarding procedures and the Mental Capacity Act, as appropriate.

10.3 Where an individual exercises their right to refuse, the CCG will ask the individual or their representative(s) to sign a written statement confirming that they are choosing not to accept the offer of care provision.

10.4 It may be appropriate for the CCG to remove CHC services where the situation presents a risk of danger, violence to or harassment of care staff who are delivering the package.

10.5 The CCG may also withdraw CHC-funded support where the clinical risks become too high. This can be identified through, or independently of, the review process. Where the clinical risk has become too high in a home care setting, the CCG may choose to offer CHC in a care home setting.

11.0 Disputes

11.1 Where there are disputes between the CCG and the Local Authority over care provision, in respect of a joint package of care, the CCG will follow the Dispute Resolution Policy agreed with the Local Authority.

12.0 Appeals

12.1 An individual may appeal against a decision by the CCG as to the nature of a care package. Appeals will be dealt with through the CCG's complaints procedure.

12.2 If the complaint cannot be resolved locally the individual or their representative can be referred directly to the Health Service Ombudsman.

13.0 Continuing healthcare review

13.1 A case review should be undertaken no later than three months after the initial eligibility decision, in order to reassess the individual's care needs and eligibility for

CHC, and to ensure that the individual's assessed needs are being met. Reviews should thereafter take place annually, as a minimum.

13.2 If the review demonstrates that the individual's condition has improved to an extent that they no longer meet the eligibility criteria for CHC funded care provision, the CCG is obliged to cease funding. This includes home care and care home provision. In these cases the CCG will carry out a joint review with the Local Authority:

13.2.1 At this point the Local Authority has 28 days to review the individual's requirements and the individual will be notified they may no longer be eligible for CHC. CCG funding for an individual's care may be continued for 28 days where a Local Authority is undertaking such a review or such longer period as seems reasonable in the circumstances.

13.3 The CHC review may identify an adjusted, decreased or increased care need:

13.3.1 Where an individual is receiving home care, the CCG will consider the ability of the package to be delivered in the home environment, and also the cost effectiveness of this package in accordance with sections 4 and 6 of this policy.

13.3.2 Where the individual is accommodated in a care home, the CCG will ensure that the care home is able and suitable to deliver this adjusted or decreased care need.

13.3.3 Where the care home is unable to meet this adjusted care need, the CCG will accommodate the individual in accordance with sections 4.7 and 6.3 of this policy.

13.3.4 Where there is a decreased need, the CCG will consider the cost effectiveness of the package to be delivered in the current care home, and may move the individual to a suitable alternative provider in accordance with section 6.3 of this policy.

14.0 Exceptional circumstances

14.1 In exceptional circumstances, the CCG would be prepared to consider funding provision where the anticipated cost to the CCG is more than the cost of the most cost effective care provision identified.

14.2 In order to determine whether exceptional circumstances exist, a two-stage process will apply:

14.2.1 are the individual's needs significantly different to other individuals with the same or similar conditions?; and

14.2.2 will the individual benefit significantly more from the additional or alternative services than other individuals with the same or similar conditions would?

14.3 Exceptionality will be determined on a case by case basis and will require the agreement of an Executive Director of the CCG.

15.0 Fast track

15.1 Care provision for individuals assessed on the fast track will be subject to the same principles as set out in sections 4 and 6 of this policy.

16.0 Governance

16.1 This guidance is issued to support Sheffield CCG to meet its commitments under the Standing Rules for continuing healthcare.

16.2 This guidance will be consulted on through the Sheffield CCG Operational Group. The guidance will take effect once authorised by the Chief Nurse for Sheffield CCG.

16.3 The responsibilities of Sheffield CCG under this guidance may be discharged on its behalf by a Commissioning Support Unit

16.4 This guidance will be due for review in [July 2014].

Definitions

Accommodation: In the context of CHC, accommodation relates to an appropriately registered care setting or the individual's own home.

Care coordinator: Care coordinator refers to the person who coordinates the assessment and care planning process. Care coordinators are usually the central point of contact with the individual.

Care provision: Care provision takes two main forms:

- Care provided in an individual's own home and referred to in this document as 'home care' or 'domiciliary care'.
- Care provided in an appropriately registered care setting (such as a nursing home, a residential home or an independent hospital) and referred to in this document as 'registered care setting' or 'care home'.

Individual: In the context of this policy the individual is the service user that has been assessed for and offered continuing healthcare, often referred to as the individual.

Representative(s): Representative(s) refers to the people or person that liaises between individuals and the CCG. The individual receiving healthcare may elect to have representative(s) act with them or on their behalf, or there may be

representative(s) where the individual does not have the mental capacity to make independent decisions.

Representatives may be legal representatives, individual advocates, family, or other people who are interested in the individual's wellbeing.

Where the individual has capacity, they must give consent for any representative to act on their behalf.

A person who has formally been appointed as an Attorney or Deputy has defined responsibilities for the individual. The extent of these responsibilities will vary according to the nature of their appointment.

Local Authority: Local Authority refers to Sheffield City Council.

CCG: CCG refers to NHS Sheffield Clinical Commissioning Group.

Provider: Provider refers to organisation which provides NHS continuing healthcare on behalf of the CCG.

Preferred providers: These providers have been assessed and accepted by the CCG as being able to fulfil the continuing healthcare requirements of defined categories of individuals at an agreed cost.

16.0 Sources of guidance

- The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012
- The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care - November 2012 (revised)
- Mental Capacity Act 2005 Code of Practice
- Human Rights Act 1998
- National Assistance Act 1948 (Choice of Accommodation) Directions 1992 (as amended)
- Guidance on: National Assistance Act 1948 (Choice of Accommodation) Directions 1992. National Assistance (Residential Accommodation) (Additional Payments and Assessment of Resources) (Amendment) (England) Regulations 2001
- Updated guidance on National Assistance Act 1948 (Choice of Accommodation) Directions 1992: Consultation outcome (14 October 2004)
- National Health Service Income Generation - Best practice: Revised guidance on income generation in the NHS (1 February 2006)
- National Health Service Act 2006
- Who Pays? Establishing the Responsible Commissioner (December 2012)
- Guidance on NHS patients who wish to pay for additional private care (May 2009)

- Legal guidance Relevant case law, notably:
 - Gunter v South Western Staffordshire Primary Care Trust (2005).
 - St Helens Borough Council v Manchester Primary Care Trust (2008)
 - McDonald v Royal Borough of Kensington and Chelsea (2010).

Document Control

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