**Changes to NHS Continuing Healthcare: What is changing and how will it affect carers?**

**What is NHS Continuing Healthcare?**

NHS Continuing Healthcare is a package of health care that is arranged and fully funded by the NHS where someone has been assessed as having very high level care needs.

[Guidance from Scottish Government](http://www.sehd.scot.nhs.uk/mels/CEL2008_06.pdf) was issued in 2008. It states that NHS Continuing Care *'should be provided where there is a need for ongoing and regular specialist clinical supervision of the patient as a result of:*

* *the complexity, nature or intensity of the patient's health needs, being the patient's medical, nursing and other clinical needs overall;*
* *the need for frequent, not easily predictable, clinical interventions;*
* *the need for routine use of specialist health care equipment or treatments which require the supervision of specialist NHS staff; or*
* *a rapidly degenerating or unstable condition requiring specialist medical or nursing supervision.'*

**Who currently receives NHS Continuing Healthcare?**

In Scotland, three quarters of people who are classified as receiving NHS Continuing Healthcare are receiving care in hospital, but about a quarter receive their care in a care home. These people have all their costs paid by the NHS, including their “hotel” costs.

In contrast, self-funding individuals (those with assets greater than £25k) who are not eligible for NHS Continuing Healthcare are liable for the “hotel” costs of living in a care home. These average £576 per week in Scotland.

People receiving their care in a hospice or at home are not typically eligible for NHS Continuing Healthcare in Scotland, and are funded via alternative mechanisms.

**Background to the Independent Review**

The numbers of people recorded as receiving NHS Continuing Healthcare have reduced considerably over the past few years. In contrast, the number of people receiving NHS Continuing Healthcare in England has risen year-on-year. This has been the subject of Parliamentary Questions and media coverage.

In June 2013, the [Scottish Government announced an Independent Review on NHS Continuing Healthcare](http://www.scotland.gov.uk/News/Releases/2013/06/continuingcare).

**Independent Inquiry Recommendations**

On Friday 2 May 2014, the Scottish Government published the [findings of its Independent Review on NHS Continuing Care](http://www.scotland.gov.uk/Publications/2014/03/2480). The recommendations included:

* Replacement of NHS Continuing Healthcare with  "Hospital Based Complex Clinical Care"  to only be provided in facilities wholly funded and managed by the NHS
* “Only those individuals who are required to live in hospital should be exempted from charges relating to their accommodation. All other individuals, whatever their age or disability should contribute to the funding of accommodation costs, should their financial situation permit.”
* Access to HBCC to be based on clinical judgement “of clinician in partnership with a multidisciplinary team”. No eligibility criteria will be used. ‘For the future, the primary eligibility question should simply be "Can this individual's care needs be properly met in any setting other than a hospital?"’
* Assessment for HBCC after 3 months, and if accepted, with reassessments on a 3 monthly basis thereafter.
* Appeals will be heard by a second clinician within the same NHS Board
* In terms of specialist palliative care, arrangements for people in hospices and those receiving home-based palliative care are unaffected.

The report did not address the arrangements for those who do not receive specialist palliative care at the end of life in hospices or at home.

The Cabinet Secretary announced that there would be a consultation on the proposals in his [statement to Parliament](http://www.scottish.parliament.uk/parliamentarybusiness/28862.aspx?r=9156) on 9 May 2014.

**Prepared by**

**Tanith Muller, Parliamentary and Campaigns Manager, Parkinson’s UK**

**for the Cross Party Group on Palliative Care**