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Cynulliad Cenedlaethol Cymru
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Sender: Peter Lawler, Community, Primary Care and Health Service Policy
Directorate
Mike Shanahan, Older People and Long Term Care Directorate

Contact: Margaret Jenkins, Community, Primary Care and Health Service
Policy Directorate

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Tel: 029 2082 5111
GTN: 1208
Minicom: 01292 823280
E-bost / E-Mail:
Assembly.info@wales.gsi.gov.uk

Direct Line: 029 2082 5295
Fax: 029 2080 1103
E-bost / E-Mail:
margaret.jenkins@wales.gsi.gov.uk



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

NHS FUNDED NURSING CARE IN CARE HOMES

GUIDANCE: 2004

PURPOSE AND SCOPE OF THIS GUIDANCE

1. This guidance is intended to assist Local Health Boards and local government to further implement Section 49 of the Health and Social Care Act, 2001, which excludes nursing care by a registered nurse from the services which can be provided by local authorities. It should be read in conjunction with the National Health Service (Nursing Care in Residential Accommodation) (Wales) Directions 2004. It advises on the NHS' responsibilities for arranging care by a registered nurse for people in care homes¹ providing nursing care from 1 April 2004. Essentially, from 1 April 2004 the NHS will be responsible for paying for the care by a registered nurse of all persons who are assessed as needing that care in a care home, including those who, prior to the implementation of section 49 of the Health and Social Care Act 2001, were the responsibility of local authorities. A key aim of this guidance is to ensure that the changes in the funding arrangements for care by a registered nurse in a care home do not have a detrimental effect on the provision of care itself.
2. This guidance is directed at Local Health Boards which will be responsible for implementing the provision of NHS Funded Nursing Care from 1 April 2004, and all those who will need to work in partnership with Local Health Boards in developing arrangements, including local authority Social Services Departments, NHS Trusts, care home providers and other interested stakeholders.
3. The document is organised so that the key aspects of the guidance are outlined in the main document, with more detail being provided on certain topics in appendices. This should enable all readers to obtain an overview of the guidance, while those with particular areas of interest can obtain the further detail they require from the relevant appendix.
4. Underpinning the guidance is the view that the further implementation of NHS Funded Nursing Care provides significant opportunities to develop partnership working, including lead or joint commissioning, single payments and unified assessment processes. Local Health Boards and local authorities, together with service providers, are encouraged to make good use of these opportunities for extending a partnership approach to their responsibilities for the provision of care. Such partnership should always be characterised by respect, openness and trust between all involved. The National Assembly for Wales publications *Promoting Partnerships in Care, Planning and Commissioning Guidance*, and

¹ The term 'care home' when used in this document includes those establishments formerly registered as nursing homes or mental nursing homes under Part II of the Registered Homes Act 1984 which now, in accordance with the provisions of the Care Standards Act 2000, have registered as independent hospitals in accordance with section 2(3)(b) of the 2000 Act. It is only in this very narrow category of independent hospital that residents may be eligible for NHS Funded Nursing Care. Please see article 1(2) of The NHS (Nursing Care in Residential Accommodation) (Wales) Directions 2004 for full details of the premises whose residents are potentially eligible for NHS Funded Nursing Care.

*Flexibilities for Joint Working between Health and Local Government*² all provide further guidance on the development of partnership working.

DIRECTION

5. Local Health Board Chief Executives must discuss this guidance with NHS Trust Chief Executives, local authority Directors of Social Services, care home providers, organisations or individuals representing residents and/or their carers, and other interested parties, and agree upon local arrangements for the implementation of NHS Funded Nursing Care in care homes from 1 April 2004.
6. It is a fundamental requirement of this guidance that Local Health Boards work closely with key stakeholders, to maintain and/or develop integrated and streamlined arrangements for the commissioning, arrangement, and provision of care in care homes. The underlying principle is that the arrangement and provision of care for service users are not in any way affected negatively by the new funding regime.
7. The changes to the funding responsibilities set out here must not cause delays in making payments to care homes providing care by a registered nurse. Local Health Boards will ensure that they have arrangements in place to pay local authorities for the nursing care by a registered nurse of residents from 1 April 2004, or have put in place alternative arrangements agreed with local authorities and care home providers.
8. Implementation of NHS Funded Nursing Care provides a genuine opportunity for establishing effective joint working arrangements. The particular opportunities for joint commissioning between Health and Social Services made available by the Health Act 1999, should help to minimise any potential disruption in care provision that the changed funding arrangements might generate (*Flexibilities for Joint Working between Health and Local Government*). Similarly the unified assessment process will facilitate closer working between statutory bodies (See '*Creating a Unified and Fair System for Assessing and Managing Care*'). Local Health Boards, NHS Trusts and local authorities are encouraged to work together in this context to maximise these opportunities, which will contribute to the future preparation and implementation of joint strategies.

SUMMARY

9. The provision of NHS Funded Nursing Care derives from Section 49 of the Health and Social Care Act, 2001, which excludes nursing care by a registered nurse from the services which can be provided by local authorities. Implementation transfers this responsibility to Local Health

² References for documents are contained in Appendix 11

Boards. Section 49 was partially implemented with effect from December 2001, introducing NHS Funded Nursing Care for self-funders and those residents who paid the majority of their care costs themselves. The full implementation of Section 49 extends the scope of NHS Funded Nursing Care to cover all those persons currently assessed as requiring care by a registered nurse in care homes who were formerly the responsibility of local authorities.

10. Arrangements for implementation of NHS Funded Nursing Care provide significant opportunities for the further development of joint working, including joint commissioning of care, between the NHS and local authorities.
11. Local Health Boards must ensure that the roles and responsibilities of Care Home Co-ordinator and Lead Nurse are allocated to appropriate staff, and that arrangements are in place for all elements of the provision of NHS Funded Nursing Care, including assessment and review, appeals, disputes, information provision, contracts and payments.
12. Arrangements for assessment and review of service users will need to be put in place within the context of the developing arrangements for *'Creating a Unified System for Assessing and Managing Care'*.
13. Local Health Boards will ensure that appropriate commissioning and budgetary arrangements are in place. These will be organised in conjunction with local authorities, to minimise disruption and maximise the scope for joint commissioning.
14. In preparation for April 2004, arrangements will be made for a planned programme of assessments for eligibility for NHS Funded Nursing Care for existing residents whose care by a registered nurse will become a NHS responsibility from 1 April 2004.
15. Care home residents should have access to the full range of specialist NHS support that is available in other care settings and to people receiving care at home.
16. It is essential to provide residents, and those considering the need to enter a care home, and their representatives where appropriate, with all the information they require to make an informed contribution to the decision as to how, and where, their needs are most appropriately met.
17. The main guidance provides an overview of all aspects of the provision of NHS Funded Nursing Care. Further detailed guidance is contained in appendices addressing:

Appendix 1: Organisational arrangements;

Appendix 2: Eligibility, commissioning, budget and payment arrangements for NHS Funded Nursing Care

Appendix 3: Assessment and Admission to Care Homes

- Appendix 4: Complaints Procedures
- Appendix 5: Definitions and Abbreviations
- Appendix 6: Protocol on Cross-border Issues
- Appendix 7: Letter to Local Authority supported residents
- Appendix 8: Partnership Agreements
- Appendix 9: Model Contract
- Appendix 10: Nursing Need Placement Decision Record
- Appendix 11: References

BACKGROUND & RELATED GUIDANCE

18. In the NHS Plan for Wales the National Assembly for Wales gave a commitment to ensure equitable access to effective and appropriate healthcare, including nursing care, according to need.
19. Section 49 of the Health and Social Care Act, 2001 removed local authorities' responsibility for arranging and/or providing care by a registered nurse as part of community care and paved the way for the introduction of NHS Funded Nursing Care.
20. Since December 2001, those people paying fees for care homes from their own resources ("self funders") and those people who paid the majority of such fees themselves have been eligible for NHS Funded Nursing Care where the NHS assessed that the care of a registered nurse was required.
21. From 1 April 2004 the NHS will become responsible for funding the care by a registered nurse for all qualifying care home residents, including those previously the responsibility of local authorities. (This also includes those formerly in receipt of preserved rights.) The NHS is also responsible for paying for the care by a registered nurse for any after-care services provided under section 117(2) of the Mental Health Act 1983 in a care home.
22. Section 24 of the National Health Service Reform and Health Care Professions Act 2002 (the 2002 Act) gives effect to the National Assembly for Wales' commitment to ensure joint working in the development and implementation of local strategies for health and well being. Section 24 places a duty on each local health board and each local authority to formulate and implement a Health and Well-being Strategy for the area. Arrangements for the joint commissioning of NHS Funded Nursing Care should be developed in the wider context of this strategy, and of local strategies and frameworks for different service user groups.
23. The implementation of this circular has significant implications for a range of service commissioners and providers, and the Local Health Boards will need to ensure that they are directly involved in the planning for, and implementation of, future arrangements for the provision of NHS Funded Nursing Care. Arrangements should be put in place so that all concerned are able to discuss the ongoing implementation of NHS Funded Nursing Care. This will include:

- Care Home Co-ordinator and Lead Nurse;
- NHS Funded Nursing Care assessors;
- Local authority contracts and finance staff;
- Local authority social work and care management staff;
- Providers of care homes;
- Specialist nursing equipment services;
- Continence advice and equipment services;
- Primary care services
- Representatives of relevant user and carer groups.

24. This Circular replaces:

- NAW Circular 34/01 Paying for NHS Funded Nursing Care in Care Homes
- WHC Circular (2002) 129 NHS Funded Nursing Care – Payment of retainers during hospital admission.
- NAFWC 12/2003: WHC (2003) 33: NHS Funded Nursing Care in care homes providing nursing: Supplementary Guidance 2003-4.

25. This guidance needs to be implemented in the context of a wide range of related matters and guidance, including the 'Unified and Fair System for Assessing and Managing Care', and the new guidance and framework on continuing NHS health care which is currently being developed. Every attempt should be made to ensure an integrated and consistent approach to these related activities and procedures.

26. This guidance and the directions which will be made relate only to nursing care as defined by section 49 of the Health and Social Care Act 2001. They do not relate to any other type of care. The obligations of the NHS in relation to other types of care, and in particular for fully funded continuing NHS health care, and including other types of nursing care, remain. This guidance will need to be reviewed in the light of experience. This should be undertaken no later than 1 April 2007.

ORGANISATIONAL ARRANGEMENTS³

Co-operation

27. Local Health Boards have the lead responsibility for implementation of NHS Funded Nursing Care. Arrangements must be developed in conjunction with all key stakeholders.

Linked developments

28. The procedures relating to the provision of NHS Funded Nursing Care are closely connected to those for the provision of continuing NHS health care, and the guidance relating to '*Creating a Unified and Fair System for*

³ Further detail is contained in Appendix 1.

Assessing and Managing Care'. All arrangements should ensure an integrated and consistent approach to these related activities and procedures.

Roles and responsibilities within the Local Health Board

29. Local Health Boards should identify two (or more) persons to undertake the roles and responsibilities of Care Home Co-ordinator and Lead Nurse (for care by a registered nurse in care homes) to implement NHS Funded Nursing Care. A number of Local Health Boards may wish to co-operate in these arrangements.

Required procedures

30. Local Health Boards will need to have in place procedures for :

- Ensuring that assessments and reviews for NHS Funded Nursing Care are carried out and fully documented;
- dealing with any appeals by (potential) residents against decisions made on the basis of these assessments and reviews - existing arrangements for appeals in relation to continuing NHS health care may be extended to deal with any appeals in relation to NHS Funded Nursing Care assessments or reviews;
- dealing with disputes between agencies arising from assessments, funding decisions and arrangements - joint arrangements will be developed with local authorities and care home providers.

Relationship with continuing NHS health care

31. The NHS and local authorities both have responsibilities for arranging and funding services that meet the needs of their population, and clarity of eligibility and responsibility for funding is important.

32. The NHS' responsibilities for continuing NHS health care will remain unchanged. The requirement to fund the care by a registered nurse of people in care homes will not reduce the need also to make provision for continuing NHS health care. NHS Funded Nursing Care is different from, and not a substitute for, continuing NHS health care. Local Health Boards (working closely with local authorities) need to ensure that there is alignment between NHS Funded Nursing Care and continuing NHS health care arrangements in accordance with the relevant guidance. In carrying out an assessment, the first consideration should always be the extent to which the identified needs may meet the criteria for continuing NHS health care. Where it appears that they may meet these criteria, appropriate procedures will be instigated.

Information sharing

33. Guidance on sharing information for assessment and care planning purposes is contained within the document: *Creating a Unified and Fair*

System for Assessing and Managing Care. Information will also need to be shared for administrative purposes, particularly where joint commissioning and payment systems are developed. Further guidance is contained in *Guidance on Protocols for Sharing Information*. Wherever possible, the reasons for sharing information should be explained, and the resident's written consent to sharing information should be obtained at an early stage, and documented. Sharing of information must take into account the requirements of the Data Protection Act 1998.

Advocacy

34. Access to independent advocacy for residents (and potential residents) should be available if required to ensure that their interests are represented. Advocacy is particularly important for those users who, because of their disability, may have difficulty in expressing their views and/or wish or need to have independent representatives to act on their behalf. This will include people with dementia or severe learning difficulties. Advocacy should be available, where required, during the assessment process, as well as following admission. Availability of advocacy services varies between areas, but Local Health Boards and their partners should aim to support and develop such services. Community Health Councils have a role in advice and support for individuals with concerns or complaints regarding services provided by the NHS, including those services it purchases on their behalf.

CONTRACT AND BUDGETARY ARRANGEMENTS⁴

Co-ordination and continuity

35. While Local Health Boards are ultimately responsible for the management of NHS budgets, including those for NHS Funded Nursing Care, opportunities for the establishment of joint arrangements, with other Local Health Boards as well as local authorities, should be maximised. The scope for developing single payment systems, as well as Lead Commissioning, in the implementation of NHS Funded Nursing Care is considerable, and could simplify the transition to the new funding regime. Local Health Boards should work with local authorities and care home providers to develop joint contractual and payment arrangements, to ensure that provision to residents is not disrupted, and that the administrative burdens as a result of the changes are kept to a minimum. Sharing administrative arrangements and budgets with other Local Health Boards may also simplify procedures for all concerned.
36. During the transition at 1 April 2004, the principle should be that the total cost of the package should be at least the same level on 1 April as it was on March 31.

⁴ Further detail is contained in Appendix 2

37. Providers, local authorities and Local Health Boards will need to agree a total funding package that takes into account the NHS contribution. When making arrangements for residential care for an individual under the National Assistance Act 1948, local authorities are responsible for the remaining costs of accommodation and personal care. There should be no gap between local authority and NHS provision.

Hospital admissions

38. A payment equivalent to the NHS Funded Nursing Care rate in effect will be made by the NHS to the care home to retain a resident's bed for a period (normally up to six weeks, but this may be varied to co-ordinate with local authority contractual arrangements where appropriate) during periods of hospital admission. The Local Health Board and/or the local authority, where appropriate, will make arrangements with the home manager for the latter to inform them when such admissions occur, and when the resident returns to the home. There must be mutual agreement between the local authority and the Local Health Board, in consultation with the resident and/or an appropriate representative, before the decision is made that a placement need no longer be retained, and funding withdrawn. The effect of this on delaying the resident's discharge from hospital must be taken into account. Any changes in needs following hospitalisation will be taken into account in determining any potential change in care home requirements.

Death of a resident

39. A payment equivalent to the NHS Funded Nursing Care rate in effect will be made by the NHS to the care home for a period following the death of a resident. (This will normally be four days or less, but again may be co-ordinated with local authority contractual arrangements). The home manager will inform the Local Health Board and/or the local authority, according to local agreements, immediately on the death of a resident.

Joint placements

40. Some people are placed in care homes providing care by a registered nurse under jointly funded NHS/Social Services arrangements. Nothing in this guidance changes the scope for such arrangements, other than to indicate that local authorities no longer have the power to purchase care by a registered nurse. Health and social care agencies need to ensure that this group of people's needs are assessed regularly (at least every twelve months, or as otherwise required by changes in circumstances). At this time their eligibility for NHS Funded Nursing Care and continuing NHS Health Care needs to be considered.

Cross-border placements

41. A protocol agreed between the Welsh Assembly Government and the Department of Health for placements between Wales and England has

been issued separately, and is attached as Appendix 6. The basic principle is that the arrangements for and level of funding applicable in the destination Primary Care Trust (England) or Local Health Board (Wales) will apply.

Cross boundary arrangements (within Wales)

42. NHS responsibility for funding care by a registered nurse for care home residents will be based on the 'usual residency' rules (Regulation 2(2) and (3) of the local Health Boards (Functions) (Wales) Regulations 2003).⁵ This means that the NHS Funded Nursing Care will be funded by the destination Local Health Board, where a placement is made across local authority/Local Health Board boundaries. For those financially supported by local authorities, the local authority of origin will normally remain responsible for funding the accommodation and personal care. All relevant authorities will need to co-ordinate their assessment and commissioning arrangements to ensure effective and smooth placement processes.

Social Security benefits

43. These arrangements for implementing NHS Funded Nursing Care will not of themselves change anyone's entitlement to Social Security benefits.

Transfer of funds

44. A transfer of resources from local authorities to the NHS will cover the cost of care by a registered nurse of those currently supported financially by local authorities. The transfer is determined by the numbers receiving financial support from local authorities in care homes providing nursing. The allocation to Local Health Boards is determined by the numbers of placements in care homes providing nursing in the Local Health Board area. Local Health Boards may wish to consider pooling allocations to assist in the management of local fluctuations in demand. Allocations to Local Health Boards will be reviewed annually, to reflect changes in the demand for and supply of places in care homes providing nursing care.

Level of Funding

45. The weekly payment for NHS Funded Nursing Care will be subject to review prior to 1 April 2004 and annually thereafter.

⁵ The relevant regulations are the Local Health Boards (Functions) (Wales) Regulations 2003 (S.I. 2003/150) as amended by the Local Health Board (Functions) (Amendment) (Wales) Regulations 2003 (S.I. 2003/816). See also s117 of the Mental Health Act 1983.

ASSESSMENT AND CARE MANAGEMENT PROCESSES⁶

Assessments for Care by a Registered Nurse

46. NHS Funded Nursing Care will only be paid in respect of those people identified through an assessment confirming the need for care by a registered nurse. The assessment will normally be conducted by an appropriately trained registered nurse, either employed by the NHS or otherwise acceptable to the funding Local Health Board. Where appropriate, it should form part of the unified assessment process, taking into account the requirements of *Creating a Unified and Fair System for Assessing and Managing Care* and of the *Workbook on NHS Funded Nursing Care by Registered Nurses in Wales*. Prior consideration must always be given to the possibility of eligibility for continuing NHS health care. The decision on eligibility for NHS Funded Nursing Care should only be taken when it is considered that the person does not fall within the eligibility criteria for continuing NHS health care. This will be recorded on the appropriate patient record. Where necessary, in undertaking assessments and reviews, consideration will also need to be given to instigating procedures under the *"In Safe Hands: Protection of Vulnerable Adults in Wales"* guidance.
47. Assessments relating to cross-border placements will be based on the requirements of the area of origin, if that is where an assessment has been carried out. If a Local Health Board is unsure about the appropriateness of an assessment from another area for a placement in its area, it may arrange to undertake one itself.

Identified nursing needs

48. The nursing needs identified during the assessment process will be clearly recorded and included in any care plans produced. For all placements supported by local authorities the relevant health and Social Services arrangements should ensure that an agreed care plan is in place. For all residents the care plan in the home will clearly indicate how the identified nursing needs are to be met. The stability of a resident's condition and the potential need for regular or frequent review should be identified where appropriate.

Reviews

49. Anyone entering a care home providing nursing care on a permanent basis after 1 April 2004 should have their nursing care needs reviewed within 3 months, in conjunction with the review by the local authority where this is appropriate, and at least every 12 months thereafter, or as identified in the initial care plan. Any significant change in the well-being of a resident may trigger a request for a review of the nursing needs, from the resident, their representative, the home manager or other appropriate person. Neither the

⁶ Further detail is contained in Appendix 3

NHS nor a local authority can refuse a reasonable request for a review or reassessment of need. Local Health Boards and local authorities should work together to ensure that reviews are efficiently and effectively co-ordinated.

Appeals

50. If residents or their representatives, or other interested parties, have concerns relating to the assessment of, or decision on eligibility for, NHS Funded Nursing Care, they may request a review of the situation via the designated Care Home Co-ordinator. If still dissatisfied, an appeal may be made through the Local Health Board's appeals procedures.

Short term nursing care

51. There may be occasions where individuals need to go into a care home with nursing for short periods of time, for example:

- for planned respite care;
- in an emergency or crisis, for instance if a carer or relative is suddenly taken ill and is unable to look after the individual;
- temporary placements in care homes under section 17 of the Mental Health Act 1983;
- those placed in a care home who are awaiting the completion of a nursing assessment of care by a registered nurse to determine the appropriateness of the placement; or
- for a trial period - to explore whether they would prefer to move into a care home on a permanent basis, including placements made under section 17 of the Mental Health Act 1983⁷ (though this would not apply to permanent residents of care homes who wanted to find another home).

52. Planned short-term placements of less than 6 weeks in appropriately registered care homes will normally be supported by NHS Funded Nursing Care. This should not impinge on the joint financial arrangements developed for the provision of intermediate care, other than ensuring that local authorities are no longer purchasing nursing care. Nor should it replace the normal commissioning arrangements for rehabilitation or convalescence. Short-term placements will usually be part of a care plan resulting from the unified assessment process, which should in these circumstances include an assessment for NHS Funded Nursing Care. Funding will normally be agreed prior to placement. In emergencies, consideration may be given to earlier assessments/care plans if they are available. In such instances, Local Health Boards should fund the

⁷ For any patient entitled to after-care services under section 117 of the Act, placements under section 17 need to be provided free of charge.

placement, and arrange for an assessment for NHS Funded Nursing Care to be carried out as soon as possible, but within two weeks of the placement, particularly if it is known that the placement is likely to become permanent or to occur regularly. Where an emergency placement involves local authority funding, arrangements for NHS Funded Nursing Care funding should be developed in agreement with the local authority. Care home providers must inform Local Health Boards immediately of any emergency placements.

Preparation for April 2004

53. Local Health Board Care Home Co-ordinators must liaise with local authorities to arrange for a planned programme of assessments for individuals whose care by a registered nurse will become a NHS responsibility from 1 April 2004. Local Health Boards, local authorities and care homes will need to agree arrangements for prioritising assessments for NHS Funded Nursing Care and commence these assessments as soon as possible.

ACCESS TO NHS SERVICES

54. Care home residents should have access to the full range of specialist NHS support that is available in other care settings and to people receiving care at home. This includes access to relevant assessments, treatment and services, some of which are detailed further below.

Equipment

55. A care home is required to provide as necessary the equipment for the delivery of the care it identifies in its 'Statement of Purpose' and for which it is registered.

56. In addition the care home should be able to access equipment services available in other care settings as required by assessments.

57. Specialist equipment needs for individual use must be specified in the nursing assessment documentation. Arrangements for the provision of equipment, and any aftercare that may be necessary, should be clearly stated in the individual's care plan.

58. Equipment is also available on prescription from a GP or a prescribing nurse. Details are contained in the Drug Tariff.

Continence services

59. From 1 April 2004 the NHS will fund the cost of necessary continence products for all care home residents assessed as requiring care by a registered nurse. This funding is included in NHS Funded Nursing Care

weekly payment to care homes. Residents should not have to pay for continence supplies for which the NHS is responsible.

60. Local Health Boards should ensure that preliminary assessments of continence needs are carried out as part of the initial assessment and any subsequent reviews. Further assessments should be carried out where the need for this is identified. Residents of care homes should also have access to professional advice about the promotion of continence.
61. Although the provision of continence supplies will be the responsibility of the home owner, they may want to work together with Local Health Boards/NHS Trusts to consider the most effective means by which care homes can access continence supplies required by residents. For example, it may be possible for care homes to access products through existing NHS supply contracts. There is also a range of continence appliances available on prescription from GPs & nurse prescribers listed in the Drug Tariff. Items supplied on prescription are subject to the usual rules (including exemptions) on prescription charges.

GP services

62. All residents of care homes should be registered with a local GP so that they can access the full range of NHS services that are, and must be, free for patients. It will be in the interest of the home to ensure that their residents are appropriately registered. Some residents may wish to remain registered with a GP who provided services prior to their admission to the home. However, the GP must be local and willing to continue providing services.
63. Although a GP may not charge NHS patients – directly or indirectly – for the provision of general medical services, a GP may enter into arrangements to provide professional services to any body or institution, including care homes. For example, a care home may contract for the services of a doctor that the NHS does not normally provide to patients on an individual basis (such as the occupational health of the staff of the home). That is different from individual, direct patient services, for which GPs should not be charging their registered patients. The British Medical Association has published guidance for doctors on the operation of retainer fees, *Provision of services to registered nursing and residential homes: Guidance for GPs*, BMA, 1996.

PUBLIC INFORMATION

64. The National Assembly for Wales has recently produced a revised version of the information booklet entitled *NHS Funded Nursing Care in Nursing Homes – What it means for you*. It will be distributed to Local Health Boards for onward distribution. It will be available on the Welsh Assembly Internet Website shortly.

Copies are otherwise available from:

Community, Primary Care and Health Service Policy Directorate
Welsh Assembly Government
Cathays Park
Cardiff
CF10 3NQ

Tel: 029 20 826209

65. Information on NHS Funded Nursing Care will also be included in '*Moving into a Care Home*' which is currently being revised by the National Assembly for Wales.
66. It is essential to provide residents, and those considering the need to enter a care home, and their representatives where appropriate, with all the information they require to make an effective contribution to decisions on their future care arrangements. Relevant information on NHS Funded Nursing Care should be included in locally produced information (e.g. hospital discharge). Opportunities should be made available for people to discuss their options thoroughly.
67. Information provided must include details on the fees payable, and who has responsibility for their payment. There should be no confusion for residents or their representatives as to the basis of the funding of their care (e.g. NHS Funded Nursing Care, Intermediate Care, continuing NHS health care).
68. Current residents who are financially supported by local authorities should be informed of the changes in their funding arrangements from 1 April 2004. An illustrative template for such a letter is attached as Appendix 7; local versions of letters may be produced as required.

ORGANISATIONAL ARRANGEMENTS

Roles and responsibilities

1.1 In order to implement NHS Funded Nursing Care, Local Health Boards must ensure that the following roles and responsibilities are allocated to at least two appropriate staff. Local Health Boards may undertake this work jointly, but the responsibility for ensuring the roles and responsibilities are carried out remains with individual Local Health Boards.

Care Home Co-ordinator

1.2 This is the person who should

- Act as the lead manager for NHS Funded Nursing Care within the Local Health Board;
- Manage, on behalf of the NHS, the budget for NHS Funded Nursing Care, including responsibility for agreement that the NHS Funded Nursing Care budget will fund individuals' care by a registered nurse, and day-to-day budget management;
- Liaise with local authorities to establish joint arrangements for the commissioning of care in care homes providing nursing care.
- Consult and co-ordinate in respect of contract terms and payment issues;
- Liaise with local authorities on the provision of services and the identification of residents requiring a nursing assessment or review, scoping the work required and the resources and arrangements necessary for its achievement;
- Agree the arrangements for identifying nurses who will undertake the assessments and ensure that a sufficient number, as set out in the related guidance in the Workbook, receive appropriate training in assessment;
- Liaise with other Local Health Boards (and local authorities, where necessary) where placements are to be made, to ensure reciprocal arrangements on the availability of funding and the acceptance of assessment decisions and documentation;
- Ensure the necessary assessments and reviews of registered nurse requirements are undertaken, including any formal reviews that might need to be referred to an appeals panel;

- Act as a focal point for any concerns or complaints relating to NHS Funded Nursing Care, channel complaints to and liaise appropriately with Local Health Boards, NHS Trusts, local authorities, CSIW, care homes, etc. as necessary; and
- Co-ordinate action on appeals.

Lead nurse

1.3 The lead nurse role needs to be allocated to a separate person (i.e. not the Care Home Co-ordinator) with the following responsibilities:

- Provide professional nursing advice to care homes, local authorities and the Care Home Co-ordinator about the carrying out of assessments within the context of the unified assessment process and taking into account the requirements of the *Workbook on NHS Funded Care by registered nurses In Wales*;
- Monitor the quality and consistency of the assessments for registered nurse input carried out by nurses within the Local Health Board (to fulfil this role, the Lead Nurse would not normally undertake assessments in the home Local Health Board area).

Appeals

1.4 Local Health Boards will need to have in place procedures for dealing with any appeals against decisions made on the basis of assessments and reviews. Arrangements for appeals in relation to continuing NHS health care may be extended to deal with any appeals in relation to NHS Funded Nursing Care assessments or reviews. Draft guidance on continuing NHS health care is currently subject to consultation; it provides further detail on how appeals panels could be constituted. The appeals procedure will be designed to enable service-users, patients and/or carers to challenge the outcome of an assessment of need. An appeal should not normally be initiated until the review process has been implemented (see Appendix 3). Where a Local Health Board determines that an individual is not eligible for NHS Funded Nursing Care, that person or their representative has the right to appeal such a determination. An appeal would not prevent an individual from seeking redress under a formal complaints mechanism, but should normally precede such action.

1.5 Where there is dispute between Local Authority, Local Health Board or provider as to the nature or extent of an individual's level of assessed need, parties may seek to use the appeals procedure to resolve any potential dispute. Where the dispute is not resolved in this way, the matter will be referred to the agreed disputes procedure.

Disputes

- 1.6 Local Health Boards will need to have in place procedures for dealing with any disputes between local authorities, Local Health Boards and care home providers. Ideally, disputes should be resolved between appropriate officers and staff, as close to the problem as possible. In the event that a dispute cannot be resolved in this way, arrangements should be established for appropriate senior managers from each organisation to jointly address the problem. Use of bodies or persons to act as mediators should be a last resort.

Complaints

- 1.7 Residents of care homes have access to a number of complaints procedures. These are outlined further in Appendix 4.

ELIGIBILITY, COMMISSIONING, BUDGET AND PAYMENT ARRANGEMENTS FOR NHS FUNDED NURSING CARE

2.1 From 1 April 2004 the NHS will become responsible for paying for the nursing care in a care home by a registered nurse for all eligible residents. The NHS will fund the care home for the registered nurse input required by individuals at a standard rate to be determined annually. Local Health Boards should be working towards integrating their commissioning arrangements with those of the local authorities. The precise arrangements for commissioning, including any joint arrangements, will vary depending on what is developed locally, taking into account the essential requirements of this guidance.

Eligibility

2.2 The following groups are eligible for NHS Funded Nursing Care, normally following an appropriate assessment resulting in a positive decision on their assessed need for NHS Funded Nursing Care:

2.2.1 Self funding residents who pay the full cost without any financial contribution from Social Services;

2.2.2 Those placed by Social Services where Social Services pay all or a proportion of the costs of accommodation and personal care;

2.2.3 Those placed by Social Services where Social Services currently pay the full cost of care of those people placed under Section 117(2) of the Mental Health Act 1983.

2.3 NHS Funded Nursing Care may also be provided for residents waiting for an assessment to be carried out, following notification by the care home of an admission (e.g. because of an emergency admission). Any such admission which is jointly funded with a Social Services Department will necessarily be subject to local agreements on funding arrangements. Assessments should be carried out as soon as possible, and normally be completed within two weeks of admission. If the assessment subsequently indicates that care by a registered nurse is not required, then arrangements for a more appropriate placement should be made immediately.

Commissioning arrangements

2.4 For the user there should be no boundaries in the provision of care, and this needs to be recognised in the development of integrated commissioning arrangements between local authorities and Local Health

Boards. The most straightforward approach will be for the local authority to continue to commission all aspects of care, including nursing care by a registered nurse, under the auspices of a Partnership Agreement.

- 2.5 Such an agreement would enable local authorities to continue to contract for the provision of nursing care by a registered nurse. A partnership arrangement would involve the contractual documentation set out in Appendix 8. Appendix 8 also includes guidance on what should go into a partnership agreement that delegates the NHS function of providing nursing care by a registered nurse to a council.
- 2.6 This arrangement envisages that the council will contract for the total care package. These partnership arrangements could be extended to LHBs in areas where councils have placed people out of area. If partnership agreements are not already in place, local authorities and LHBs are advised to obtain specialist legal advice as these arrangements will be specific to individual circumstances and particular services. A model contract between the council and the care home has not been produced as these should already be in place, but LHBs will need to agree the terms relating to care by a registered nurse.
- 2.7 Any joint arrangements must take into account the underpinning requirements in the legislation and related guidance. Guidelines for establishing partnership arrangements are included in the following documents:-

The National Health Service Bodies and Local Authorities Partnership Arrangements (Wales) Regulations 2000, Statutory Instrument 2000, no. 2993, (W.193)

<http://www.hmso.gov.uk/legislation/wales/wsi2000/20002993e.htm>

Health Act 1999 - Flexibilities for joint working between Health and Local Government – Guidance Document, National Assembly for Wales, November 2000.

http://www.wales.gov.uk/subisocialpolicy/content/pdf/health_lg_e.pdf

Health Act 1999 – Increased Flexibilities Partnership Framework: A User Guide, National Assembly for Wales, May 2002

<http://www.wales.gov.uk/subisocialpolicy/content/newsite/incflexpart-e.pdf>

- 2.8 It would be advantageous for NHS Funded Nursing Care self-funders to be included in any partnership or joint contract arrangements developed by local authorities and Local Health Boards. Self-funders should be encouraged to participate in a full assessment of their needs, and to be included in local authority contract arrangements if they so wish.
- 2.9 Where self-funders are not included in other local authority or joint arrangements, it is essential that payments are made to care homes under contractual arrangements. A model contract between a care home

and a LHB is at Appendix 9. The contract should clarify responsibilities for the provision of, and payment for, services, and identify the standards of provision required (with reference to other documented standards as appropriate).

2.10 While the contract for care for self-funders may be separate, local authorities and Local Health Boards may make arrangements for payments to be processed through the local authority alongside those for local authority supported residents. However, it is preferable, where possible, for LHBs to build arrangements for nursing care by a registered nurse for self-funders into their commissioning arrangements with local authorities.

2.11 In exceptional circumstances, such as where there are no partnership arrangements in place, or where there are intractable practical problems, a model that would secure continuity of care and at the same time minimise administrative difficulties for the NHS, councils and providers would be an agreement between the council, the care home and the LHB for care by a registered nurse. A model contract may be found on the Department of Health website at www.doh.gov.uk/jointunit/nhsfundednursingcare. This contract only deals with the RNCC (the English equivalent of the standard rate payable under the Welsh system) and is in addition to any existing contractual arrangements that the local authority may have with care homes providing nursing care.

2.12 The contracts in the Appendices listed above are model contracts only and should not simply be adopted for use. Legal advice should always be taken before entering into any form of contract or partnership arrangement.

Independent hospitals

2.13 Following the implementation of the Care Standards Act, some premises formerly registered as mental nursing homes under the Registered Homes Act 1984 now have to register as independent hospitals under the Care Standards Act 2000 Act by virtue of their providing residential accommodation to person or persons detained under the Mental Health Act. Local authorities are unable to enter into a contract with such hospitals. Any contract involving NHS Funded Nursing Care in these circumstances should be placed by the NHS and any council contribution should be made to the Local Health Board via a section 28(BB) transfer or under an existing partnership arrangement.

Budget management

2.14 Nurses who have appropriate training will make the assessment as to whether care by a registered nurse is needed. The assessments will be submitted to the Local Health Board Care Home Co-ordinator. The Care Home Co-ordinator will be responsible for agreeing that the NHS Funded

Nursing Care budget will pay for the care by a registered nurse. Where the placement is to be made in the area of another Local Health Board, the assessment will be forwarded to the co-ordinator in that Local Health Board, which will be responsible for the funding.

- 2.15 Decisions on eligibility for NHS Funded Nursing Care will be clearly documented and justified, and signed by the assessing nurse on appropriate documentation. An illustrative model form for this purpose is attached as Appendix 10. (See also 3.27) Documents used should be acceptable across Local Health Boards, so that there is no requirement for additional assessments if the resident chooses to live in a care home in an area other than their area of origin.
- 2.16 The Care Home Co-ordinator will agree funding for nursing care in a suitable home, and arrange payment according to agreed local procedures. Arrangements for funding placements will need to be jointly agreed between local authorities and Local Health Boards prior to admission where both are making a contribution.
- 2.17 Local authorities must inform Local Health Boards immediately of any change in the financial status of the resident (e.g. if they become self-funders after a period of property disregard, or if they become the responsibility of the local authority because of reducing capital). Any necessary changes to their contractual status should be implemented immediately. Local authority arrangements for deferring payments will take into account the LHB responsibility for NHS Funded Nursing Care.
- 2.18 For residents receiving financial support from local authorities, there must be mutual agreement between the local authority and the LHB before the decision is made that a placement is no longer required, and funding withdrawn. Such decisions will, of course, be made in consultation with the resident, their family or other representative, and the service provider, as appropriate.

Arrangements for Payments

- 2.19 Systems will need to be established to pay care homes for local authority supported residents' NHS Funded Nursing Care from 1 April 2004. Local Health Boards must make sure that arrangements are in place for appropriate payments from 1 April 2004 to ensure that payments are made to care homes for all eligible residents. Any interim financial burdens created whilst the required processes are being set up will need to be met by the Local Health Board and local authority as necessary, and not the provider.
- 2.20 Local Health Boards should work with local authorities and care home providers to ensure that they have streamlined payment systems in place. Payments to the care provider should come from a single source wherever possible. Single payment systems would be particularly effective where lead or joint commissioning arrangements are in place.

Payments for self-funders could be included in arrangements agreed with local authorities. Care homes will be given clear written guidance as to how the arrangements will work.

- 2.21 Local Health Boards will need to make payments to retain a resident's place during periods of temporary hospital admission. WHC Circular (2002) 129 which initially enabled such payments is replaced by this guidance. A payment equivalent to the NHS Funded Nursing Care rate in effect will be made by the LHB to the care home for a period (normally up to six weeks, but this may be varied to co-ordinate with local authority contractual arrangements where appropriate) during periods of hospital admission. Local Health Boards and local authorities across Wales are encouraged to work towards a standard period. Local Health Boards will work with local authorities and care home providers to co-ordinate their financial arrangements for hospital admissions. This will be particularly useful in the development of joint or lead commissioning arrangements.
- 2.22 Payments may also be made for a period in respect of residents who have died. Normally, this would not exceed four days. As above, where appropriate, arrangements should be decided in negotiation with the local authority and the provider. Local Health Boards and local authorities across Wales are encouraged to work towards a standard period.
- 2.23 Care home providers must ensure that information on residents' movements in and out of the home is provided to the local authority and/or the Local Health Board (as locally agreed) immediately, to facilitate payment arrangements.
- 2.24 Residents must be provided (on admission to the home, or as soon as is practicable afterwards) with a statement of the fees to be paid and the responsibilities for payment, including NHS and local authority contributions.
- 2.25 Some self-funding residents may not want the care home to receive NHS funding for their care by a registered nurse. These views should be respected. The onus will be on those who choose to opt out to notify the Local Health Board, and they or their representative should be asked to provide written confirmation of this decision. Individuals who subsequently wish to receive NHS Funded Nursing Care would need to undergo an appropriate assessment.

Cross border placements

- 2.26 The Cross-border protocol for placements between England and Wales agreed between the Department of Health and the National Assembly for Wales is attached as Appendix 6. Separate protocols for placements between Wales and Scotland and Northern Ireland respectively are currently being developed, taking into account the different legislative and financial arrangements.

- 2.27 For all placements, agreement must be reached between the relevant Health and Social Services authorities. Placements in England of those currently resident in Wales will need to take account of any specific procedures applying in England. Placements in Wales for people who are resident in England will need to take account of the arrangements for NHS Funded Nursing Care applying in Wales.
- 2.28 The basic principle is that the arrangements for and level of funding applicable in the destination Primary Care Trust (England) or Local Health Board (Wales) will apply. In England NHS Funded Nursing Care is paid at three rates; in Wales at a single rate. Assessments which identify the need for nursing care should normally take place in the area of origin prior to a decision on placement being made.
- 2.29 For new placements in England, Welsh local authorities will need to agree the new fees payable for accommodation and personal care with the care homes. The destination Primary Care Trust will undertake a determination of the band of care (and thus the level of NHS Funded Nursing Care funding) applicable. The way in which the payments for accommodation and personal care on the one hand, and nursing care on the other, are being agreed and handled varies. Local authorities will wish to seek the advice of the destination local authority and homes to ascertain what (if any) practice is usual in their area.
- 2.30 Local Health Boards in Wales will be responsible for the funding of NHS Funded Nursing Care for placements into their area by local authorities in England. Local Health Boards will need to ensure that all local authority placements into their area from England have received an appropriate NHS Funded Nursing Care assessment in their area of origin. Where there is no record of an appropriate assessment, the Local Health Board will need to arrange one.

Cross boundary arrangements (within Wales)

- 2.31 NHS responsibility for funding care by a registered nurse for care home residents will be based on the 'usual residency' rules (Regulation 2(2) and (3) of the Local Health Board (Functions) (Wales) Regulations 2003).⁸
- 2.32 For a variety of reasons, a proportion of care home placements is made in the area of a different local authority/Local Health Board to the original place of residence. In these circumstances, the Local Health Board where the individual lives prior to entering a care home will normally carry out the NHS Funded Nursing Care assessment as part of the unified assessment process, and should notify the receiving Local Health Board responsible for the care home. Using the 'usual residency' rules the destination Local Health Board will fund nursing care services in its area.

⁸ The relevant regulations are the Local Health Board (Functions) (Wales) Regulations 2003 (SI 2003/150) as amended by the Local Health Board (Functions) (Amendment) (Wales) Regulations 2003 (SI 2003/816). See also s117 of the Mental Health Act 1983

(The funding responsibility for the accommodation and personal care will remain with the local authority of origin, for those placements where it is providing financial support). The destination Local Health Board will normally accept the assessment of the originating Local Health Board. The receiving Local Health Board will need to arrange a review within 3 months of the person transferring to the care home (in liaison with the originating local authority and Local Health Board where appropriate). Subsequent reviews of the need for NHS Funded Nursing Care will be the responsibility of the funding Local Health Board. Responsibility for the linked social care assessment where appropriate will remain with the originating local authority; arrangements for undertaking these reviews should be agreed between the relevant local authorities and Local Health Boards.

2.33 Contracting and payment arrangements will be agreed between the different sources of funding where relevant – i.e. the originating local authority and the destination Local Health Board. A partnership agreement between the two will enable the local authority to commission the care and arrange payment if appropriate. This will be particularly useful where there are regular cross-boundary placements.

2.34 If it is considered that a partnership agreement is not possible, the minimum requirement where there is joint responsibility is that the local authority has a contract with the care home for the provision of accommodation and personal care and the Local Health Board has a contract for the provision of NHS Funded Nursing Care. For self-funders, the Local Health Board must have in place a contract for the provision of NHS Funded Nursing Care.

2.35 In the application of joint arrangements it is important that residents and care homes are not disadvantaged whilst disputes between Local Health Boards and local authority Social Services Departments are being resolved.

Monitoring of care

2.36 Ensuring quality of care is an essential part of commissioning processes. Arrangements should also be put in place to ensure that complaints, and concerns which are not formally raised as complaints, are collated by one of the statutory agencies. This should enable potential problems to be identified and responded to at an early stage, including discussions as appropriate with care providers. (See also Appendix 4)

ASSESSMENT AND ADMISSION TO CARE HOMES

Requirement for assessment

- 3.1 Anyone entering a care home after 1 April 2004 and who wishes to receive NHS Funded Nursing Care will be required to undergo an appropriate assessment. Where the local authority is involved in planning and/or funding the care, this nursing assessment will increasingly form part of a 'Comprehensive Assessment' as required by the ongoing implementation of the '*Creating a Unified and Fair System for Assessing and Managing Care*' guidance. Those assessed as requiring nursing care by a registered nurse in a care home will be eligible to receive NHS Funded Nursing Care. The decision on eligibility for NHS Funded Nursing Care should only be taken when it is considered that the person does not fall within the eligibility criteria for continuing NHS health care. This will be recorded on the appropriate patient record.
- 3.2 Wherever possible, written consent should be obtained from the user to be assessed and to agree to the sharing of information resulting from the assessment with statutory partners and service providers. Further guidance is contained in '*Creating a Unified and Fair System for Assessing and Managing Care*'.
- 3.3 Normally, assessment will take place prior to admission to the home. This will help to avoid placements in inappropriate settings. When this is not possible (e.g. emergencies), assessment should take place as soon as possible following admission, and normally within two weeks. This will help to ensure that funding arrangements are agreed by the funding agencies and made clear to the resident as soon as possible. Local Health Boards will communicate the outcome of assessments, including funding decisions, to the local authority, where appropriate, within five working days.
- 3.4 Local Health Boards will need to ensure that the responsibility for assessments for NHS Funded Nursing Care is restricted to appropriately trained staff. Normally these will be NHS nurses who have undertaken the relevant training. Nurses not employed by the NHS (e.g. those employed by local authorities as part of assessment teams) may undertake such assessments only with the agreement of the Local Health Board, following appropriate training. The Lead Nurse in a LHB should not be responsible for carrying out assessments in his/her own LHB area because of his/her role in monitoring the quality of the assessments.

Preparing for 1 April 2004

- 3.5 Care Home Co-ordinators will need to liaise with local authority commissioners of services to arrange for a planned programme of

assessments for those individuals whose care by a registered nurse will become a NHS responsibility from 1 April 2004. Local Health Boards, local authorities and care homes will need to agree priorities for any formal assessment of care by a NHS nurse that need to be carried out before or soon after 1 April 2004. Arrangements for sharing information will also need to be established.

- 3.6 Local Health Boards should aim to have the majority of assessments completed in time for implementation by 1 April 2004, with any remaining assessments completed by 1 July 2004. The need to carry out assessments after 1 April 2004 should not lead to delay in making payments to care homes. Interim payments may be appropriate.
- 3.7 Residents who are very ill or who are reported to have enduring, complex needs should be seen in the early stages of the programme. After 1 April 2004, where a resident dies unexpectedly before it has been possible to carry out a nursing assessment to determine eligibility for NHS Funded Nursing Care, the care home in which they were resident should be paid up to the date of death on the assumption that they were at least eligible for NHS Funded Nursing Care. The possibility that they were eligible for continuing NHS health care will need to be considered.
- 3.8 In a number of cases it may be that the assessment of a current long-term resident identifies no nursing need at all. These should be dealt with on a case-by-case basis at a local level. The guiding principles should be that people are not forced to move from their current accommodation; nor should they remain in a setting which is not registered to meet that particular category of care; nor should the NHS or local authority pay for care that it does not consider that person needs. The potential impact of change on a resident, including the effect of any potential loss of supervision by a registered nurse, will need to be taken into account when undertaking the assessment. Where appropriate the care provider may wish to discuss with the CSIW any proposed variations to the conditions of registration.

Assessment

- 3.9 The NHS should aim to carry out assessments within 2 weeks of the need being identified or a review requested. Where unavoidably urgent, placements should not be delayed unnecessarily because assessments have not been carried out, though the provisional basis of any placement would need to be made very clear to the individual and their representatives.
- 3.10 Assessments for the determination of eligibility for funding of NHS Funded Nursing Care should be an integral part of the locally agreed arrangements for the implementation of the guidance: *Creating a Unified and Fair System for Assessing and Managing Care*. They should be incorporated into hospital discharge assessments where necessary, and be part of any comprehensive assessment undertaken prior to entry to a

care home, where there is any indication that nursing care may be needed. Assessments will be undertaken taking into account the guidance contained in the *Workbook on NHS Funded Care by Registered Nurses in Wales*. They need not be an additional layer of assessment, as long as they are undertaken by appropriately trained nursing staff. Assessors should ensure that they base their judgements on evidence from the full assessment of an individual's physical and mental health needs. Final decisions on where people should receive support should not be made until the assessment is complete.

- 3.11 Before decisions on admission to a care home are made, alternatives should be explored, including scope for rehabilitation, reablement, intermediate care and support in the community. The need for prior consideration for eligibility for continuing NHS health care has been identified earlier.
- 3.12 Those involved in the assessment should recognise the importance of the user's perspective and encourage a partnership approach to assessment. Access to independent advocacy for users and carers should be available if required to ensure that their interests are represented. The views of relatives and other representatives will also need to be considered.

Identified nursing needs

- 3.13 The nursing needs identified during the assessment process will be clearly recorded and included in any care plans produced. For residents supported by local authorities the relevant Local Health Board and Social Services Department should ensure an agreed care plan is produced. For all residents the care plan produced by the home will be shared with the resident and will clearly indicate how the identified nursing needs are to be met.
- 3.14 Decisions must be fully recorded and justified, including a clear rationale for the decision on eligibility for NHS Funded Nursing Care. The Care Home Co-ordinator and Lead Nurse, between them, will be responsible for monitoring the quality of the decisions. Local audit of the system will inform feedback to nurses conducting assessments.

Admission to care homes

- 3.15 If the nursing care is to be provided in a care home, a NHS nurse will have either co-ordinated the assessment or (particularly for self-funders) played a leading role. Where local authorities contribute to funding of placements in care homes, the placement will normally be made by a care manager or social worker, in consultation with the nurse. The shared funding arrangements for residents in care homes providing nursing care make it incumbent on Local Health Boards and local authorities to recognise their mutual responsibilities in agreeing funding for, and admission to, care homes.

- 3.16 In the selection of care home, the Direction on Choice will need to be taken into account for those supported by local authorities. In all cases, it is important to take the individual's preferences into account.
- 3.17 The assessment will be submitted to the Care Home Co-ordinator in the Local Health Board, who is responsible for the implementation of NHS Funded Nursing Care and is the budget manager for this expenditure. Where the placement is to be made in the area of another Local Health Board, this will be forwarded to the Co-ordinator in the Board which will be responsible for the funding. Where eligibility is identified, the Co-ordinator will agree funding for nursing care in an appropriate home. Arrangements for funding and paying for placements will need to be jointly agreed between local authorities and Local Health Boards prior to admission where both are making a contribution.
- 3.18 It is vital for managers of care homes to be fully involved in the admission of older people to their homes, and to play an important part in care planning, monitoring and review. A copy of the assessment (or a summary) including the identified nursing needs should be sent to the manager or proprietor of the nursing care home where the person will be (or is) resident. Preparation of the care plan in the home will clearly indicate how the identified nursing needs will be met.

Reviews

- 3.19 Reviews should be undertaken within three months of admission to the care home. Thereafter reviews will be scheduled at least annually, or more often if a resident's circumstances appear to warrant it. These should be co-ordinated with local authority reviews where appropriate. Reviews should also be undertaken following any significant changes in health status, particularly where these may affect the eligibility status of the resident. They may be requested by the resident or their representative, the care home provider, the local authority or other appropriate individuals. Requests for reviews outside those scheduled should be directed through the Care Home Co-ordinator. Unplanned reviews should normally be undertaken within two weeks of a request, particularly where there has been a significant change in the health of the resident. Reasonable requests for reviews by the funding local authority can not be refused. Local Health Boards will communicate the outcome of assessments and reviews, including funding decisions, to the local authority within five days.
- 3.20 The purpose of a review is to reassess the needs of individual service users, to help determine a user's continued eligibility for support, and to determine if the current placement continues to satisfy their needs. It is vitally important that residents, and their carers and representatives where appropriate, are fully involved in the review process.
- 3.21 Residents or their representatives should be made aware that they can request a review at any stage, particularly if they are dissatisfied with the

outcome of an assessment, or the way in which it has been conducted. All reasonable requests for review should be responded to appropriately.

3.22 In a number of cases it may be that the review identifies no nursing need at all. These should be dealt with on a case-by-case basis at a local level. The guiding principles should be that people are not forced to move from their current accommodation; nor should they remain in a setting which is not registered to meet that particular category of care; nor should the NHS or local authority pay for care that it does not consider that person needs. The potential impact of change on a resident, including the effect of any potential loss of supervision by a registered nurse, will need to be taken into account when undertaking the assessment. Where appropriate the care provider may wish to discuss with the CSlW any proposed variations to the conditions of registration.

3.23 Reviews may also identify eligibility for continuing NHS health care, and should be responded to appropriately, including changes in the funding arrangements if the individual continues to be placed in a care home.

Appeals

3.24 Residents or their representatives may appeal against decisions based on assessments or reviews (See also 1.4-1.5).

Record keeping and documentation

3.25 The assessment will be clearly and fully recorded. The documentation used will depend on local agreements on unified assessment processes and documents. Recording of the assessment must include the information required for determining eligibility, as contained in the *Workbook on NHS Funded Care by Registered Nurses in Wales*.

3.26 Decisions on eligibility for NHS Funded Nursing Care will be clearly documented and justified, and signed by the assessing nurse on appropriate documentation. An illustrative model form for this purpose is attached as Appendix 10. This may be used to replace the final page of the documentation contained in the 'Workbook on NHS Funded Care by Registered Nurses in Wales'. Further integrating work on documentation in relation to the unified assessment process and continuing NHS health care is currently under way which will inform the future development and implementation of such decision records.

COMPLAINTS PROCEDURES

4.1 Any complaint made to a provider of care, whether the NHS or a local authority (or the independent sector providing care funded by either) should be investigated. Providers of care, the NHS, CSIW and Social Services Departments must have effective arrangements in place for the resolution of complaints.

Complaints about care provided in a care home

4.2 The CSIW regulates care homes and requires all regulated service providers to operate robust and comprehensive complaints procedures. Concerns about the care provided in the care home should normally be raised through the care home's own complaints procedure, unless there are good reasons not to (for example where the complainant is a resident alleging abuse in the home). Complaints may be made or referred to the CSIW at any stage.

Complaints about care by a registered nurse

4.3 From 1 April 2004 the NHS will be responsible for purchasing the care provided by a registered nurse to all qualifying residents placed in care homes. From that date, people will be able to use the NHS complaints procedure for complaints about the nursing care provided by a registered nurse under the NHS Funded Nursing Care arrangements. They may also make use of this process if they remain dissatisfied with the outcome of an assessment after exhausting the review and appeals processes. The Local Health Board will have a complaints manager who can advise on how the procedure works.

Complaints about Social Services

4.4 If an individual wishes to make a complaint about the Social Services they have received, such as the way in which their non-NHS care has been commissioned, or the quality of the care received, they should do so using the Social Services Department complaints procedure, to the local authority responsible for arranging or paying for those services.

Co-ordination of responses to complaints

4.5 The CSIW, the local authority, the Local Health Board and the service provider will ensure that responsibility for responding to complaints is agreed between them, regardless of who received the original complaint. The underlying principle should be that the well being of the resident concerned (and/or others who may be affected) is paramount.

4.6 Arrangements should also be put in place to ensure that complaints, and concerns which are not formally raised as complaints, are collated by one of the statutory agencies. This should enable potential problems to be

identified and responded to at an early stage, including discussions as appropriate with care providers.

4.7 The regulations relating to Partnership Agreements also allow for a joint approach to complaints procedures, and this should be considered when such agreements are established. Further information is contained in the *NHS Bodies and Local Authorities Partnership Arrangements (Wales) Regulations 2000*.

Advocacy

4.8 Arrangements for the provision of advocacy services should ensure that residents have the opportunity to raise concerns with an independent person, and have the necessary support should they wish to take concerns into the complaints procedures above.

Information

4.9 Information about all complaints procedures should be made available to residents.

DEFINITIONS & ABBREVIATIONS

- Assessment** The process whereby the needs of an individual are identified and their impact on daily functioning and quality of life is evaluated. It may be undertaken by one or more individuals and professionals. A unified assessment should enable all kinds of needs to be evaluated by appropriate professionals, and brought together to inform a co-ordinated approach to supporting that individual.
- Care home** The Care Standards Act (2000) established new terminology for care homes. For the purposes of this guidance a care home is a home which has been registered to allow for the provision of nursing care. Where a home is registered for the provision of both residential and nursing care, the guidance refers only to the provision of nursing care.
- Care Plan** A record that sets out in detail the action which needs to be taken by care staff to ensure that all aspects of the health, personal and social care needs of the service user are met. It would normally include the objectives of their care, preferred outcomes, a review date, and other details as appropriate. It is generated from the care needs identified during the assessment. In the context of NHS Funded Nursing Care the care plan produced within a care home would indicate how the nursing needs identified during assessment will be met.
- Continuing NHS health care** This describes a package of care arranged and funded solely by the NHS.
- CSIW** Care Standards Inspectorate (Wales)
- Identified nursing needs** Those needs for care by a registered nurse which are identified during the assessment process.
- Independent hospital** For the purposes of this guidance, an independent hospital is one which is defined by section 2(3)b of the Care Standards Act 2000 where premises formerly registered as mental nursing homes under the Registered Homes Act 1984 now have to register as independent hospitals under the 2000 Act by virtue of their providing residential accommodation to person or persons detained under the Mental Health Act (1983).

LA	Local Authority
LHB	Local Health Board
Long-term care	Long-term care is a general term which refers to the care which people need over an extended period of time, as the result of disability, accident or illness, to address physical and/or mental health needs. It may require services from the NHS, social care and other services.
NHS	National Health Service
NHS Funded Nursing Care	The funding provided to care homes by the NHS to support the provision of nursing care by a registered nurse for those assessed as eligible.
NHS Funded Nursing Care assessment	The part of an assessment carried out by an appropriately trained nurse which will determine whether the person assessed is eligible for NHS Funded Nursing Care in a care home.
Nursing care	<p>Section 49 of the Health and Social Care Act, 2001 defines nursing care by a registered nurse as meaning any services provided by a registered nurse and involving-</p> <ul style="list-style-type: none"> (a) the provision of care, or (b) the planning, supervision or delegation of the provision of care, <p>other than any services which, having regard to their nature and the circumstances in which they are provided, do not need to be provided by a registered nurse.</p> <p>It does not include any time spent by any other personnel such as care assistants, who may be involved in providing care, although it would include any nurse time spent in monitoring or supervising the care that is delegated to others.</p>

PROTOCOL ON CROSS-BORDER ISSUES FOR NHS FUNDED NURSING CARE IN CARE HOMES PROVIDING NURSING CARE IN WALES AND ENGLAND FROM 1 APRIL 2004

GUIDING PRINCIPLES

The following common, guiding principles should govern any placements across the borders:

- Placements should be made on the basis of assessed need, and meet the requirements of the National Assistance Act (Choice of Accommodation) Directions 1992 (issued in Wales in 1993) as amended. Placements should not be made on the basis of financial gain on the part of any interested party.
- Where cross-border placements are being made from England to Wales, and *vice versa*, and the resident is entitled to NHS Funded Nursing Care, the council and the health body in the country that the resident is moving **from** should inform the council and the health body in the country the resident is moving **to**.
- The level(s) of funding will be that in operation in the destination PCT/LHB.
- The PCT (England)/LHB (Wales) within which the home is located will fund the NHS Funded Nursing Care.

DEFINITIONS

“Assessment” – means the assessment carried out by a nurse, employed by the NHS, to establish whether and to what extent an individual requires care by a registered nurse, and as set out in article 1(3)(a) of the National Health Service (Nursing Care in Residential Accommodation) (England) Directions 2001 and article 1(4) of the National Health Service (Nursing Care in Residential Accommodation) (Wales) Directions 2004.

“Self-funder” – means patients, or their representatives, who pay all of the cost of their care from their own resources.

“PCT” – Primary Care Trust (England only)

“LHB” – Local Health Board (Wales only)

“LA” – Local Authority

SELF-FUNDERS

ALREADY RESIDENT IN A CARE HOME PROVIDING NURSING CARE AT 1 APRIL 2004

Previously lived in Wales and now in English care home

The English PCT responsible for the care home will carry out the determination and, should the patient have nursing needs, fund the nursing care at the appropriate rate.

Previously lived in England and now in Welsh care home

The Welsh LHB responsible for the nursing home will carry out the assessment and, should the patient have nursing needs, fund the nursing care at the single rate.

THOSE ENTERING A CARE HOME PROVIDING NURSING CARE AFTER 1 APRIL 2004

Previously lived in Wales and moving into English care home

The English Primary Care Trust (PCT) responsible for the care home should carry out the determination (if possible, normally prior to entry to the care home) and fund the nursing care at the appropriate rate. If this is not possible, the LHB of origin will undertake an assessment to determine that NHS Funded Nursing Care is required, and inform the destination PCT. The English PCT will need to carry out a determination to identify the appropriate band of care within 28 days of admission.

Previously lived in England and moving into Welsh care home

The Welsh LHB responsible for the care home should carry out the assessment (if possible normally prior to entry to the home) and fund the nursing care at the single rate. If this is not possible, the PCT of origin will undertake an assessment to determine that NHS Funded Nursing Care is required, and inform the destination LHB.

LOCAL AUTHORITY FUNDED RESIDENTS

ALREADY RESIDENT IN CARE HOME PROVIDING NURSING CARE AT 1 APRIL 2004

Lives in English care home, funded by Welsh LA.

The English PCT responsible for the care home will carry out the determination and, should the patient have nursing needs, fund the nursing

care at the appropriate rate and inform the Welsh LA. The Welsh LA will agree the funding for the accommodation and personal care costs of the placement with the care home concerned.

Lives in Welsh care home, funded by English LA.

The Welsh LHB responsible for the care home will carry out the assessment and, should the patient have nursing needs, fund the nursing care at the single rate, and inform the English LA. The English LA will agree the accommodation and personal care costs of the placement with the care home concerned.

THOSE ENTERING A CARE HOME PROVIDING NURSING CARE ON OR AFTER 1 APRIL 2004

Lives in England and plans to move into Welsh care home

The assessment should be carried out in England (in conjunction with the English LA) by the English PCT. The responsible LHB in Wales where the home is located will be notified confirming that the person requires care from a registered nurse. The Welsh LHB will fund the NHS Funded Nursing Care at the single rate. The English LA will agree the accommodation and personal care costs of the placement with the care home concerned.

Lives in Wales and plans to move into English care home

The assessment should be carried out in Wales (in conjunction with the Welsh LA), by the Welsh LHB. The responsible English PCT where the care home is located will be notified, confirming that the person requires care from a registered nurse. The English PCT will need to arrange for a further assessment and determination to be undertaken within 28 days of admission, to identify the appropriate band of nursing care. The English PCT will fund the nursing care at the appropriate rate, and inform the Welsh LA, which will agree the accommodation and personal care costs of the placement with the care home concerned.

PAYMENT AND CONTRACTING ARRANGEMENTS

Ideally, payment arrangements should be simplified for providers. Where there are regular arrangements between LAs and PCTs or LHBs across borders (e.g. in border areas), they may wish to develop partnership arrangements involving lead commissioning and/or pooled budgets, or single payment arrangements. Possible mechanisms for doing this, including model contracts, are contained within the relevant guidance for England (HSC 2003/006: LAC(2003)7), and the final guidance for Wales (NAFWC 25/2004: WHC(2004)024). Alternatively, and in particular where there are 'one-off' placements between LAs and PCTs/LHBs, payment arrangements for NHS Funded Nursing Care self-funders may be extended to incorporate the cross-border placements. LAs, PCTs and LHBs as appropriate will need to ensure

that the total payment is agreed between them and the care homes concerned.

**LETTER TO LOCAL AUTHORITY SUPPORTED RESIDENTS OF CARE
HOMES RECEIVING NURSING CARE**

This is designed as a template to be amended locally. It may also be sent to relatives or other representatives, if considered appropriate. It is designed to be sent jointly by the LHB and local authority.

Dear Resident,

Introduction of NHS Funded Nursing Care in Care Homes from 1st April 2004

As you know, the care and accommodation you are currently receiving in the care home where you live is supported financially by the local authority. The care that you receive in the home is made up of both nursing care by a registered nurse and other, personal, care. Since December 2001, the local authority has been responsible for paying fully for the nursing element of the care; your financial contribution has not paid for this care.

On 1st April 2004 the National Health Service will become responsible for funding the care by a registered nurse element of the care that you receive. The local authority will continue to contribute towards the costs of your accommodation and personal care. As at present, the amount that you pay towards the costs of your accommodation and personal care and the amount of financial help you receive from the local authority will depend on your income and capital. You will still be expected to contribute towards your accommodation and other care costs. For most people, this contribution will be no more or less than it is at present, unless there has been a change in your financial circumstances. You will not be required to pay any more or any less simply as a result of the responsibility for paying for nursing care by a registered nurse transferring from local authorities to the NHS.

In order to ensure that you continue to need nursing care, an assessment of your nursing care needs will be undertaken soon (if it has not already taken place). This will be repeated on a regular basis, so that the care you receive meets your needs, and that you receive the appropriate funding. The person responsible for the assessment will talk to you about this when the time comes.

If you require any further information, please talk to the manager of the home, or contact your local authority. The manager will be able to help you do this.

Yours sincerely,

XXXXXXXXXX

Nursing Care Co-ordinator
XXXXXLocal Health Board

XXXXXXXXXXXX
Community Care Manager
XXXXXXXSocial Services Department

PARTNERSHIP AGREEMENTS

A Partnership Agreement of the type outlined below would operate where partnership arrangements are in place under the provisions of section 31 of the Health Act 1999 and the NHS Bodies and Local Authorities Partnership Arrangements (Wales) Regulations 2000.

Such an arrangement would allow for a local authority to continue to contract for the provision of nursing care by a registered nurse. This is the option outlined as the most straightforward in paragraph 2.4 of Appendix 2.

As well as a partnership agreement, the following documentation would also be required:

- Either a pooled funding agreement or lead commissioner arrangement, the latter allowing a council to act as lead commissioner for NHS funded nursing care or other services and to receive payments from the NHS for nursing care by a section 28 transfer;
- An agreement between the council and the care home proprietor for the full cost of the care package;
- An agreement between the LHB and the care home for the care home to co-operate with assessments, make returns, supply records, provide notification of events leading to cessation of payments for NHS funded nursing care etc.

As specified by the NHS and Local Authorities Partnership Arrangements (Wales) Regulations 2000, partnership agreements must be in writing and must specify:

The names and details of the parties.

Commencement date

The agreed aims and outcomes of the arrangements

The payments to be made, and how these are to be made and may be varied

The functions which are the subject of these arrangements

The persons in respect of whom and the kinds of services in respect of which the functions may be exercised.

The staff, goods, services or accommodation to be provided by the partners

The duration of the arrangements and provision for review or variation or termination of the arrangements.

The monitoring arrangements that will be in place.

Where the partners enter into lead commissioning arrangements, they must decide what functions will be delegated to the lead commissioner and the level of funding necessary to finance the services being commissioned. There needs to be a written agreement setting out these and other key issues as specified in the Regulations.

Where the partners also enter into pooled funding arrangements, the agreement must also specify in relation to the pooled funding arrangements:

- *the agreed aims and outcome*
- *the contributions to be made by the partners and how these are to be varied*
- *the function which is the subject of the arrangement*
- *the persons in respect of whom and the kinds of services in respect of which the functions may be exercised*
- *the staff, goods, services or accommodation to be provided by the partners*
- *duration, provision for review, variation and termination*
- *details of how the pooled fund is to be managed and monitored including which body is to be the host partner.*

The above are the minimum requirements for the agreement. The National Assembly for Wales' notification form requires additional details to be provided, but these do not have to be part of the agreement.

There may also be other clauses that are desirable - e.g. dealing with administration costs, confidentiality, complaints, arrangements for dispute resolution, a clause which states that the agreement does not affect the liability of the parties for the exercise of their statutory functions, insurance arrangements etc.

Further guidance on partnerships is included in *Flexibilities for Joint Working between Health and Local Government – Guidance Document, NAW 2000*, and *Increased Flexibilities Partnership Framework: A User Guide, NAW 2002*.

MODEL CONTRACT BETWEEN LHBS AND CARE HOMES

(Local Health Boards will need to obtain their own legal advice with regard to contracts established with providers. This is an illustrative example only providing a very basic agreement and is not intended to be adopted without legal advice being sought.)

This agreement is made the xxx day of 200x

BETWEEN:

(A) LOCAL HEALTH BOARD (ADDRESS)

-and-

(B) CARE PROVIDER (NAME AND ADDRESS)

1. Introduction

Whereas the Local Health Board (A) has a duty to assess and provide for the nursing care needs of the Care Home's residents, pursuant to the National Health Service (Nursing Care in Residential Accommodation) (Wales) Directions 2004, and the Care Provider [Insert name of care home] (B) is registered under Part II of the Care Standards Act 2000, this agreement sets out the obligations of the parties.

2. Definitions

In this agreement unless the context otherwise requires the words or phrases defined below have the meanings respectively assigned to them:

“assessment”	means an assessment in relation to a resident's needs for nursing care and continence products and which is made by reference to the assessment process set out in the Workbook on NHS Funded Nursing Care by Registered Nurses in Wales (National Assembly for Wales December 2001);
“Care Home”	means the care home named above at paragraph (A) of the Recitals;
“identified nursing needs”	means the registered nursing care needs identified in the statement of identified nursing needs written following Assessment provided by [

“nursing care”	insert name of LHB] to [insert name of care provider]; means nursing care by a registered nurse and has the same meaning as in section 49(2) of the Health and Social Care Act 2001;
“resident”	means an individual who is resident at the Care Home and is receiving the care of the Care Provider
“Nursing Care Assessor”	means a registered nurse authorised by the Local Health Board to carry out an assessment;
“NHS Funded Nursing Care”	The funding provided to care homes by the NHS in respect of the nursing care provided

3. **Obligations of (A)**

3.1 Assessment

Where not undertaken prior to admission, (A) will arrange for an assessment of the resident to be undertaken by a Nursing Care Assessor for the purpose of establishing whether the resident is in need of nursing care and eligible for NHS Funded Nursing Care. The Assessment will also determine whether the resident has needs for other services or equipment. (Timescale)

3.2 Notification of Entitlement

Upon completion of the Assessment (A) will provide to (B) and to the resident or his representative the following information [within x days]:-

3.2.1. a statement of the identified nursing needs

3.2.2 a written statement setting out:

3.2.2.3. the date upon which payments will commence (where eligibility agreed)

3.2.2.4. details of any other equipment or services required to meet the identified nursing needs.

3.3 Method of Payment for NHS Funded Nursing Care

(A) will make payment of NHS Funded Nursing Care to (B) in respect of eligible residents as follows.

3.3.1 Payments will be made through directly into (B)'s own bank account using the BACS system.

3.3.2 Payments will be made according to the payment period timetable attached at Annex 2. Payments will be made to (B) on the day of each calendar month.

3.3.3 (A) should be entitled to reclaim from (B) any overpayment or payment made in error.

3.5 Specialist Equipment and Services.

If the assessment specifies that access to services and/or equipment is required above and beyond that expected to be provided by the home according to its statement of purpose, (A) will identify these and discuss with the home the arrangements for their provision.

(There may need to be a separate maintenance/repair agreement and provisions for insurance. An appropriate insurance clause should be inserted) The level of cover will need to be appropriate)

3.6 Reassessment

Upon request being made by (B) or by a resident or his representative for a Reassessment of the NHS Funded Nursing Care and, provided that (A) is satisfied that there has been a change in the nursing care needs of the resident, (A) will arrange for a Nursing Care Assessor to conduct a reassessment and advise (B) and the resident or his representative of the outcome of the reassessment within (timescale)

3.7 Supply of Information Leaflets and Forms

(A) will provide (B) with information leaflets to enable (B) to supply these to new, potential and existing residents.

4. Obligations of (B)

(B) will provide nursing care to residents at-----nursing home in accordance with the identified nursing needs

4.1 Contribution to the Assessment Process

(B) will contribute to the assessment process as follows

- 4.1.2 (B) will identify and inform new, potential and existing residents of their potential eligibility for NHS Funded Nursing Care (timescale)
- 4.2.2 (B) will use reasonable endeavours to supply new, potential and existing residents with the NHS Funded Nursing Care leaflet entitled 'Paying for Nursing Care in Care Homes in Wales' provided by (A).
- 4.2.3 (B) will use reasonable endeavours to cooperate with (A) in facilitating the assessment process by allowing access to the home by (A)'s representatives; and ensuring that (A) has access to up to date and complete resident's care notes.

4.3 Accounting to Residents in respect of their NHS Funded Nursing Care
(B) will keep a record for each resident in the home in respect of whom (A) is paying NHS Funded Nursing Care and will either account to each of those residents for the amount of his/her NHS Funded Nursing Care within x days of receipt or will reduce the fees invoices of those residents by the amount of the NHS Funded Nursing Care.

4.4 Returns

B) will supply (A) with a return form or an invoice on the day of each month. The form will set out details of all residents in respect of whom (A) is paying NHS Funded Nursing Care; and any relevant change in their circumstances including

4.4.1 Date of death

4.4.2 Date of any admission to hospital

4.4.3 Date of discharge from hospital

4.4.4 Date of discharge from the home

4.5. Reassessment

If there is a change in the nursing care needs of any resident (B) will submit a request for reassessment to (A)'s Nursing Care Assessor.

4.6 Death and Hospitalisation

[Set out specific arrangements agreed, including any provisions for payment of a retainer whilst the resident is in hospital in accordance with guidance, and any period of continuation of payments following death etc.]

4.7 Records

(B) will retain accounts and records relating to NHS Funded Nursing Care , for a period of

4.7.1 (B) will allow National Health Service or appropriate Audit officials to inspect their accounts and records.

5. Commencement of Payments

Entitlement to NHS Funded Nursing Care will commence at the point of admission to the care home or the date upon which the application for the assessment form is received by A (whichever is earlier)

6. Cessation of Entitlement to Payment **[This clause will not apply in total where different arrangements have been made under cl 4.6]**

Entitlement to NHS Funded Nursing Care will cease upon any of the followings dates.

6.1 the date of death of the resident.

6.2 The date of permanent discharge from the home of the resident.

6.3 The date on which (B) is advised in writing that the resident no longer qualifies for NHS Funded Nursing Care following a Reassessment.

6.4 The date upon which any resident is admitted to hospital.

6.5 Closure of Care Home

7. Confidentiality

Each Party shall treat as confidential all information obtained from the other Party under or in connection with this Agreement, and shall not disclose that information to any third party without the prior written consent of the other Party, except to such persons and to such extent as may be necessary for the performance of the Agreement. Neither Party shall use any of that information otherwise than for the purposes of the Agreement.

8. Variation

This agreement may only be varied with the consent of both parties, such consent to be evidenced in writing

Signed
On behalf of A
Full name
Title or position
This day of
Local Health Board

Signed
On behalf of B
Full name
Title or position
This day of
Care Provider

NHS FUNDED NURSING CARE APPENDIX 10
NURSING NEEDS PLACEMENT DECISION RECORD

Name of person:.....Date of Birth:...../...../.....

This form must be used to support the decision whether or not a person is eligible for NHS funded nursing care following a fully documented assessment. It should be completed and retained for all those assessed, including those who fail to meet the criteria (in case of appeal). If you answer yes to any one of the statements, the individual is likely to be eligible.

The decision on eligibility for NHS Funded Nursing Care should only be taken when it is considered that the person does not fall within the eligibility criteria for continuing NHS health care. This will be recorded on the appropriate patient record.

Statement One: Unpredictability

The unpredictability of the patient's clinical condition, disease process or behaviour requires frequent **monitoring** by a registered nurse.

YES NO

Explanation

Statement Two: Complexity

The particular combination or complexity of the individual's physical and/or mental health needs require the **clinical judgement** of a registered nurse in the reassessment or adjustment of nursing interventions.

YES NO

Explanation

Statement Three: Stability

The individual's unstable/fluctuating disease process may require **monitoring and/or prompt intervention** from a registered nurse.

YES NO

Explanation

Statement Four: Risk

The risk of harm to the individual or others may require the **immediate availability and intervention** of a registered nurse.

YES NO

Explanation

RECOMMENDATION: ELIGIBLE

NOT ELIGIBLE

(TURN OVER)

ASSESSOR

Name..... Signature.....
Post..... Date.../.../....
Qualifications.....

LHB USE ONLY

AGREED: YES/NO

Name:..... Signature.....
Date.....

IF NO, REASON:

NOTES FOR COMPLETION OF THE NURSING NEEDS PLACEMENT RECORD

1. This form should be used to record the decision that a person has or has not a need for nursing care by a registered nurse in a care home providing nursing.
2. This form is a decision record and does not replace any fully documented assessment that may be completed by any member of the multi-disciplinary team.
3. The definition of the terms used are as follows:

Monitoring by a registered nurse

- A registered nurse must be on-site (in a care home) at all times and be aware of the possibility of any changes in a patient's condition.

Clinical judgement

- A registered nurse's decision about a patient's condition and the required resulting action, based on their observation, knowledge and experience, and any relevant information or advice from others.

Intervention by a registered nurse

- The actions undertaken by a registered nurse based on their clinical judgement of patient's needs.

Unpredictable

- When changes to the patient's condition cannot be anticipated with certainty, requiring ongoing assessment or monitoring by a registered nurse.

Complex

- When the patient's needs are complicated, due to the interaction of multiple factors that require frequent reassessment by a registered nurse.

Unstable/fluctuating

- When the patient's condition results in alternating or irregular variations in health states requiring frequent intervention or treatment by a registered nurse.

REFERENCES

Creating a Unified and Fair System for Assessing and Managing Care (NAW 2002)

Flexibilities for Joint Working between Health and Local Government (NAW 2000)

Guidance on Protocols for Sharing Information (NAW 2003)

Increased Flexibilities Partnership Framework: A User Guide (NAW 2002).

In Safe Hands: Protection of Vulnerable Adults in Wales (NAW 2000)

NHS Bodies and Local Authorities Partnership Arrangements (Wales) Regulations 2000

NHS Funded Nursing Care in Nursing Homes – What it means for you (Revised December 2003) (NAW 2004)

Planning and Commissioning Guidance WHC (2003)63

Promoting Partnerships in Care: Commissioning across Health and Social Services (NAW 2003)

Provision of services to registered nursing and residential homes: Guidance for GPs (BMA, 1996)

Workbook on NHS Funded Care by Registered Nurses in Wales (NAW 2001)