

# The National Framework for NHS Continuing Healthcare and NHS funded Nursing Care

## Executive summary

- 1. The National Framework.** This sets out the principles and processes of the National Framework for NHS Continuing Healthcare and NHS funded Nursing Care. We will also issue Directions in time for an implementation date of 1 October 2007. Until that date, we are encouraging Strategic Health Authorities (SHAs), Local Authorities (LAs), Primary Care Trusts (PCTs) and NHS Trusts to use the Framework and associated tools to prepare for implementation.
- 2. Legal Framework.** We set out the main responsibilities for the NHS and LAs that are in primary legislation, and explain the influence of key court cases. The Coughlan judgment examined the responsibilities of NHS and LAs, particularly in the provision of nursing care. The Grogan judgment examined the interaction between NHS Continuing Healthcare and NHS funded Nursing Care.
- 3. Primary Health Need.** We describe how the phrase a 'primary health need' has developed and how this idea helps to make the decision about when someone should receive NHS Continuing Healthcare.
- 4. Core Values and Principles.** We set out the main things to remember when assessing somebody and deciding whether they should receive NHS Continuing Healthcare. The individual, the effect their needs have on them, and how they would prefer to be supported, should be kept at the heart of the process. Access to assessment and provision should be fair, consistent and free from discrimination
- 5. Eligibility Considerations.** At the heart of this document is the process for deciding whether someone is eligible for NHS Continuing Healthcare or NHS-funded Nursing Care. Assessments should be carried out by a multi-disciplinary team in line with the Core Values and Principles section and taking into account other existing guidance.
- 6. Links to other policies.** We point to other areas of law and policy that may be relevant to this Framework, especially around Mental Health.
- 7. Care planning and provision.** The PCT should identify and arrange all services required to meet the needs of all individuals who qualify for NHS Continuing Healthcare, and for the health care part of a joint-care package. We set out the key principles in both cases.
- 8. Review.** Regular reviews should be carried out, no later than three months following the initial decision, and then at least once a year after that. Some people will need more frequent reviews. We describe this in more detail.
- 9. Dispute Resolution.** If there is a disagreement about a decision, or about who pays for necessary care, the PCT's "local resolution" process will usually be the first step. We also describe the other possible steps, if this does not provide a satisfactory solution, or if the person wants to complain separately using the relevant Complaints procedure.
- 10. Governance.** Both PCTs and SHAs have roles in overseeing the process, as they do in other areas, and we indicate this in this final part.

