



To: SHA NHS CHC leads  
SHA QIPP leads

cc: SHA Chief Executives  
PCT Chief Executives  
PCT Cluster Chief Executives  
LA Directors of Adult Social Services

Room 8E25  
Quarry House  
Quarry Hill  
LEEDS  
LS2 7UE

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Gateway reference: 16212

Dear Colleagues,

**NHS Continuing Healthcare (NHS CHC) National Framework 2007-revised 2009**

I am writing to you to remind colleagues of the importance of the national processes set out in the National Framework for determining eligibility for NHS Continuing Healthcare (NHS CHC). This is particularly important at a time where local organisations may have local QIPP initiatives, which may be looking to make efficiencies in this area.

As you will be aware, individuals are now assessed for eligibility for NHS Continuing Healthcare (NHS CHC) by a national system and processes set out in the National Framework for NHS CHC. This was introduced as legal challenges and Parliamentary Ombudsman reports had highlighted that previous local processes had led to unequal access to NHS care.

Utilisation of the Framework to assess for eligibility for NHS CHC is currently set out in directions for PCTs and Local Authorities (and in the future it is likely to be set out in standing rules for Clinical Commissioning Groups and directions for LAs, subject to the passage of the Bill) with the independent review function operated by SHAs (which will move to the NHS Commissioning Board). The directions and guidance are at:

[Secretary of State directions](#)  
[National Framework guidelines](#)

In addition to this, the recent Government response to the NHS Listening Exercise confirmed the importance of ensuring seamless care that is designed around people needs. NHS CHC can play an important part in this.

One of the key aims of the National Framework for NHS Continuing Healthcare (NHS CHC) was to promote consistency in eligibility across all

PCTs. Real progress has been achieved, both in terms of a rise in the number of people in receipt of NHS CHC, and in terms of a greater consistency in eligibility levels across England, and it is vital that this continues to improve. SHAs have played a key role in this alongside the work of PCTs and their Local Authority partners.

You are also aware that seeking efficiencies in NHS CHC form some of the local work streams of QIPP programmes. It is imperative that any initiatives around this work are undertaken within the appropriate legal parameters for determining eligibility for NHS CHC. It is therefore important that QIPP leads work alongside NHS CHC leads to ensure that they are mindful of the legal framework for NHS CHC eligibility and the above guidance in planning local QIPP initiatives. This will ensure that NHS CHC is not adversely affected by any QIPP work streams.

Nevertheless, there are potential benefits in considering the commissioning of NHS CHC care packages as part of local QIPP work-streams, in particular working in partnership and drawing on the experience and expertise of Local Authorities wherever appropriate. The NHS Continuing Healthcare Practice Guidance: NHS [CHC Practice Guidance](#) advises on best practice approaches in relation to NHS CHC commissioning which SHA and PCTs may also wish to bear in mind going forward. This is provided in more detail in Annex A.

Yours sincerely

A handwritten signature in cursive script that reads "Gill Ayling".

Gill Ayling  
Deputy Director; Social Care, Local Government and Care Partnerships

## ANNEX A

### **The NHS Continuing Healthcare Practice Guidance: NHS [CHC Practice Guidance](#) :**

- a) CHC commissioning involves actions at both strategic and individual levels.
- b) CHC commissioning actions by PCTs should include strategic planning, specifying outcomes, procuring services, and managing demand and provider performance (including monitoring quality, access and the experience of those in receipt of NHS CHC). In managing the quality and performance of providers and the experiences of those using their services, PCTs should take into account the role and areas of focus of the Care Quality Commission and, where relevant, LA commissioners of the relevant provider's services in order to avoid duplication and to support the mutual development of an overall picture of each provider's performance.
- c) There should be clarity on the roles of commissioners and providers. The services commissioned should include an ongoing case management role as well as the assessment and review of individual needs.
- d) PCTs should consider commissioning from a wide range of providers in order to secure high-quality, value-for-money services. In exercising this responsibility, PCTs should have regard to their case management role in ensuring that the care/support package meets the individual's assessed needs and agreed outcomes and is appropriate to achieve the identified intended outcomes in the care plan. To help inform this approach, PCTs should have an understanding of the market costs for care and support within the relevant local area.
- e) PCTs should commission in partnership with LAs wherever appropriate.
- f) PCTs should ensure clarity regarding the services being commissioned from providers, bearing in mind that those in receipt of NHS continuing healthcare continue to be entitled to access the full range of primary, community, secondary and other health services. The services that a provider of CHC funded services is expected to supply should be clearly set out in the contract between the provider and the PCT.
- g) PCTs should commission services using models that maximise personalisation and individual control and that reflect the individual's preferences as far as possible. PCTs should also be aware of the personal health budgets programme and particularly that it is only direct payments that will be restricted to approved pilots. The other models of personal health budgets are available under existing powers for any PCT to use.

- h) PCTs and LAs should operate person-centred commissioning and procurement arrangements, so that unnecessary changes of provider or of care package do not take place purely because the responsible commissioner has changed.
- i) PCTs should take into account other policies and guidance relevant to the individual's needs.