

# NHFA Infosheet 8

## NHS Nursing Care Contribution

### NHS Contribution to Nursing Care for Nursing Home Residents

The Royal Commission on the funding of long-term care for older people recommended the Government should provide free personal and nursing care to all older people in any setting, be it care at home or in a care home. In response to this and as part of the NHS plan the Government has introduced, "free nursing care" to residents of nursing homes. This met by a contribution to their care costs by the NHS.

Older people who require nursing care either at home or in a residential care home will continue to have access to their district nurse for such care needs.

The information that follows relating to bands only applies to England. Wales pay a flat amount of £107.63 per week and Northern Ireland £100 per week for those assessed as needing nursing care. Scotland pays up to £145 per week for personal care and £65 for nursing care.

#### What is Nursing Care?

Nursing Care is registered nurse input into providing, planning, delegating and supervising care in a nursing home. It does not include time spent by other members of the nursing home's staff including care assistants. Neither does it include personal care needed to assist with activities of daily living for example, bathing, dressing, toileting, feeding and mobility.

#### How will this be delivered?

All existing and new residents of nursing homes should undergo an assessment by a NHS registered nurse to ascertain the amount of registered nurse input required to meet your care needs. This assessment will place people in to one of three bands each corresponding to a level of NHS funding:

**Low Band £40 per week** – People whose nursing care needs can be met with minimal input of a registered nurse. The assessment may reveal that their care needs could normally be met in another setting for example at home or in an ordinary care home but they have chosen to live in a nursing home.

**Medium Band £80 per week** – People who may have multiple care needs requiring the intervention of a registered nurse at least daily as well as being readily accessible. Their condition would be regarded as predictable and stable as long as their care continues.

**High Band £129 per week** – These people will have complex needs requiring registered nurse input into frequent mechanical, technical and/or therapeutic interventions throughout a 24 hour period. Their condition will be unstable and/or unpredictable.

Individuals or their carers will be notified after the assessment into which band they fall. Those residents benefiting from the twelve week property disregard, i.e. funding from the local authority, will be assessed and the contribution towards nursing care will be paid after the twelve week period has ended.

#### How will this money be paid?

The NHS will pay this money, probably monthly direct to the nursing home. The nursing home will be expected to reduce its fees accordingly.

#### What if I disagree with the assessment?

Each Health Authority will have a review procedure. Immediate concerns should be addressed to the nursing home co-ordinator being a person employed by the Primary Care Trust, Health Authority or council to ensure nursing care needs are met. This may lead to referral to the Health

Authority's continuing care panel for a review of the decision.

#### How often will the assessment be reviewed?

The assessment should be reviewed after three months and again after 12 months. If however needs change perhaps as a result of deteriorating health then a review can be requested through the nursing home.

#### What if my stay is temporary?

If the stay in the nursing home is for a period of less than six weeks then a registered nurse care contribution assessment does not have to take place. The NHS contribution can be paid based on information obtained from the nursing home or GP etc. This is particularly worth noting for those older people who may have short periods of stay for example, a weeks respite care.

#### What else is included?

Residents of care homes will also be assessed as to the extent they may need continence aids and these will be paid for by the NHS. They will also have access to the full range of specialist NHS support available in other settings for instance, chiropody, or physiotherapy as well as equipment including pressure relief mattress, mobility or communication aids etc.

#### Which Health Authority is responsible?

Every nursing home resident should be registered with a GP. The responsible authority is that in which this GP practice resides.

#### How does this affect my Social Security benefits?

The contribution towards your nursing care will not affect your benefits for example if you are receiving attendance allowance you will continue to do so. The situation in Scotland is different. Those receiving the higher contribution towards personal and nursing care in Scotland will cease to be eligible to attendance allowance from the DWP.

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### What happens if I go into hospital?

If you need hospitalisation your nursing home payment will stop. Your care home may however require you to continue paying the full fee if you wish to retain your room.

### NHS Fully Funded Continuing Care

The Health Service Ombudsman found evidence that the Department of Health guidance following the Coughlan judgment in 1999 on eligibility criteria for continuing NHS care has been misinterpreted and misapplied by some health authorities.

The range, type and level of services to be arranged and funded by the NHS to meet continuing health needs are decided by policies and eligibility criteria set locally. The Ombudsman's report does not change things overnight. If you think you (or a relative or friend) primarily have health care needs and are wrongly paying for care that should be paid for by the NHS, contact the local Primary Care Trust (PCT) and ask for a review of your care needs against the continuing care criteria. State clearly that this review should be undertaken in the light of the recent

Health Service Ombudsman's report. You can get

contact details for your PCT from NHS Direct on 0845 4647.

If you are unhappy with the result of the re-assessment you can ask for a review of this decision, and /or go through the usual NHS complaints system. You usually have to go through all the different stages of the NHS complaints procedure before contacting the Health Service Ombudsman. Contact the Health Service Ombudsman at:  
The Health Service Ombudsman for England, 13th Floor, Millbank Tower, London, SW1P 4QP.  
Helpline: 0845 015 4033  
Website: [www.ombudsman.org.uk](http://www.ombudsman.org.uk)

There is a very fine line between what is considered to be free health care and means tested social care. The guidance following Coughlan HSC 2001/15 sets out to define the responsibility of the health authority. The NHS is responsible for arranging and funding a range of services to meet the needs of people who require continuing physical or mental health care. these include:

- primary health care;
- assessment involving doctors and registered nurses;
- rehabilitation and recovery (where this forms part of an overall package of NHS care as distinct from intermediate care);
- respite health care;

- community health services to people at home or in residential homes;
- specialist health care support to people in nursing homes or residential care homes or the community;
- healthcare equipment;
- palliative health care;
- specialist transport services.

Clearly the National Health Service and Community Care Act 1990 does not define where the divide between health and social care lies and it is feared that budgetary constraints may influence local policies.

### Seek advice

The financial and legal implications to be considered when paying for care are wide, and require careful planning. Older people or their relatives should seek specialist advice, before taking on any commitment that they are unsure of being able to afford. They should seek advice on what their entitlements are from the state, what legal matters they should attend to and how best to use their capital and income to meet ongoing care costs and possible changing care needs.

**Taking the worry out of paying for care**  
**NHFA advice, which is available to all regardless of means, aims to enable older people to afford the cost of their chosen care for as long as they need it.**

**Further information and advice on paying for care or free copies of the NHFA Long Term Care Guide can be obtained from:**

St Leonard's House, Mill Street  
Eynsham, Oxford, OX29 4JX

Care Advice Line: 0800 99 88 33  
Telephone: 01865 733000  
Facsimile: 01865 733001  
Website: [www.nhfa.co.uk](http://www.nhfa.co.uk)  
E-mail: [enquiries@nhfa.co.uk](mailto:enquiries@nhfa.co.uk)

**NHFA advice is available to all regardless of means**

Infosheet 1 Choice and Interim Finance  
Infosheet 2 Treatment of Property  
Infosheet 3 The Legal Framework  
Infosheet 4 L A Charging Procedures  
Infosheet 5 Deprivation of Assets  
Infosheet 6 Case Studies / Top Ten Tips  
Infosheet 7 Treatment of couples  
Infosheet 8 NHS Nursing Care Contribution  
Infosheet 9 Inheritance Tax  
Infosheet 10 Enduring Power of Attorney

Since 1992, the NHFA, through its experience in specialising in long-term care funding, has developed a range of financial solutions to meet most care home residents' needs. This not only enables care costs to be met but also enables many to preserve as much as possible of their original capital, with that, their independence, dignity, right of choice and, as many older people wish, the ability to leave an inheritance.

**NHFA care advice line 0800 99 88 33**  
**[www.nhfa.co.uk](http://www.nhfa.co.uk)**