

Assessments for NHS-funded nursing care

People with dementia living in nursing homes should have their nursing care provided free of charge by the NHS; this is known as the registered nursing care contribution (RNCC). The amount that the NHS will contribute towards a person's nursing care is banded and determined by an assessment. The following information aims to help people with dementia and carers get the maximum benefit from this system of assessments.

Please note: This sheet should be read in conjunction with sheet 431 *Benefits rates and income/savings thresholds*, which gives details about the current amounts that can be claimed.

Background

Since April 2002 all nursing homes in England, Scotland and Wales have been known as 'care homes'. However, they are registered to provide different levels of care.

- Homes registered to provide 'personal care' provide help with washing, dressing and giving medication.
- Homes registered to provide nursing care provide the same assistance but have a qualified nurse on duty 24 hours a day to carry out nursing tasks. These homes are for people who are physically or mentally frail or people who need regular attention from a nurse.
- Some homes, registered to provide either personal care or nursing care, can be registered for a specific care need - for example, dementia or terminal illness.
- Dual registered homes no longer exist, but homes providing nursing care may accept people who just have personal care needs but who may need nursing care in the future.
- In Northern Ireland, care homes are still known as residential or nursing homes.

All homes provide meals and staff on call at all times. Care homes registered to provide nursing offer a range of services, from basic social care such as help with washing and dressing to tasks such as stoma care and the management of peg feeding.

Before 2001, most people living in care homes registered to provide nursing were maintained by social services rather than by the NHS. Unlike NHS services, which are free at the point of delivery, support from social services is means-tested. Many residents therefore paid their own costs, including those relating to the nursing side of their care. If these people had been living in their own homes, or receiving medical treatment in hospital, this basic nursing care would have been provided free of charge by the NHS.

This situation was seen by many, including the Royal Commission on Long Term Care, as unfair. The Royal Commission recommended that all personal care - both social care and nursing care - should be free.

The government response, in the form of the NHS Plan, stated that the NHS should be responsible for providing all nursing care free of charge wherever it was delivered. However, social care would continue to be means-tested.

Section 49 of the Health and Social Care Act 2001 removed from local authority social services departments the responsibility for paying for nursing care in care homes. The NHS instead became responsible for providing nursing care.

In 2001 a new assessment process was introduced for people receiving nursing care in care homes. This assessment calculates the proportion of the care someone receives in a care home that can be classed as 'nursing care' and therefore provided free of charge by the NHS rather than means-tested by social services.

This information sheet applies to people receiving care in care homes in England. Different arrangements apply in Wales, Northern Ireland, and Scotland.

Frequently asked questions

What are the assessments for?

The assessments are used to work out what proportion of the care received by a resident can be classed as 'nursing care', and therefore provided free of charge by the NHS.

The money paid by the NHS for the nursing care component of a person's care package is banded and known as the registered nursing care contribution (RNCC).

Who are the assessments for?

They are for people receiving nursing care in a care home who are paying for themselves (self-funders) and for people who are about to go into a care home registered to provide nursing. Residents have to be registered with a GP in the area to qualify as 'resident' and eligible for an assessment by the local health authority.

What is the difference between a care home registered to provide personal care and a care home registered to provide nursing care?

Care homes registered to provide nursing have a registered nurse present at all times. You should ask the manager of the home what kind of care they are registered to provide. Dual registered homes no longer exist, but homes registered to provide nursing may accept people with personal care needs who may need nursing care in the future.

The nursing care assessments are not carried out in care homes registered to provide only personal care because people in these homes should have their nursing needs met by the NHS through a visiting district or community nurse.

How is 'nursing care' defined?

Rather narrowly. It is defined as 'care provided, delegated, monitored or supervised by a registered nurse.'

This does not include the care provided by a nursing or care assistant, even if that care is delegated or supervised by the registered nurse. In this context, it is the act of supervision or delegation which is classed as 'nursing', rather than the care itself. Personal care is not defined as nursing care.

How is the NHS contribution decided?

In order to make a decision about the extent of a resident's nursing needs, a designated nurse registered with the local health authority will carry out an assessment.

The nurse will apply what is known as the registered nursing care contribution tool in order to assess the level of nursing care. This tool is used to place a resident's nursing care needs into one of three bands: high, medium or low.

Information about the assessment tool and a description of the bands is provided in the *NHS funded nursing care practice guide and workbook* which states:

- The high band: people with complex needs that require frequent mechanical, technical and/or therapeutic interventions. They will need frequent attention and reassessment by a registered nurse throughout a 24 hour period, and their physical/mental health will be unstable and/or unpredictable.
- The medium band: people who may have multiple care needs. They will require the intervention of a registered nurse on at least a daily basis, and may need access to a nurse at any time. However, their condition ... is stable and predictable and is likely to remain so if treatment and care regimes continues.
- The low band: people who are self-funding whose care needs can be met with minimal registered nurse input. Assessment will indicate that their needs could normally be met in another setting ... but they have chosen to place themselves in a nursing home.

Please see the Society's sheet *Benefits rates and income/savings thresholds* for details of the current RNCC rates.

What impact does this assessment have on attendance allowance and other benefits?

None. The introduction of NHS care in care homes does not affect the level of attendance allowance or benefits received by residents.

What does this mean for people with dementia?

Given that people with dementia have a progressive condition, it could be argued that their health is unstable and that they should therefore be assessed as having nursing needs in the high band. To be classed for the middle band contribution their condition must be 'stable and predictable and ... likely to remain so.' However, this is not straightforward in practice since people qualifying for high band contributions must have 'complex needs requiring frequent ... interventions from a registered nurse.'

Can anyone with a progressive condition be classed as 'stable'? Or might it be argued that a progressive deterioration could be described as 'stable' within predictable parameters? Predictability is a factor to be taken into account when carrying out an assessment. It is defined in the *NHS funded nursing care practice guide and workbook* as, 'how the patient responds to their health or disease process ... or to internal or external triggers [which] can be anticipated with some certainty through established interventions and regularly reviewed care plans.'

Although the decline of cognitive abilities, orientation and short term memory of someone with Alzheimer's disease may be predictable, the same cannot always be said of the person's response to that decline, as any carer will know. Also, other forms of dementia do not follow the relatively smooth path of decline seen in Alzheimer's disease. Sudden and unpredictable downward steps are frequently seen in other forms of dementia.

One of the case examples given in the *NHS funded nursing care practice guide and workbook* is of a man with dementia who is classed as being in the high band by virtue of nursing needs which include:

- Supervising feeding
- Monitoring weight
- Development of continence programme
- Development of behavioural programme to address challenging behaviour
- Assisting patient to express feelings through nonverbal communication
- Assist in maintaining personal hygiene
- Assisting team in developing programme for social stimulation
- Assisting patient in managing the transition to a care home registered to provide nursing care.

These would seem to describe the needs of a significant number of people with dementia being cared for in care homes registered to provide nursing.

Will anything else be taken into account when assessing the registered nursing care contribution?

Yes. The results of other assessments and the care plan will be taken into account and the nurse carrying out the assessment may also talk to other professionals involved.

Do I have to do anything?

No. The health authority will automatically arrange an assessment. The money will be paid straight to the care home.

Does this mean I'll see a reduction in my fee if I am self-funding?

Care homes registered to provide nursing receive the money for assessed nursing needs from the NHS. You may see this reflected in your fees or the home may continue to charge you a full fee, in which case they should refund you the money at a later date. However, in many situations this does not seem to be the case. If you receive neither a reduction in your fees nor a refund, ask the home for a breakdown of your fees. If you are not happy with this breakdown, you can call the Society's legal and welfare helpline or further advice.

What if I am partly self-funding?

Very few people who are partly self-funding are likely to see a reduction in their fee.

Where the fee is split between the resident and social services it is likely that social services, and not the resident, will have its fee reduced.

The exception to this is in situations where the contribution by social services is less than the sum it has been decided that the NHS should pay. For example, if a resident has been assessed as being in the lower band, and social services' contribution to the weekly care costs is less than the lower band, the resident is clearly paying something towards their nursing care costs and their contribution should be reduced accordingly.

What if I'm unhappy with the assessment of the registered nursing care contribution for my care?

Every health authority should have appointed a coordinator for care homes registered to provide nursing who oversees the assessments of registered nursing care contributions in their area. The nursing home co-ordinator, who can be contacted through the health authority or primary care trust, can consider appeals against the assessment of registered nursing care contribution. If necessary, the health authority's continuing care review panel can review the decision.

Are these assessments the same as NHS continuing care assessments?

No. The NHS is responsible for paying all the care charges of people whose 'primary' need is for nursing care. People can only be placed in a care home under the auspices of social services if their need for nursing care is judged to be 'incidental or ancillary' to their need for personal or social care. If the person remains the responsibility of the health authority, they are said to be in receipt of NHS continuing care, and all health authorities have local criteria for deciding who qualifies. This is a different assessment process and should already have been carried out before a person goes into nursing care. People can ask to be assessed for NHS continuing care at any time. However, the assessment and appeal process for NHS continuing care is complicated, and many people who should have all of their care needs paid for by the NHS are paying for care themselves. For further information please see the Society's booklet *When does the NHS pay for care?*

Further reading

NHS funded nursing care in nursing homes: what it means for you and *NHS funded nursing care practice guide and workbook* are available to download from the policy and guidance section of the Department of Health website, www.dh.gov.uk.

We can provide a list of further reading on request. Please contact the librarian at the Alzheimer's Society national office on email library@alzheimers.org.uk.

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