



Department
of Health &
Social Care



William Wragg MP
Chair, Public Administration and Constitutional Accounts
Committee
Rt. Hon Jeremy Hunt MP
Chair, Health and Social Care Committee
House of Commons
SW1A 0AA

29 April 2021

Dear William and Jeremy,

The Department of Health and Social Care (DHSC) and NHS England and NHS Improvement's (NHS E/I) joint response to the Parliamentary and Health Service Ombudsman's report 'Continuing Healthcare: Getting it right first time'.

DHSC and NHS E/I thank the Parliamentary and Health Service Ombudsman (PHSO) for the publication of this report. As the PHSO highlighted, issues identified within the report were drawn from a small proportion of those assessed for NHS Continuing Healthcare (NHS CHC). However, it is important that Clinical Commissioning Groups (CCGs) ensure that all who are either eligible for NHS CHC or who participate as part of the assessment process are assessed fairly and have a positive experience. DHSC and NHS E/I were asked to provide an update six months after the publication of this report and this letter sets out how we intend to act on these findings and the recommendations made.

The NHS and social care sector have faced unprecedented pressure over the last year as a result of Covid-19. We are grateful to all health and social care staff who have shown commitment and determination in delivering care and support to those who need it most. We also appreciate the flexibility that the PHSO has demonstrated in light of the impact of the pandemic, by recognising that it may take longer than usual for the recommendations to be considered and implemented.

NHS CHC is a package of ongoing care that is arranged and funded solely by the NHS where an individual, aged 18 or over, has been assessed to have a 'primary health need' as set out in the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (the National Framework) published by DHSC and regulation 21 of The National Health Service Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012. Eligibility is not determined by age, clinical condition or financial means, and can be provided in any setting apart from an acute hospital.

DHSC is responsible for NHS CHC policy and legislation, whilst NHS E/I is responsible for the "oversight and support" to CCGs. CCGs are responsible for the assessment and determination of eligibility for NHS CHC and the commissioning of appropriate care packages for eligible individuals.

In response to the PHSO report recommendations DHSC and NHS E/I are taking the following actions.

Recommendations 1 - 4 - Care and Support Planning

In brief, the recommendations in this area include:

Recommendation 1: Supporting the skills and experience of NHS CHC practitioners locally (for CCGs)

Recommendation 2: Sharing learning nationally (for NHS E/I)

Recommendation 3: Putting learning into practice (for NHS E/I)

Recommendation 4: Supporting people and providers through the NHS CHC process (for CCGs)

For recommendations 1 and 4, NHS E/I expect CCGs to commission high quality care packages making best use of resources and best value for their local population.

CCGs' care and support planning is key in ensuring that an appropriate care package is put in place to meet an individual's assessed care needs. Therefore, CCGs should ensure that their staff are appropriately skilled and experienced through regular training. This should include utilising learning from the NHS E/I e-learning tool 'care and support planning' and the commissioning modules. CCGs should also assess staff development and learning against the CHC Competency Framework.

As part of good care and support planning, CCGs should engage with individuals and their representatives to provide clarity on what is included in the care package to meet the assessed needs, and the process that should be followed if any additional services or voluntary charges need to be considered.

To support CCGs to implement recommendations 1 and 4, and in response to recommendations 2 and 3, NHS E/I will update the NHS CHC e-learning care and support planning and commissioning modules to reflect the guidance for NHS patients who wish to pay for additional care and continue to promote these modules to CCGs. NHS E/I will also promote to CCGs the importance of engaging with individuals, so they have a better understanding of the services that the NHS is funding to address their assessed needs.

NHS E/I will also update the online CCG NHS CHC Assurance Tool (CHAT) so that CCGs can self-assess their care and support planning and commissioning processes. This will form the basis of the identification of long-term support and coaching required for individuals undertaking NHS CHC processes and for CCGs.

Recommendations 5 and 6 - Previously Unassessed Periods of Care

Recommendation 5: Developing national guidance (for NHS E/I and DHSC)

Recommendation 6: Delivering capability in the NHS CHC system (for CCGs and NHS E/I)

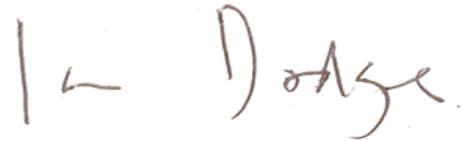
DHSC and NHS E/I are committed to undertake further work to better understand the issues raised by the PHSO in relation to these two recommendations. DHSC will consider the appropriate policy response. NHS E/I will then consider any implementation issues and support, if any changes are made. Any changes that result from this work will of course be communicated clearly with service users, their representatives, stakeholders and CCG staff.

DHSC and NHS E/I will continue the work to support CCGs to ensure those individuals eligible to receive NHS CHC are identified, assessed, and then receive an appropriate package of care, which meets their assessed health and care needs in a timely manner.

Yours sincerely,



Helen Whately
Minister of State for Care
Department of Health and Social Care



Ian Dodge
National Director: Primary Care
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NHS England and NHS Improvement



Hilary Garratt
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