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ELIGIBILITY CRITERIA

for the
provision of

NHS CONTINUING CARE

April 1996

Portsmouth and
South East Hampshire

Health Authority

CONTENTS

Current provision, policies and plans for continuing health care were set out in Appendix A in the draft document published for consultation in September 1995. Copies of this Appendix are available from the Health Authority by telephoning Portsmouth (01705) 835070.

PURPOSE OF THE DOCUMENT

The Department of Health required all Health Authorities to publish, in Septemb 1995, draft policies and eligibility criteria for access to NHS continuing care service

The draft document was subject to a wide ranging consultation until the end December 1995. This final version incorporates amendments resulting fro consultation and will be used locally from April 1996.

The aim in developing local criteria has been to reflect and clarify current practic There is no intention to reduce the level of funding available for NHS continuing ca services. Appendix A to the draft document published in September 1995 set o current service provision and plans for continuing health care. In 1996/7 addition expenditure on those services in excess of £1m has been planned by the Heal Authority. A number of respondents to the draft criteria assumed that reducing NH services was a main reason for publishing the document. It must be emphasised th this was not the case. Current local NHS services are being maintained and addition resources provided in some areas.

A number of responses to the draft document were seeking expansion or developme of particular services which would require additional funding. Current priorities f development are set out in the Authority's 5 year investment strategy. Each Septemb the Authority publishes its funding priorities, entitled Purchasing for Health, for t following financial year beginning in April. Final investment decisions are taken fro these priorities when financial allocations are made to Health Authorities. Commen received on the priorities set out in Purchasing for Health are taken into account wh investment programmes are determined, to match funding available.

The Department of Health did not provide a national definition of continuing car when it required Health Authorities to publish eligibility criteria. The Heal Authority sees continuing care as:

- Involving treatment and/or rehabilitation so that the patient shows mark improvement

  or

- Necessitating intensive or specialist support

The Department of Health has made it clear that where patients have been assessed not requiring NHS continuing inpatient care they do not have the right to occu indefinitely an NHS bed.

The purpose of this document is to meet the Department of Health requirements to:

- Make clear to the public and professionals from both Health and Social Services what continuing care services are available locally to people with health needs

- Improve communication and co-operation between different parts of the NHS and with Social Services.

Health Authorities are also required by the Department of Health to establish an Independent Panel to consider individual cases where a patient or his/her family or carer require a review of the decision about eligibility for NHS continuing inpatient care.

The Department of Health has set out arrangements for establishment and membership of panels whose role will be advisory, and will not have any legal status. The Panel's task will not be to review clinical judgement, but rather to assess whether the eligibility criteria for NHS continuing care have been correctly applied in individual cases.

Further details concerning the Independent Review Panel can be obtained from:

Mrs S Clark
Director of Quality
Portsmouth & South East Hampshire Health Authority
Finchdean House
Milton Road
Portsmouth PO3 6DP

Telephone: Portsmouth (01705) 835020

PRINCIPLES

The Department of Health have made it clear that the NHS and Social Services authorities have important and complementary responsibilities for continuing care. Hampshire Social Services covers three Health Authority areas:

- North and Mid Hampshire
- Southampton and South West Hampshire
- Portsmouth and South East Hampshire

Social Services and the three Health Authorities have agreed the following set of principles to provide a common approach within Hampshire.

1. Eligibility for continuing health care will be on the basis of clinical and other health related need.

2. Priorities for continuing health care will be set by the Health Authorities and GP Fundholders within the total resources available to them.

3. Continuing health care encompasses a range of health and other NHS care services and is not just about the provision of long stay beds. Continuing care clients and their families may require Social Services support.

4. The criteria for eligibility for continuing health care will be applied equitably within health authority areas and as far as possible throughout Hampshire. However, the way in which the services are provided may differ depending on local circumstances and the locally available services.

5. The decision to provide NHS funded continuing care should be made following a multidisciplinary assessment. The ultimate decision to provide NHS continuing care will be made by the patient's consultant, GP or other clinician who will remain responsible for the patient's care whilst the patient receives NHS funded continuing care.

6. The style of the service provided would be informed by:

    - the wishes of the patient and carer
    - the need to be near to the family home
    - the quality and availability of the services necessary to meet the individual's health care needs
    - the cost effectiveness of the service.

7. Patients and carers will receive written information that is clear and easily understood and is given in an open and honest way.

8. Patients who require NHS continuing care will be regularly reassessed for their care needs. This assessment will be no less than six monthly and will include a consultant assessment.

9. Continuing care will be monitored on a regular basis, through the Authority's independent panels and joint NHS/Social Services mechanisms for reviewing agreements on continuing care. Appropriateness, quality and cost effectiveness will be considered and remedial action taken where necessary.

The first of the principles set out above concerns eligibility for continuing health care on the basis of individual clinical need. The Health Authority has been concerned to ensure that services are equally accessible to all its residents, including those from ethnic minority groups. This applies across all health services referred to in this document; and indeed all health services provided to the Authority's residents.

CONTINUING CARE FUNDED BY THE NHS : INPATIENT CARE

General Criteria

The prime aim of health services is, wherever possible, to maintain people in their own homes. However, some people do require residential care provision. In general, the level of care patients receive in an NHS bed will be higher than the level received in a nursing home, where services will usually be funded by Social Services or the individual. A more dependent condition requiring an NHS bed is due to:

- the complexity or intensity of specialist medical, nursing or other clinical care which cannot reasonably be provided in another more suitable setting

  or

- the patient having a rapidly degenerating or unstable condition which means that specialist medical or nursing supervision is required 24 hours a day.

Where an individual is occupying a nursing home bed funded by Social Services and his/her condition deteriorates, Social Services will continue to fund provided the level of nursing care required remains within the competency required by Social Services standards for nursing home services. Where necessary a multi-disciplinary review can be initiated with the patient's GP; a hospital admission can be arranged by the GP in agreement with a Hospital Consultant.

The general criteria for inpatient care, set out above, apply in all situations, including where respite care is being sought. These criteria apply to all NHS provision funded by the Health Authority. This includes Jubilee House, Cosham which is occasionally referred to as an "NHS nursing home". This was one of two experimental units set up in the country some time ago, before the development of community care. The criteria set out here apply to all NHS provision funded by the Health Authority.

In some areas, for example, learning disabilities, the NHS locally has historically provided an element of social care. This reflects the Authority's responsibility to provide residential facilities for former long term hospital residents. The Authority will continue to ensure these services are provided, for former long-term hospital residents.

It is recognised that much valuable work is undertaken by carers for people with health needs. Without carers it is recognised that many patients who meet the health continuing care criteria for inpatient care, but who choose to go home rather than stay in hospital, could not do so. Respite care within the NHS is, therefore, targeted at providing relief for those maintaining people in their own homes who would otherwise require an NHS inpatient continuing care bed.

Exceptions to this do occur in Learning Disabilities where elements of social care have been provided in NHS facilities, particularly where operationally there has been integration between health and social services provision such as in some respite services. Current services will not be reduced in these areas.

The principal function of NHS beds managed by GPs, at community hospitals and other small units, is to provide acute care rather than continuing health care. The services provided in these beds are therefore excluded from the scope of this document.

The general criteria are to be applied as set out above. Set out below are details of specific criteria that will also be applied in determining eligibility for NHS inpatient care for the following care groups:

- Elderly
- Elderly with mental illness and dementia
- Physically disabled
- Mental health
- Adults with learning disabilities
- Children - including those with learning disabilities

ELDERLY

Continuing NHS care will be provided within the Elderly Medicine Service if, following acute care and assessment by the consultant led multidisciplinary specialist team, the patient has both:

- a Barthel index of 4* or less

  and

- has a continuing need for the services provided by a consultant led team.

* the Barthel ADL index is a scoring system used to determine how independent the patient is during a period of observation. It has been extensively researched throughout the NHS and worldwide. There are ten areas included; for each area a score is given according to how able the person is, with or without aids such as walking sticks. The areas covered in the assessment are:

- feeding
- grooming
- control of bowels
- control of bladder
- dressing
- transfers
- toilet use
- moving around indoors
- climbing stairs
- bathing

The more able the person, the higher the Barthel score. In exceptional circumstances, continuing health care may also be provided for patients with a Barthel index of more than 4, where in the opinion of the consultant led multidisciplinary specialist team, there is a continuing need for services to be provided by health professionals and those services are of such complexity and intensity that they cannot be effectively provided outside of an NHS continuing care facility. This would usually be because of the frequency of contact required.

Whilst a Barthel index will be used as part of the assessment of need for continuing NHS inpatient care it is not appropriate in assessing people in a community setting, where other factors can and do apply. For those able to remain in their own home health and/or social services funding support may be provided by visiting staff, following an appropriate assessment.

ELDERLY WITH MENTAL ILLNESS AND DEMENTIA

If the patient has a Barthel index of 4 or less and in the opinion of the consultant led multidisciplinary specialist team the main care needs are due to dementia, or other severe mental illness, the patient will be referred to the Elderly Mental Health service. The Consultant in Elderly Mental Health will initiate an assessment in which criteria, set out below, will apply. These are different criteria to those which will apply to elderly people who are not also suffering from mental illness.

Continuing health care will be provided within the Elderly Mental Health service if after acute care where necessary, and assessment by the consultant and multi-disciplinary specialist team, the patient both:

- meets the behavioural criteria set out below

  and

- has, in the opinion of the consultant led multidisciplinary specialist team, a need for the services of such a team at a level which could not be provided outside of an NHS continuing care facility.

Behavioural Criteria: Elderly Mental Health

Patients who meet these criteria are likely to be suffering from dementia with or without a functional illness (eg. depression or schizophrenia). A very small proportion will be suffering from a severe functional mental illness alone. These patients require intensive specialist input because of the nature of their difficult behaviour. They require a skilled behavioural and communication approach and need frequent reviews and adjustment of medication.

Health continuing care will be available if, following acute care and assessment by the consultant led multidisciplinary specialist team, the patient has any of the following behaviours:

- extreme restlessness causing risk of repeated absconding or falling, or requiring levels of medication in excess of that manageable in another (non-NHS) setting. This behaviour cannot be managed by alarms, secure doors and high levels of staffing but requires the skills of trained psychiatric staff.

- aggressive behaviour, either verbal or physical to self or others, requiring sophisticated multidisciplinary team management, including behavioural techniques.

- severely disinhibited behaviour, eg. stripping off, sexual disinhibition, spitting, destructive behaviour, which cannot be tolerated by other residents and visitors and requires skilled handling possibly with medication.

- incontinence not manageable with usual aids, eg. urinating or defaecating in inappropriate places, requiring skilled nursing care, regular reviews and treatment of constipation or infections.

- frequent interference with others or their possessions, eg. stealing, hiding possessions, touching, pulling, standing over, following, clinging which requires skilled handling by trained psychiatric staff.

- resistance to care, eg. refusing to eat or drink moderately, refusing attention to personal hygiene, refusing to co-operate with incontinence aids which requires skilled handling by trained psychiatric staff.

- extreme noisiness, eg. shouting, calling out frequently, constant singing, clapping, grunting, banging, teeth grinding, which cannot be tolerated by other residents or visitors.

- communication difficulties resulting in extreme frustration and much need for attention by trained staff.

- patients with a combination of difficult behaviour and physical problems, ie. requiring medical as well as psychiatric specialist review and nursing care.

- patients requiring frequent review by psychiatric medical staff due to fluctuations of mood and behaviour.

- terminally ill patients with end stage dementia who, if moved, would die within a short time.

- patients whose condition and behaviour has deteriorated rapidly after discharge on more than one occasion.

- those aged under 65 years with progressive dementia with the above behaviours.

PHYSICALLY DISABLED

This section applies to people aged between 16 and 65; children and the elderly are covered in other client group sections.

In the vast majority of cases, the health needs of a person with a physical disability can be met through services which are available for the population as a whole, such as physiotherapy and orthopaedic services. Physically disabled people will have the same access to these services as people without a disability.

The use of the Barthel index to measure the health needs of this care group was considered, but rejected, because many physically disabled people are dependent for reasons which do not relate directly to a health need but rather for social reasons.

NHS responsibilities include rehabilitation of people with a severe head injury, stroke or similar neurological disease with behaviour or cognitive problems. Following assessment by a consultant led multidisciplinary rehabilitation team a care plan will be agreed. Inpatient stay for this group of patients does not normally exceed three months. Following acute and rehabilitation treatment any necessary health care can be provided by community services support, usually through district nursing, to individuals at home or in nursing or residential homes.

The Health Authority will be responsible for funding continuing care on an inpatient basis, where the frequency of intervention by health professional staff is such that it is not cost effective to provide this input into other facilities, such as a nursing home.

Social Services funding responsibility for this client group include provision, where assessed as necessary, of residential care in a care home, or in a registered Nursing Home if a higher level of care is needed. Nursing Home provision can include suction and tube feeding.

Social Services will also support people living in the community with social care. This can include assessment and subsequent provision of aids and adaptations to housing. Care which Social Services may provide includes personal care such as help in toileting and changing incontinence pads and other assistance with personal hygiene and feeding by mouth. Social Services will allow carers paid by them, such as foster parents and carers within the SOC scheme (Self Operated Care scheme) to carry out tasks such as injections, use of suppositories, tube feeding and suction, provided the carer agrees and training and supervision are provided by the District Nursing Team. Social Services will not allow tube feeding to be undertaken by their own directly employed staff.

Supervision, training and advice for carers or nursing home staff on suction and artificial feeding, where required, is the responsibility of the NHS through the District Nursing Service or through the Hospital discharging the patient. Responsibility for this training should be clearly identified in the patient care plan.

It may also be important for disabled people in the community to undertake exercises and stretches on a daily basis. Where necessary, training can be given by NHS staff such as a physiotherapist or occupational therapist. Responsibility for any necessary training should be clearly identified in the patient care plan.

MENTAL HEALTH

The aim of the health service is recovery and rehabilitation. The period of inpatient care required for recovery and rehabilitation will not normally exceed two years. Assessment will be carried out and the continued need for NHS care determined by the Consultant led multidisciplinary team. In some cases, inpatient care in excess of two years may be required for people with specific needs as set out below:

- people still responding to treatment, such as those:
  - with schizophrenia who are actively hallucinating and/or who are deluded and for whom trials of different treatments are still ongoing.
  - receiving rehabilitation but where the treated condition has not yet reached an optimal level.
  - with a psychopathic personality disorder who are responding to treatment.
- people with mental illness and seriously challenging behaviour, such as those:
  - who, following optimal treatment are considered to be at a serious risk of harming themselves or others. Behaviour may include serious aggression, firesetting or inappropriate sexual behaviour.
- people with a brain injury who have a mental illness or seriously challenging behaviour, such as those:
  - experiencing a change of personality leading to seriously irresponsible and dangerous behaviour.
- people with a mental illness and seriously challenging behaviour who have committed an offence, and who are still considered to be a serious risk to themselves and others by the Home Office.

ADULTS WITH LEARNING DISABILITY

In the vast majority of cases, the health needs of the person with a learning disability can be met through services which are available for the population as a whole. These services are:

- GP and Primary Care Services
- Community Health Services
- Acute Services
- Specialist Health Services

People with a learning disability should have the same access to these services as people without a learning disability.

However, it is recognised that due to lack of familiarity with the needs of people with learning disability, in particular communication problems, it is not yet always possible for general health needs for all of the people with learning disabilities to be met outside of specialist services. Community Learning Disability Services are currently being developed and it is recognised that there will be a period of transition in which access to generic services is improved.

The Health Authority currently funds residential care for many people with a learning disability which is essentially social care. This reflects the Authority's responsibility to provide residential facilities for former long term hospital residents. The Authority will continue to fund these services for this group of people.

Arrangements can be made, by agreement between the Authority and Social Services, for the transfer of funding and responsibility for this social care from health to social services. In considering this jointly with Social Services the Authority will wish to ensure that there is no reduction in services for former long-term hospital residents.

Joint health and social services funded provision of day care and respite care, including respite care for children and young people, have been developed over a period of years, as part of reprovision of long stay hospital based services in the community. The Health Authority will maintain funding for these services. As with residential services, consideration will be given to transferring funding and responsibility for social care elements of these services to Social Services.

NHS residential care for people with a learning disability covers both assessment and continuing care. These are considered separately, below.

Residential Care for Assessment

This is the equivalent of acute care for other care groups. This is not a period of respite, but an admission for the purposes of health assessment and rehabilitation.

The NHS will provide challenging behaviour services to people with a learning disability who also have severe challenging behaviours. This service in the majority of cases will be provided by the Community Learning Disability Team in the client's home. In a minority of cases, clients may need to be admitted to an inpatient bed following a multidisciplinary team assessment, but only if it is not possible to deliver the service in their home. Clients will be referred by health members of the Community Learning Disability Team.

People requiring other medical/nursing assessments will be referred through the Primary Health Care Team to generic services.

Residential Continuing Care

There are a small number of people with a learning disability who have continuing health care needs. These people with a learning disability may also:

- have a physical disability
- have a mental health problem
- be elderly
- be elderly and have a mental health problem

The criteria set down earlier for the appropriate care group, such as the physically disabled, mental health or elderly, will apply.

In addition, some people with learning disabilities may not meet the physical disability, mental health or elderly criteria but require specialist nursing support provided by the NHS because they are likely to demonstrate:

- Life threatening aggression directed towards themselves and/or others requiring daily intervention by skilled specialists
- Severely challenging behaviour resulting from a diagnosed psychiatric disorder warranting medical intervention.
- Persistent self mutilation requiring daily medical/nursing input.
- Severely challenging behaviour resulting from actual brain damage or functional disorder exhibited by persistent self mutilation, destructive behaviour and/or aggressions as above, and requiring daily intervention by skilled specialists.

People with a learning disability meeting these criteria are likely to have been detained under the 1983 Mental Health Act.

In all cases the level of service needed for NHS continuing care must be above the level of service that could normally be provided peripatetically from the Community Learning Disability Team.

It is acknowledged that an overall aim is to provide access to general services for people with learning disabilities, wherever possible. However, benefits have been demonstrated in many NHS services by developing increasing specialisation. The Health Authority and Portsmouth HealthCare Trust will consider the issue of general access versus specialisation in planning future provision of psychiatric continuing care services for people with learning disabilities. Current service arrangements will be retained until plans are completed for any necessary service development.

CHILDREN

There are very few children who may require health continuing inpatient care. These children will have severe learning disabilities, severe physical disabilities and severe challenging behaviour. The criteria used to assess their needs were jointly developed with Education and Social Services. These criteria form the basis of JENI (Joint Exceptional Needs Initiative). The criteria for determining exceptional needs and access to joint funding through JENI are based on the following characteristics:

- multiple and complex needs which cannot be met within an agency's normally available provision
- high risk of self harm, injury to others and severe damage to the environment and uncertainty or lack of knowledge about immediate causative factors or effective methods of management.

and demands on services or agencies:

- involvement of more than one agency
- high and possibly escalating costs which cannot be met from existing resources
- need for high staffing levels, (1:1 ratio or higher) or for specialist input or facilities on an individual basis.

The criteria for JENI can be applied up to the age of 19 years.

Health continuing care will be provided if children meet any of the criteria for other care groups:

- physical disability
- mental health
- learning disability
- palliative care

As it is particularly important for a child that care is provided at home, every endeavour will be made to organise any health care in the child's own home.
The NHS will only contribute to a residential placement if the child's health needs cannot be met in the home or in a local authority setting by a combination of domiciliary and outpatient services. Following a health assessment by a consultant led multidisciplinary team, the conditions below must be met for the NHS to contribute to a residential placement:

- there has been a tertiary referral by a consultant for NHS care
- the referral is for assessment or a specified period of treatment

- a health need is identified in "Statements" prepared in accordance with the Education Act 1993 and a care manager has been appointed to monitor, review and report on progress

- there is a clearly defined need for specialist health care on a daily basis and regular treatment by a second health professional is required

- health needs are reviewed at least six monthly and reports are sent to the Director of Public Health

PALLIATIVE CARE

Palliative Care can be defined as:

- active total care when disease is not responsive to curative treatment. It neither hastens nor postpones death; provides relief from pain and other distressing symptoms; integrates psychological and spiritual aspects of care and offers support to family and carers during the illness and bereavement.

These principles apply throughout the course of life limiting illness; many people receiving such care may be considered to have terminal illness which can be defined as:

- active and progressive disease for which curative treatment is not possible or appropriate and from which death can be reasonably expected within 12 months.

Palliative Care is not limited to specific conditions and as such is available without regard to an individual's diagnosis, age, religion or culture.

Health continuing care services will be provided following an assessment by a consultant led multidisciplinary team. Health services may include provision for:

- complex symptoms failing to respond to standard therapy
- complex psychosocial needs
- support of families needs in the face of terminal illness and after death into bereavement

Specialist NHS palliative care services are provided in a variety of settings. Where possible this will be in the patient's own home. If a person wishes to die in their own home, or return to their own home to die from another residential setting, Social Services may fund social care support. Social Services may also provide a residential placement for a person who is terminally ill but not requiring specialist NHS inpatient care. NHS inpatient care will be provided following assessment by the consultant led multidisciplinary team and in accordance with the general criteria set out on page 5.

CONTINUING CARE FUNDED BY THE NHS: COMMUNITY SERVICES

Community Services are provided by visiting health professions. It is not possible to provide the same intensity and regularity of service from consultants, specialist nurses and other health professionals, in the community as it is in inpatient care. The role of specialist nurses is defined by the United Kingdom Central Council for Nursing. Specialist nursing includes District Nursing and Community Psychiatric Nursing. Specialist Nursing encompasses the ability to:

- Plan, provide and evaluate specialist clinical nursing care to meet care needs
- Assess and manage clinical emergencies and critical events, including the management of challenging and violent behaviour to ensure effective care and safety
- Assess the health and health-related needs of patients and clients and their families and other carers and identify and initiate appropriate steps for effective care for individuals and groups.
- Support the family and other carers of patients and clients
- Support and empower patients and clients and their carers to influence and participate in decisions concerning their care
- Advise colleagues and others on clinical nursing practice and care
- Recognise legal and ethical issues which have implications for nursing practice and take appropriate action.

These specialist services are available to people in their own homes and also to those in residential care homes.

The principal services provided by the NHS are set out below:

- **Elderly, Physically Disabled and Children**

  Consultant medical services, district and specialist nursing services including Health Visitor services and night sitting, psychiatry, occupational therapy, physiotherapy and speech therapy when assessed as necessary by a Consultant or General Practitioner. Requests will be prioritised by taking into account clinical need and resources available. District Nurses will provide advice on treatment and care to nursing home staff, where requested. Personal care is the responsibility of Social Services.

A Barthel score of 4 or less will not be accepted as a determination of health continuing care responsibility for individuals receiving community services, as the use of the Barthel assessment scale is not appropriate in a community setting. Social Services may provide social care support, following assessment, for anyone who can remain in their own home.

Children with mental health problems have access to child psychiatry, psychologist, child psychotherapy, specialist nurses and family therapy when assessed as necessary by a Consultant, a GP or health professional. Locality teams are supported by District-wide specialists in children under 12, Child Protection, Paediatric Liaison and Adolescent Services.

- **Mental Health including Elderly Mentally Ill**

  Community Mental Health and Elderly Mental Health Teams including Consultant Psychiatrist and medical staff, Community Psychiatric Nurse, Occupational Therapist and Psychology and Psychotherapy.

  A challenging behaviour team operating from the mentally disordered offender service will support community mental health teams in their work with people with serious challenging behaviour.

  Community Psychiatric Nurses will assess a patient, review medication and arrange a new prescription, and advise nursing staff on treatment where the nursing home is not registered as a mental health nursing home. In mental health nursing homes, staff should have the skills to perform these tasks.

- **Learning Disability**

  At present, the key health tasks for the Community Teams are nursing, medical and behavioural work, including psychology.

  Speech and Language Therapy, Physiotherapy and Health Education are not available to every team. It is planned that these services will be provided from generic services accessible through primary health care teams, with Learning Disability Nurses providing a strong link between the specialist and primary health care teams.

  The Health Authority intends that generic district nursing services will, over time, become responsible for many aspects of routine health care for learning disability clients. The role of community learning disability nurses needs further review but is likely to be concentrated on health education and those elements requiring specialist skills, particularly in respect of challenging behaviour.

The Authority wishes to ensure provision of an integrated community team which is able to provide support to the client at home and a challenging behaviour service, avoiding admissions to health residential care. The same level of psychology support is not currently available in every team and this will be addressed by the Health Authority development programmes.

- **Palliative Care**

Consultant medical services, district and specialist nursing services including night sitting, Marie Curie and Macmillan nurses to people living in their own homes. Personal care is the responsibility of Social Services.

NHS TRANSPORT

Transport is provided and funded by the NHS for patients with a medical need. I addition to emergency ambulance services the NHS also provides and funds nor emergency transport on the basis set out below.

Non-emergency transport is only provided and funded by the NHS when a docto determines there is a medical need for transport. National criteria for provision o NHS patient transport services apply. These state that in determining medical need fo transport a doctor will take into account:

- the medical condition of the patient
- the availability of private or public transport
- the distance to be travelled.

In considering these factors the doctor will wish to determine that the patient can reacl the destination in reasonable time and in reasonable comfort, without detriment to thei medical condition.

Transport to or from hospital or hospice is provided by the NHS in accordance witl the criteria above. These will also apply to transport on discharge from a hospital tc a nursing or residential care home.

Non-emergency transport for residents of nursing or residential care homes to anc from hospital, for outpatient attendances or other appointments for treatment, can be arranged and funded by the NHS provided the medical need criteria set out above apply.

CONTINUING CARE FUNDED BY SOCIAL SERVICES

Social Services are responsible for assessment of people who may require continuing care as a resident either of a nursing home or a residential care home. If a nursing home or a residential care home place is required, following assessment, Social Services will inform the individual whether part or all of the costs will be met by Social Services. The funding of part or all of these costs by Social Services is subject to a means test, applying national criteria.

RESIDENTIAL CARE HOMES

Residential Care Homes generally provide facilities for people of a lesser dependency than those admitted to nursing homes. Part 1 of the Registered Homes Act 1984 requires residential care homes to be registered with the local Social Services department.

The requirement of registration under the 1984 Act is as follows:

"Registration is required in respect of any establishment which provides or is intending to provide, whether for reward or not, residential accommodation with both board and personal care for persons in need of personal care by reasons of old age, disablement, past or present dependence on alcohol or drugs, or past or present mental disorder"

Personal care is defined (in a Local Authority Circular [LAC 7713]) as follows:

"a means of providing a greater degree of support for those elderly people no longer able to cope with the practicalities of living in their own homes even with the help of domiciliary services. The care provided is limited to that appropriate to a residential setting and is broadly equivalent to what might be provided by a competent and caring relative able to respond to emotional as well as physical needs. It includes for instance help with washing, bathing, dressing, assistance with toilet needs, the administration of medicines and, when a resident falls sick, the kind of attention someone would receive in his/her own home from a caring relative under the guidance of a General Practitioner or nurse member of the primary health care team. However, the staff of a home are not expected to provide the professional kind of health care that is properly the function of the primary health care services. Nor should residential homes be used as nursing homes or extensions of hospitals".

Equipment

A residential care home is expected to provide a range of equipment which is necessary to assist staff in carrying out personal care tasks. This should include:

- variable height beds
- assisted baths
- monkey poles
- handling slings
- bed cradles
- commodes

Residents of care homes requiring additional aids can be referred for assessment to the District Nursing or Occupational Therapy Services, for provision of aids for individual use.

NURSING HOMES

It is a requirement of the Nursing Homes Act 1984 that establishments are registered with the Local Health Authority as nursing homes, or mental health nursing homes.

A Nursing Home provides the kind of care which requires the skills of a qualified nurse or the supervision of a qualified nurse. These skills include the following:

- assessment of nursing needs and identification of problems which need intervention.
- prescribed nursing care and delegating tasks to other members of the nursing team (see below)
- evaluating the effectiveness of the care prescribed
- teaching carers basic tasks which enhance their contribution to care
- communicating with the appropriate GP and other services
- maintaining the optimum level of health, preventing deterioration and where necessary, providing terminal care.

Prescribed nursing care may include:

- Constant nursing care where a patient's general health deteriorates
- One or more of the following procedures over a 24 hour period:
  administration of medication by injection
  dressing an open or closed wound
  feeding requiring nursing skills
  basic nursing care of the type normally given to a bedfast or predominately bedfast person
  frequent attention as a result of double or single incontinence
  intensive rehabilitative measures following surgery or debilitating disease which is likely to continue for more than a short period
  management of complex prostheses or appliances
  management of complex psychological aggressive states
  unstable health conditions requiring frequent observation and intervention

A dual registered home is expected to provide the same level of nursing care and equipment for patients as a home registered as a nursing home.

Equipment

A Nursing Home is expected to provide a full range of equipment necessary to respond to the personal care and nursing needs of the patient. This will include:

- **Treatment**

  Suction equipment
  Sphygmomanometer
  Nebulisers
  Syringe drivers

- **Lifting**

  Variable height beds
  Hoists
  Nurse assisted baths
  Monkey poles
  Handling slings

- **Pressure Sores**

  Pressure relieving mattresses and cushions
  Bed cradles

- **Safety**

  Cot sides
  Protective clothing for staff
  Dressings

- **Feeding**

  Equipment to support parental feeding
  Specialised crockery and feeding utensils

- **Continence**

  Commodes
  Urinals
  Disposable incontinence supplies

When for clinical reasons, the Referring Agency assessment gives no choice over a specialist manufacture of mattress or bed to be provided, the Referring Agency should arrange for purchase or hire/loan; the care plan must clearly identify agreement on responsibility to provide the equipment. This also applies to the provision of any essential post-operative equipment.