

## Never the same: the lack of consistency and consequences



As so many decisions regarding NHS CHC are made at a local level, people across the country have very different experiences and outcomes.

Some areas have NHS CHC teams based at the CCG or local authority who help co-ordinate the process. In other areas these teams don't exist and health and care professionals are required to take control of this process on top of their other tasks.

The National Framework has tried to reduce these variations, but we know they still exist. It is unacceptable for someone's location to have an impact on whether they qualify for this much-needed support.

In order to see clear improvements, it is vital that there are consequences for organisations who do not comply with NHS CHC guidance.

### Positive progress

- NHS England developed the CCG Assurance Framework, which lays out how CCGs should perform. It strengthens the requirement for CCGs to follow the NHS CHC National Framework and includes 'I' statements that were contributed by stakeholder organisations. The aim of this framework is to improve the performance of CCGs. However it is not a legal requirement – it is a set of guidelines.
- If there are persistent problems NHS England has local area teams who can approach poorly performing CCGs.

### Current challenges

- The operating model and Assurance Framework may not be the most effective tools to ensure that CCGs assess people correctly and make lawful decisions on eligibility. CCGs have to deliver NHS CHC, however they could say they are delivering it properly with no one ensuring this is taking place in reality. NHS England is responsible for ensuring CCGs apply the checklist, fast track pathway and DST properly, but how they ensure this is not clear.
- NHS England has limited sanction over CCGs who perform poorly.

### What needs to happen?

- NHS England must establish an improved system for monitoring CCG performance against the National Framework, guidance and timelines for eligibility decision making.
- NHS CHC must constitute a more significant component when CCGs are having their performance measured.

## Kathy's experience

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“ I got into this sector because I believe people should receive the help and support they need. Sadly, there are significant variations across the country when applying the National Framework. In my area I think the processes are designed to keep people out and I really believe decisions are being based on financial ulterior motives and not on the patient's needs.

In order to complete a DST professionals and care providers are contacted for evidence. A deadline of 28 days is set for feedback. If no information is received, or if some reports are not submitted within this timeframe, the case is closed.

This penalises patients, and sometimes their applications are not progressed to the assessment stage, through no fault of their own. If the CCG does receive evidence to support the claim, they cherry pick bits from the professionals which gives a distorted reflection of the patient, and this seldom results in eligibility.

I've also seen panels come together and downgrade the MDT findings – despite the fact

they've never seen the person. My CCG rarely find anyone eligible. An example of another major problem is the role of the assessor/co-ordinator. Some local areas have someone whose job it is to co-ordinate the assessments.

That person is a health professional, usually a nurse, but shouldn't form part of the MDT. They are supposed to be an impartial resource. But in my area this person gives the patient a score, and sometimes even has their opinion rated more important than others. I have been in situations where the MDT members recommend that someone is eligible, and the co-ordinator says no and the patient is rejected.

I want people in my location to be confident that they can have their health needs assessed fairly. Despite raising serious concerns to NHS England, very little has been done to address the many issues in my area.

In the meantime my colleagues and I continue to battle on, in the hope that one day things will become less challenging.

