

Say that again: the impact of regular reassessments

Having gone through the long and complex process of applying for, and often appealing decisions about, NHS CHC, it is unacceptable that people are then continually reassessed.

From our survey results, of the people successfully awarded NHS CHC, **44%** had gone through at least one reassessment. Most local areas insist on reassessing people at least annually. Our FOI found that between April 2015 and March 2016 one CCG withdrew funding from **241** people following a reassessment. There are occasions where withdrawing NHS CHC can be justified (if a person's health needs have reduced). However many people being reassessed are in the advanced stage of their condition, and often near the end of their life with little room for improvement.

As well as being an incredibly anxious time for the person being reassessed, and those close to them, we also believe that reassessments are a drain on resources.

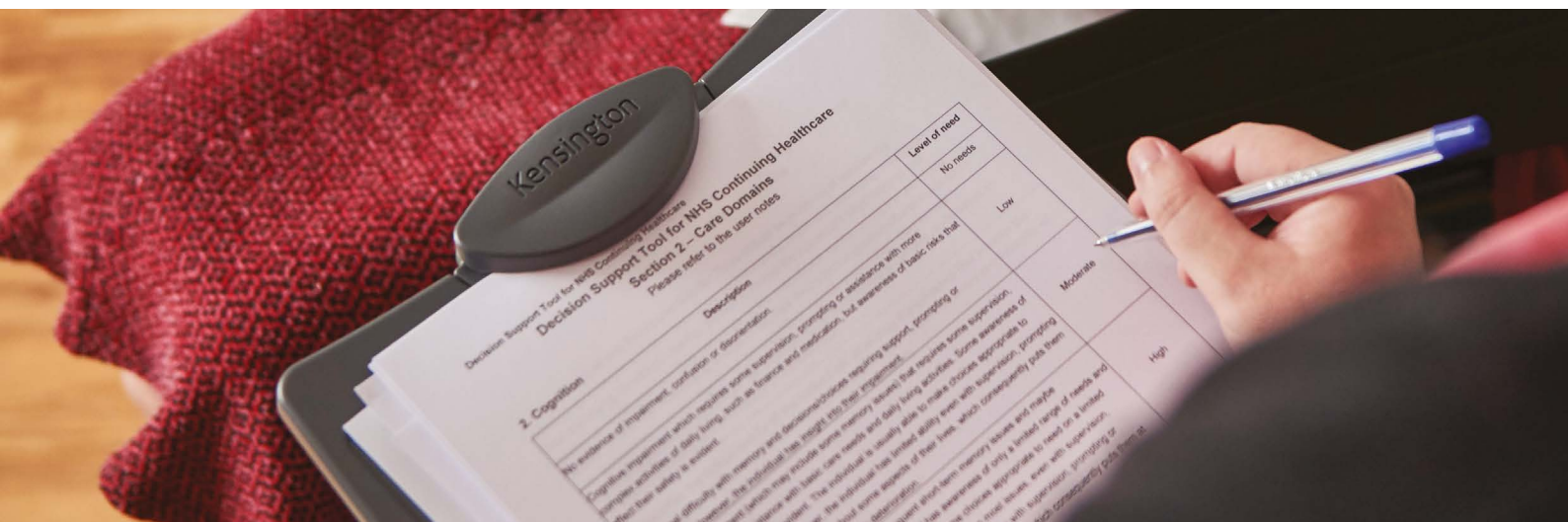
With professionals across the country struggling to stay on top of their ever increasing workloads, unnecessary reassessments add to this¹³.

This view was echoed in the Public Accounts Committee (PAC) report *Personal budgets in social care* (2016) that said annual reviews "may be too rigid and therefore an unnecessary cost for local authorities" and recommended that the Department of Health review this.

¹³Public Accounts Committee (2016) [Personal budgets in social care](#).

Current challenges

- Some people with well managed needs are having their care withdrawn, with no acknowledgement given to how their needs will progress without a suitable level of care in place.
- The National Framework states that when reassessing someone's eligibility, MDTs must reference the previously completed DST and prove that things have changed. The alliance knows from speaking to people that this often doesn't happen. The situation is compounded by completed DSTs not being shared with the person or their representatives, denying them the ability to refer to it at a later date.
- Many people who have been reassessed shared their feelings of concern and distress with the alliance. Having NHS CHC funding withdrawn can mean care packages are reduced or removed altogether. With many people unable to afford equivalent care packages themselves, the person in need of care can be put at risk.
- People with dementia are commonly reassessed regularly. Despite having a progressive condition, funding is often removed when someone goes from having problem behaviour to being more withdrawn, or moves from being at risk of falls to being bed bound. This is despite other health needs emerging as a result of these changing circumstances.



Graham's experience

“ I visit my wife Maureen each day at a nearby nursing home. She has advanced Parkinson's and severe dementia.

Maureen can't stand up or walk, she has a tremor which makes her whole body shake and sometimes this means she can't even sit in a chair without falling off.

She can't communicate and often feels anxious. She can't feed herself and is completely reliant on the carers and nurses helping her.

Being blind myself, getting all of the information collated for the assessments can be a challenge.

But I worked hard to ensure Maureen was fairly assessed for NHS CHC, and our application was successful, which was a huge relief.

However, I soon discovered that we would have to go through this long and complex process on a yearly basis. It doesn't make any sense. Maureen will not get better – her condition is progressive.

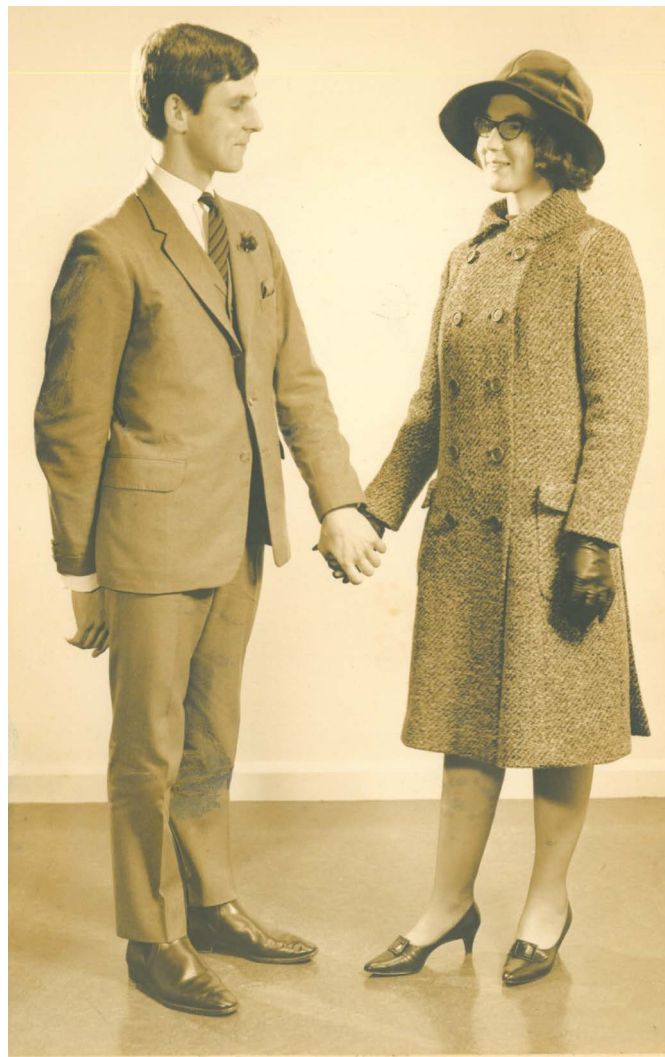
As the years go by, her care needs will stay the same or increase. Despite this, during each reassessment I know that the new assessor will take a different view, and Maureen's care could be stopped.

Each time we approach Maureen's annual review, the thought that we could lose NHS CHC is at the forefront of my mind.

Reassessments can go on for between three and four hours. Surely it must be a waste of money to reassess people who will never improve?

I know Maureen might need more care in the future, but to face the possibility of her care being removed is somewhat cruel. It's a very distressing and exhausting time for me.

I honestly don't know what we'd do if her support was cut off.



Michelle's experience

“ As a social worker one of the most challenging aspects of my involvement in NHS CHC is when funding is withdrawn following a reassessment, and the person is referred to adult social care.



Funding is stopped within 28 days of the reassessment, leaving families very little time to adjust. Sometimes I believe people lose out when they shouldn't, but alternatively there can be occasions where the decision to withdraw NHS CHC funding is the right one. Regardless of whether it's right or wrong, people are often totally confused about what has happened, as they may feel like their health condition hasn't improved or stabilised. The packages of care paid for by CHC are often extremely expensive, and far above anything that could be funded by the local authority.

This means social workers have to drastically cut the care given to individuals. This can result in a lot of anger being directed at the social worker. Additionally, the care agency that had been paid for by NHS CHC would often have to be withdrawn as the social services department doesn't have the budget to fund the same care package.

So in really bad scenarios people end up having their care cut, and also losing trusted carers who they have a relationship with. This burden is often felt most harshly by the friends and family who provide care, as they are forced to fill the gaps.

What needs to happen?

- NHS England must introduce an option for professionals to select if they agree that someone should not be re-assessed for eligibility of NHS CHC. For people marked down as permanently eligible, reviews should only look at changing needs, for example, where someone may need increased support.
- CCGs must demonstrate that, where regular reviews are conducted, the focus is not purely on the individual's ongoing eligibility for NHS CHC, but, as directed in the National Framework, focused on whether the care package continues to be appropriate¹⁴.
- Where ongoing eligibility for NHS CHC is considered, previously conducted assessments must be available and assessors should demonstrate a reduction in healthcare needs in order to justify withdrawing eligibility¹⁵.
- Where NHS CHC funding is withdrawn, and individuals are transferred onto a local authority funded social care package, local authorities must provide adequate funding to meet eligible needs. They shouldn't impose arbitrary cost ceilings that result in people being forced into residential care against their will.

^{14,15} [National framework for NHS continuing healthcare and NHS funded nursing care](#) (Nov 2012) paragraph 139.