

Northumberland Clinical Commissioning Group

in partnership with Northumberland County Council

Care and Support in Northumberland

Updated 3/3/22

Information sheet C40 – Interim NHS

Funding after a hospital stay

This information sheet should be read together with information sheet C11 – *NHS Continuing Healthcare (CHC)*.

It is about funding arrangements for care and support services after a hospital stay, if a professional has completed an NHS CHC checklist, and that has identified that you need a full assessment for NHS CHC.

Interim NHS funding is available only if you have had an NHS CHC checklist completed, and it has confirmed that you require a full assessment for NHS CHC.

Why is there a need for interim NHS funding?

The interim funding is intended to make sure that you don't face extra costs because of changes in your care and support services while we are deciding whether you are eligible for NHS CHC.

It is not usually sensible to assess what someone's long-term care needs will be while they are in hospital. Many people still need some time to recover after they leave hospital, and people often find it easier to manage at home than in the strange environment of a hospital ward. So we usually assess whether someone is eligible for NHS CHC a few weeks after they have left hospital.

During the period between you leaving hospital and your full assessment for NHS CHC, the NHS will pay for any new or changed care and support services that you need following your hospital stay. If the full assessment finds that you are not eligible for NHS CHC, then this NHS funding will end,

and from that point on you may have to pay some or all of the cost of the services yourself.

What services will the NHS pay for?

The NHS will pay for the cost of any services that you weren't already getting before your hospital stay, until the full assessment of your eligibility for NHS CHC has been completed.

For instance if you were getting support twice a day from home care workers before you were admitted to hospital, whether that was arranged by the Council or was a private arrangement, and professionals assess that you now need an extra daily visit, the NHS will pay for that extra visit, but you may still have to pay what you were paying before for the support that hasn't changed.

If you live in a care home, and you go back to the care home after your hospital stay without a change to the service they are providing, the NHS won't pay the fees for

the care home. But if health and social care professionals advise that you need a short stay in a care home before you go back to your own home, the NHS will pay the cost of this.

You should be given a written explanation of which of your care and support services will be funded by the NHS during the period before your full assessment for NHS CHC.

What happens if the assessment confirms I am eligible for NHS CHC?

If the decision is that you are eligible for NHS CHC, then the NHS will pay for all of the care and support services that you have had since you left hospital, including any services which weren't paid for by interim NHS funding. If you have paid charges for those services, those will be refunded.

This will include only services which we have assessed as being necessary to meet your health and care needs. If you have arranged other additional support, the cost of that will not be refunded.

How does interim NHS funding work for services arranged privately?

If you had privately-arranged care arrangements before your hospital stay, and the support that you need hasn't changed, we will usually recommend that you continue those arrangements. If you need additional support which could be supplied by the same care provider, we will usually recommend discussing with that provider whether they can increase the support they offer you.

Until your full assessment for NHS CHC is complete, we will usually suggest that you pay the privately-arranged provider for all of the support that they are providing, and the NHS will reimburse you for the additional cost. We would expect the care provider to set charges for additional support at a level which is in line with the charges which you have been paying before. If that provider's charges for additional

support appear unreasonable, we may need to discuss alternatives.

What about private arrangements if I qualify for NHS CHC?

Most NHS CHC services are provided by voluntary or private organisations. However some providers of care services may not accept NHS rates for ongoing CHC services.

If you qualify for NHS CHC, the NHS will offer to make arrangements for all of the care and support that you have been assessed as needing. Because the NHS is spending public money, it does need to consider whether the fees charged by a care provider are a good use of available funding. For some of the most common services, such as home care services or care home accommodation for older people, the NHS in Northumberland has worked with the

County Council to agree standard fee levels which it will pay.

If your existing privately arranged care provider, or the care provider which you would like to use in future, charges fees which the NHS believes are more expensive than is necessary, you may not be able to use that care provider when your support is being paid for as NHS CHC. As with health treatment in hospital, you can't choose a provider that doesn't accept NHS contract terms and ask the NHS to pay just part of the cost of the health and care services that you need. This might mean, for instance, that if you want to move into an expensive care home you will need to pay the fees in full yourself, rather than receiving financial support from the NHS.

We will discuss this with you in more detail if it may affect your decisions about what arrangements to make after you are discharged from hospital. There is further information in

our Information Sheet C32 – *NHS CHC and private care arrangements.*