

Healthwatch Bucks update

February 2024

This paper summarises recent project work we have undertaken in relation to health and social care services, as aligned with the priorities of the Joint Health & Wellbeing strategy.

Live Well

Continuing Healthcare Funding

Continuing Healthcare (CHC) is a package of ongoing care that is arranged and funded solely by the NHS. It's offered to people who are found to have a 'primary health need' as a result of disability, accident or illness.

From 1 July 2023, the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) took over the provision of all age continuing care (AACC) across the BOB area. However, our report only looks at the experiences of adults who had experienced the CHC pathway within Buckinghamshire.

How does CHC work?

CHC funding can be used to provide care in a nursing home, a residential care home, a hospice or a family home. BOB ICB will decide on a person's eligibility for CHC once they have been referred with a 'positive checklist' that triggers a full assessment.

If an individual is eligible for CHC, their assessed health and social care costs will be met by the ICB.

What we did

Healthwatch Bucks collected feedback on ten individual cases where patients had been referred for a CHC assessment. All applications were submitted before BOB ICB took on responsibility for conducting these.

We heard 11 voices in total. Two voices came from the same family and provided different accounts of their experience.

A summary of our report has been published and is available for download at the bottom of this page. We have made the decision not to publish the report in full to protect the identities of those who shared their very personal stories with us.

Key findings

We found there was a great deal of confusion surrounding CHC.

Misunderstandings were related to:

- The referral process – some people were not aware that self-referrals could be made to check for eligibility.
- Location of care – some people believed that the funding is only given to those living in nursing homes.

- Advocacy support – some people said that it would be better to have an advocate to support in the initial application stages and attend full assessments. There was a general lack of awareness about CHC advocacy and involvement services.

We spoke to eight people about applications that did not qualify for CHC. Key findings from their journeys included the following:

- Completing the forms for a full assessment was a ‘maze’ with lots of medical jargon.
- There was a lack of understanding about CHC within the wider health care community.
- Community healthcare teams such as district nurses had more knowledge about CHC than general practitioners (GPs) and medical practitioners.
- Full assessments were completed online instead of face-to-face. This made the process feel impersonal and caused stress for some of the elderly patients.

We spoke to two people who were receiving a supported package of care through CHC. Key findings from their care journeys included:

- In one case, the process of securing care funding was long and difficult. This resulted in large care bills which caused financial and emotional stress.
- In the other case, living in a semi-rural location was a problem. CHC services were spread across counties bordering Buckinghamshire, and there was little communication between these services.
- The personalised care package did not include services to meet all support needs, such as respite care.

Overall, we found that:

- Most people who did not qualify for CHC had needs related to a diagnosis of dementia.
- Six people helped loved ones with the assessment process, even though they had their own long term conditions.

Key recommendations

Based on what we heard, and bearing in mind that all feedback pre-dated BOB ICB’s involvement in making CHC assessments, we made the following recommendations.

BOB ICB should:

- Ensure that all NHS providers have a CHC information guide and knowledge of the eligibility criteria.
- Explain the initial CHC process more clearly. Help people understand that qualifying for an assessment does not necessarily mean they will receive funding.
- Highlight that CHC is not means tested, and that eligibility does not depend on a person’s financial situation.
- Join up CHC services across county boundaries.
- Consider the risk that online assessments are not suitable for people who are digitally excluded, and are not the best method of communication for everyone.
- Consider including individuals who have been involved with individuals’ care in the assessment process. This would help to reassure families that the process is fair.
- Promote the use of advocacy services that might help people who are applying for CHC on behalf of loved ones.

The full report and the response from the ICB can be accessed [here](#).

BOB ICB Primary Care Strategy

We have supported the development of the BOB ICB Primary Care strategy in the following ways;

- Attending the Primary Care Strategy Away day in November hosted by BOB ICB on the draft strategy. We have advocated throughout for greater patient and public engagement and involvement in its development.
- Promoting the strategy consultation on social media, website and news bulletins to our networks and public.
- Holding a webinar with BOB ICB on 30 January 2024 aimed at representatives from Buckinghamshire Patient Participation Groups to hear from the ICB about the draft strategy and give feedback. 21 members of Bucks PPGs and Practice Managers attended. The session can be seen [here](#).
- Shared feedback from the public on primary care with BOB ICB, notably difficulties in accessing general practice and NHS dentistry; numerous [reports](#) which look into patient and public experience of primary care including [GP care when you're deaf, Deaf or hard of hearing](#).