

NHS England

**NHS Continuing
Healthcare and NHS-
funded Nursing Care
Report**

Quarter 1 Report, England 2017-18



NHS England Continuing Healthcare and NHS-funded Nursing Care Report

Quarter 1 Report, England 2017-18, Official Statistics

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1 Executive Summary

This quarterly report publishes data on NHS Continuing Healthcare (NHS CHC) activity in England. These data are published as official statistics, from information generated during the course of day-to-day business, some key components of which are collected by NHS England to monitor application of the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care¹ ('the National Framework').

This publication is relevant to Clinical Commissioning Groups (CCGs), patients, the public and other stakeholders with an interest in the provision of NHS Continuing Healthcare in England.

NHS England has worked with stakeholders including the Department of Health and CCGs, to present the data in an appropriate context so that it can be interpreted accurately by a range of users.

The report provides data relating to the financial year 2017/18 with respect to NHS CHC activity information in England. Quarterly information relates to quarter one (1st April to 30th June 2017), snapshot information relates to the last day of quarter one (30th April 2017), and year to date information relates to the first day of the financial year (1st April 2017) up to the end of the reporting quarter (30th June 2017 for Q1). Data is published on a quarterly basis to a preannounced timetable².

Some historical information on NHS CHC activity is published by NHS Digital and can be found on their website³. This includes the number of people assessed as newly eligible for NHS CHC in the quarter and the total number of people eligible for NHS CHC at the end of the quarter (snapshot). Prior to Q3 2016/17 this included Total CHC (Fast Track and Standard NHS CHC combined). From Q3 2016/17 the data included a split by Standard and Fast Track eligibility separately.

NHS CHC data quality is assured in line with the UK Statistics Authority Code of Practice. For more details, see our [Data Quality Statement \(Section 5\)](#).

¹ NHS CHC National Framework: <https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care>

² NHS England statistical calendar: <https://www.england.nhs.uk/statistics/12-months-statistics-calendar/>

³ NHS Digital: <https://www.digital.nhs.uk/>

2 Definitions

2.1 NHS Continuing Healthcare

'NHS Continuing Healthcare' (NHS CHC) is a package of ongoing care that is 100% funded solely by the NHS where the individual has been found to have a 'primary health need' as set out in the National framework for NHS Continuing Healthcare and NHS-funded nursing care⁴. Such care is provided to an individual aged 18 or over, to meet needs that have arisen as a result of disability, accident or illness.

2.2 Standard NHS CHC

NHS CHC cases which are not Fast Track. This includes those that have been agreed eligible via the standard NHS CHC assessment route (i.e. positive checklist, DST etc.) and those Fast Track cases that have been reviewed and changed to Standard NHS CHC. Does not include Previously Unassessed Periods of Care (PUPoCs).

2.3 Fast Track

The Fast Track tool is used where an appropriate clinician considers that a person should be fast tracked for NHS CHC because that person has a rapidly deteriorating condition which may be entering a terminal phase. The person may need NHS CHC funding to enable their needs to be urgently met (e.g. to enable them to go home to die or to provide appropriate end of life support to be put in place either in their own home or in a care setting).

2.4 Personal Health Budget

A personal health budget (PHB) is an amount of money to support a person's identified health and wellbeing needs, planned and agreed between the person and their local NHS team or by a partner organisation on behalf of the NHS (e.g. local authority).

PHBs can be managed in three ways, or a combination of the three:

- Notional budget - where the commissioner (for example the CCG) holds the budget but utilises it to secure services based on the outcome of discussions with the service user.
- Third party budget - where an organisation independent of the individual and the NHS manages the budget on the individual's behalf and arranges support by purchasing services in line with the agreed care plan.
- Direct payment - where money is transferred to a person or their representative or nominee who contracts for the necessary services

For more information about PHBs, see the PHB website⁵.

⁴ NHS CHC National Framework: <https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care>

⁵ Personal Health Budgets: <http://www.personalhealthbudgets.england.nhs.uk/>

2.5 NHS CHC Assessment

2.5.1 Standard NHS CHC Assessment

In the case of Standard NHS CHC, the term “assessment” refers to individuals that have had a Decision Support Tool/ Multidisciplinary Team recommendation and a verified ‘eligible’ or ‘not eligible’ decision on NHS CHC eligibility from the CCG. Individuals found not eligible for NHS CHC may be eligible for NHS-funded Nursing Care or a Joint Funded individual package of care.

2.5.2 Fast Track Assessment

In the case of Fast Track, individuals with a rapidly deteriorating condition that may be entering a terminal phase, may require ‘fast tracking’ for immediate provision of NHS Continuing Healthcare. The Fast Track Tool should be completed by an appropriate clinician, who should give the reasons why the person meets the criterion required for the fast-tracking decision. ‘Appropriate clinicians’ are those persons who are, pursuant to National Health Service Act⁶ responsible for an individual’s diagnosis, treatment or care and who are medical practitioners or registered nurses. The clinician should have an appropriate level of knowledge or experience of the type of health needs, so that they are able to comment reasonably on whether the individual has a rapidly deteriorating condition that may be entering a terminal phase.

⁶ <http://www.legislation.gov.uk/ukpga/2006/41/contents>

3 NHS Continuing Healthcare

3.1 NHS Continuing Healthcare

3.1.1 Snapshot

Activity

The total number of people eligible for NHS CHC was 57,165 as at the last day of Q1 2017/18. Of these, 40,015 were eligible via the Standard NHS CHC assessment route and 17,150 were eligible via the Fast Track assessment route.

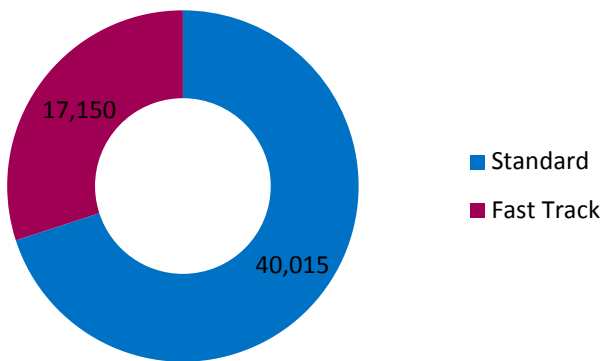


Figure 1: Snapshot - Eligibility Activity.

Referrals

The number of incomplete referrals exceeding 28 days was 9,547 as at the last day of Q1 2017/18. Of these:

- 1,262 exceeded by up to 2 weeks;
- 970 exceeded by more than 2 weeks and up to 4 weeks;
- 2,254 exceeded by more than 4 weeks and up to 12 weeks;
- 1,790 exceeded by more than 12 weeks and up to 26 weeks;
- 3,271 exceeded by more than 26 weeks.

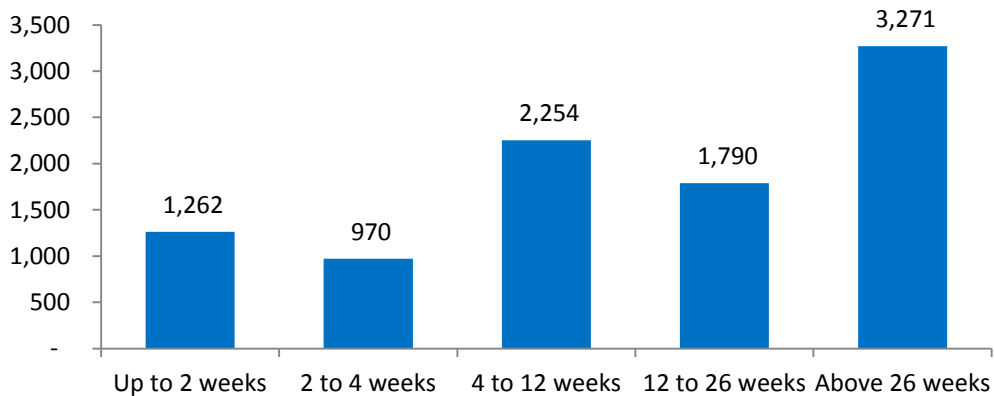


Figure 2: Snapshot - Incomplete Referrals by time band

3.1.2 Year to Date

Activity⁷

- The total cumulative number of cases eligible year to date for NHS CHC was 80,952 up to the end of Q1 2017/18. Of these, 45,129 were eligible via the Standard NHS CHC assessment route and 35,823 were eligible via the Fast Track assessment route.

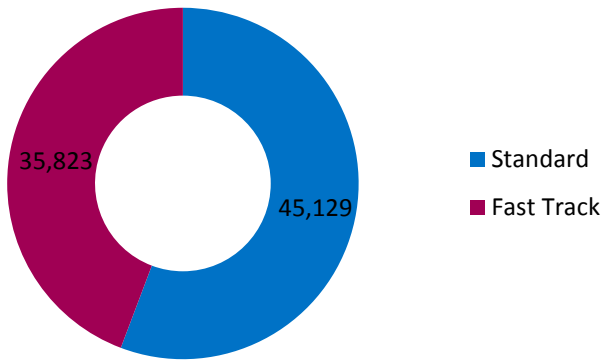


Figure 3: Year to Date - Eligibility Activity.

Personal Health Budgets

- The total cumulative number of people with personal health budgets (PHBs) was 5,410 up to the end of Q1 2017/18. Of these 3,377 had a direct payment.

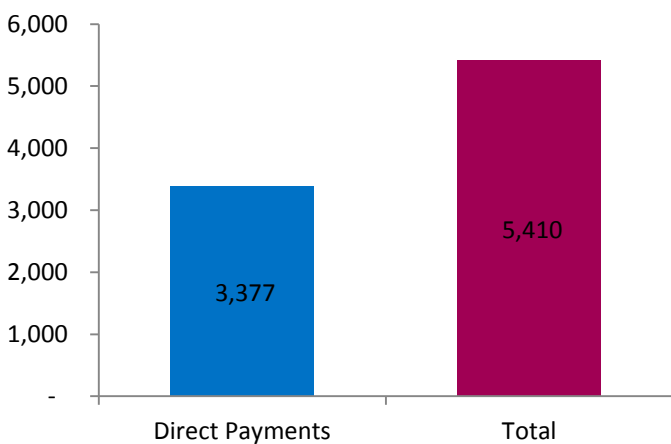


Figure 4: Year to Date - Personal Health Budgets.

⁷ Corrected 15/09/2017. Year to date figures did not include snapshot figures from beginning of quarter.

3.1.3 In Quarter

Activity

- The total number of people assessed for NHS CHC was 35,654 in Q1 2017/18. Of these, 14,668 were via the Standard NHS CHC assessment route and 20,986 were via the Fast Track assessment route.
- The total number of people assessed as eligible for NHS CHC was 25,277 in Q1 2017/18. Of these, 4,602 were eligible via the Standard NHS CHC assessment route and 20,675 were eligible via the Fast Track assessment route.
- The total number of people assessed as not eligible for NHS CHC was 10,377 in Q1 2017/18. Of these, 10,066 were via the Standard NHS CHC assessment route and 311 were via the Fast Track assessment route.
- The total number of people no longer eligible for NHS CHC was 23,787 in Q1 2017/18. Of these, 5,114 were Standard NHS CHC cases and 18,673 were Fast Track cases.

For further details on the Fast Track conversion rates see Section 4.1.3.

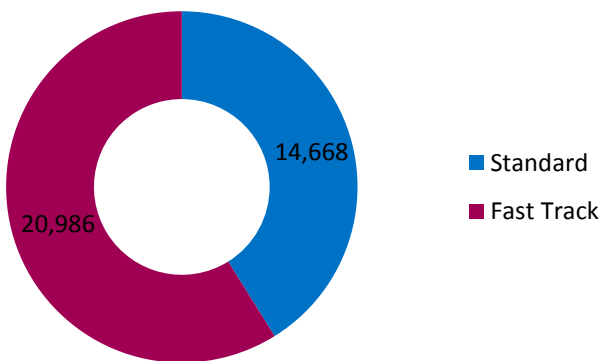


Figure 5: In Quarter - Total Number Assessed.

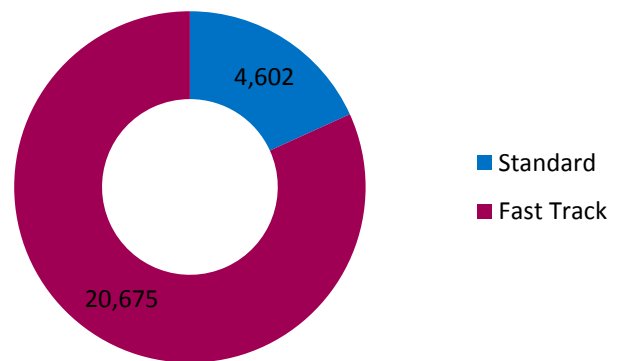


Figure 6: In Quarter Total - Number Assessed as Eligible.

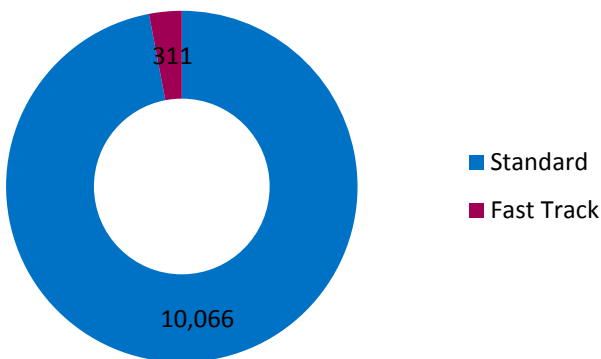


Figure 7: In Quarter - Number Assessed as not Eligible.

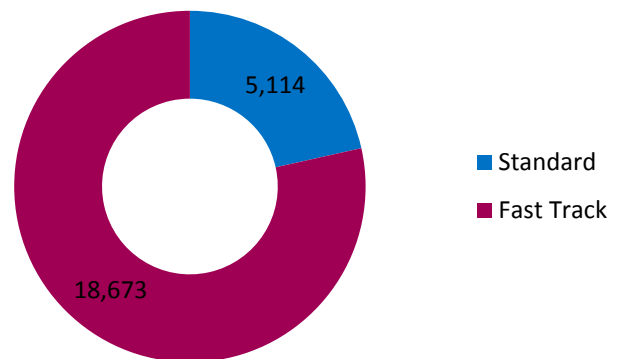


Figure 8: In Quarter - No Longer Eligible.

Referrals

- The total number of new referrals was 41,680 in Q1 2017/18. Of these, 19,150 were via the Standard NHS CHC assessment and 22,530 were via the Fast Track assessment route.
- The total number of referrals completed was 40,130 in Q1 2017/18. Of these, 18,453 were via the Standard NHS CHC assessment route and 21,677 were via the Fast Track assessment
- Of 18,453 Standard NHS CHC referrals completed, 10,595 (57%) were completed within 28 Days in Q1 2017/18.

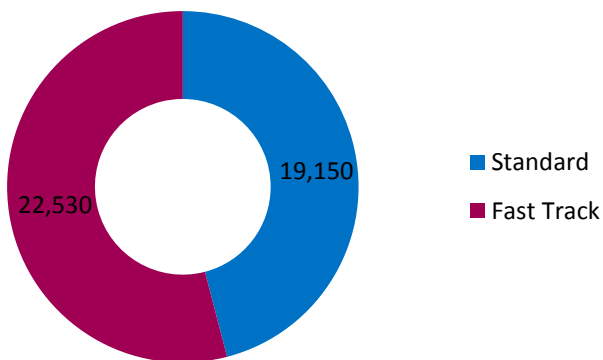


Figure 9: New Referrals.

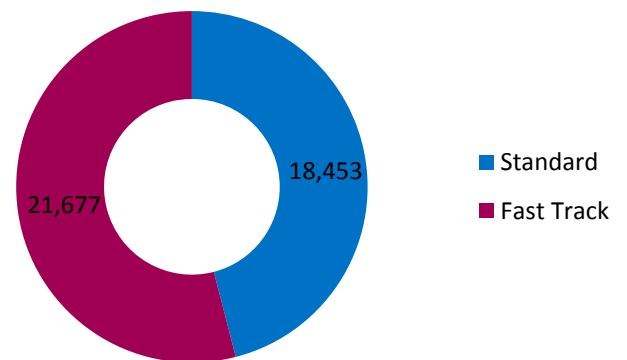


Figure 10: Referrals Completed⁸

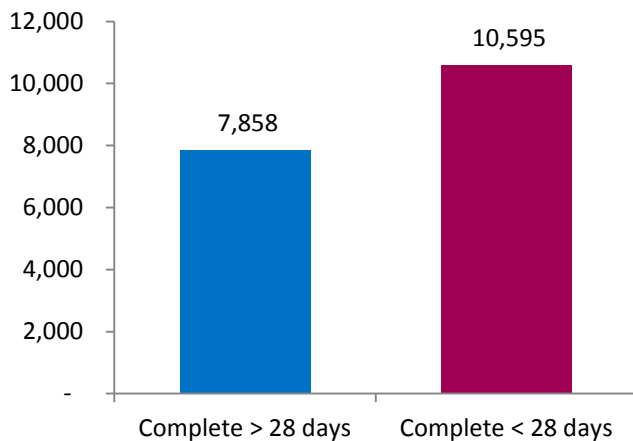


Figure 11: Referrals Completed Within 28 Days⁹

⁸ See section 4.1.3 for definition of completed referrals

⁹ See section 4.1.3 for definition of completed referrals

Conversion Rates¹⁰

- The Standard NHS CHC assessment conversion rate was 31% and the Fast Track assessment conversion rate was 99%.
- The Standard NHS CHC referral conversion rate was 25% and the Fast Track referral conversion rate was 95%.

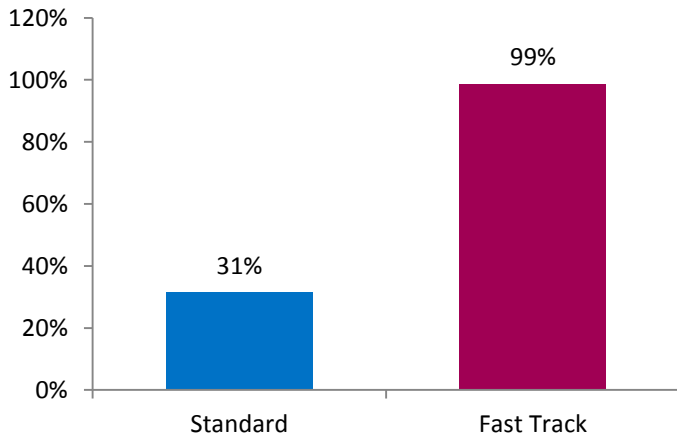


Figure 12: Assessment conversion rate.

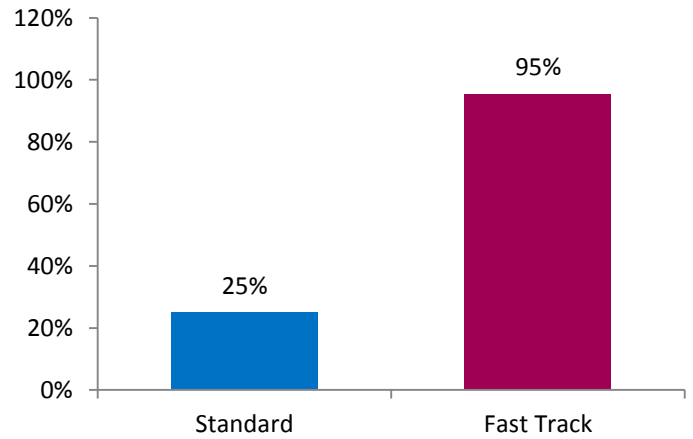


Figure 13: Referral conversion rate.

Number of Decision Support Tools (DSTs) completed

- The total number of DSTs completed for the Standard NHS CHC assessment route was 15,005 in Q1 2017/18. Of these, 4,000 (27%) were completed in an acute hospital setting.

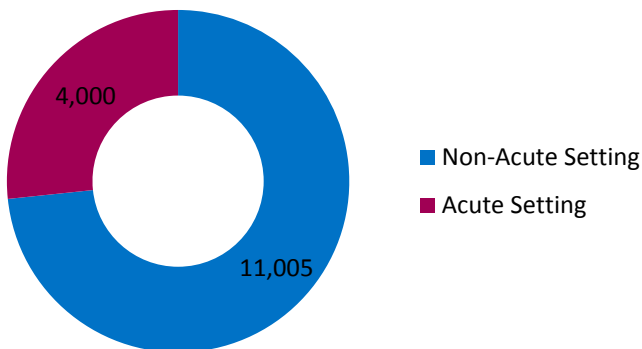


Figure 14: Decision Support Tools Completed

¹⁰ Please see Section 4.1.3 for conversion rate definitions

3.2 NHS-funded Nursing Care

3.2.1 Snapshot

Activity

- The total number of people eligible for NHS-funded Nursing Care was 79,378 as at the last day of Q1 2017/18.

3.2.2 Year to Date

Activity

- The total cumulative number of people eligible year to date for NHS-funded Nursing Care was 92,185 up to the end of Q1 2017/18.

3.3 Notes

The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care was introduced in England in 2007, and later revised in 2009 and 2012). Since 1st April 2013 NHS Digital has produced 'experimental statistics' on total numbers NHS CHC eligible at the end of the quarter (snapshot) and numbers newly NHS CHC eligible in the quarter. Previously these datasets were released by the Department of Health¹¹.

¹¹ NHS CHC National Framework: <https://www.gov.uk/government/publications/nhs-continuing-healthcare>

4 Measures of Activity

4.1 NHS Continuing Healthcare

	Snapshot	Year to Date	In Quarter
Activity	X	X	X
Referrals	X	-	X
Conversion rates	-	-	X
Personal Health Budget	-	X	-
Decision Support Tool	-	-	X

Table 1: NHS CHC (Standard and Fast Track assessment routes)

	Snapshot	Year to Date	In Quarter
Activity	X	X	-

Table 2: NHS-funded Nursing Care

The datasets accompanying this report provide information on the number of people eligible for NHS Continuing Healthcare funding including the following metrics.

4.1.1 Snapshot

Activity: Numbers eligible

This is an isolated observation of the number of people eligible for NHS CHC as at the last day of the reporting quarter. Snapshot activity is included by Standard NHS CHC cases, Fast Track cases, and total cases (Standard and Fast Track NHS CHC).

Referrals: Number of incomplete referrals

The total number of cases waiting to be concluded that have exceeded 28 days as at the last day of the quarter. A further breakdown of incomplete referrals exceeding 28 days is by five time bands. These are:

- a) Exceeding by up to 2 weeks;
- b) Exceeding by more than 2 and up to 4 weeks;
- c) Exceeding by more than 4 and up to 12 weeks;
- d) Exceeding by more than 12 and up to 26 weeks;
- e) Exceeding by more than 26 weeks.

This relates to Standard NHS CHC cases only.

4.1.2 Year to Date

Activity: Numbers eligible

Cumulative Activity is a running total of **all** NHS CHC eligible cases *for any period* within the year to date even if they also became no longer eligible within the year to date. The figure includes those that were already eligible at the beginning of the financial year in addition to any that became newly eligible within the year to date up to the end of the current reporting quarter. Year to Date activity is included by Standard NHS CHC cases, Fast Track cases, and total cases (Standard and Fast Track NHS CHC).

Personal Health Budgets

This is a cumulative count of people eligible for NHS CHC who have had any type of PHB to cover any part of their care package year to date, that is at any time between 1st April (of the current financial year) up to and including the last day of the reporting quarter. This figure is further split to show, of those PHBs, the numbers that were direct payment.

4.1.3 In Quarter

Activity: Total number of assessments

The total number of assessments completed in the quarter. In quarter activity is included by Standard NHS CHC cases, Fast Track cases, and total cases (Standard and Fast Track NHS CHC).

Activity: Total number assessed as eligible

The total number of individuals agreed eligible for NHS CHC in the quarter. In quarter activity is included by Standard NHS CHC cases, Fast Track cases, and total cases (Standard and Fast Track NHS CHC).

Activity: Number assessed as not eligible

The total number of individuals agreed not eligible for NHS CHC in the quarter. In quarter activity is included by Standard NHS CHC cases, Fast Track cases, and total cases (Standard and Fast Track NHS CHC).

Activity: Number no longer eligible

The total number of cases found no longer eligible in the quarter, for example individuals that have been reviewed who no longer meet the eligibility criteria or individuals that have passed away. This includes those that were agreed eligible but turned down funding and any who passed away before a package could be put in place.

Referrals: The total number of new referrals

A referral is the earliest notification (to the CCG or organisation acting on behalf of the CCG) that *full consideration* for NHS CHC is required (e.g. a *positive* checklist, Fast Track Tool or other notification that full consideration is required).

Referrals: The total number of referrals completed

A referral is complete when there has been a verified decision on NHS CHC eligibility or the referral has been discounted before this stage. Examples of discounted cases include deceased individuals, interim funders, withdrawn, cases closed without carrying out an assessment for other reasons etc.

Referrals: The total number of Standard NHS CHC referrals completed within 28 Days

The total number of Standard NHS CHC referrals that were completed within 28 days. 28 days referral time starts from the earliest notification (to the CCG or organisation acting on behalf of the CCG) that *full consideration* for NHS CHC is

required (e.g. a *positive* checklist or other notification that full consideration is required). Referral time ends at the date the CCG makes a verified decision on eligibility (or referral is discounted).

Conversion Rate: Assessment

The number of people agreed eligible in the quarter as a percentage of the total number of people assessed in the quarter.

Conversion Rate: Referral

The number of people agreed eligible in the quarter as a percentage of the total number of referrals completed in the quarter.

Decision Support Tool Assessments (DSTs)

Number of Decision Support Tools completed in the quarter. Includes only DSTs completed as a result of a referral (either as a result of a new referral or as a result of an NHS-funded Nursing Care review if needs have changed). Activity also records if the DST was completed in an acute hospital setting.

4.2 NHS-funded Nursing Care

4.2.1 Snapshot

Activity: Numbers Eligible

Total number of people eligible for NHS-funded Nursing Care as at the last day of the quarter.

4.2.2 Year to Date

Activity: Numbers Eligible

Total number of cases eligible for NHS-funded Nursing Care year to date i.e. **all** cases eligible for **any time** between 1st April up to and including the last day of the quarter.

4.3 Population based measures

People eligible at the end of the quarter (snapshot) are provided per 50,000 population.

Populations are produced by NHS Digital based on GP Practice populations for those aged 18 and over. These figures are produced on a quarterly basis so the latest figures can be used each quarter for a more accurate position.

Using figures per 50,000 population in this report contributes to monitoring consistency in decision making for NHS Continuing Healthcare.

5 Data Quality Statement

From 1 Jul 2017, NHS Continuing Healthcare data has been collected via the Department of Health's Unify2 data collection system.

This has meant a change in CCGs' data submission processes.

It is essential to note that there may be variations between CCGs, Regional Teams and Regions when compared against each other. This could be due to a wide variety of reasons including (but not limited to) the age dispersion within the local population, variations between geographical areas in terms of their levels of health needs, and the availability of other local services for example step down beds, intermediate care, rehabilitation services, and other CCG community services. In terms of Fast Track NHS CHC there is a wide variety between CCGs in terms of end of life (EOL) services that may or may not be available which may impact levels of Fast Track NHS CHC. Examples of possible EOL services include hospice beds, hospice at home services, night sitting services, and out of hours provision of specialist palliative care. These factors therefore need to be taken into consideration when viewing the data.

The populations used are GP practice populations aged 18 and above. This is the most relevant available data set to use because NHS CHC funding is only applicable to adults aged 18 and over, and for the majority of cases NHS CHC is based on the practice a person belongs to. However some out of area cases may be funded by the originating CCG but the GP practice may change to that of the CCG area where they are moved to. This means that a number of cases may form part of one CCG's activity but be included in a different CCG's registered GP population. This tends to apply to care home placements rather than domiciliary packages. The number of cases to which this scenario applies is unknown but the impact on overall figures is likely to be small. However this is a factor that needs to be taken into consideration when viewing the data, especially if a given CCG has a lot of out of area placements set up in this way compared to other CCGs.

These data are published as official statistics. All endeavours are made to ensure the data is as accurate as possible however some of the data submitted by CCGs may represent an estimation of activity.

Factors impacting data quality include the following:

- Local NHS CHC databases help CCGs record information on their NHS CHC activity and provide data for reporting requirements. However changes to an existing system or implementation of a new system can impact data quality whilst CCGs work to migrate and clean their data. Routine data cleansing and backlogs of information waiting to be input onto systems in times of high workload may also impact data quality.
- Systematic submission validations within CCG reports improve data quality and minimise incomplete or erroneous entries.
- Additional automated validation checks applied to the data post submission also contribute to improving data quality. Queries arising from the validation checks are raised with the CCGs who provided the data. CCGs are then able to resubmit data or provide NHS England with further explanation of the figures.
- Late notifications from providers on the status of individual cases can sometimes mean activity information is later found to be inaccurate after submission deadlines e.g. a given provider may give a CCG late notification that a number of people included in their activity had passed away before quarter end but not notify them of this until after report deadlines.
- This is a new publication for Q1 2017/18 onwards. All endeavours are made to ensure the data is as accurate as possible however some of the data submitted by CCGs may represent an estimation of activity. As a new publication the data may also be subject to data quality issues, especially in the early quarters, whilst CCGs become accustomed to new reporting and submission processes, definitions and guidance, and alignment of local systems.

5.1 Quality Commitment

These data undergo a number of quality assurance checks including comparisons to data provided for previous quarters where applicable. NHS CHC data is published as soon after collection as possible whilst still maintaining enough time for these quality assurance procedures.

5.2 Accuracy and Reliability

NHS CHC data is collected from CCGs for NHS patients in England. Data is submitted quarterly to NHS England via Unify2. Unify2 is the online tool used by NHS England for the collection and sharing of NHS performance data.

CCGs review and sign off the data and NHS England performs central validation checks to ensure good data quality.

CCG's submit the most up to date and accurate position possible at the time of the quarterly submission however these figures can sometimes change due to circumstances beyond the submitting organisation's control e.g. later identification of internal data quality issues or errors with reporting, late notification from providers of people passing away, data cleansing, backdated changes to packages etc. Although

CCGs have the opportunity to amend their data this is not always possible weeks or months after the original data submission. Confounding variables may include reliance on other individuals, departments or organisations to provide corrected data, capacity issues, turnover of staff, and changes in local systems that originally provided the data etc. This should therefore be taken into consideration if making comparisons between quarters or with other data sources, and in the event that such comparisons may appear anomalous.

All figures per 50,000 population are rounded to two decimal places. Using figures per 50,000 population in this report contributes to monitoring consistency in decision making for NHS CHC.

This publication contains links to a number of related publications, these links have been checked and are correct as at the date of publication.

5.3 Timeliness and Punctuality

CHC activity data is published every quarter as official statistics. Current data can be found on the NHS England statistics website¹². CHC activity figures are published to a pre-announced timetable¹³.

5.4 Accessibility and Clarity

This publication provides data and information in written and table formats to aid understanding of the topic and the data involved. A spreadsheet accompanies the report which shows all the data provided at CCG level. This data is also available in a CSV file format. All data are accessible via the NHS England website.

5.5 Cost, Performance and Respondent Burden

These data are collected by NHS England from CCGs local systems. The data submission is a Burden Advice and Assessment Service (BAAS) approved collection (ref SCCI2117/R01108). CCG systems do enable some automated extractions of the required data.

5.6 Confidentiality, Transparency and Security

These data are aggregate numbers of people presented at CCG level. However, relevant disclosure control is applied to potentially sensitive data when necessary. In particular, suppression of data will be used to protect patient confidentiality. No patient identifiable data is included.

CCGs have a legal responsibility to provide care to those with a primary health need meeting the eligibility criteria set out in the National Framework. This publication informs the Department of Health (DH), NHS England and CCGs, and allows them to monitor consistency of access to assessment, care provision and support.

¹² NHS England statistics: <https://www.england.nhs.uk/statistics/>

¹³ NHS England statistical calendar: <https://www.england.nhs.uk/statistics/12-months-statistics-calendar/>

The data are used to monitor the impact of the National Framework and inform policy developments in this area. The data also allows commissioning organisations to benchmark their activity with others, and ensure that implementation of the National Framework is consistent and correct.

NHS England has engaged with representatives from the Department of Health, CCGs and other key stakeholders in developing this report, to ensure it meets the needs of its potential users.

These official statistics are collected from CCGs, based on data extracted from local systems.

5.7 Impartiality, Objectivity, Integrity

NHS CHC data methodology changes are announced ahead of publication where necessary. Methodology changes are made in line with the UK Statistics Authority Code of Practice. Changes are applied so that data continuity and comparability is prioritised.

Data published are subject to revision, and incorporate any revisions submitted by CCGs in line with NHS England's revision policy¹⁴.

For a list of pre-announcement stakeholders which have 24 hour early access to NHS CHC data can be found on the NHS England CHC website¹⁵.

5.8 Coherence and Comparability

It is essential to note that there may be variations between CCGs, Regional Teams and Regions when compared against each other.

The population methodology contributes to variation between CCGs. This is because there are no weightings included in the GP Populations that allow for demographical differences in the composition and health needs of each population, they are simply a count. Whereas this population base may not be perfect for NHS CHC purposes, it is the closest available fit for this cohort.

5.9 Population Methodology

As NHS CHC funding is, in the majority, based on the practice an individual belongs to the most relevant dataset to use is GP practice populations aged 18 and over.

However some out of area cases may be funded by the originating CCG but the GP practice may change to that of the CCG area where they are moved to. This means that some cases may form part of one CCG's activity but be included in a different CCG's registered GP population. This tends to apply to care home placements rather than domiciliary packages. The number of cases to which this scenario applies is

¹⁴ <https://www.england.nhs.uk/statistics/code-compliance/>

¹⁵ <https://www.england.nhs.uk/statistics/statistical-work-areas/nhs-chc-fnc/>

unknown but the impact on overall figures is likely to be small. However this is a factor that needs to be taken into consideration when viewing the data, especially if a given CCG has a lot of out of area placements set up in this way compared to other CCGs.

These populations are received from NHS Digital who produce this data on a quarterly basis so the latest figures can be used each quarter for a more accurate position.

Populations based on GP practice registrations provide a long standing and consistent method which is preferable as it is unlikely to be subject to significant change. However as the populations are not weighted they do not take into account differing levels of need or demographics (e.g. age dispersion across the local population). This should be taken into account when interpreting results.

The calculation used to derive figures per 50,000 population is:

$$Y = \frac{\text{Activity measure}}{\text{Population aged 18 and over}} \times 50,000$$

This translates as 'for every 50,000 people there is Y amount of activity'.

6 Additional Information

This report provides an overview of NHS Continuing Healthcare activity statistics in England for Q1 2017/18. It has been developed according to the UK Statistical Authorities Code of Practice¹⁶.

6.1 Feedback welcome

We welcome feedback on the content and presentation of NHS Continuing Healthcare statistics within this statistical press notice and those published on the NHS England website. If you have any comments on this, or any other issues regarding NHS Continuing Healthcare statistics, please email england.chcdata@nhs.net

6.2 Contact Information

For press enquiries, please contact the NHS England media team at nhsengland.media@nhs.net or call 0113 825 0958/0959.

The Government Statistical Service (GSS) statistician with overall responsibility for the data in this report is:

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¹⁶ <https://www.statisticsauthority.gov.uk/monitoring-and-assessment/code-of-practice/>

Glossary

Term	Description
Clinical Commissioning Group (CCG)	CCGs are responsible for commissioning healthcare services to meet the reasonable needs of the persons within their local area, except for those services that NHS England or local authorities are responsible for commissioning ¹⁷ .
Decision Support Tool (DST)	<p>The purpose of the Decision Support Tool (DST) is to support the application of the National Framework and inform consistent decision making.</p> <p>The DST should be used in conjunction with the guidance in the National Framework.</p> <p>A link to the DST can be found here.</p>
Eligible	Individual who is or has been deemed eligible to receive NHS Continuing Healthcare funding.
Standard NHS CHC (non Fast Track)	NHS CHC cases which are not Fast Track. This includes those that have been agreed eligible via the standard NHS CHC assessment route (i.e. positive checklist, DST etc.) and those Fast Track cases that have been reviewed and changed to Standard NHS CHC. Does not include Previously Unassessed Periods of Care (PUPoCs).
Fast track assessment route	Individuals with a rapidly deteriorating condition that may be entering a terminal phase, may require 'fast tracking' for immediate provision of NHS continuing healthcare.
Fast Track tool	<p>The Fast Track Tool should be completed by an appropriate clinician, who should give the reasons why the person meets the criterion required for the fast-tracking decision.</p> <p>A link to the Fast Track tool can be found here.</p>
Joint Funded	A package of care which is part funded by NHS.
Multidisciplinary Team (MDT)	In the context of NHS Continuing Healthcare, a multidisciplinary team is a team of at least two professionals, usually from both the health and the social care disciplines

¹⁷ The functions of Clinical Commissioning Groups: <https://www.gov.uk/government/publications/the-functions-of-clinical-commissioning-groups-updated-to-reflect-the-final-health-and-social-care-act-2012>

Term	Description
Primary Health Need	'Primary health need' is a concept developed by the Secretary of State to assist in deciding which treatment and other health services it is appropriate for the NHS to provide. Where a person has been assessed to have a 'primary health need', they are eligible for NHS continuing healthcare. Deciding whether this is the case involves looking at the totality of the relevant needs. Where an individual has a primary health need and is therefore eligible for NHS continuing healthcare, the NHS is responsible for providing all of that individual's assessed health and social care needs
Standard NHS CHC assessment route	Assessment route for individuals who have not been referred for assessment via the Fast Track assessment route.

7 List of annexes

The annexes that accompany this report are available on the NHS England website¹⁸.

7.1 Annex 1 – Report tables and subnational data (xlsx file)

<https://www.england.nhs.uk/statistics/statistical-work-areas/nhs-chc-fnc/>

7.2 Annex 2 – Source data (csv file)

<https://www.england.nhs.uk/statistics/statistical-work-areas/nhs-chc-fnc/>

¹⁸ <https://www.england.nhs.uk/statistics/>