

Statistical Press Notice

NHS Continuing Healthcare and NHS-funded Nursing Care data

Q3 2021-22

This NHS England statistical press release summarises data on NHS Continuing Healthcare (NHS CHC) and NHS-funded Nursing Care (FNC) activity. The activity includes adults aged 18 and over in England relating to the Q3 2021-22 reporting period.

NHS CHC referrals and activity have been impacted by the emergency coronavirus legislation, and data for the current reporting period may therefore not be comparable to previous periods.

1 Executive Summary

1.1 NHS Continuing Healthcare

1.1.1 Snapshot

Referrals

The number of incomplete Standard NHS CHC referrals exceeding 28 calendar days was 2,024 as at the last day of Q3 2021-22.

Of these:

- 427 exceeded by up to 2 weeks;
- 330 exceeded by more than 2 weeks and up to 4 weeks;
- 641 exceeded by more than 4 weeks and up to 12 weeks;
- 366 exceeded by more than 12 weeks and up to 26 weeks;
- 260 exceeded by more than 26 weeks.

Activity

The total number of people eligible for NHS CHC was 54,498 as at the last day of Q3 2021-22. Of these, 34,420 were eligible for Standard NHS CHC and 20,078 were eligible for Fast Track NHS CHC.

Local Resolution Requests

The total number of incomplete local resolution requests to CCGs for NHS CHC was 2,176 as at the last day of Q3 2021-22.

1.1.2 Year to Date

Activity

The total cumulative number of cases eligible year to date for NHS CHC was 130,604 up to the end of Q3 2021-22. Of these, 44,193 were Standard NHS CHC and 86,411 Fast Track NHS CHC.

Previously Unassessed Periods of Care (PUPoC)

The total cumulative number of cases eligible year to date for previously unassessed periods of care NHS CHC was 307 up to the end of Q3 2021-22.

1.1.3 In Quarter

Referrals

The total number of new referrals was 40,429 in Q3 2021-22. Of these, 14,636 were via the Standard NHS CHC assessment and 25,793 were via the Fast Track assessment route.

The total number of referrals completed was 41,443 in Q3 2021-22. Of these, 16,220 were via the Standard NHS CHC assessment route and 25,223 were via the Fast Track assessment.

Of 16,220 Standard NHS CHC referrals completed, 11,551 (71%) were completed within 28 calendar days in Q3 2021-22.

The total number of referrals discounted before assessment was 4,815 in Q3 2021-22. Of these, 3,678 were via the Standard NHS CHC assessment route and 1,137 were via the Fast Track assessment.

Assessments

The total number of people assessed for NHS CHC was 36,628 in Q3 2021-22. Of these, 12,542 were via the Standard NHS CHC assessment route and 24,086 were via the Fast Track assessment route.

The total number of people assessed as eligible for NHS CHC was 26,899 in Q3 2021-22. Of these, 2,813 were eligible via the Standard NHS CHC assessment route and 24,086 were eligible via the Fast Track assessment route.

The total number of people assessed as not eligible for Standard NHS CHC was 9,729 in Q3 2021-22.

Other in quarter activity

The total number of people no longer eligible for NHS CHC was 26,036 in Q3 2021-22. Of these, 3,476 were Standard NHS CHC cases and 22,560 were Fast Track cases.

Conversion Rates

The Standard NHS CHC assessment conversion rate was 22%.

The Standard NHS CHC referral conversion rate was 17% and the Fast Track referral conversion rate was 95%.

Number of Decision Support Tools (DSTs) completed

The total number of DSTs completed for the Standard NHS CHC assessment route was 11,606 in Q3 2021-22. Of these, 42 (0.36%) were completed in an acute hospital setting.

Number of Local Resolution Requests

The total number of local resolution requests to CCGs completed was 572 in Q3 2021-22. Of these, 133 (23%) resulted in eligibility.

1.2 NHS-funded Nursing Care

1.2.1 Snapshot

Activity

The total number of people eligible for NHS-funded Nursing Care was 70,181 as at the last day of Q3 2021-22.

1.2.2 Year to Date

Activity

The total cumulative number of people eligible year to date for NHS-funded Nursing Care was 99,533 up to the end of Q3 2021-22.

1.3 Missing Data

In Q3 2021-22, 106 CCGs contributed to this statistical publication.

Revisions to published data are assessed according to the NHS England revisions policy¹.

The impact of missing data varies depending on the measure being considered. The impact of single CCG omissions will generally be minimal. A notable exception would be where a CCG has contributed heavily to a previous period's activity (such as a very high activity figure). The absence of such a CCG could materially impact England-level activity or performance.

To assess the impact of missing data, we analyse how the omission of a CCG's data would have affected the previous period's activity. Each metric is recalculated at the England-level and any significant (typically more than 1%) changes are identified. As all CCGs contributed to the Q3 2021-22 publication no missing data impact assessment is needed.

¹NHS England revisions policy: <https://www.england.nhs.uk/statistics/code-compliance/>

2 Statistical Notes to Editors

Definitions and further guidance for all concepts relating to NHS CHC can be found in the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care.

2.1 NHS CHC Assessment Routes

2.1.1 NHS Continuing Healthcare

NHS Continuing Healthcare means a package of ongoing care that is arranged and 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 Care². 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.

2.1.2 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. It does not include Previously Unassessed Periods of Care (PUPoCs).

2.1.3 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 Act³ responsible for an individual's diagnosis, treatment or care and who are medical practitioners (such as consultants, registrars or GPs) 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.

2.1.4 Previously Unassessed Period of Care

Claims for Previously Unassessed Periods of Care (PUPoC) refer to a specific request to consider eligibility for a past period of care, where there is evidence that the individual should have been assessed for eligibility for NHS CHC funding. PUPoCs may relate to either deceased or ongoing eligible cases.

2.1.5 Local Resolution Requests

A local resolution request is a request to the CCG to review an eligibility decision, by the individual or their representative, following a full assessment undertaken using the Decision Support Tool (or by use of the Fast Track Pathway tool).

2.1.6 NHS-funded Nursing Care

NHS-funded Nursing Care (FNC) is the funding provided by the NHS to homes providing nursing to support the provision of nursing care by a registered nurse. In all cases individuals should be considered for eligibility for NHS CHC before a decision is reached about the need for FNC.

2.2 NHS CHC Data Collection

NHS CHC data are collected on a quarterly basis from the 106 Clinical Commissioning Groups (CCGs) in England. Each dataset is signed-off by the responsible CCG following their internal processes. The submitted data are quality assured by NHS England and any modifications and queries are addressed before publication.

The data measures NHS CHC activity in three time categories: "snapshot", "year to date" (YTD) and "in quarter". A breakdown of measures collected in each time category can be found below:

²NHS CHC National Framework: <https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care>

³National Health Service Act: <http://www.legislation.gov.uk/ukpga/2006/41/contents>

Table 1: NHS CHC (Standard and Fast Track)

	Snapshot	Year to Date	In Quarter
Referrals	X	-	X
Assessments	-	-	X
Activity	X	X	X
Conversion Rates	-	-	X
Local Resolution Requests	X	-	X
Previously Unassessed Period of Care	-	X	-
Decision Support Tool	-	-	X

Table 2: NHS-funded Nursing Care

	Snapshot	Year to Date	In Quarter
Activity	X	X	-

For detailed information on measures and datasets please refer to NHS Continuing Healthcare and NHS-funded Nursing Care report⁴.

Population data are sourced from NHS Digital⁵. The population estimate for a quarter is given by the number of patients registered at GP practices on the day after the end of the quarter. E.g. quarter three (October, November and December) population data is the population as at 1st January.

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.

2.3 NHS CHC Data Availability

NHS CHC activity data are published every quarter. Current data can be found on the NHS England statistics website⁶. CHC activity figures are published to a pre-announced timetable⁷.

2.4 Interpretation of NHS CHC Data

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 and care should be taken when attempting to draw simple comparisons.

⁴NHS England CHC statistics: <https://www.england.nhs.uk/statistics/statistical-work-areas/nhs-chc-fnc/>

⁵NHS Digital: <http://content.digital.nhs.uk/psd>

⁶NHS England statistics: <https://www.england.nhs.uk/statistics/>

⁷NHS England statistics calendar: <https://www.england.nhs.uk/statistics/12-months-statistics-calendar/>

3 Additional Information

3.1 Further Reading

For more details on NHS CHC data quality and methodology please refer to NHS Continuing Healthcare and NHS-funded Nursing Care report.

3.2 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.

3.3 Contact Information

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

The person responsible for producing this publication is:

Raj Bhatt

Performance Analysis Team

NHS England and NHS Improvement

5E11, Quarry House, Quarry Hill, Leeds LS2 7UE

england.chcdata@nhs.net