



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

**Q4 2023/24 Report, England**

NHS England

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

**England, Q4 2023-24, Official**

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

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## 1 Executive Summary

This quarterly report publishes data on [NHS Continuing Healthcare \(NHS CHC\)](#) activity in England. The 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 Care<sup>1</sup> ('the National Framework').

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.

From 1 July 2022, Integrated Care Boards were established and replaced Sustainability and Transformation Plans (STPs). Clinical Commissioning Groups have been replaced by sub-Integrated Care Boards. Data for the NHS CHC Data collection is now submitted by sub-Integrated Care Boards (from 1 July 22 onwards). Data are now presented by the current organisational structures; old organisational structures have been mapped to new structures in any time series, and as such data for the current reporting period may therefore not be comparable to previous periods.

This publication is relevant to Integrated Care Board Sub Locations (ICB Sub Locations), patients, the public and other stakeholders with an interest in the provision of NHS CHC in England.

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

The report provides data relating to the financial year 2023-24 with respect to NHS CHC activity information in England. Quarterly information relates to quarter four (1st January to 31st March 2024), snapshot information relates to the last day of quarter four (31st March 2024), and year to date information relates to the first day of the financial year (1st April 2023) up to the end of the reporting quarter (31st March 2024). Data are published on a quarterly basis to a preannounced timetable<sup>2</sup>.

Some historical information on NHS CHC activity is published by NHS Digital and can be found on their website<sup>3</sup>. 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

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

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

<sup>3</sup>NHS Digital: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-continuing-healthcare-activity>

combined). From Q3 2016/17 the data included a split by Standard and Fast Track eligibility.

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](#)).

## 2 Introduction

### 2.1 NHS Continuing Healthcare

NHS Continuing Healthcare (NHS CHC) means a package of ongoing care that is arranged and funded solely by the NHS where the individual has been assessed and found to have a 'primary health need' as set out in the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care. Such care is provided to an individual aged 18 or over, to meet health and associated social care needs that have arisen as a result of disability, accident or illness<sup>4</sup>.

### 2.2 Standard NHS CHC

These are 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. This 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 NHS Continuing Healthcare Assessment

#### 2.4.1 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 ICB. Individuals found not eligible for NHS CHC may be eligible for NHS-funded Nursing Care or a Joint Funded individual package of care.

#### 2.4.2 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 Act<sup>5</sup>, 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

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

<sup>5</sup>National Health Service Act: <http://www.legislation.gov.uk/ukpga/2006/41/contents>

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.

### **2.4.3 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.

### **2.4.4 Local Resolution Requests**

A local resolution request is a request 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).

## **2.5 NHS-funded Nursing Care**

NHS-funded Nursing Care (FNC) is the funding provided by the NHS to care homes with nursing to support the provision of nursing care by a registered nurse. Since 2007 FNC has been based on a single band rate. In all cases individuals should be considered for eligibility for NHS CHC before a decision is reached about the need for FNC.



### 3 NHS Continuing Healthcare

#### 3.1 NHS Continuing Healthcare

##### 3.1.1 Snapshot

###### Referrals

The number of incomplete Standard NHS CHC referrals exceeding 28 calendar days was **1,730** as at the last day of Q4 2023-24. Of these:

- **612** exceeded by up to 2 weeks;
- **314** exceeded by more than 2 weeks and up to 4 weeks;
- **591** exceeded by more than 4 weeks and up to 12 weeks;
- **173** exceeded by more than 12 weeks and up to 26 weeks;
- **40** exceeded by more than 26 weeks.

###### Activity

The total number of people eligible for NHS CHC was **52,096** as at the last day of Q4 2023-24. Of these, **34,055** were eligible for Standard NHS CHC and **18,041** were eligible for Fast Track NHS CHC.

There has been an 11% decrease in the number of people eligible for Fast-Track CHC at the end of Q3 22/23 compared with Q2 22/23 (snapshot eligibility); the main driver of the decrease is data cleansing i.e. sub locations correcting previously erroneous data. This has also had an impact on overall numbers eligible for total NHS CHC.

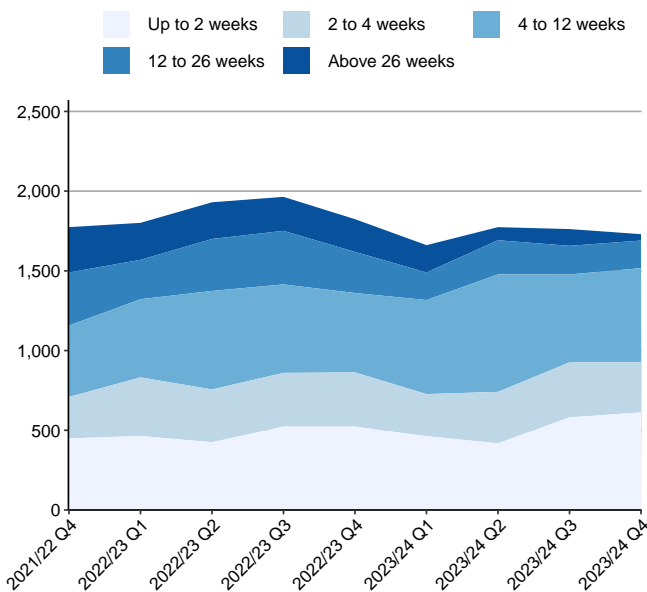


Figure 1: Snapshot – Total number of incomplete referrals (by weeks over 28 days since start of referral)

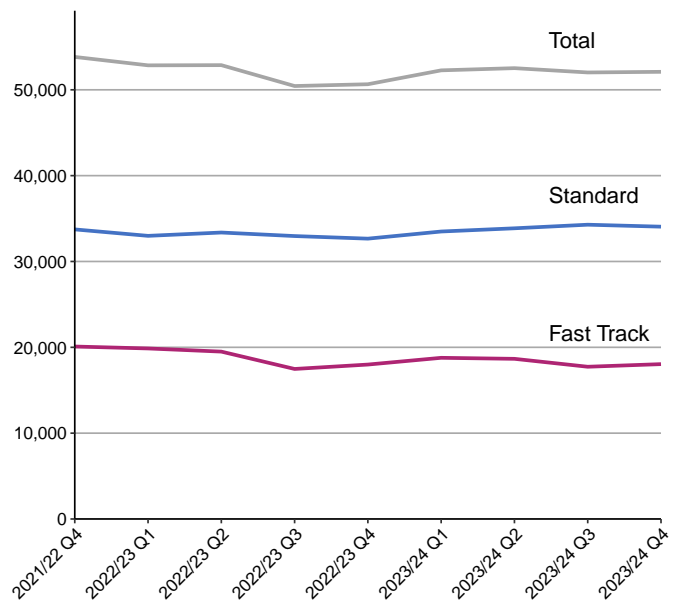


Figure 2: Snapshot – Total number of people eligible for NHS Continuing Healthcare

### Local Resolution Requests

The total number of incomplete local resolution requests for NHS CHC was **2,158** as at the last day of Q4 2023-24.

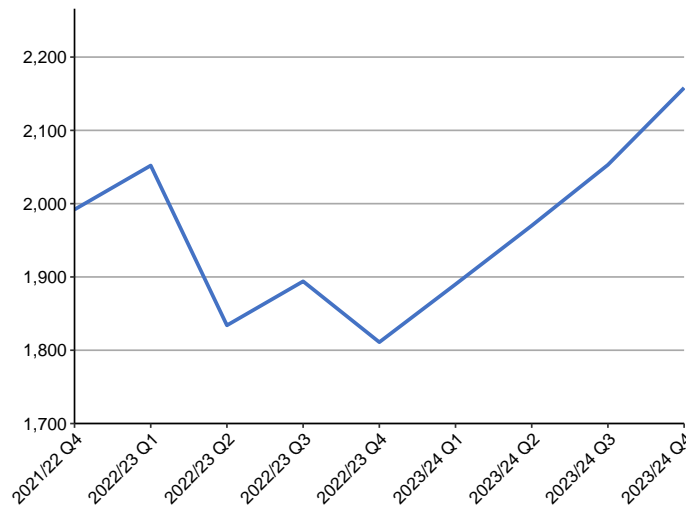


Figure 3: Snapshot – Total number of incomplete local resolution requests

### 3.1.2 Year to Date

#### Activity

The total cumulative number of cases eligible year to date for NHS CHC was **165,218** up to the end of Q4 2023-24. Of these, **47,871** were Standard NHS CHC and **117,347** 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 **431** up to the end of Q4 2023-24.

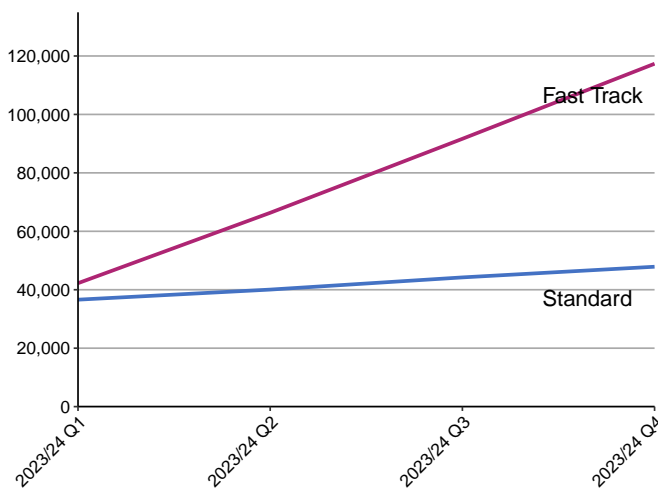


Figure 4: Year to Date – Total number of cases eligible for NHS Continuing Healthcare

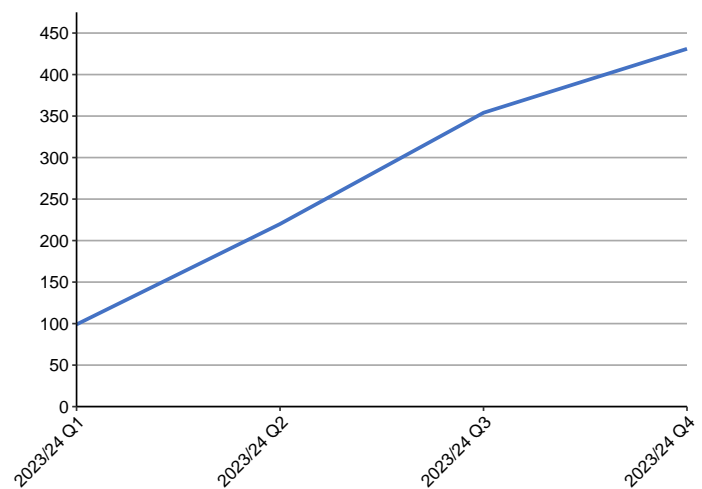


Figure 5: Year to Date – Total number of PUPoC cases agreed eligible for NHS Continuing Healthcare

### 3.1.3 In Quarter

#### Referrals

The total number of new referrals was **46,104** in Q4 2023-24. Of these, **17,097** were via the Standard NHS CHC assessment and **29,007** were via the Fast Track assessment route.

The total number of referrals completed<sup>6</sup> was **45,287** in Q4 2023-24. Of these, **16,435** were via the Standard NHS CHC assessment route and **28,852** were via the Fast Track assessment.

Of **16,435** Standard NHS CHC referrals completed, **11,988 (73%)** were completed within 28 calendar days in Q4 2023-24.

The total number of referrals discounted before assessment was **5,579** in Q4 2023-24. Of these, **3,808** were via the Standard NHS CHC assessment route and **1,771** were via the Fast Track assessment.

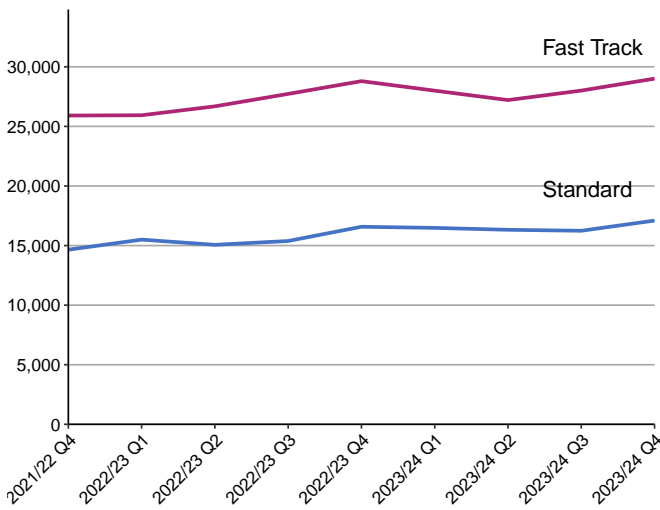


Figure 6: In Quarter – Total number of new referrals

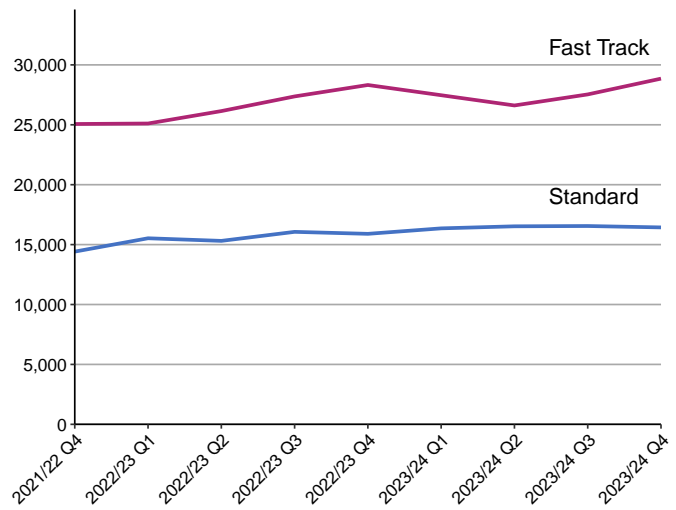


Figure 7: In Quarter – Total number of referrals completed

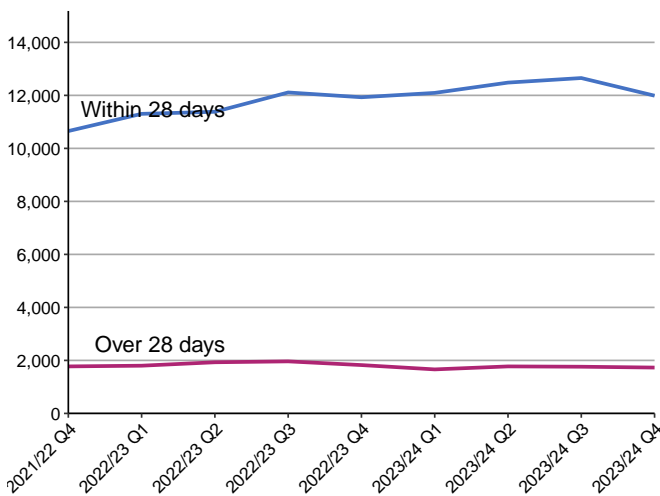


Figure 8: Total number of Standard CHC referrals completed within 28 days and incomplete referrals exceeding 28 days

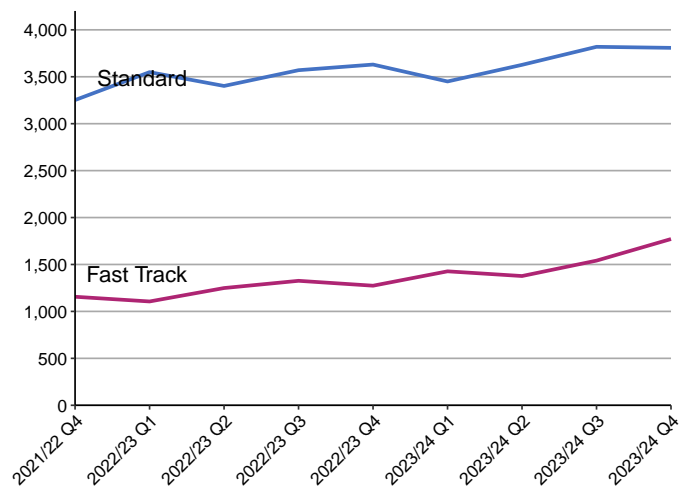


Figure 9: In Quarter – Total number of discounted referrals

<sup>6</sup>See Section 4.1.3 for definition of completed referrals

## Assessments

The total number of people assessed for NHS CHC was **39,708** in Q4 2023-24. Of these, **12,627** were via the Standard NHS CHC assessment route and **27,081** were via the Fast Track assessment route.

The total number of people assessed as eligible for NHS CHC was **29,705** in Q4 2023-24. Of these, **2,624** were eligible via the Standard NHS CHC assessment route and **27,081** were eligible via the Fast Track assessment route.

The total number of people assessed as not eligible for Standard NHS CHC was **10,003** in Q4 2023-24.

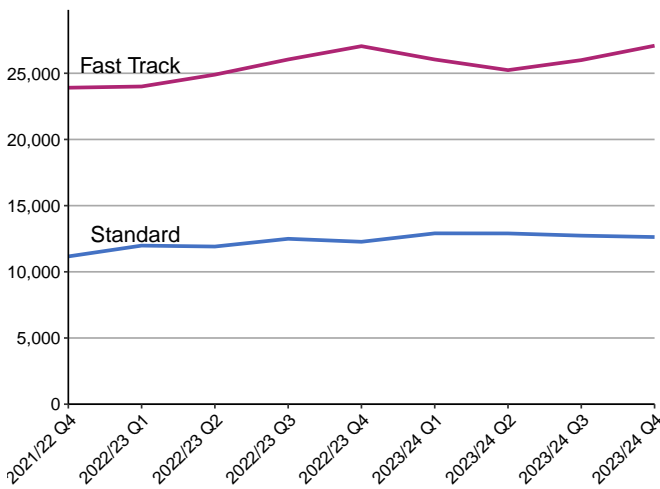


Figure 10: In Quarter – Total number of people assessed for NHS Continuing Healthcare

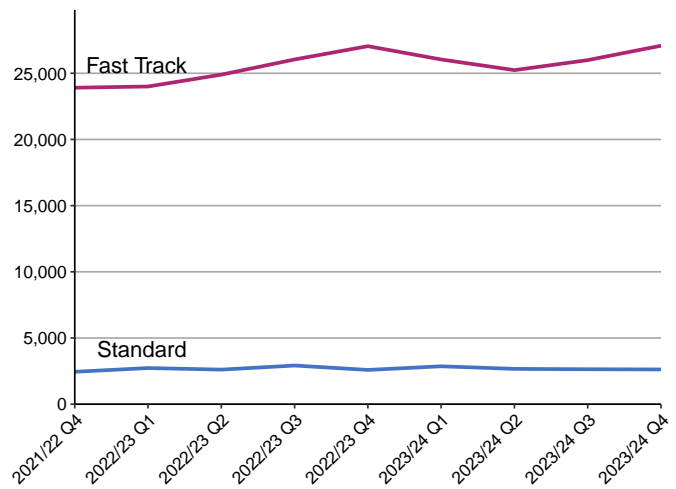


Figure 11: In Quarter – Total number of people assessed as eligible for NHS Continuing Healthcare

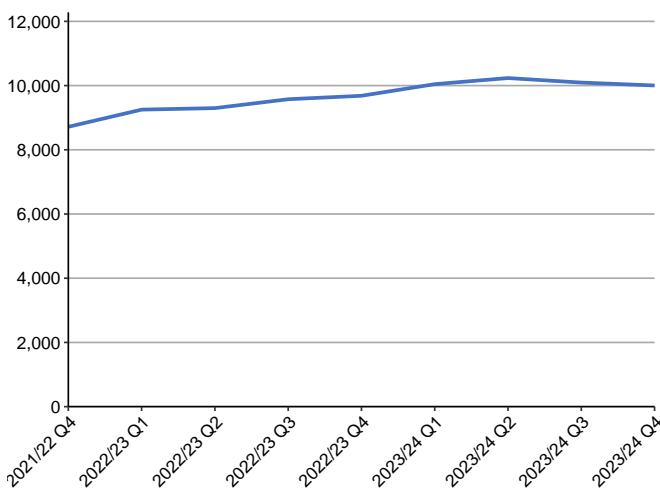


Figure 12: In Quarter – Total number of people assessed as not eligible for Standard NHS Continuing Healthcare

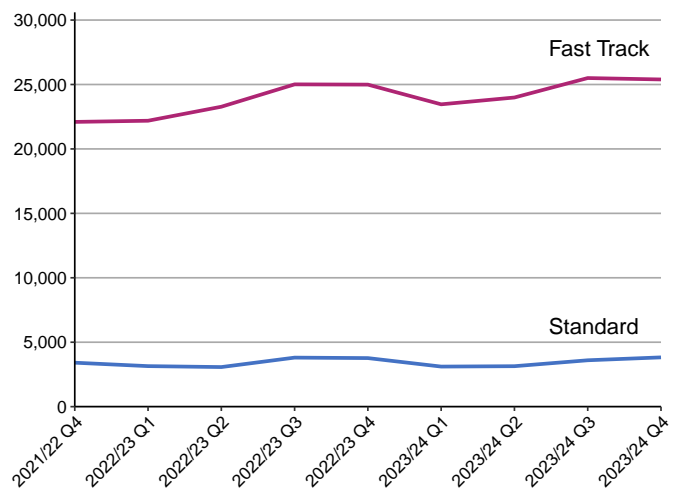


Figure 13: In Quarter – Total number of people no longer eligible for NHS Continuing Healthcare

## Other in quarter activity

The total number of people no longer eligible for NHS CHC was **29,214** in Q4 2023-24. Of these, **3,823** were Standard NHS CHC cases and **25,391** were Fast Track cases.

### Conversion Rates<sup>7</sup>

The Standard NHS CHC assessment conversion rate was **21%**.

The Standard NHS CHC referral conversion rate was **16%** and the Fast Track referral conversion rate was **94%**.

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

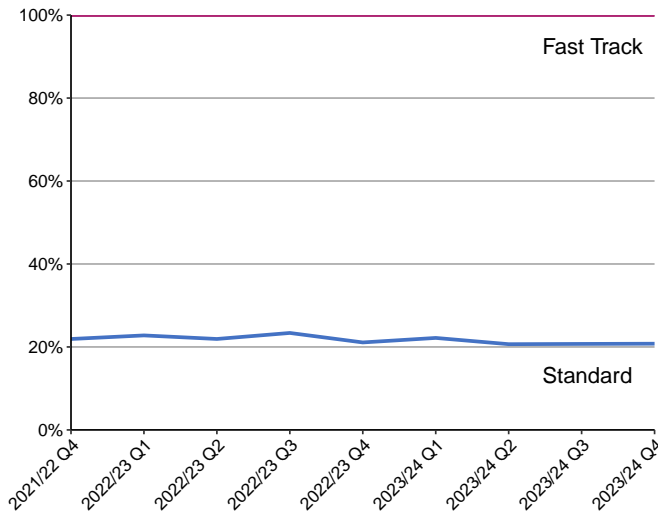


Figure 14: Assessment conversion rate

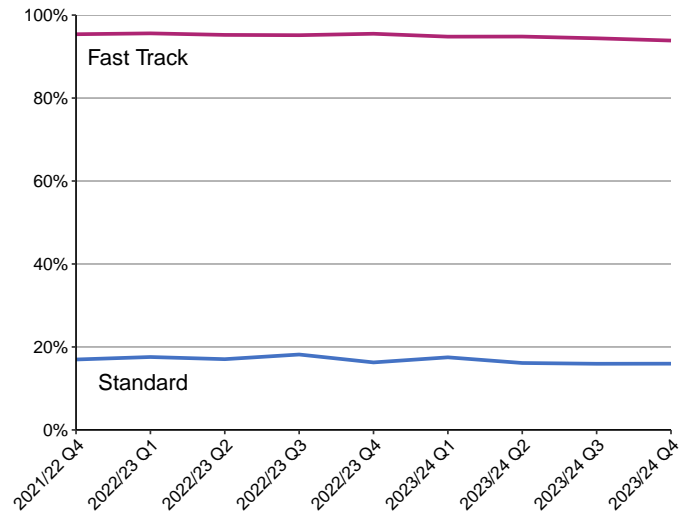


Figure 15: Referral conversion rate

### Number of Decision Support Tools (DSTs) completed

The total number of DSTs completed for the Standard NHS CHC assessment route was **12,795** in Q4 2023-24. Of these, **31 (0.2%)** were completed in an acute hospital setting.

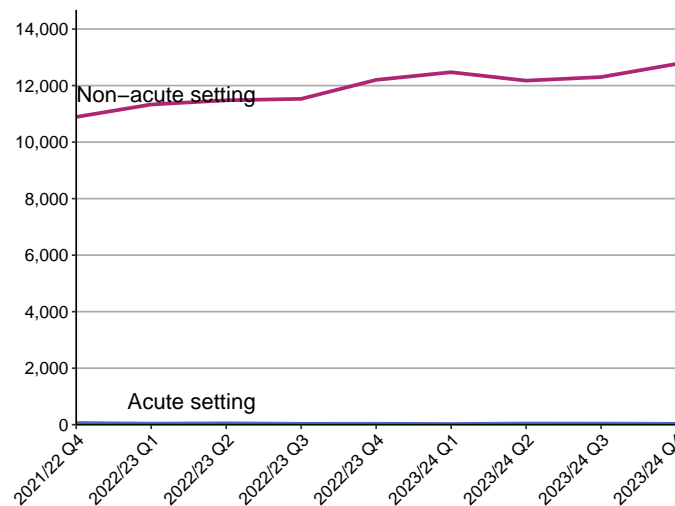


Figure 16: Decision Support Tools completed

<sup>7</sup>See Section 4.1.3 for conversion rate definitions

### 3.1.4 Local Resolution Requests

The total number of local resolution requests completed was **596** in Q4 2023-24. Of these, **80 (13%)** resulted in eligibility.

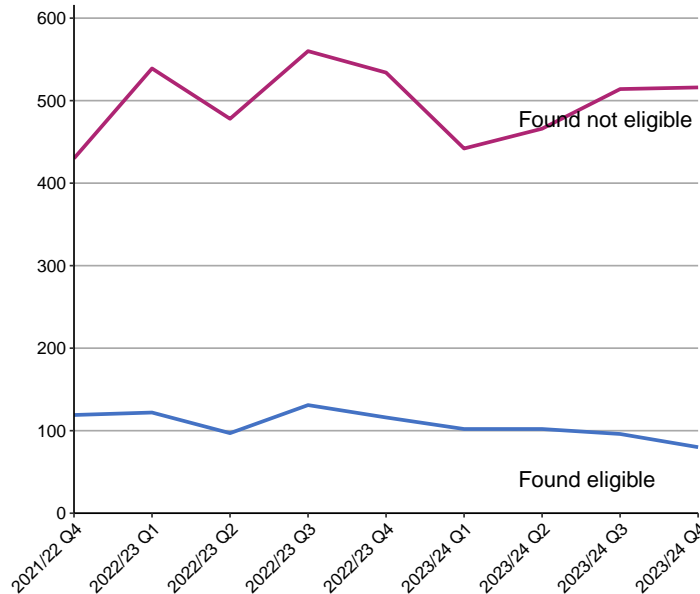


Figure 17: Total number of local resolution requests completed in quarter

## 3.2 NHS-funded Nursing Care

### 3.2.1 Snapshot

#### Activity

The total number of people eligible for NHS-funded Nursing Care was **75,748** as at the last day of Q4 2023-24.

### 3.2.2 Year to Date

#### Activity

The total cumulative number of people eligible year to date for NHS-funded Nursing Care was **120,539** up to the end of Q4 2023-24.

## 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, 2012 and 2018. Since 1st July 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 Health and Social Care. NHS Digital no longer publishes NHS Continuing Healthcare and NHS-funded Nursing Care statistics.

### 3.4 Missing Data

In Q4 2023-24, 106 ICB Sub Locations contributed to this statistical publication.

Revisions to published data are assessed according to the NHS England revisions policy<sup>8</sup>.

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

To assess the impact of missing data, we analyse how the omission of an ICB Sub Location'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 ICB Sub Locations submitted data for the Q4 2023-24 publication, no data impact assessment was required.

## 4 Measures of Activity

### 4.1 NHS Continuing Healthcare

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	-

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

<sup>8</sup>NHS England revisions policy: <https://www.england.nhs.uk/statistics/code-compliance/>

### 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 calendar 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:

- Exceeding by up to 2 weeks;
- Exceeding by more than 2 and up to 4 weeks;
- Exceeding by more than 4 and up to 12 weeks;
- Exceeding by more than 12 and up to 26 weeks;
- Exceeding by more than 26 weeks.

Incomplete referrals relate to Standard NHS CHC cases only.

#### **Local Resolution Requests: Incomplete Requests**

Total number of incomplete local resolution requests as at end of quarter. A local resolution request is complete at the point the outcome of the local resolution process is communicated to the patient or their representative (e.g. the date a decision letter is sent).

### 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).

#### **Previously Unassessed Period of Care: Cases agreed eligible**

The total number of previously unassessed periods of care requests resulting in eligibility within the year to date up to the end of the current reporting quarter.

### 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 assessed 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 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 ICB or organisation acting on behalf of the ICB) 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. For examples of discounted referrals please see *Referrals: The total number of referrals discounted before assessment*.

**Referrals: The total number of referrals discounted before assessment**

Examples of discounted referrals include deceased individuals, people referred for fully funded interim care in discharge to assess arrangements, people who deteriorate and need further acute treatment, referrals made via a 'positive' checklist but further quality assurance of the paperwork identifies that the checklist is negative, withdrawn, cases closed without carrying out an assessment for other reasons.

**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 calendar days. 28 days referral time starts from the earliest notification (to the ICB or organisation acting on behalf of the ICB) 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 ICB 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.

### **Local Resolution Requests: Completed Requests**

Total number of local resolution requests completed in quarter. Activity also records, of those local resolutions completed in a quarter, the number of requests resulting in eligibility for NHS Continuing Healthcare (either Standard or Fast Track).

## **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**

In the datasets accompanying this report 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 our datasets contributes to monitoring consistency in decision making for NHS Continuing Healthcare.

## 5 Data Quality Statement

From 1st July 2018, NHS Continuing Healthcare data have been collected via NHS Digital's SDCS data collection system.

It is essential to note that there may be variations between ICB Sub Locations, 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 ICB community services. In terms of Fast Track NHS CHC there is a wide variety between ICB Sub Locations 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 dataset 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 ICB but the GP practice may change to that of the ICB area where they are moved to. This means that a number of cases may form part of one ICB's activity but be included in a different ICB'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 ICB has a lot of out of area placements set up in this way compared to other ICBs.

The data are published as official statistics. All endeavours are made to ensure the data are as accurate as possible however some of the data submitted by Sub ICB Locations may represent an estimation of activity.

Factors impacting data quality include the following:

- Local NHS CHC databases help ICB Sub Locations 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 ICB Sub Locations 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 are included within reports to 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 submitter who provided the data. ICB Sub Locations 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 Sub ICB Location 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 publication was first released in Q1 2017/18. All endeavours are made to ensure the data are as accurate as possible however some of the data submitted may represent an estimation of activity. The data may also be subject to data quality issues, especially in early quarters, whilst submitters became accustomed to new reporting and submission processes, definitions and guidance, and alignment of local systems.

## 5.1 Quality Commitment

This data undergoes 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 ICB Sub Locations for NHS patients in England. Data is submitted quarterly to NHS England via SDCS. SDCS is the online tool used by NHS England for the collection and sharing of NHS performance data.

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

ICB Sub Locations 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. late 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 ICB Sub Locations 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.

Throughout our datasets, 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 are published every quarter as official statistics. Current data can be found on the NHS England statistics website<sup>9</sup>. CHC activity figures are published to a pre-announced timetable<sup>10</sup>.

<sup>9</sup>NHS England statistics: <https://www.england.nhs.uk/statistics/>

<sup>10</sup>NHS England statistical calendar: <https://www.england.nhs.uk/statistics/12-months-statistics-calendar/>

## 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 ICB Sub Location level. These data are also available in a CSV file format. All data are accessible via the NHS England website.

## 5.5 Cost, Performance and Respondent Burden

The data are collected by NHS England from ICB Sub Locations local systems. The data collection has been approved by the Data Co-Ordination Board (ref DCB2117<sup>11</sup>). ICB Sub Location systems do enable some automated extractions of the required data.

## 5.6 Confidentiality, Transparency and Security

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

ICBs 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 and Social Care, NHS England and ICBs, and allows them to monitor consistency of access to assessment, care provision and support.

The data are used to monitor the impact of the National Framework and inform policy developments in this area. The data also allow 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 and Social Care, commissioners and other key stakeholders in developing this report, to ensure it meets the needs of its potential users.

These official statistics are collected from ICB Sub Locations, 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 ICB Sub Locations in line with NHS England's revision policy<sup>12</sup>.

A list of pre-announcement stakeholders which have 24-hour early access to NHS CHC data can be found on the NHS England CHC website<sup>13</sup>.

<sup>11</sup>NHS Digital: [DCB2117 NHS Continuing Healthcare Data Set](#)

<sup>12</sup>NHS England's revision policy: <https://www.england.nhs.uk/statistics/code-compliance/>

<sup>13</sup>NHS England statistics: <https://www.england.nhs.uk/statistics/statistical-work-areas/nhs-chc-fnc/>

## 5.8 Coherence and Comparability

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

The population methodology contributes to variation between ICB Sub Locations. 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.

These populations are received from NHS Digital which produces these 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:

$$Y = \frac{\text{Activity measure}}{\text{Population aged 18 and over}} \times 50,000 \quad (1)$$

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 Q4 2023-24. It has been developed according to the UK Statistical Authorities Code of Practice<sup>14</sup>.

### 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](mailto:england.chcdata@nhs.net).

### 6.2 Contact Information

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

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<sup>14</sup>UK Statistical Authorities Code of Practice: <https://www.statisticsauthority.gov.uk/monitoring-and-assessment/code-of-practice/>

## 7 Glossary

### **Integrated Care Board Sub Location (ICB Sub Location)**

Integrated Care Boards 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<sup>[15]</sup>.

### **Decision Support Tool (DST)**

The purpose of the Decision Support Tool (DST) is to support the application of the National Framework and inform consistent decision making. The DST should be used in conjunction with the guidance in the National Framework. The [DST tool](#) can be found on the GOV.UK Continuing Healthcare website.

### **Eligible**

Individual who is or has been deemed eligible to receive NHS Continuing Healthcare funding.

### **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**

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. The [Fast Track tool](#) can be found on the GOV.UK NHS Continuing Healthcare website.

### **Joint Funded**

A package of care which is part funded by the NHS.

### **Local Resolution Request**

A local resolution request is a request 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).

### **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.



### **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 assessed and found to have a 'primary health need' as set out in the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care. Such care is provided to an individual aged 18 or over, to meet health and associated social care needs that have arisen as a result of disability, accident or illness.

### **NHS-funded Nursing Care**

NHS-funded Nursing Care (FNC) is the funding provided by the NHS to care homes with nursing to support the provision of nursing care by a registered nurse. Since 2007 FNC has been based on a single band rate. In all cases individuals should be considered for eligibility for NHS CHC before a decision is reached about the need for FNC.

### **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.

### **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 (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).

### **Standard NHS CHC assessment route**

Assessment route for individuals who have not been referred for assessment via the Fast Track assessment route.