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Settings of Care Policy

The CCG is considering adopting a new policy about the location at which the CCG offers to fund packages of health and social care for patients who are eligible for NHS Continuing Healthcare (“CHC”). We would be interested in your views on our proposals.

As everyone knows, CCG finances are under enormous pressure. The CCG funds a very wide range of healthcare services for local people, ranging from accident and emergency services, the majority of acute care, mental health care and community services (other than the services provided by General Practice). The CCG can only spend its resources once. Increased spending on one patient group inevitably reduces the services that the CCG can fund for other patient groups.

The CCG funds many care packages for patients in their own homes, as well as funding care home and nursing home placements for CHC patients. However, where a CHC patient has particularly complex medical needs, a care package to support an individual in their own home can be substantially more expensive for the CCG than commissioning an appropriate care package for that patient in a care home. Care homes have economies of scale which may not be replicated in an individual’s own home.

We have been wrestling with the difficult question about how much the CCG ought to spend to enable CHC patients to stay in their own homes as opposed to funding care for patients in a care home. In an attempt to be fair to individual patients and the wider population, we propose:

- a) The CCG should normally adopt a 20% cost ceiling. This means that the CCG should be prepared to spend up to 20% more than the cost of an equivalent care home placement if this enables a patient to remain in his or her chosen location (normally the patient’s own home); and
- b) The CCG should be prepared to consider going above the 20% ceiling in exceptional cases.

We would welcome your views as to whether this strikes the right balance between supporting individual patients in their choices and being fair to all the other patients the CCG has duties to support by ensuring that funds are allocated fairly between patients.

A copy of the full policy can be seen at: www.dudleyccg.nhs.uk/engagement-and-consultations/

Please contact me if you do not have access to the Internet and would like to see a hard copy of the draft policy.

Any savings that are made from changing the way that services are provided to individual CHC patients will, of course, be used fund other services for other patients across the full range of the CCG’s responsibilities.



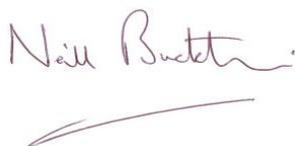
We would therefore welcome your views on the following questions:

1. Do you agree that the CCG should have a policy to explain how decisions will be made in these case?
2. Should we have a “cost ceiling” which provides a guide as to the amount that the CCG should spend to allow CHC patients to be supported with services in their own homes as compared to the cost of a care home placement?
3. Should the policy provide that the cap should be exceeded in exceptional cases or should we adopt a different test to decide when to exceed the cap?
4. Should the CCG adopt a higher or lower cap than 120% of the cost of a care home place to support an individual in their own home or is the “20% ceiling” a reasonable compromise?
5. Should the policy apply only to new CHC cases or should the CCG apply the policy consistently to new and existing packages of care?

We hope that your organisation will be prepared to discuss these issues and give us your response by 10th December 2018 so that your views can influence any final decisions made by the CCG.

Please contact me if you have any questions about this letter or the proposed new policy.

Yours sincerely,



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