

Date: 11/10/2002 to 06/11/2002

**ADULTS WITH A PHYSICAL AND/OR SENSORY DISABILITY**  
**Suffolk NHS Continuing Health Care Assessment Documentation cont:**

Patient's Name: Agnes [REDACTED]

DOB: [REDACTED]/1914

**NHS Continuing Health Care Eligibility Criteria for Adults with a Physical and/or Sensory Disability:**

CRITERIA	DECISION (PLEASE TICK)		RATIONALE
<p>(i) Requires extensive healthcare support throughout the 24-hour period because of very complex health needs. This healthcare support is of a type, which can only normally be delivered by a suitably qualified health care professional.</p>	YES	NO  √	<p>Ms [REDACTED] required personal and social care to assist with all activities of daily living, during this period she became increasingly frail and had reduced mobility</p> <ul style="list-style-type: none"> <li>• Transfers with 2 people and a handling belt</li> <li>• Wheelchair dependent</li> <li>• All assistance given with her dietary needs, soft diet with careful monitoring to prevent choking.</li> <li>• Management of incontinence , use of pads for urinary incontinence</li> <li>• Medication , administered by care staff</li> <li>• Support with washing and dressing taking 2 staff up to 1 hour</li> <li>• Padded cot sides to her bed, has a rest on her bed during the day</li> </ul> <p>Ms [REDACTED] is confused, speech is limited, spends a large amount of time asleep</p> <p>See Continuing Health Care eligibility Criteria for People with Dementia.</p>
<p>(ii) Specialist medical/nursing assessment or treatment/management on at least a weekly basis, because of complex, unstable or rapidly deteriorating condition. (Note: see definition of 'specialist' in glossary of terms)</p>	YES	NO  √	<p>Support from district nurses for advice to manage her pressure areas and the provision of pressure relieving mattresses.</p> <p>Incontinence pads for urinary incontinence.</p> <p>Hospice at Home nurse attending to advise on pain relief, 23/10/2002 to commence oramorph, staff to monitor the swallow reflex</p> <p>30/10/2002 commenced on syringe driver for pain relief, changed daily by the district nurses</p>

(iii) Medical interventions because of instability, frequent or unpredictable relapses.	YES	NO √	No evidence of frequent or unpredictable relapses, but rather a gradual deterioration, which the staff at the Residential Care Home continued to manage and address her personal care needs. 17/10/2002 GP visit , hospital admission not required for her frail condition, to have TLC (Tender Loving Care)
(iv) Frequent or continually available monitoring or adjustment of medication.	YES	NO √	Ms [REDACTED] medication did not require continual monitoring or adjustment.  Syringe Driver in place for pain relief for 7 days supported with daily visits from the district nurses.
(v) In certain circumstances NHS funded and arranged continuing care may also be appropriate for people who do not meet all the above criteria, but where it is agreed by the multi-disiplinary team that they have other overwhelming health needs.	YES	NO √	Not applicable.

Summary:

The following issues were considered

Nature: the type of needs and the overall effects of those needs on the individual, including the type of interventions required to manage them. Through-out this period the Residential Care Home notes identified that they had increased the level of care to support her increasingly frail condition.

Intensity: both the extent and severity of the needs including the need for sustained care. Her condition appeared to be stable; as her dementia progressed she had wording finding difficulties and had less ability to perform learnt functions. The interventions were of a level which could be managed by the Special Unit at the Residential Care Home with advice from the Hospice at Home nurse and in the last 7 days, daily visits by the district nurses to re-prime the syringe driver.

Complexity: how the needs arise and interact to increase the skill needed to monitor and manage the care. Ms [REDACTED] became increasingly frail, she required 2 care staff for all personal care, and careful monitoring of her swallowing.

Unpredictability: the degree to which needs fluctuate, creating difficulty in managing needs and the level of risk to the person's health if adequate and timely care cannot be provided. It is recognised that dementia is a progressive condition, Ms [REDACTED] condition deteriorated slowly.

Therefore Ms [REDACTED] was not eligible for NHS Continuing Healthcare during the period 11/05/2002 to 06/11/2002

Date: 11/05/2002 to 06/11/2002

**PEOPLE WITH DEMENTIA**

**Suffolk NHS Continuing Health Care Assessment Documentation cont:**

**Patient's Name:** Agnes [REDACTED]

**DOB:** [REDACTED]/1914

**NHS Continuing Health Care Eligibility Criteria for People with Dementia:**

CRITERIA	DECISION (PLEASE TICK)		RATIONALE
	YES	NO	
<p>Have a severe and persistent degree of behavioural disturbance, which requires</p> <p>Psychiatric intervention</p> <p>Covering continuous assessment</p> <p>Intensive treatment</p>		<p>√</p> <p>√</p> <p>√</p>	<p>Ms [REDACTED] was diagnosed in June 1996 with multi-infarct dementia and/or dementia in Alzheimer's Disease.</p> <p>Her assessment in December 1998 by a SCMO to a Consultant Psychiatrist, identified that she did not require psychiatric intervention, continuous assessment or intensive treatment.</p> <p>She was free of psychiatric illness, there were no perceptual abnormalities she was softly spoken, content and calm in her manner.</p> <p>Her dementia had progressed so that she was having word finding difficulties and less ability to perform learnt functions.</p> <p>She now requires all help with personal functions, including help and monitoring with eating a soft / liquid diet and drinking to prevent choking.</p>
<p>Management carried out by a skilled person qualified in mental health, eg psychologist, mental health nurse, consultant psychiatrist. Common examples of problems might be:</p>			
<p>- severe and persistent violent behaviour</p>		√	<p>There are no episodes of severe or persistently violent behaviour identified, she is very quiet and sleeps for periods during the day.</p>
<p>- grossly disinhibited sexual behaviour</p>		√	<p>There are no episodes of disinhibited sexual behaviour</p>
<p>- unpredictable medical condition</p>		√	<p>During this period her medical condition was stable – see Physical and/or Sensory Disability Criteria</p>

- a risk of harm to self and others if not receiving observation and intervention		√	Ms [REDACTED] required supervision to maintain her safety, she was unaware of her capabilities and was at risk falling, as when alone attempts to stand. She required supervision when in her wheelchair and wore a lap strap when unsupervised. At no time was she regarded as a risk to others
	YES	NO	
- grossly disinhibited anti-social behaviour, e.g. persistent screaming and shouting		√	There was no evidence of Ms [REDACTED] presenting with "grossly" disinhibited anti-social behaviour. No screaming or shouting was identified in this period.
- defecation/urination inappropriate areas		√	Ms [REDACTED] required support to manage her urinary and faecal continence, she wore pads to support her urinary incontinence and required regular oral medication and diet to ensure regular bowel actions. There was no evidence of inappropriate urination /defecation.
People with dementias that also have a severe and persistent degree of behavioural disturbance, which requires on-going inpatient psychiatric, psychological or nursing assessment, treatment or management		√	It is acknowledged that Ms [REDACTED] suffered from dementia, however her condition was such that ongoing " <i>inpatient psychiatric, psychological or nursing assessment, treatment or management</i> " was not indicated as necessary.
People with dementias that also have severe and persistent psychiatric disorder where the behaviour has not fully responded to intensive treatment and rehabilitation and will require long-term continuous assessment, treatment and management		√	Ms [REDACTED], did not have a severe or persistent psychiatric disorder which required long term continuous assessment, treatment or management, she was discharged from the consultant psychiatric service in December 1998 and was then under the care of her GP.
People with dementias who also have physical problems that require specific care management by specialist members of the multidisciplinary team, in order to reduce risk of significant deterioration of physical health and safety. Consideration will be given to the level of risk of further deterioration if the patient should be relocated.		√	See Physical and/or Sensory Disability Criteria

### Summary:

Whilst it is acknowledged that Ms [REDACTED] has extensive personal care needs and requires support relating to managing episodes of confusion relating to her dementia, no specialist input is required.

Her needs are not complex or unpredictable and therefore at this time she does NOT meet the Eligibility Criteria for NHS Fully Funded Continuing Care.