Suffolk NHS
Primary Care Trust

Date: 04/09/1998 to 10/05/2002

**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 | |
| Have a severe and persistent degree of behavioural disturbance, which requires<br><br>Psychiatric intervention<br><br>Covering continuous assessment<br><br>Intensive treatment | | <br><br>√<br>√<br>√ | Miss [redacted] was diagnosed in June 1996 with multi-infarct dementia and/or dementia in Alzheimer's Disease.<br>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.<br>She was free of psychiatric illness, there were no perceptual abnormalities she was softly spoken, content and calm in her manner. Her dementia had progressed so that she was having word finding difficulties and less ability to perform learnt functions. |
| Management carried out by a skilled person qualified in mental health, eg psychologist, mental health nurse, consultant psychiatrist. Common examples of problems might be: | | | |
| - severe and persistent violent behaviour | | √ | There are no episodes of severe or persistently violent behaviour identified<br>. |
| - grossly disinhibited sexual behaviour | | √ | There are no episodes of disinhibited sexual behaviour |
| - unpredictable medical condition | | √ | During this period her medical condition was stable – see Physical and/or Sensory Disability Criteria |
| - a risk of harm to self and others if not receiving observation and intervention | | √ | Miss [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.<br>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 Miss [redacted] presenting with "grossly" disinhibited anti-social behaviour. No screaming or shouting was identified in this period. |
| - defecation/urination inappropriate areas | | √ | Miss [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 Miss [redacted] suffered from dementia, however her condition was such that ongoing *"inpatient psychiatric, psychological or nursing assessment, treatment or management" 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 | | √ | Miss [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 the 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. | | √ | Miss [redacted] did not require care management by specialist members of the multi-disciplinary team, to reduce and risk of deterioration of physical health and safety, |

**Summary:**

Whilst it is acknowledged that Miss [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.

Suffolk

Primary Care Trust

**Period: 04/09/1998 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 |
|---|---|---|---|
| (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. | YES | NO √ | The Panel acknowledge that Ms [redacted] required personal care support for:<br>• Moving and Handling<br>• Supervision and monitoring, to ensure falls risk is reduced.<br>• Management of continence and constipation<br>• Supervision and monitoring of diet and hydration<br>• Support with washing and dressing<br>• Monitoring of environment to ensure safety and dignity are maintained.<br>• Administration of medication<br>The Panel agreed, however, that these needs are not deemed clinically complex and did not require extensive healthcare support throughout the 24 hour period. |
| (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) | YES | NO √ | Ms [redacted] required occasional input from Community nurses, who advised on management of continence and constipation. However, there is no evidence that Ms [redacted] had any needs which required specialist medical/nursing assessment or treatment on a weekly basis or evidence of a complex, unstable or rapidly deteriorating condition. |
| (iii) Medical interventions because of instability, frequent or unpredictable relapses. | YES | NO √ | Ms [redacted]' medical condition was stable and she did not present with any needs which required frequent review by her GP or any specialist Medical Practitioners. The Panel note, however, that Ms [redacted] was reviewed on a routine basis by her GP. Additionally, Ms [redacted] required GP input, on a few isolated occasions, for minor acute episodes, such as a chest infection in February 2000. These episodes responded to prescribed treatments and did not necessitate ongoing medical review.<br>GP/Consultant statement confirms medical stability at the time of assessment. |
| (iv) Frequent or continually available monitoring or adjustment of medication. | YES | NO √ | Ms [redacted] did not require frequent monitoring or adjustment of medication during the period under consideration. The Panel note, however, that Ms [redacted] required GP input, on a |

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| | | | few isolated occasions, for prescription of short term medications, such as antibiotics to manage a chest infection. |
| (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 √ | As none of the above criteria are met, this section does not apply. |

**Summary:**

Whilst the Panel acknowledge that Ms [redacted] had extensive personal care needs and required support relating to managing episodes of confusion relating to her dementia, no specialist input was required.

Ms [redacted]' needs were not complex or unpredictable and therefore she did NOT meet the Eligibility Criteria for NHS Continuing Care during the period being assessed. Please see the attached application of the primary health need.

**Primary Health Needs Test**

**Nature**

**Nature refers to the type of needs, and the overall effect of those needs on the individual, including the type ("quality") of interventions required to manage them.**

The Panel noted the type and level of Ms [redacted] needs as identified by the retrospective records and needs portrayal, Ms [redacted] was concordant with care delivery, although she could require some encouragement to take her medications on occasion.. Ms [redacted] was severely cognitively impaired and was disorientated to time, place and person. She was unable to assess basic risks and could not make any choices appropriate to her needs. Ms [redacted] did not appear to show any signs of depression and there was no evidence of a history of depression or suicidal thoughts. Ms [redacted] experienced periods of anxiety and agitation and could become upset and tearful on occasions, however records indicate that should would respond to reassurance and was able to engage in social functions within the home. The Panel note that Ms [redacted] was unable to reliably communicate her needs consistently either verbally or non verbally, although she could indicate some simple choices on occasion, if given visual prompts.

Ms [redacted] was able to weight bear and could transfer with support of two carers and handling belt. The Panel note that Ms [redacted] remained at some risk of falls and had a tendency to lean forward from her wheelchair. However, a lap starp was in situ and this minimised the risk posed to her. There was no indication that her positioning was critical, or evidence of poor sitting balance, contractures or pain on movement. Ms [redacted] could take a long time to eat, requiring prompting, assistance and encouragement to ensure that her nutritional needs were met.. The Panel note that Ms [redacted] was able to tolerate a eating a soft diet and drink normal fluids with some assistance. There is no evidence to suggest that Ms [redacted] was at a risk of choking or aspiration. The Panel note that Ms [redacted] had experienced some gradual weight loss throughout the assessed period, although there is no evidence to indicate that she required dietetic input or the provision of supplements. Ms [redacted] was incontinent of urine and faeces and had a history of constipation requiring occasional laxatives. There is no evidence, however, that Ms [redacted]'s continence care was problematic and she had not required timely and skilled intervention, outside of normal interventions. Ms [redacted]'s skin remained intact throughout the period being assessed, although her sacrum was red on occasion. The Panel agree that Ms [redacted] did require ongoing monitoring, intervention and provision of appropriate pressure relieving equipment, without which his skin integrity could be compromised.

Ms [redacted] did not have any problems with shortness of breath and there is no evidence of any Altered States of Consciousness during the period being assessed. The drug regime was routine and could be delivered by carers within the care home. Ms [redacted] was not able to understand what medication she was taking or the need for her to take this. As such, there were occasional periods where Ms [redacted] was non concordant with her prescribed regime. Any generalised pain appears to have been well controlled by routine administration of Paracetamol. The Panel do note, however, that from 19th September 2002 Ms [redacted] general condition deteriorated and her needs were associated with the delivery of slow stream palliative care. During this period Ms [redacted] required occasional administration of analgesia for breakthrough pain and a syringe driver was commenced on the 30th October 2002, by the District Nurses, to manage end of life care.

The Panel agreed that Ms [redacted] had progressive dementia and acknowledged that this is a condition that could bring about some general decline. Ms [redacted] condition had led to an inability to have any cognitive awareness or understanding which in turn had triggered a range of needs. The Panel did not feel that her needs had a significant impact on her overall health and well being and in general there was little skill or knowledge required to meet her needs. It was noted, however, that more skill may have been required to ensure she received her medication, to monitor her nutritional intake and to monitor her skin integrity. Carers did need some level of understanding of her condition and how best to deliver her care to reduce ensure her dignity was maintained and that care was delivered in a timely and safe manner. The Panel agreed that Ms [redacted] had a range of needs and her personal and social care needs were towards the higher end of what social care could provide.

**Intensity**

**Intensity describes both the extent ("quantity") and severity (degree) of the needs, including the need for sustained care ("continuity"). The Panel also considers whether a combination of seemingly low-level needs may combine to create intensity.**

The Panel agreed that they did feel there was some intensity around Ms [redacted] personal and social care needs. It could take time on occasions for carers to offer Ms [redacted] reassurance, although her periods of anxiety and distress did not prevent care intervention being completed safely. Due to poor communication and cognition Ms [redacted] required carers to spend longer with her trying to get her to understand what they wanted her to do and also trying to understand her needs. The Panel agreed that they did not feel in general that Ms [redacted] needs were particularly intense. They were mainly routine in nature and were not problematic to alleviate and care interventions were not generally particularly lengthy or frequent.. Ms [redacted] had not required

frequent visits from the GP and there was no indication that she had required additional care outside of the set routine from the care staff. The Panel agreed that at times her care needs could be more intense, particularly her personal and social care needs, but agreed in general that they did not feel Ms [redacted] health needs were intense enough to suggest a predominance of health needs.

**Complexity**

**Complexity refers to how the needs arise and interact to increase the skill needed to monitor and manage the care**

The Panel noted that Ms [redacted] was dependent on the carers for all his needs and there was some interaction between her cognition and communication. Carers had to spend time with Ms [redacted] understanding her needs and trying to communicate with her. Despite Ms [redacted]'s restricted mobility and incontinence, her skin had remained intact. Carers were able to deliver care interventions and there had not been the need for skilled intervention outside of routine planned care. Carers required a basic level of understanding of Ms [redacted] condition and how to best meet her need, in order to maintain her dignity and to ensure that care was delivered in a timely and appropriate manner. The management of continence was routine and there had not been the need for skilled intervention, although there was a need to monitor for signs of constipation and to administered laxatives on an as required basis.

The Panel agreed that they did not feel any of Ms [redacted]'s needs were complex on their own. When combined there was a level of complexity as there was some interrelation in her needs. However, the Panel did not feel the needs impacted to the extent that they made it significantly more difficult to deliver Ms [redacted]'s care. The knowledge and skill required on the whole was not significant and carers had been able to deliver care. There had also not been the need for regular input from the GP and Ms [redacted] was not under the care of any specialist medical teams.

**Unpredictability**

**Unpredictability refers to 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 is not provided. A person may be considered eligible for NHS continuing healthcare on the grounds of unpredictability if they have need for monitoring, supervision, or investigations that is not of a nature or extent that a local authority can provide.**

The Panel did not feel that there was any real unpredictability in Ms [redacted] needs. There had been no real change in the type or level of Ms [redacted] needs during the appeal period. While there was some deterioration in his condition, this was not significant and had been gradual. The carers were able to anticipate Ms [redacted] need, due to her poor cognition and communication, There was no indication that Ms [redacted] condition was unstable or that she had required high levels of monitoring due to her needs rapidly changing. Ms [redacted] did experience periods of anxiety and distress, however these were easily managed through reassurance or distraction. Continence care was usually predictable and there had not been the need for timely intervention. The Panel note that Ms [redacted] condition had deteriorated more rapidly during the last two months of her life. However, Ms [redacted] needs within this time remained predictable within a palliative model of care.

**RECOMMENDATION**

Having considered the nature, complexity, intensity and unpredictability of the totality of Ms [redacted] healthcare needs, the Panel decided that his needs were merely incidental or ancillary to the provision of accommodation and of a nature which it could have been expected that an authority, whose primary responsibility is to provide social services, could have been expected to provide Consequently Ms [redacted] did not have a primary health need. Therefore the Panel decided that from 04/09/1998 to 06/11/2002 Ms [redacted] was not eligible for 100% funded NHS Continuing Healthcare.