

# **Assessment: the catalyst for care**

## **1. Introduction**

Equitable access to continuing Care is a key issue for Older People and health and care services, it is a matter the CCC has long championed. This document addresses the core issue of eligibility and assessment processes and outlines a solution that joins this seamlessly to Free Nursing Care, specifically the determination of the Registered Nursing Care Contribution (RNCC) level of funding for NHS care. Not only does such an approach bring transparency to entitlement but also it encourages people to understand their state entitlements and consider options in their financial planning to enable them to exercise greater choice when confronting personal need.

## **2. Background**

Making care equitable through transparent and fair funding decisions consistent with policy cannot be understated. The report of the Health Service Ombudsman, 'NHS funding for long term care of older and disabled people' report published 20<sup>th</sup> February 2003.

[http://www.ombudsman.org.uk/hsc/document/care03/care03\\_rep.htm](http://www.ombudsman.org.uk/hsc/document/care03/care03_rep.htm)

demonstrates deviations from policy intentions and describes issues in 5 important areas:

*"The complaints I have received are about events that arose in the period 1997 to date (but mainly before October 2001), and raise several important issues. Those include:*

- ? *Informing and involving patients and their relatives*
- ? *Developing eligibility criteria for NHS-funded care in line with guidance issued in 1995*
- ? *Reviewing eligibility criteria in the light of the Coughlan judgment (July 1999)*
- ? *The national framework for NHS-funded care*
- ? *Assessment against criteria."*

The introduction of the Registered Nursing Care Contribution (RNCC) levels for remunerating nursing care in care homes, though only applicable to all since April 2003 has been associated with considerable variation in the national policies.

## **3. Eligibility Assessment - the fundamental issue**

Strategic Health Authorities, Primary Care Trusts (PCT's) and Social Services Departments have, to varying degrees, responded to the findings of the Ombudsman. In particular, efforts are being made to ensure eligibility criteria application is consistent with the Coughlan judgement. Training is being provided to many health staff to understand the criteria and protocols pertaining to continuing care.

Ultimately the achievement of *fair access* depends on ensuring a *consistent and reliable approach to the application of the criteria for continuing care*. The vehicle for applying the eligibility criteria is an *assessment* of the older person.

A *comprehensive assessment* is necessary, whether individuals are a candidate for care in the community, means tested placement in a care home or or NHS continuing care. Comprehensive assessment should conform with the specification of comprehensive assessment as developed by the Department of Health for the Single Assessment Process (SAP). The SAP specification is rooted in personal care but with the increasing importance of the NHs in continuing care and the development of the Integrated Care record, inclusion of health information is highly desirable. To ensure consistency of criteria at a national level, the *comprehensive assessment* must be research-based (valid and reliable) and provide the necessary dependency level information to support continuing care and RNCC determination. Furthermore commissioners, providers and regulatory bodies require consistent information to understand performance and trends.

Of the research-based comprehensive assessment instruments currently available, the only one the has an embedded dependency subsystem is the Minimum Data Set (MDS)

Additional information on the structure of the MDS assessment instrument is attached as

***Annex A***

#### **4. Recommendations**

To address the issue of fair access to NHS Continuing care services:

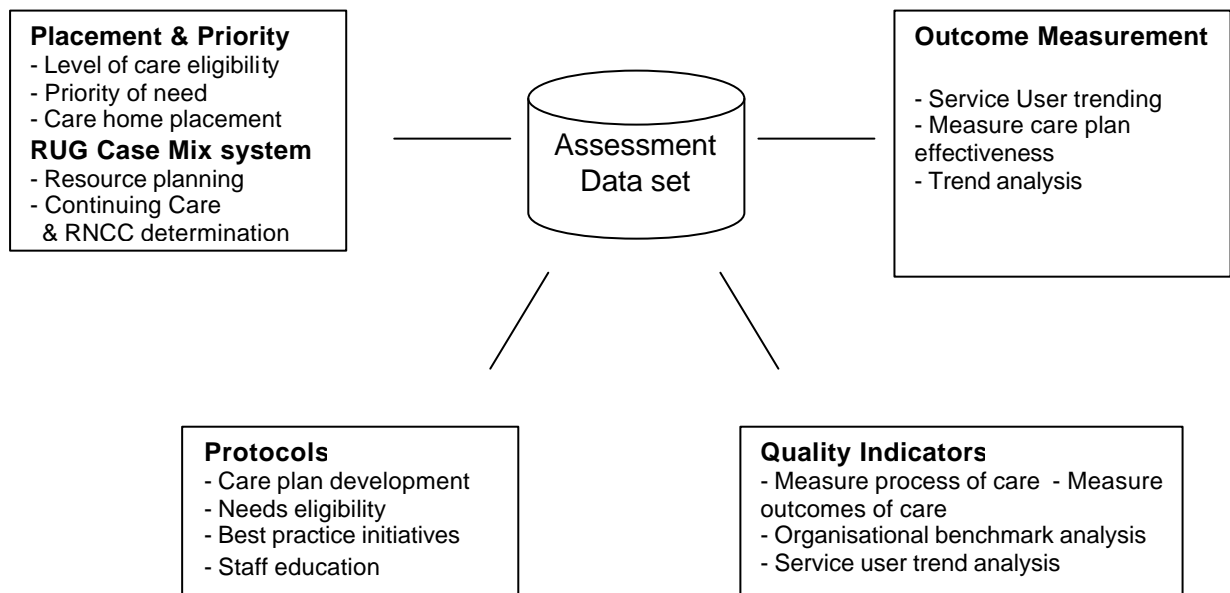
- PCTs and Social Services, with the support of their respective Strategic Health Authorities, should utilise a research-based comprehensive assessment instrument that can provide the necessary dependency level information to support Continuing Care and RNCC level determination.
- The Department of Health should modify the current SAP requirements to include a research-based comprehensive assessment instrument that has the capacity to address NHS Continuing care eligibility and RNCC determination
- The Department of Health develop an accreditation process for the comprehensive instrument similar to the overview assessment.

## Annex A - MDS suite of Assessment Instruments

The Minimum Data Set (MDS) suite of assessment instruments are developed and maintained by interRAI, an international research and development collaboration ([www.interrai.org](http://www.interrai.org)). The primary MDS instruments involved in the Single Assessment Process are:

- MDS-HC for use with patients/clients whose primary residence is in the community
- MDS-RAI for use with patients/clients in care homes and complex continuing care hospitals

The MDS assessment instruments are sometimes referred to as 2<sup>nd</sup> generation assessments because of their multi-dimensional construction. The following illustration depicts the architecture of the MDS assessment and the associated <sup>1</sup>applications:



**Figure 1**

<sup>1</sup>An application (sometimes referred to as a dimension) in this context is any set of algorithms that use the data collected from the assessment to produce some sort of measurement, grouper or indicator. When automated in software, these applications should be automatically calculated with no additional system user input.

## RUG Case Mix system

The Resource Utilisation Grouper (RUG) system classifies patients/clients into various categories reflecting the relative cost of services that the person is likely to consume.

The RUG III case mix system is embedded within the MDS-RAI assessment instrument, a modified version of it called the RUG III/HC is embedded within the MDS-HC assessment instrument. The RUG system classifies patients/clients into one of seven major categories then further subdivides them into one of 44 subcategories in the MDS-RAI and one of 28 subcategories in the MDS-HC

The RUG categories can be mapped to country or county specific eligibility and funding requirements. Research conducted in the United Kingdom by interRAI UK at the University of Kent at Canterbury and the East Kent Health Authority have mapped the RUG III system to NHS Continuing Care and Registered Nursing Care Contribution levels. Additional research is plan to extend the mapping for the MDS-RAI instrument to include residential care.

**CCC, 2003**