

Freedom of Information Request - Continuing Healthcare

	Question	HoBt	South	Ben	Solihull	Total
1	How many patients under the PCT were eligible for continuation of care funding between 2010-2011	346	631	1132	772	2881
2	What percentage (%) of these patients, allocated funding by the PCT, continued their care by being supported in their own home i.e. not residential	41.33%	33.28%	29.24%	40.41%	N/A
3	What was the total expenditure that the PCT allocated to continuation of care between 2010-2011, for patients who were eligible, to be cared for within their own home	£31,985,000	£5,875,000	£7,745,000	£4,105,000	£49,710,000
4	How does the PCT assist patients in identifying and accessing the best social care and nursing partners to support the patient in their own home. What is the process?	<p>Some of our Continuing health Care Nurse Specialists are based within social care offices – so that any referrals going into social services will be screened to identify if there are any health requirements – and the social worker can either joint work with a CHC Nurse to coordinate a care package or refer to the CHC nurse for full assessment if required.</p> <p>The Continuing Health Care Checklist is used by social workers and health professionals within Birmingham and Solihull cluster to assess if people require a full multi-disciplinary Continuing Health Care assessment, and enables them to make a referral to the CHC service as required according to individual needs.</p> <p>The multi-disciplinary assessment process identifies the type and level of care required to meet the patient's needs. Assessing nurses will ensure that where possible patients access statutory provision, for example district nursing, where elements of their care needs can be met by such services. Where additional care at home is required nurses have access to a list of approved providers. Nurses are able to offer limited choice of provider at this moment in time pending a full procurement for home care services due to start in Autumn 2012. Selection of provider is predominantly based on capacity, geographical areas covered and specialism. Where patients have previously received social care funded care from a particular provider commissioners will explore whether continuing to commission from this provider is feasible. Commissioners are mindful of the need to increase choice in this area and are developing a pilot to introduce personal health budgets and direct payments to facilitate this further.</p>				
	*Please note that the Solihull data has just been merged with the Birmingham Data and currently requires a cleanse check to validate the information.					
	All data has been based on the Financial Year 1/4/2010-31/3/2011					