A National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care in England

Response to Consultation

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Executive summary

A National Framework for NHS funded long-term care

The Government is determined to establish a simpler, more consistent, system of assessment to determine eligibility for full NHS funding of long-term care. The main goal of the proposed National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care in England **that comes into force with effect from 1 October 2007** is a common set of rules for Continuing Healthcare that will

- help staff to arrive at decisions consistently and transparently, and
- make sure that people can get the help they need on the same basis, wherever they are in England.

The Framework covers both fully-funded NHS Continuing Healthcare (where the NHS is responsible for the whole care package in any care setting) and NHS-funded Nursing Care (where the NHS is responsible for the nursing required from a registered nurse in a care home setting).

The Framework proposes a standard process for assessing eligibility for these services, including tools to support decision-making. The Framework is based on existing best practice across England. It does not change the underlying legal framework on which current eligibility policies are based.

The Consultation

The key elements of the National Framework were published in a Consultation document, and public responses were obtained over a period of three months. The questions posed within the Consultation document aimed to gather opinion about several fundamental issues including:

- the idea of a National Framework to cover NHS Continuing Healthcare and NHS-funded Nursing Care, including tools to support decision-making.
- whether care needs, rather than diagnosis or any other factor, ultimately determine a requirement for NHS Continuing Healthcare.
- what facts and circumstances are taken into account when assessing entitlement to Continuing Healthcare.
- the idea of a single rate of payment for NHS-funded Nursing Care.

Many people commented about other aspects of the proposed Framework.

This report

This report is a summary of the written responses to the consultation, and sets out our response. It also describes some of the work we have been doing since the consultation to help us answer your questions. At the end of the report, the timetable for the implementation of the National Framework is discussed.

Contents

Part 1: Introduction

Background

The White Paper, *Our Health, Our Care, Our Say: A New Direction for Community Services*, sets out the Government's commitment to a National Framework for care for people who require long-term care outside an acute hospital. We call this **NHS Continuing Healthcare** in the case of fully-funded patients, and **NHS funded Nursing Care** where only the costs of registered nursing services are met.

The purpose of the Framework is to improve the clarity and consistency of care provision, so that examples of the policy working differently in different areas will stop.

The proposals for the new Framework were written following consultation with representatives from health and social care and voluntary organisations as well as users and carers and were set out in a Consultation document. The consultation was conducted by the Department of Health ('the Department') between 19 June and 22 September 2006. The consultation questions are listed in **Annex 1**.

NHS Continuing Healthcare is usually thought to be for older people, often in residential care, but it also applies to younger people and can be provided in any setting. Therefore, although the Framework reinforces the Government's policy commitments to dignity in care and healthy ageing as set out in *A New Ambition for Old Age*, it is separate from the *National Service Framework for Older People*. This guidance does not cover under 18s (children). Whilst similar principles and values apply to Continuing Care for Children, the law and case law are different in this area. For example, children also have a need for education. Guidance on this topic is currently under consideration.

Overview of the consultation process

We wanted to make the consultation open to everyone. As well as the main consultation paper, three other documents were published at the same time. They were

- the *Core Values and Principles of the Framework*
- a *Public Information Leaflet*, and
- a *Presentation* setting out the main content of the Framework (for use by groups).

We published A *Partial Regulatory Impact Assessment* at the same time. This set out our estimate of the costs and benefits of the National Framework.

All of these are available from the Continuing Care Policy pages on the Department's website at

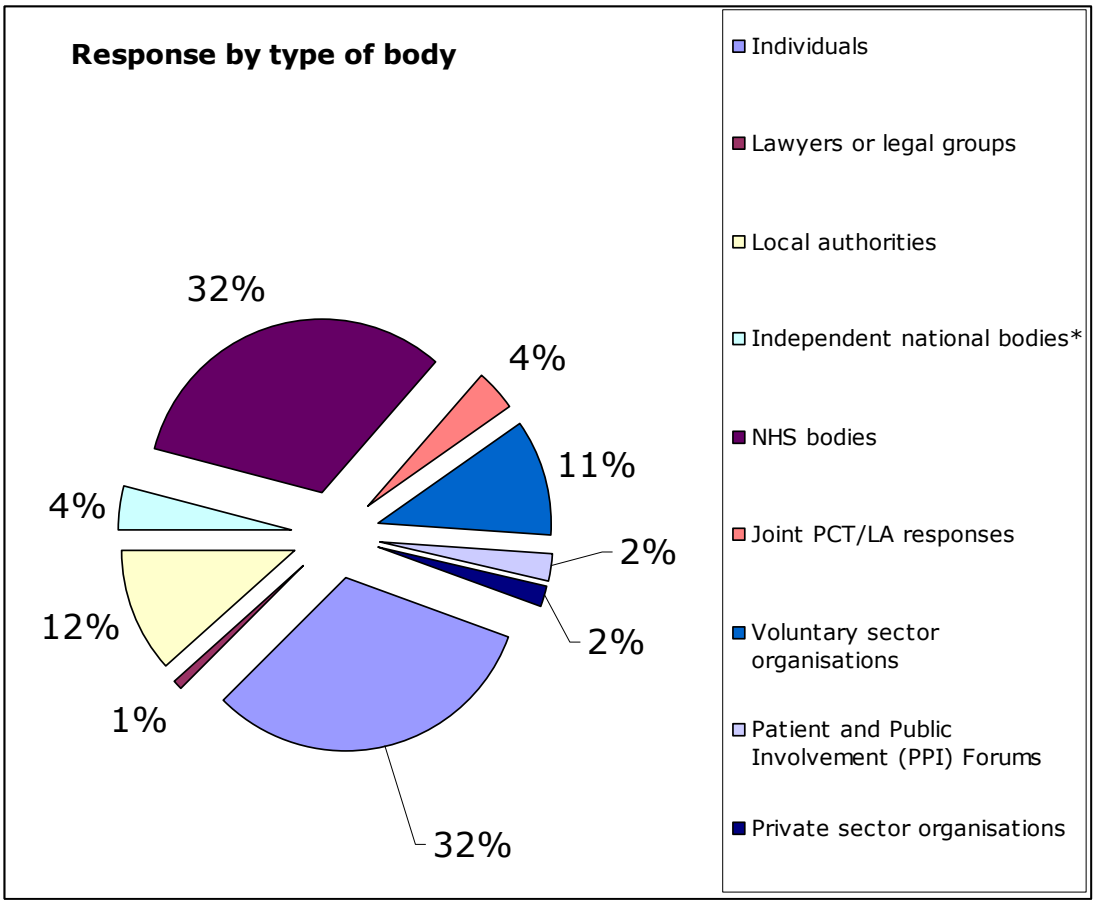
www.dh.gov.uk/en/Consultations/Closedconsultations/DH_4139205

We held public meetings in Birmingham, Bristol, Leeds and London which about 640 people attended and we had meetings with key interest groups.

Annex 2 lists the individuals and organisations that sent us a written contribution, and **Annex 3** is a list of the meetings.

Type of respondent

The following chart show that NHS organisations and – most pleasing – individual members of the public were the leading contributors.



* Such as the Royal College of Nursing, or the Royal College of Physicians.

Acknowledgements

Many of those who wrote or attended one of the public meetings (and some did both) responded to each of the questions, but some covered only those points of particular concern to the contributor, or on points where they had particular expertise or personal experience.

We would like to thank them all for taking the time and trouble to help us.

Progress since the consultation

We redrafted the tools to support decision-making that were put forward as part of the consultation, according to comments from respondents. There is more information about this in the next section. We published the new versions online on 29 January 2007, and 17 Primary Care Trusts (PCTs) across the Country took part in a trial to test whether they were helpful and easy to use. They have tested the tools on over 1,200 cases. We also ran workshops in every

Strategic Health Authority region for the people who are going to be using the Framework to decide on people's eligibility.

We are publishing the revised Framework at the same time as this response. This is so people can see exactly how we have responded to the issues they raised in the consultation.

Scope of this report

This is a summary of the written responses to the consultation with our response. Although every response has been carefully read and analysed, this report will deal mainly with comments made by at least 5 percent of respondents. Not everyone replied to all questions, so we analysed each question separately, with the figures in the main text referring to percentages of people who replied to that question, rather than to the total number of respondents. Where responses highlighted points that applied to more than one question, this is described in terms of the total number of respondents.

Finally, we set out the timescale for the implementation of the Framework.

Part 2: Responses to the consultation questions

Terminology

(Question 1)

What you told us

- In terms of names used for different types of funding, respondents frequently suggested they would be satisfied with more than one alternative.
- 31 percent of respondents to this question believed the names given in the title of the consultation document should or could be kept.
- Many respondents suggested that NHS-funded Nursing Care should be altered to indicate that the nursing care is not fully funded.
- Some respondents found the phrase 'primary health need' unclear, and suggested it be renamed (one alternative being 'predominant health need').
- Many respondents noted that any further changes in terminology might lead to more confusion, and that the key issue is explaining terms to the public, rather than the names themselves.

Our response

- To minimise further change, we will keep the same names used in the consultation document (NHS Continuing Healthcare and NHS-funded Nursing Care).
- Likewise, changing the phrase 'primary health need' at this stage would cause much confusion and be incompatible with court rulings and previous guidance.
- However, we acknowledge that these terms and phrases could be better defined. For this purpose the new Framework documents will include a glossary of terms.

The proposed National Framework: roles and responsibilities

(Question 2 and other comments)

What you told us

- A narrow majority (49 percent against 34 percent) did not approve of the proposal to remove the responsibility of the Strategic Health Authority (SHA) for continuing care policy. The major concerns were that local interpretation could lead to inconsistency or a lack of accountability, and that PCTs might have conflict of interests.
- 16 percent of respondents to question 2 said that the ability of PCTs to respond to local demands could be helpful, because they have direct links to the commissioning of care services.
- A third of all respondents told us that auditing and monitoring the process at every stage is important, and many also said that we should have an appeal and dispute resolution route monitored or carried out by independent bodies.

- 16 percent of respondents to thought that NHS and Local Authorities (LAs) could take joint responsibility; 15 percent of all respondents raised this possibility with respect to various stages of the process (questions 2,3,7,8 and 10).
- 28 percent said that it was unclear who (clinicians, multi-disciplinary team etc) should be carrying out assessments.

Our response

- Because most people told us **not** to move to PCT responsibility, we have reviewed this proposal. Ultimately, the National Framework is for PCTs to apply, and SHAs will no longer set 'local' eligibility criteria. Instead, the SHA will be responsible for managing PCT performance in operating the National Framework. Guidance about the role of SHAs in performance management and dispute resolution is included in the Framework.
- We agree with the many respondents who said there should be an opportunity for LAs and PCTs to work together and the Framework reflects this.
- We hope that we have clearly set out roles and responsibilities, including the different responsibilities of PCTs and SHAs regarding assessments and dispute resolution in the new Framework.

The proposed National Framework: process and implementation

(Question 7 and additional comments)

What you told us

- Most responses (59 percent) were positive about the illustrated process; 30 percent were neutral or ambiguous in their responses.
- 28 percent of respondents emphasised the importance of **training** (and accreditation of assessors; and, in response to questions 4,5 and 7, said that it would be crucial to proper implementation.
- 31 percent said that the links to current systems, such as the single assessment process (SAP), should be made clearer(this was mentioned by 17 percent of all respondents to questions 6,7 and 8).
- 33 percent of respondents told us that we had to make clearer how the process applies to individuals not in care homes (such as people in respite care, rehabilitation, intermediate care).
- 15 percent of respondents felt there needed to be more emphasis on advocacy and carer involvement; the need for attention to be paid to carer needs and wishes was also raised in response to Questions 6 and 10.
- Many respondents noted the need to have clear and realistic **timescales** for every stage of the process.
- 26 percent felt that **resource and capacity implications** should be better assessed and asked whether additional funding would be made available; in response to various questions, the issue of financial implications was raised by a total of 24 percent of all respondents

Our response

- We welcome the positive reaction to the proposed Framework and believe that we have used the contributions we received to improve it.
- The connection between the National Framework and existing or emerging assessment procedures (e.g. SAP and CAF), and other care options, is clearer in the Framework. The proposed National Framework process and documentation is not intended to replace existing assessments, nor does it introduce an additional layer of assessments.
- In addition to the workshops we held for PCTs and LAs earlier this year, we are developing a national training package to ensure that the NHS and LAs are well aware of the changes which are taking place.
- We are publishing a full Regulatory Impact Assessment to discuss the costs and benefits in more detail.

Basis for eligibility decisions

Question 3, 6, 8 and 9

What you told us

- 74 percent of people who responded to question 3 agreed that the proposed framework achieves its goal to assess individuals on their need for care, and that this is the right thing to do.
- However, 21 percent of respondents said that diagnosis should also be taken into account, because it can be the key trigger for determining needs and can help in establishing the prognosis for a patient.
- 88 percent of respondents were in favour of a national **Screening Tool** (as it was called during the consultation). The need to recognise the impact on discharge from hospital was raised.
- Some people said that automatically giving greater emphasis to end-of life care was inconsistent with a needs-based approach. Many respondents said that the guidelines on end-of--life decisions would have to be particularly clear in the tool. The need for clarity in this area was raised in response to questions 3, 5, 8 and 12.
- 90 percent of respondents to question 9 were also in favour of implementing a **Decision Support Tool**. Many emphasised that the tool should be a compulsory part of the assessment of eligibility for NHS Continuing Healthcare.
- 76 percent of the respondents to question 6 were fully or mostly in agreement with the suggested domains, with only 5 percent opposed to them.
- 34 percent of respondents to question 6 believed pain management and/or palliative care should be included or emphasised. Other suggested additions included symptom control and sleep disturbances.
- 21 percent of respondents to question 6 felt that mental health and/or learning disability needs were not being taken properly into account. Concerns regarding mental health needs were also raised in response to Questions 3 and 5, with 14 percent of all respondents mentioning this concern.
- Many people suggested that the domain ‘Seizures/Altered states of consciousness’ should be renamed simply ‘Altered states of consciousness’ because this includes seizures.
- 26 percent of respondents to question 9 asked for guidance on how many moderate and high health needs would constitute a ‘primary health need’. On a related point, a few respondents asked for a **scoring** system.

- Many respondents thought the tool should show the extent of LA powers rather than just a primary health need. Indeed, a total of 25 percent of all respondents raised the issue of the limit of LA powers with respect to questions 3,4,9 and 13.
- Finally, some questioned whether the tool had made sufficient allowance for low-level needs which could combine to create a need for care, such as to warrant Continuing Healthcare.

Our response

- We welcome the positive response to the questions, particularly to the idea of nationally-endorsed tools to aid decision-making.
- We do intend that PCTs should use the Decision Support Tool in all cases where a full assessment is made, to ensure that all appropriate evidence from assessments is gathered and considered fairly and consistently.
- The concern about 'end-of life' care being inconsistent with a needs-based approach was proportionately small compared to the numbers of people who requested greater emphasis on end-of-life care.
- The ability to fast track individuals has been checked to make sure that it is consistent with wider initiatives currently in-hand to improve the quality of end-of-life care, including the ability for individuals to exercise choice. More information of the End-of-Life strategy is available from

  www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Endoflifecare/DH_4106262

- When we published the new versions of the tools after the consultation, we made several changes.

"Screening" tool

- The new draft of the screening tool was named a 'referral' tool, to make it clear that its purpose was to refer for full consideration for NHS continuing healthcare, not to screen out. In most areas the proposed referral tool would fit well within current discharge procedure, where it must be recorded that continuing care eligibility has been considered. However, the people testing the tool found this name unhelpful.
- Because so many people wanted a fast-tracking process as part of the tool (Q8), the draft Referral Tool indicates that prognosis, where available, can be noted as part of the reason for fast tracking. Now, we have separated the two tools, into the "NHS Continuing Healthcare Needs Checklist" and the "NHS Continuing Healthcare Fast Track Tool"

Decision Support Tool

- We accept that, in some circumstances, diagnosis and therefore prognosis may have an impact on determining care needs. The new Decision Support Tool therefore includes a box for noting the diagnosis, should this be relevant to the consideration of needs.
- The 'Seizures/Altered states of consciousness' domain has been renamed as requested.
- We have looked very thoroughly at the tool and talked to the people who have tested the tool to try and make sure that:
  - the needs of patients with mental health problems and learning disabilities can be properly assessed under the proposed framework, and – in particular – that it is made as clear as it possibly could be that NHS Continuing Healthcare can apply

to people with mental health problems or learning disability as well as to people with physical disability or organic disease
- the tool allows multiple low-level needs to combine to constitute a primary health need.

The four key indicators

Question 4 and 5

What you told us

- 65 percent of responses to question 4 were wholly or partly in agreement with the four key indicators.
- A narrower majority (49 percent against 27 percent) of respondents were positive about the statements used to describe the indicators; almost half of the respondents to question 5 expressed concern that the descriptions were open to interpretation or difficult to understand.
- Many respondents suggested that 'nature' should be excluded, renamed or incorporated into other indicators. Specifically, it was thought not to clearly enough express the importance of 'quality or quantity'. Similarly, several respondents noted that the concept of 'continuity' of care was lacking, or suggested that there should be a category for 'totality' or 'volume' of care which could be related to low-level needs.
- Unpredictability: several respondents thought that this was effectively covered in other indicators. The danger of classifying individuals as 'predictably unpredictable' was noted.
- Complexity and Intensity: some respondents thought that the statements were too restrictive.
- Risk and Stability: 18 percent felt that there should be either an additional measure of, or more emphasis on risk, including risk if care were to be withdrawn. Some respondents mentioned similar concepts of stability and the effect on stability of withdrawing care.
- 13 percent of respondents to question 5 said that the relationship between the statements describing the indicators and the Decision Support Tool could be clearer. Many seemed to think of the indicators and the domains as two different sets of criteria, rather than complementing each other.

Our response

- We have emphasised that the risks of removing support or care should be taken into account. "Stability" is not mentioned in the new Framework and being "predictably unpredictable" should never be used as a reason **not** to give NHS Continuing Healthcare. We will be emphasising this in the training material we are developing.
- We recognise the importance of comprehensive risk assessments. Therefore, the Decision Support Tool requires assessors to record that risk assessments have been made, and the descriptions within the domains contain more explicit references to risk.
- The indicators were more controversial than the care domains. Whilst recognising that the indicators have been central to NHS Continuing Healthcare policy, we also recognise that many people find them confusing and unclear.

- We have included descriptions of nature, intensity, complexity and unpredictability in the Framework that are as straightforward as possible and tried to show how the Decision Support Tool can use them to build up a picture.
- Looking at the results of the trial so far, we have seen that people using the tool are able to assess people as eligible for NHS Continuing Healthcare whether they have many lower needs or a few higher needs. We think therefore the Decision Support Tool does capture the concept of continuity or totality/volume. The training materials that we are developing should help people understand these issues.

NHS nursing care

Question 10 and 11

What you told us

- Most respondents agreed that the care planning process was the best stage at which to establish the nursing needs of an individual.
- Many respondents thought that nursing needs could be adequately assessed during the single assessment process or with other existing tools.
- 69 percent of responses to question 11 were in favour of creating a single band for payments of NHS-funded Nursing Care.
- However, there were many financial concerns about the transition risks for current patients, and that the rate was overall too low.
- Some respondents said that the single band was a departure from needs-centred care.

Our response

- We welcome the positive response to the proposal to create a single band for nursing; we believe this will help simplify the system.
- We recognise the role of the SAP (which is currently being developed into the Common Assessment Framework) in assessing older people's needs, as we do the role of other assessment tools for other care groups. The Framework allows people to use those assessment tools to gather the necessary evidence.
- The single rate will not define the package of care; nursing needs should still be met as necessary according to the care plan.
- The rate has been calculated according to the current allocations, so it should be "cost neutral". However, we recognise that there are issues around people currently receiving high band payments and any change to funding will be made upon review rather than immediately on 1 October 2007.
- The full Regulatory Impact Assessment sets out how we have tried to better assess the financial implications.

Comment on the Supporting Documents

Question 12

What you told us

- One concern was that our financial estimates were too low.
- Many people found the Core Values and Principles Document very clear and helpful.

- Many people thought the public information leaflet was helpful.

Our response

- The full Regulatory Impact Assessment sets out how we have tried to better assess the financial implications.
- Because people liked the Core Values and Principles document, we have taken the parts of it which seemed most helpful and put them into the new Framework.
- We will be issuing another public information leaflet in the time leading up to the implementation date.

Some other questions you wanted answers to

Question 13

A number of respondents raised additional questions. Some of these were about individual cases. However, a number of issues were raised by several respondents and this section addresses those most frequently mentioned.

Will you please include case studies in the final Framework?
We have considered the possibility of providing case studies (examples) in the Framework, and discussed this – at length – in the public meetings, and with key groups. The clear consensus was that while case studies will be helpful in training staff in the use of the National Framework (and are being developed as part of the training package), there was a real risk that case studies would become 'the qualifying criteria' rather than examples. The intention has always been that eligibility should be based on an assessment of a person's unique circumstances, not by comparison to another person (real or imaginary).

Will the Framework be retrospective?
All SHAs should have checked their criteria were lawful, following the Coughlan and Grogan judgments and should have been applying those criteria in determining eligibility for NHS Continuing Healthcare. The new Framework will not be applied retrospectively; it is a new system that will apply to all cases on or after 1 October 2007.

Please can we have more guidance on Direct Payments/Individual Budgets?
As explained in paragraph 4.39 of *Our Health, Our care, Our Say* the Government has decided not to extend the principle of Individual Budgets and Direct Payments to NHS care; (Continuing Healthcare **is** NHS care). This is because to do so would compromise the founding principle of the NHS that care should be free at the point of need.

In our experience, in many situations where Direct Payments have been suggested for NHS Continuing Care, very similar packages of care can be provided by the PCT by commissioning in a way which takes into account the individual's wishes.

What will happen about equipment provisions?
If someone is eligible for NHS Continuing Healthcare, any healthcare equipment necessary for delivering the care plan will be provided by the PCT. If someone is not eligible, then who funds the care plan should have been agreed between the PCT, the LA and the individual, and this will determine who provides which equipment.

Please can we have more guidance on joint packages?
NHS Continuing Healthcare is funded solely by the NHS: there are no joint packages. However, many areas have arrangements for joint commissioning of services, including when they provide NHS Continuing Healthcare, and this frequently helps to reduce the costs of care. There are also people who do not qualify for NHS Continuing Healthcare and who still have considerable health needs. They may be cared for in a nursing home providing registered nursing care, in which case they will receive NHS-funded Nursing Care. If not, the PCT commissions healthcare to meet those needs wherever the person is living.

How will you address the gap between NHS Continuing Healthcare and the limits of Local Authority powers?
We have been working closely with the Association of the Directors of Adult Social Services, (ADASS), to address any potential for a "gap". Understanding of this issue has improved on both sides. ADASS are likely to issue their own advice to LAs in addition to the National Framework in due course but we expect that there should, in practice, be no gap. There may be a very few individuals where it is so difficult to decide who is responsible that there could be a risk that neither the NHS nor (subject to the person meeting the relevant means test) the relevant LA, separately or together, might believe it is their responsibility to fund care. We have emphasised in the Framework that this should not lead to a gap in provision, and that LAs and PCTs need to work together to jointly assess people wherever possible, and put in place a solution which meets the individual's needs in the most appropriate way.

Public information on state benefits
Guidance was published following the Ombudsman's report; *NHS Continuing Care Redress, 14 March 2007*.

It is available at

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073094

Part 3: Conclusion

We warmly welcome the positive response to the consultation and we are grateful for the many thoughtful and helpful responses.

There were several issues which arose which warrant further consideration. To summarise, these fell into three groups: implementation, financial and legal.

Implementation issues:

- Training
- Benchmarking
- Monitoring
- Improving clarity and accessibility

Resource considerations:

- Financial impact of introducing the National Framework
- Financial impact of altering the nursing band system and covering transitions for high band patients
- Resources implications if the number of assessments increases or if assessments take longer

Legal issues:

- Where the line is between Health and Social Care
- Where and how to draw that line in our tools

We have carefully worked through the issues you raised and have aimed to address them in the new Framework. PCTs and LAs will be starting to use the new guidance and tools in October this year. Until that time, there will be various public events and workshops for people using the Framework to help everyone understand the new system.

Annex 1: The consultation questions

Question 1: We recognise that terminology can be complex in this area, and the names given to particular packages of care (e.g. NHS Continuing Healthcare) can cause confusion. We are keen to receive any suggestions for how these core concepts could be renamed to better describe the services they provide.

Question 2: Currently, SHAs hold responsibility for local Continuing Care policies. Following the introduction of the National Framework, we are considering moving this overall responsibility to PCTs as the local commissioning bodies for NHS services. We would welcome your contributions on this proposal.

Question 3: The National Framework sets out to assess individuals on the basis of their need for care, rather than their diagnosis, condition or where the care is provided, as the fairest way to determine eligibility for NHS funding. Does it achieve this or are there other factors which should be considered?

Question 4: We assess an individual's needs with reference to four key indicators - nature, complexity, intensity and unpredictability. Do you think these are the correct indicators, or are there any omissions?

Question 5: Do you have any views on the statements used to describe the key indicators?

Question 6: Assessors will determine whether a primary health need is established by looking at the key indicators in terms of eleven generic 'care domains'. Bearing in mind that professional judgment is paramount, are these the right core areas of need to assess?

Question 7: What are your views on the process shown in the assessment framework? What are the potential implementation issues?

Question 8: Do you agree with the concept of a national screening tool to help promote proportionate and appropriate assessments and to direct resources where they are most needed?

Question 9: We would welcome views on the concept of the national Decision-Support Tool to ensure greater clarity and consistency in decision-making nationally.

Question 10: Do you think that the care planning process is the best place to establish whether an individual requires care from a registered nurse? What are the alternative processes for determining eligibility for NHS-funded Nursing Care?

Question 11: What are your views on the principle of removing the banding system for payments of NHS-funded Nursing Care?

Question 12: We would welcome your views on the supporting documents.

Question 13: If you would like to say anything else about the issues raised by the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care, please do so.

Annex 2: Written responses

1 Trafford PCTs CC Team
2 Email address only supplied
3 Rita Morley
4 Rod Murchie
5 Stephen Johnson
6 Roger Hook
7 Tom Crowther
8 Jeff Heathcote
9 Peter Unwin
10 Christine Montague
11 Kathleen Pelham
12 Marilyn Wells
13 Maurice Nutter
14 Kevin Green
15 Lesley Nethercott
16 Pauline Irving
17 John Dorsett
18 George Smith
19 Ian Perkin
20 Bill Drake (Meon Valley Carers)
21 Carolyn Johnson
22 Tony Luxton
23 Jan Matthew (Northants Physio Dept)
24 Sinead Parry (Royal Marsden Trust)
25 Mary Clarke
26 John Burgess
27 Zoe Turner
28 Sally Roots
29 Linda Nazarko
30 Geoff Smalley
31 Ray Boateng (Essex CC)
32 Jan Holden (NW London SHA)
33 Richard Buckland (Easington PCT)
34 Clive Neil-Smith
35 Janet Norris
36 Louise Bass
37 Pat Shore
38 John Nelson
39 Sally Steele
40 Ellen Gray
41 Rod Munday
42 Lynda Miller
43 Lillian Wright
44 MW Campbell
45 Jan Goodchild
46 Jacqueline Foy
47 Jaci Bee
48 Robert Bateman
49 Barbara Harris
50 J Faulkner
51 Ruth Nathan (West Sussex CC)
52 Peter Jones
53 Michele Joss
54 Thomas Higgins
55 Hazel Reese (Powys LHB)
56 Sue Smith (MND Association)
57 Greater Manchester SHA OP Ref Group
58 High Peak & Dales PPI Forum
59 Jeff Silk (Wolves PCT)
60 Karen Staples
61 Christine Hyland
62 Kingston PCT/Royal Borough of Kingston
63 Jack Crossfield
64 Floyd Pattison
65 Bedfordshire Heartlands PPI Forum
66 Lyn Daniel (Devon CC)
67 Bristol South & West PCT
68 Terence Perkins
69 Winifred Suggett (Darlington PCT)
70 British Association of Occupational Therapists
71 Jacqueline Millar (Southwark PCT)
72 Cheshire CC OP Network
73 Peter Francis
74 Vanessa Davey
75 Yorkshire & Humber SHA Events
76 Sheffield Carers Centre
77 East Sussex PCTs
78 Elizabeth Balsom

79 Harrogate District FT
80 Margaret Hardingham
81 Paul Phillipson
82 Pam Briggs
83 Christine Belshaw (Sheffield SW PCT)
84 Huntingdon's Disease Association
85 Home Farm Trust
86 Haringey Teaching PCT
87 Tony Quinton-Smith
88 Bridget Colbran (Eastleigh & Test Valley PCT)
89 East Midlands SHA
90 North Birmingham PCT
91 Linda Everett
92 J M Thomas
93 Daphne Madley
94 W G Sims (Mrs)
95 P I Fuller (Mrs)
96 Arthur Ayres
97 M R Ware (Mr)
98 V H Heath (Mrs)
99 Judith Holden
100 J M Oliver (Mr)
101 Rosemary Johnson
102 M Ehebe-West
103 P Silcock (Mrs)
104 Jeanne Lockett
105 A Hague (Mr)
106 S R Cummins (Mr)
107 C A Rodstrom (Mrs)
108 A J Deacy (Mr)
109 A E Hick (Mr)
110 F G Watts (Mr)
111 Glynis Scarborough
112 Dennis Stainer
113 M Elcock (Mrs)
114 Peter Lowe
115 M Horsburgh (Mrs)
116 Jan Newton
117 Marie Curie Palliative Care Institute
118 North Lincolnshire PPI Forum
119 W K Lee (Mr)
120 Alick Grant
121 Anne Giblin (Newcastle PCT)
122 F A Lockhart
123 East Cheshire NHS Trust
124 I W Hand (Mr)
125 Sally Rouse
126 Norfolk Elders Advocacy Alliance
127 Enfield Disability Action
128 Newcastle-under-Lyme 50+ Forum
129 Hampshire PCTs
130 William Cuthbertson
131 Pro Tem Consulting
132 Margaret Bryant
133 Brian Todd
134 NHS Confederation
135 Julia Politt
136 Leicesteshire & Rutland H&SC Community
137 Humber & Yorkshire Coast Cancer Network
138 Steve McCarthy
139 Newcastle Hospitals NHS Trust
140 Southampton City Council
141 Blackpool PCT
142 Joan Heaton
143 Exeter PCT Public Event
144 Hartlepool Borough Council/Hartlepool PCT
145 South Warwickshire & Rugby PCT
146 Phil Shaky
147 Barnsley PCT
148 Southampton City PCT
149 Tony Gornall
150 Bexley Borough Pensioners Forum
151 Blackburn with Darwen OP Forum
152 Sheffield Teaching Hospitals Foundation Trust
153 Geoffrey Lowndes-Toole
154 Rotherham Pensioners Action Group
155 Solicitors for the Elderly
156 Soroptimist International Central Birmingham Club
157 British Geriatrics Society
158 Walsingham (LD support)
159 NHS Care Info (website)
160 Plymouth City Council

161 Poole PCT
162 Nursing Home Fees Agency (NHFA)
163 National Pensioners Convention
164 Douglas Macmillan Hospice
165 Mr I J Bufton
166 Nottinghamshire County Council
167 Durham Dales PCT
168 Unknown (YO12 4TP)
169 Cheshire Community Voice
170 Sarah Steele
171 Southport & Formby PCT/South Sefton PCT
172 Belinda Schwer (Care and Health Law)
173 Frank Hind
174 Derby City Council
175 Blackpool Council
176 Gay Lee
177 Devon County Council
178 Edward Sotheran
179 West Cornwall PPI Forum
180 Southend Carers' Forum
181 H E Berrill (Ms)
182 Lancashire County Council
183 King's College Hospital NHS Trust
184 Diane Neath
185 Hampshire Care Association
186 Debra Gosling
187 Eileen Huish
188 Anne Winship
189 Valerie Southan
190 David Northrop
191 Unknown (Blackburn)
192 Suffolk Association of Independent Care Providers
193 NHS London CC Review Panel Chairs Group
194 Barchester Healthcare
195 Scarborough, Whitby & Ryedale PCT
196 Greater Manchester SHA PCTs' Forum
197 Jean Tottie (Greater Manchester SHA)
198 Royal College of Psychiatrists
199 Hertfordshire PCTs
200 Durham & Chester-le-Street PCT
201 NHS South West CC Event
202 Raj Bajwa (Bedford PCT)
203 Croydon PCT
204 Nottingham City PCT
205 Heart of Birmingham PCT
206 Colin Evans (North Birmingham PCT)
207 Emma Bedggood (South Glos PCT)
208 NHS South East Coast
209 Surrey & Sussex PCT Alliance
210 Sheffield PCT OP Services Group
211 5 Boroughs Partnership NHS Trust
212 Carol Wise
213 Progressive Supranuclear Palsy Association
214 Royal West Sussex Trust (Discharge Co-ord)
215 West Yorkshire SHA
216 Newark LD MDT
217 Bolton MB Council
218 North Somerset PCT
219 Jacqui Banks (Thames Hospice Care)
220 Kensington & Chelsea PCT
221 Kim Grosvenor (Age Concern Shropshire)
222 Whole Systems Partnership
223 Graham Newsom
224 Brendoncare Foundation
225 Greg Clare (North Hampshire PCT)
226 Derbyshire County Council/Derbyshire MH Services
227 Help the Aged
228 Southern Cross Healthcare
229 Bexley Care Trust
230 Bexley Council
231 Greenwich & Bexley Cottage Hospice
232 Oxleas Foundation NHS Trust
233 Bexley Care Trust LD Services
234 Preston Local Health Economy Group
235 Central Manchester PCT
236 Foundation for People with Learning Disabilities
237 Brain Injury Social Work Group
238 North Yorkshire County Council

239 Heather Walsh
240 Diana Smith
241 David Gooch
242 Ina Kitchen
243 Warrington PCT
244 North Cumbria PCTs
245 Newcastle City Council/Newcastle PCT
246 Age Concern
247 South Hams, West Devon & Teignbridge PCTs
248 Janet Pugh
249 East and North Hertfordshire NHS Trust
250 East Lancashire PCT
251 London Borough of Merton
252 Sheffield PCTs
253 Nottinghamshire PCTs
254 Redbridge PCT
255 Janet Osbourne
256 Mary Lobb
257 S Dewiest (Mrs)
258 Phil Shakespeare
259 PJ Crowter-Jones
260 Elaine Horner
261 Suffolk West PCT
262 Havering PCT
263 Hertfordshire County Council
264 Lincolnshire County Council Health Scrutiny Committee
265 Barbara Harrison
266 Lincolnshire PCTs/MH Trust
267 Hampshire County Council
268 Lincolnshire County Council
269 Lewisham PCT/London Borough of Lewisham
270 Leicester/shire & Rutland H&SC Community
271 Gillian Tame
272 Oxfordshire County Council
273 Brain Injury Rehabilitation Trust
274 Royal College of Physicians
275 North Nottinghamshire Health Community
276 Wiltshire PCTs
277 South Gloucestershire PCT
278 Wigan MB Council/Ashton, Wigan & Leigh PCT
279 Hazel Harris
280 Michael Armstrong
281 Fiona Pritchard
282 Swindon PCT
283 Carlisle & District Care Forum
284 North Somerset Council
285 Graham Robinson (Norfolk County Council)
286 St Catherine's Hospice
287 Norfolk PCTs
288 Wirral PCTs
289 Cornwall County Council
290 Leeds PCTs
291 Halton Borough Council
292 Brian Dobson-Spink (Independent Chair)
293 National Association of Laryngectomees
294 Oldham PCT
295 Kent County Council
296 Carers Support Service
297 Blackburn with Darwen Council
298 Ealing PCT/London Borough of Ealing
299 John Russell
300 Manchester North, Central & South PCTs
301 Norfolk County Council
302 Richmond & Twickenham PCT
303 Solihull PPI Forum
304 Royal College of Nursing
305 Wolverhampton PCT/Wolverhampton MB Council
306 South London & Maudsley NHS Trust
307 Southwark PCT/Southwark Council
308 South Staffordshire PCTs
309 Alzheimer's Society
310 Hambleton & Richmondshire PCT
311 Association of Charity Officers
312 Avon & Wiltshire MH Partnership Trust
313 Derby Hospitals NHS Foundation Trust
314 Bath & North East Somerset PCT
315 Royal West Sussex Trust
316 Ray Bradshaw (Sunderland PCT)
317 Gaynor Evans (Age Concern Shropshire)

318 Age Concern Norfolk
319 Margaret O'Brien
320 Neil Feasey
321 Anthony McCallum (Guildford PCT)
322 St John's Hospice
323 Peter Williams (South West SHA)
324 Help the Hospices
325 Sue Dove (South Tees Trust)
326 Enfield Voluntary Action
327 Gateshead PCT/Gateshead Council
328 Frances Grant (Derby Hospitals Trust)
329 London Borough of Barking & Dagenham
330 Sid Latimer
331 Teresa Wright
332 Amanda Wollum
333 Deborah Ward
334 Bevan Brittan LLP
335 North Lincolnshire PCT
336 Homerton University Hospital Foundation Trust
337 Mary Harrison
338 Leeds City Council
339 Greater Peterborough PCP
340 National Mental Health Partnership
341 Camden PCT
342 G Hopkins
343 Barnsley MB Council
344 Kate Rowland
345 Alzheimer's Society (Woking Branch)
346 Wakefield West PCT
347 Cordelia Thompson
348 Cheshire PCTs
349 North Tees PCT
350 Heart of England Housing and Care Ltd
351 Judy Dale (South Worcestershire PCT)
352 Action for Carers (Surrey)
353 Wiltshire County Council
354 West Lincolnshire PCT/Lincolnshire Partnership Trust
355 Sheffield Council
356 North Staffordshire Pensioners Convention
357 North East SHA
358 Plymouth PCT
359 English Community Care Association
360 Chartered Institute of Public Finance Accountants
361 Torbay Care Trust
362 Easington PCT
363 Salford PCT/Salford City Council
364 Sedgefield PCT
365 Manchester MH and Social Care Trust
366 Lambeth PCT
367 Telford & Wrekin PCT
368 South West Dorset PCT
369 Harrow PCT
370 Nigel Evason (Wandsworth PCT)
371 Warwickshire County Council
372 Optical Bodies Joint Response
373 Lorna Archer
374 Princess Alice Hospice
375 Katie Foster
376 North West SHA
377 John Crofts
378 Care Homes Support Team
379 Harrow Council (H&SC Integration Board)
380 Portsmouth City PCT
381 NE Yorkshire & N Lincolnshire SHA
382 Darlington Borough Council
383 Joan Thomas
384 Ashfield & Mansfield PCTs
385 Sandwell PCTs/Sandwell MB Council
386 East Suffolk & Waveney PCTs
387 Tameside Council (RIQ Forum)
388 Harrow Council (DASS)
389 Prospectus Projects
390 North Warwickshire PCT
391 Bolton PCT
392 Northumberland Care Trust
393 C A Franks
394 Wirral Council
395 National Federation of Royal Mail & BT Pensioners

396 Coventry City Council
397 Miall James
398 Counsel and Care
399 Geoff Thompson (Blackpool PCT)
400 Barnet PCT Workshop
401 Isle of Wight PCT/Isle of Wight Council
402 Royal College of General Practitioners
403 Priory Healthcare
404 Greater Derby PCT
405 Nottingham City Council
406 Sunderland Teaching PCT
407 British Medical Association
408 Parliamentary & Health Services Ombudsman
409 Bedfordshire Heartlands PCT
410 Suffolk County Council
411 Anita Rush (Berkshire PCT)
412 Greenwich Teaching PCT
413 Voluntary Organisations Disability Group
414 Hounslow PCT/Hounslow Council
415 Leonard Cheshire Organisation
416 British Association of Social Workers
417 Yorkshire Wolds & Coast PCT
418 Buckinghamshire County Council
419 Luke Clements
420 Civil Service Pensioners' Alliance
421 The Law Society
422 Relatives & Residents Association
423 Dudley PCT
424 Bournemouth Borough Council
425 NHS South West
426 East of England SHA
427 West Midlands ADSS
428 Manchester City Council
429 Doncaster East PCT
430 Rotherham PCT/Rotherham MB Council
431 Susan Shearman
432 Manchester Alliance for Community Care
433 Stockport PCT
434 Bromley PCT
435 Parkinson's Disease Society
436 Continence Foundation
437 Sutton & Merton PCT
438 Royal College of Speech & Language Therapists
439 Vale of Aylesbury PCT
440 South and East Dorset PCT
441 Somerset County Council (Health OSC)
442 Southend-on-Sea PCT PPI Forum
443 Nottinghamshire Care Homes Association
444 Continuing Care Conference (CCC)
445 London Borough of Richmond
446 Nicola Brain (Derby Hospitals Trust)
447 Gloucestershire PCTs/Gloucestershire County Council
448 Elizabeth Moffett
449 Guide Dogs for the Blind
450 Newham PCT/London Borough of Newham
451 BUPA
452 Chartered Society of Physiotherapy
453 Frances English
454 Staffordshire County Council
455 Tower Hamlets PCT/East London & City MH Trust
456 Eastern Wakefield PCT
457 Langbaurgh & Middlesbrough PCTs
458 Alice Stevens (West Surrey PCTs)
459 Worcestershire County Council
460 Wyre PCT
461 Graham Pearson (Swindon County Council)
462 Selby & York PCT
463 Derwentside PCT
464 East Riding of Yorkshire Council
465 Staffordshire Association of Registered Care Providers
466 North Derbyshire PCTs
467 London Borough of Enfield
468 Cheshire County Council
469 P Halsall
470 Bromley Hospitals NHS Trust
471 Keith Mercer
472 London Borough of Brent

473	Anchor Trust
474	Joseph Weld & Trimar Hospice
475	Rochdale Council OPMH Group
476	Anna Carrier (Lawns Neighbourhood Care Centre)
477	Worcestershire Acute Hospitals Trust
478	Bury Council
479	NHS South Central SHA
480	Exeter Senior Voice
481	Royal College of Physicians of Edinburgh
482	Enfield PCT
483	Buckinghamshire Brain Injury Rehabilitation Service
484	LGA/ADSS
485	Tameside & Glossop PCT
486	NW London SHA
487	West Berkshire Council
488	Salford PCT PPI Forum
489	Motor Neuron Disease Association
490	Islington PCT
491	St Helens Council
492	Trafford South PPI Forum
493	Brian Cockbill
494	Commission for Social Care Inspection
495	SE Coast Local Authorities
496	Calderdale & Kirklees PCTs
497	JK Hudson
498	Libby Lowe
499	Robin Lovelock

Annex 3: List of meetings

Event/Meeting	Date (2006)	Location
Association of Directors of Social Services (ADSS) – South East Regional Authorities' Meeting	23 June	London
DH Consultation Events 1&2	10 July	Leeds
DH Consultation Events 3&4	14 July	London
Chartered Institute of Public Finance Accountants – Health and Social Care Panel	20 July	London
CSIP internal meeting	24 July	Colchester
DH Consultation Events 5&6	26 July	Bristol
DH Consultation Events 7&8	27 July	Birmingham
North West London Health and Social Care Community (NHS and Local Authority group)	8 August	London
Royal College of Nursing	22 August	London
Mixed group (hosted by regional Mental Health Trust)	24 August	Lincolnshire
Learning Disability foundation	25 August	London
Mackintosh Duncan Solicitors	4 September	London
English Community Care Association and independent Care Home Providers	11 September	London
Royal College of Nursing; Help the Aged; Age Concern England; Alzheimer's Society	12 September	London
NHS Strategic Health Authority Continuing Care Leads meeting	13 September	London
ADSS/Local Government Association	14 September	London
Parliamentary and Health Service Ombudsman	20 September	London


DH
Department
of Health