



IT'S ABOUT WHAT'S RIGHT

The Lawyer & The Nurse Ltd Guide to NHS Continuing Healthcare Funding



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A word about the photographs in this brochure:

When it came to choosing photographs in this brochure we decided that ‘stock copyright free images’ served no purpose – you know the sort of thing – you see them everywhere – pictures of nurses compassionately holding the hand of smiling wheelchair bound elderly people or generic photographs of meetings – essentially staged and meaningless.

The pictures in this brochure include pictures of a generation in its prime and artifacts from lives well lived. It is important to remember that many applications for CHC funding are made by a generation to whom a great debt is owed. For those of you for whom caring for parents or family members has become a source of stress and worry – it is important to remember that having contributed both financially and socially, these people are worthy of respect and dignity despite being physically and mentally frail.

Whilst many applicants for funding are able to understand and follow the process – the majority aren’t due to frailty and cognitive decline. Were the family members that you are caring and fighting for able to understand what you are doing for them – we are sure they would be incredibly grateful.

So we hope our pictures serve as a reminder that these are not just ‘elderly people’ that need processing – they are reminders that applicants were once like you and I – useful and active members of society with full lives and caring responsibilities of their own. All they are asking for now – is a little bit back.

Other pictures of The Lawyer and The Nurse staff were taken by ‘Lily Tait – Creative Website Photography’ – thank you for your input – it was a pleasure working with you and the shoot was actually good fun – not being used to being in a studio, it was not as daunting as we thought.

All images © 2021 The Lawyer & The Nurse Ltd.

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INTRODUCTION

Welcome to The Lawyer & The Nurse Ltd.'s Guide to Care Fees which is aimed at anyone who is seeking to fund care for the elderly and/or the vulnerable from the NHS. The type of funding that pays for all care fees is known as Continuing Health Care Funding. It's granting is subject to assessment to establish whether the applicant has a primary health Need. If found eligible, all care is paid for by the NHS and is free at point of delivery, regardless of the applicants income or assets. In other words it is not means tested.

The first half of this guide explains the process, and the second half (from page 13 onwards) explains how we can help you achieve the best possible outcome.

Here at The Lawyer & The Nurse our team are, above all, experts in social and NHS care provision and ready to help guide you through the care funding process. Our values are informed by personal experience and a great deal of professional involvement in the application process for NHS Continuing Healthcare Funding. We undertake cases for clients from all over England and Wales. We take our strapline of "It's About What's Right" seriously – in fact it is not just a strapline – it informs all our dealings with all clients for whom we act. We have built our reputation on being value for money and straightforward. We challenge you to find a more cost-effective way of getting professional help on board with a fully supported application for funding costing about the equivalence of 1 or 2 weeks' care in some settings.

If you are considering making an application for funding for your care or making an application on behalf of a parent or loved one, the process may at first seem daunting and complicated – if there is any advice to pass on in dealing with the issue it is to be persistent – do not accept adverse conclusions without questioning them and above all – get the view of a medic who is qualified to measure your specific circumstances against the assessment criteria at a very early stage. We offer this service at a fixed cost.

Within this guide we give you information on what you can expect from the various stages in the application procedure and provide answers to some questions and concerns that you may have about the process of obtaining funding for care needs. We understand that this may be a difficult time and a confusing process to embark upon – so let us guide you through that process. We have tried to include enough information here to help you understand the application procedure that you may be starting. Whether you have yet to begin your application or have been refused funding at any of the various stages – give us a call. We are unique in that we retain both lawyers and medics on staff so there is always someone to talk you through the legal implications and importantly the medical evidence that forms the backbone to any application.

If you think we may be able to help you, your family or friends on any matter relating to care fees then please contact us on 01536 516 251 for a free, no obligation chat. We would be delighted to help.

Kind regards
Adam Cresswell & Nicki Slawson

BA(hons), PgDip (Law), PCert (Law) RMN

Directors
The Lawyer & The Nurse Ltd.



Who is this Guide For?

This information is for those seeking funding for their own care or for the care of a family member or loved one.

Different types of Funding

‘Care Fee Funding’ refers to money that is paid for care provided in a residential home, nursing home, a supported living placement or care delivered in the patient’s own home.

Funding for the cost of care can come from a number of sources: From patients themselves, their families or from the state – either via the NHS or your Local Authority (via adult or child social services).

Private Funding

If the care need arises out of a social need (e.g. help with personal care and preparing meals etc- as opposed to a nursing need), the applicant will not qualify for NHS funding and the cost will be based upon financial assessment – it is means tested by the Local Authority. In broad terms, if you have over £23,250.00 in savings (it is anticipated that this may change in the Government’s review of social care) then care would be funded privately out of your savings. If you have below this but have a large income e.g. from a pension, then you may still be classed as being required to ‘self-fund’. If you have less than the £23,250.00 then you may have to make a part contribution towards any care – or no contribution depending on the actual level of income available.

Funding arrangements are entirely different if your needs go beyond social care and you are able to establish that you have a ‘primary health need’.

NHS Funding

The law says that if any person has a primary health Need then any care necessary to meet that need must be free at the point of delivery. The current system of establishing whether any person has in fact got a primary health need involves formal assessment – initially by a Checklist, then by measuring all available evidence against set criteria as defined by the [National Framework for Continuing Healthcare and NHS Funded Nursing Care 2018](#).

As with most formal assessments for state funding there are a number of checks and balances to ensure that the right decision is taken. These involve a number of appeal stages. The first stage is an appeal to the local Clinical Commissioning Group (CCG) followed by an Independent Review through NHS England. After these stages the appeal moves to the remit of the Parliamentary Health Service Ombudsman (PHSO) and ultimately to a Judge sitting in a Court by way of Judicial Review.

The process is neither straight forward or easy to navigate and it is not uncommon, despite the procedure being clearly defined, for cases to be considered outside the eligibility criteria by which the assessors are bound. Representation by an independent Clinical Assessor and a Lawyer who has made many hundreds of applications can considerably increase your chances of successfully making a claim (or reclaiming money that has already been paid out).

It is this legal and clinical input that The Lawyer and The Nurse Ltd. provides.

The First Step...

Establishing a primary health need or Social Care Need (or both)

The first step is to establish whether the applicant for Continuing Healthcare Funding has a primary health need or a Social Care Need (or both). There are no formal legal definitions of **primary health need** or **Social Care Need**, but the **National Framework for NHS Continuing Healthcare** helps to put things into context:

“2.1 Whilst there is not a legal definition of a **healthcare need** (in the context of NHS Continuing Healthcare), in general terms it can be said that such a need is one related to the treatment, control or prevention of a disease, illness, injury or disability, and the care or aftercare of a person with these needs (whether or not the tasks involved have to be carried out by a health professional).

2.2 In general terms (not a legal definition) it can be said that a social care need is one that is focused on providing assistance with activities of daily living, maintaining independence, social interaction, enabling the individual to play a fuller part in society, protecting them in vulnerable situations, helping them to manage complex relationships and (in some circumstances) accessing a care home or other supported accommodation.”

Establishing primary health need or Social Care Need

Getting the Checklist Completed

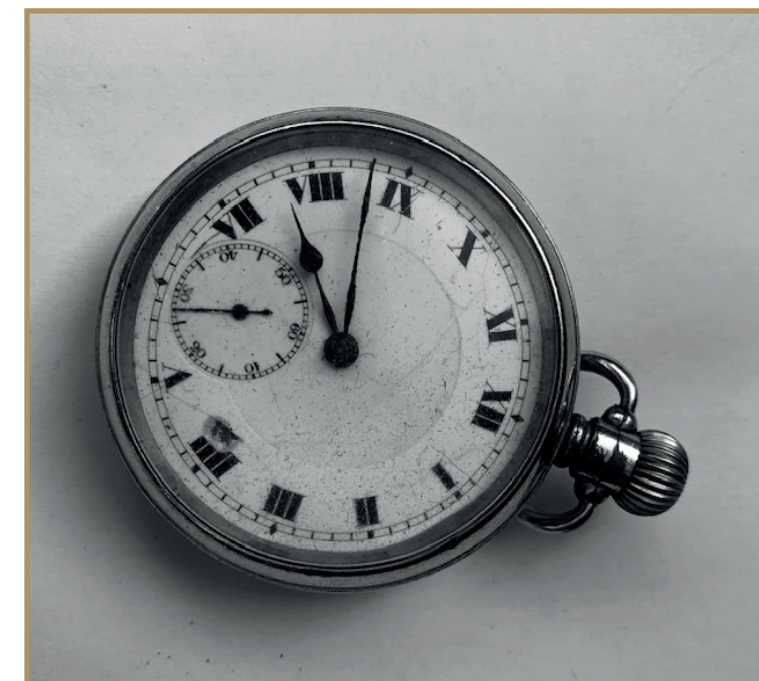
The Care Act 2014 places the onus on Social Workers to complete a Checklist if they form the view that an individual possibly has a health need. Alternatively access to the potential funding can be pursued by requesting a District Nurse to begin the process – If the District Nurse is not already overseeing a degree of care, access to the District Nurse can be sought through the GP. If you or your loved one is a patient in hospital, then the hospital can also request an assessment. In these circumstances the assessment is done by Ward Nurses or a Discharge Planning Nurse. Relatives should be involved in the process and if the patient has capacity they need to consent to the assessment – if the patient lacks capacity to make their own decisions, then the assessment needs to be done in their best interests. It is important to understand that **this is a legal process that you are embarking upon** which has fairly rigid requirements and timescales.

However the process is initiated, the Checklist is done by assessment of the patient in person and not only requires consideration of the patient in isolation but it should rightly involve families or loved ones in the process – if it does not then the assessment falls outside the National Framework.

The outcome of this assessment is reached by the Assessor at the time of the Checklist. If the Checklist is positive, you will receive a letter from the Clinical Commissioning Group (CCG) with a date and time for the next assessment (The DST Assessment). They have 28 days from the completion of the Checklist to undertake the DST meeting.

If the Checklist is ‘Negative’ (i.e. the decision is that the application will not proceed to the next stage of assessment) AND you disagree with this outcome – you should refer the CCG to your concerns in writing and ask them to reconsider their decision. Repeat assessments can be applied for every 3 months, if the applicant for funding has a change in need due to worsening condition.

If you are still struggling – give us a call 01536 516 251



Only if you have a Positive Checklist can you proceed to the next step – The Decision Support Tool Assessment.

As a result of a Positive Checklist, the application will move onto the next stage of the process, The ‘Decision Support Tool’ (DST) – this is a document used across the NHS for the purposes of assessing claims for Continuing Healthcare Funding. Its use has been agreed by NHS England as being the appropriate way of advancing applications. The DST is completed by a Multi-Disciplinary Team (MDT) – comprising of a Nurse Assessor and a second health professional or Social Worker in addition to any other relevant professionals involved in delivering the care at the time of the assessment. It is also within the National Framework that the family and representative of any Applicant is also involved in the assessment (if the Applicant has capacity and agrees to the family input). Any attorney (under a Lasting Power of Attorney) or deputy (Under a Court of Protection Order) has an absolute right to be involved in the assessment process. The Decision Support Tool contains 12 ‘domains’ which are assessed, these are:

- Breathing, Nutrition, Continence, Skin, Mobility, Communication, Psychological and Emotional, Cognition, Behaviour, Drug Therapies and Medication, Altered States of Consciousness, Other

These ‘domains’ are scored on a scale of ‘no need’ up to ‘severe’ and, for certain domains, ‘priority need’ with categories between these. The assessment then moves on to establish whether there is eligibility based on consideration of the domains and how they relate to each other. This is known as the ‘NICU’ or ‘primary health needs Test’ which looks at:

- Nature
- Intensity
- Complexity
- Unpredictability

So if it is established that the Nature of the Applicant’s need is such that it warrants funding; or the Applicant’s needs are sufficiently intense OR complex OR Unpredictable – then full funding should be awarded.

If the DST indicates the presence of a primary health need, then funding must be awarded for the patient’s full care. If the MDT fails to find that there is a primary health need then this decision is sent together with the appeals procedure to the Applicant for funding. At this stage we always insist that a copy of the completed DST which has been ratified or confirmed by the CCG is disclosed.

Nicki’s Tip – A primary health need is NOT a health condition or medical diagnosis. It looks at the level of care required to meet your needs, and whether the level of care you need is over what the Local Authority can provide. It also looks at the complexity, intensity and unpredictability of your needs.’



The Nurse – Nicki Slawson

The Appeal Procedure

- The 'Informal' Stage of Appeal
- Appeal to Local Dispute Resolution Panel

If you disagree with the outcome of the DST assessment, we work together with the CCG to attempt informal resolution – This stage may involve a further meeting with a Manager of the Continuing Healthcare team of the CCG. This stage can see the initial decision not to fund overturned.

If the CCG does not provide for an informal stage of appeal (and some don't!) then a formal appeal lies with the Local Dispute Resolution panel. The appeal involves a revisiting of the DST as completed and consideration of any further evidence. This stage sees a further MDT meeting – usually comprising a Chairperson, Nurse Assessor or senior Nurse and Senior Social Worker together with the family. The meeting is usually a face-to-face meeting of the family and healthcare professionals – many CCGs refuse to entertain any attendance at these meetings by any other means than physically attending although since the pandemic more of the process is moving to online e-platforms such as 'Zoom' or 'Teams'. **We always attend in person where instructed to do so – preferably together with the family if appropriate – but strong advocacy at this stage is essential.**

That result of this stage of appeal is a decision to uphold the original decision not to fund or overturn it and agree to fund.



• Appeal to Independent Review Panel

If the Local Dispute Resolution Meeting results in a decision to uphold the original decision not to fund then an application can be made for the claim for funding to go to an Independent Review Panel (IRP) which is usually heard at the Head Quarters of NHS England or more commonly via E-platform ('Zoom'/'Teams' etc).

This appeal stage is in a more formal setting and this is reflected in the proceedings. The panel adjudicating on the matter at this juncture is comprised of an Independent Chair employed by NHS England, a Clinical Advisor, an Independent CCG Representative, a Social Care Representative and a Representative from the CCG or CSU who are undertaking the assessment and rejected funding to date. **The Family and the patient together with their legal/medical representatives can also attend.**

At the IRP hearing, the family of the Applicant are asked to give a portrait of the patient from their personal experience and then substantive submissions relating to the appeal are invited. The Chair of the IRP revisits the DST and comes to a decision after consideration of all the evidence. Following the hearing, a reasoned decision in the form of a report is handed down which makes recommendations as to eligibility regarding the funding. This report is also sent back to the CCG who will then decide whether to follow those recommendations. The reality is that the CCG will usually defer to the recommendations of the IRP.



Eric Paxton served in the Fire Brigade during The Blitz – he rarely talked about this time in his life but must have witnessed some terrible sights. His wife, Mary, was cared for in later life by their daughter Ann. When the time came for Mary to go into a care home, we were able to help.

After the above stages, the matter can only be appealed to the Parliamentary Health Service Ombudsman (PHSO) who consider all available evidence and the propriety of the appeal process to date. The PHSO then takes a view on whether the process has indeed been followed correctly and the evidence considered appropriately. This is a paper exercise, meaning that there is no formal hearing or tribunal convened at which you can attend to present your arguments so it is vital that any appeal is suitably drafted and effectively argued. We draft all appeals to the PSHO for clients and marshal all evidence in support of this stage of the appeal.

Nicki's tip – Be persistent and do not accept a denial of funding at face value. It is our experience that persistence is a necessary ingredient in making and appealing any decision not to fund care. Don't be fobbed off!



We really wanted to include these pictures of Sheila Slawson - as the name suggests she is Nicki's mother who was herself a Matron at Kettering General Hospital until her retirement. Her husband, Norman (pictured far right on his wedding to Sheila), suffered from Lewi Body Dementia and sadly passed away in October 2020. Prior to his passing, we were able to secure NHS CHC funding for his care which was delivered in his home. It is not necessary for applicants to be in a nursing home to apply for funding. Thanks for letting us use these pictures Sheila.

Judicial Review (sometimes referred to as 'JR') is the final appeal for many matters involving challenges to decisions made by the state or organisation with special powers granted to it by the government.

The process involves, as its name suggests, examination of the decision not to fund being examined by a Judge sitting in Court. Prior to proceeding with Judicial Review, it is paramount that the case has been appropriately advised on and that legitimate grounds for challenge can be evidenced – this is something that is unwisely embarked upon without seeking specialist advice. Her at The Lawyer and The Nurse we have forged strategic relationships with Barrister's Chambers who can work on cases without the need for a solicitor to lower the cost in the event that appeals reach this stage.



The Lawyer – Adam Cresswell

Call us now - free initial chat -
01536 516251

WHAT WE CAN HELP WITH:

Initial Advice

- Free Initial Chat
- Fixed Price Clinical Review Service
- Fixed Price Attendance at DST
- Fixed Price Attendance at Appeals



We can help at every step of the way with an application for care funding. If you've got this far in the guide, we suspect you have grasped that it is an involved process requiring **medical** and **legal** expertise to have the best chance of navigating the process successfully – we have that expertise. Whatever stage in the process you are, or even if you are simply considering making an application – *our input gives you the strongest case to secure funding.*

We understand that applying for care funding can seem daunting and more than a little confusing. Before you spend any money on advice, we offer a free, no obligation initial chat with our team to establish whether there is likely to be any merit in you coming to us for a full assessment. If between us we conclude that you are likely to benefit from a full assessment of your potential claim, then we offer a full consideration of the matter on a fixed fee basis.

And just to be clear - when we offer assistance without obligation, that is exactly what we mean.

Our fees are fixed for each stage so you can come to us at any stage in the process. As part of the free initial chat we are happy to give you a fixed cost for each stage so, unlike many firms, there are no nasty surprises when it comes to billing.

We offer advice and help all we can but ultimately this is not 'our' claim it is yours.

If you need time at any stage to think about any aspect before continuing, then there's absolutely no issue.

If, after taking a few important details, we form the view that the matter is one that is worth pursuing, we will offer a more in-depth review of the evidence to date. Of course, every case is different and has different strengths which need to be identified and evidenced. At the initial fixed fee appointment, we will discuss the specifics of your case and the options for the way forward. This can be done (preferably) in person face to face with our team which includes a medically qualified Nurse Assessor and a Lawyer, or if this is not possible, we can discuss the matter over the telephone or any e-platform with any documents being electronically sent in advance of any meeting. We also offer consultations via Skype or Microsoft Teams if you are unable to get to us. Wherever we can we like to see clients face to face but this is not always possible – but distance is no barrier in this day and age to instructing us. As the case progresses, we continue to offer numerous ways of keeping you up to date. If necessary, and by arrangement, we can undertake home visits for assessments across the country.

If you are concerned about any aspect of instructing us – please just ask.

As outlined above a chat through the outline of what you want to achieve and an initial assessment of the merits of your potential claim is free – after this a full assessment of your case with consideration of evidence and is available at a fixed cost.

A week's average cost of care in a residential placement is £750.00-£1,000.00 – our fees represent a tiny proportion of what you may spend on a care provision.

CHECKLISTING THE APPLICANT / ‘NEGATIVE’ CHECKLIST REVIEW

- Undertake Checklist of Applicant/Review ‘Negative’ Checklist
- Correspond regarding decision not to proceed to the Decision Support Tool Assessment stage

If the initial Checklist results in a positive outcome, then you will move onto a DST. A negative Checklist can, and often is, successfully challenged.

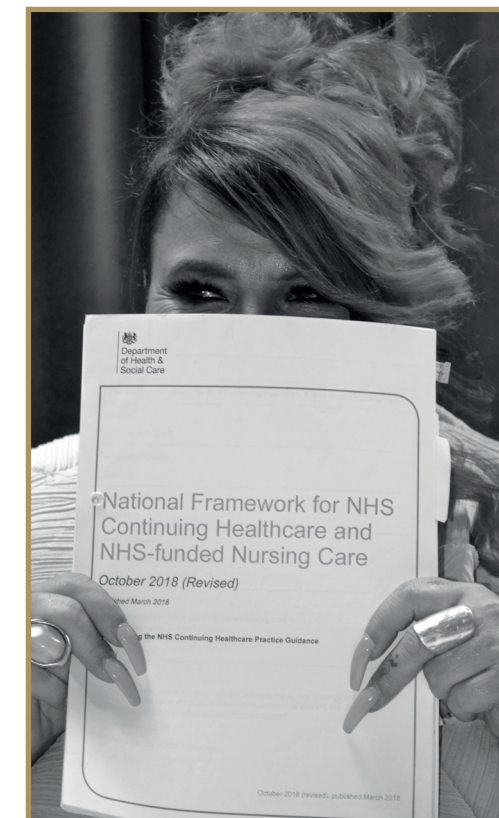
If the patient has indeed been ‘Checklisted’ with a negative outcome, then we will need to review the paperwork to ensure that the necessary processes have been completed correctly with all evidence being considered.

Experience tells us that it is **extremely common** for Checklists to be completed without consideration of all the available evidence or undertaken in such a way that falls outside the National Framework for completing this stage. This makes any decision reached by the assessor automatically amenable to challenge.

The NHS, as is perhaps widely known, work under a constant pressure to make savings and cuts – continuing healthcare funding represents a large portion of demands on NHS Trust’s funds. We feel that at times the need to make savings and costs overshadows the legal requirement to fund those who rightly qualify for care. Having a team on your side which includes people who are not only medically qualified but experienced in the process of assessment against the legal framework is essential. Our team is made up of experienced Nurse Assessors in addition to Lawyers who know the process and how to present cases with the best possible chance of meeting the criteria to qualify for funding.

We undertake our own Checklist and provide the same for submission to the CCG. This gives plenty of ammunition to challenge a negative Checklist. After taking the clients through the Checklist process, we then correspond with the CCG to seek to ensure that any negative Checklist is revisited with the best chances of having the decision not to proceed to the next step overturned. On conclusion of this and indeed every stage we always give advice as to the next step and tell you how we can help.

If you or your relative has not yet been Checklisted to see if they qualify for care fee funding, then we are able to attend during that process and seek the best possible outcome which is effectively one that indicates a decision to proceed to a DST. This service is available for a fixed fee and again on completion of this stage we are able to advise as to the next step.



- Representation at DST Assessment
- Case Review if DST Assessment has already been completed

If a DST assessment has not yet taken place, then we strongly recommend that you are formally represented at the time the assessment takes place. We can arrange clinical and/or lawyerly representation at the assessment to ensure fair play and appropriate categorisation of the patient's needs into the 12 'domains'. Following assessment and decision we will then advise on the next stage - which is appeal - if necessary and notify of any grounds for such an appeal.

If, before contacting us, the DST Assessment has already been completed and funding refused, then we can review the evidence against the completed assessment and highlight areas that have been inappropriately scored within the 12 domains.

For this the charge is fixed and includes a review of the available evidence, attendance at the DST assessment and advice on the next steps when the outcome is given.

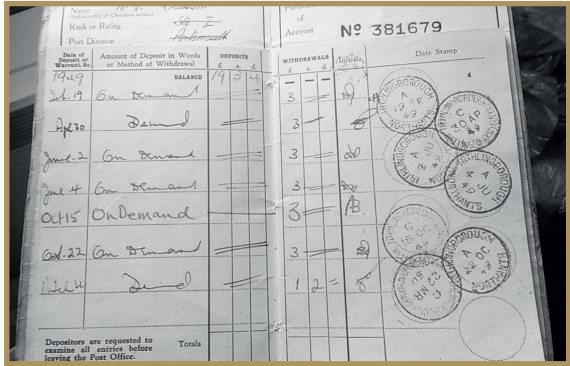
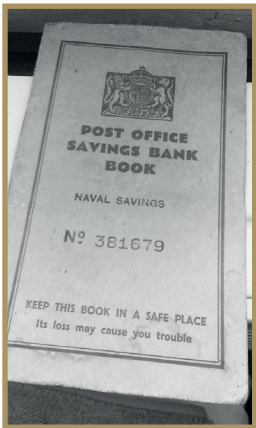
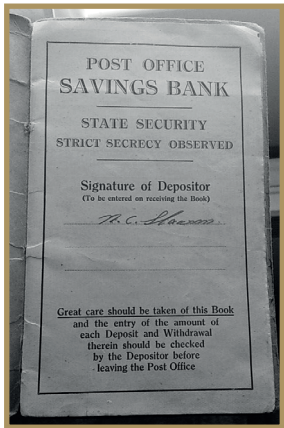


Mabel was the first female Cinema Manager in the country. She lived in Wellingborough and by all accounts was a force of nature. An early pioneer of women's rights in the workplace, Mabel was cared for in her home town in a care facility. Again, we were happy to help.

Informal Appeal (where available)

- Case Review if necessary
- Representation at Informal Appeal

This stage is something of an anomaly in that different CCG's take different approaches. It may be that the CCG's to which you are applying has no informal appeal stage - or it may be something that they place a fair amount of importance on. It really does vary from CCG to CCG. If relevant to the CCG that you are making the application to, we will undertake a full review of the process and evidence to date if we have not been involved until this stage. We will attend any meeting scheduled with the CCG and present your claim in the strongest light to get the decision not to fund the care overturned.



Having saved all their lives many elderly clients express their frustration at having to pay tens of thousands of pounds in care fees when they should rightly be entitled to Continuing Healthcare Funding.

REPRESENTATION AT FORMAL LOCAL DISPUTE RESOLUTION PANEL MEETING

- Full review if newly instructed at this stage
- Attendance at Local Dispute Resolution Meeting
- Advice on next steps

We provide both clinical and/or legal representation at the Local Dispute Resolution Meeting to ensure the claim's best chances of success. Prior to any panel meeting we would undertake a full review of all available medical evidence together with anecdotal evidence from the family and those involved in the patient's care which guidelines state must also be considered.

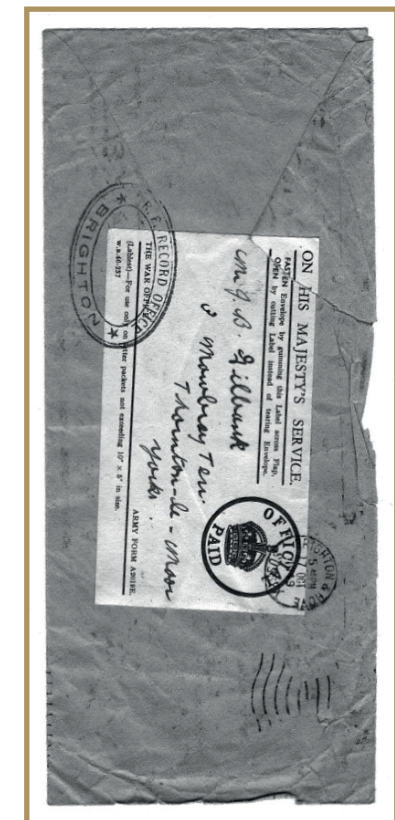
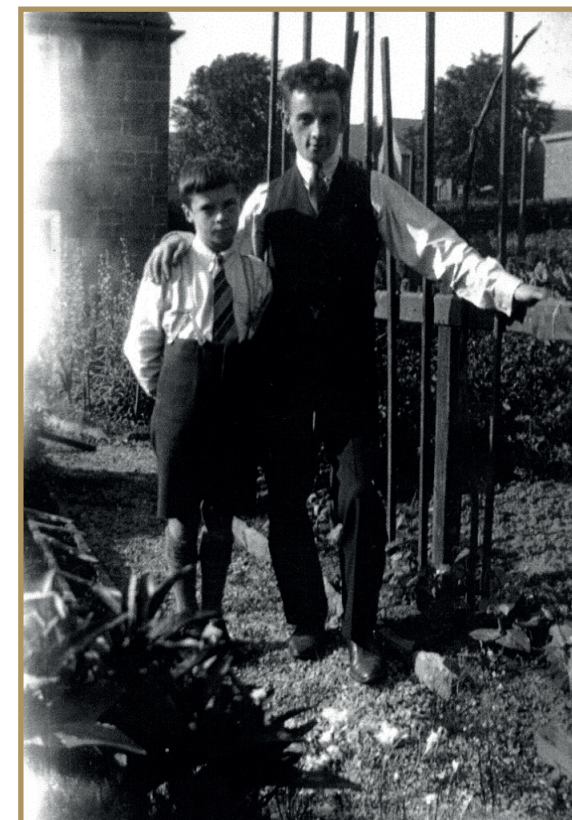


Service and sacrifice that characterised a generation - dignity in old age should be a right.

FORMAL REPRESENTATION AT INDEPENDENT REVIEW PANEL STAGE

- Full review if newly instructed at this stage
- Attendance at IRP hearing

This stage in proceedings is very much more formal than what goes before and representation is strongly recommended to give the claim the best chances of success – again the cost of this stage is fixed.



Basil Gillbank was a Gamekeeper in North Yorkshire - he went over to Normandy in the D-Day landings. Despite frailty in later years, he never lost his love of fly fishing.

- **Covering with the Ombudsman**
- **Organisation and presentation of evidence to the Parliamentary Health Service Ombudsman**

As the Ombudsman is the final stage prior to Judicial review and any appeal to them is simply a paper exercise, if we have represented you from the start of the process and remain of the view that your claim for care fees is strong, then we will undertake this stage free of charge.

If you come to us having exhausted the process without success yourself, then we can review all the evidence to date and advise on an appeal to the Ombudsman for a fixed fee. This includes drafting an appropriate appeal to the Ombudsman after a full review of the process to date.

Adam's tip – The PHSO is the last stage of appeal before legal challenge through the courts. It is absolutely crucial that any grounds of appeal are drafted appropriately and supported by reference to the evidence. The appeal at this stage is only as strong as the submissions that are made and a lawyer and a nurse working together on written submissions make a pretty formidable challenge.



We appreciate that there is a great deal of information to process here. Making an application for funding is not a straight forward procedure. As one of our client's commented: "It's almost as though the system was designed to put people off applying for funding".

The first step is free and without obligation. We will neither pressure you to take the services we offer nor pester you forever after with telephone calls. If Care Fee funding is an issue for you or a family member, we appreciate that you probably already have enough on your plate to cope with. Our customer charter stipulates that anyone who calls gets help whether it be taking on a case wholesale or simply pointing people in the right direction.

We promise – no obligation, no hassle and no pressure to take decisions that you may not be ready to take.

Funding your own or a loved one's care can be terribly expensive – an initial chat is free and even if you end up not signing up as a client, you will have lost nothing by giving us a call.

Working with lawyers and professionals to reclaim care fees or secure care fee funding can be a long job and it is important that you feel comfortable with your choice of lawyer and get to know a bit about them first. We are more than happy dealing with cases at a geographical distance and have done so for many years, but if you want to take a day to come and meet us, then we are more than happy to make time to go through matters with clients and provide the coffee and biscuits. So, please remember, help is just a phone call away. When you call you are likely to speak to Poppy Harrison.



The Business Manager – Poppy Harrison

Nicki Slawson

Registered Nurse Assessor and Clinical Lead/Director
(pronouns – She/Her)

Nicki (The Nurse) Slawson was possibly always destined to be a Nurse as the daughter of an old school Hospital Matron. Nicki claims that her mother's experience put her off the profession but ultimately she qualified as a nurse in 1990 as a RMN (Registered Mental Nurse). Her first post was at St Andrew's Hospital in Northampton where she stayed for 10 years. In addition to her nursing qualifications and experience Nicki has also worked on the Adult Social Care teams of Social Services at two Local Authorities. Having gained further insight into the world of care provision Nicki worked within various clinical roles within a various Clinical Commissioning Groups.

Having been head-hunted by a law firm where she met Adam Cresswell (The Lawyer) Nicki worked as the firm's clinical lead on applications for Continuing Healthcare Funding.

Nicki has 5 children but only been pregnant twice! Having had triplets first time round and twins the second time. Currently Nicki has one granddaughter and one on the way. Not being content with five children and grandchildren Nicki has a French Bulldog called Walter. Nicki's other passion in life is shoes. We asked her how many pairs she owns, and she declined to answer.



Adam Cresswell

Lawyer/Director
(Pronouns He/Him)

After completing his legal training at the College of Law of England and Wales in Birmingham and then London he undertook instruction in the County Courts on civil matters as an agent before being employed as Head of Civil Litigation at a medium sized law firm in Kettering. After about 10 years, Adam left and joined forces with Nicki Slawson to found The Lawyer and The Nurse Ltd. He is a strong advocate in any tribunal setting and has a keen eye for the detail of a case.

Adam has two teenage children who cost him a fortune and are a constant worry with their never ending demands for the latest technology which he struggles to keep up with. For his own part, Adam has never taken a 'selfie' and has no intention of starting now, doesn't have a clue what 'snapchat' is and thinks 'Spotify' is an acne preparation. Adam's other passion in life is history and antiques, which his children dismiss as 'old tat'.



Poppy Harrison

Business Manager
(Pronouns She/Her)

Poppy oversees the operational and practical side of The Lawyer and The Nurse Ltd. After leaving school Poppy studied applied forensic science and obtained a triple distinction star before changing track and qualifying in the field of legal accountancy. She has one daughter who has just started school and she has a keen interest in reiki and alternative/holistic therapy and her home always smells strongly of incenses. If you call the office you are likely to speak to Poppy who will be glad to help.



Brian Lovett

Writer

(Pronouns – He/Him)

Brian is a writer and social commentator who always has an original take on political developments and social issues. In addition to his social commentary Brian has written many poems – often humorous – and he also campaigns for equality for marginalised and vulnerable communities. His writings can be found on our website and are well worth a look.



Merlin Orr

Marketing

(Pronouns – He/Him)

Merlin oversees our social media, marketing and press relations on behalf of The Lawyer and The Nurse. He is committed to social equality and would one day like to be employed in the field of social work.



1. HOW LONG WILL THIS TAKE?

- The whole process from initial Checklist to final decision is not a short process. The NHS departments answering these claims is, to be fair, very stretched and understaffed. There are certain periods which are fixed in law – we are more than happy to discuss these if you decide to give us a call.

2. WHEN SHOULD I START MY APPLICATION?

- You should begin your application for funding as soon as you suspect that you may have grounds for a claim. If you or your relative appears to need care either in their own home or in a residential or care home, then it is important that you act quickly to ensure funding is in place as soon as possible.

3. DO I NEED TO GET ALL RELEVANT MEDICAL NOTES?

- Medical notes are important to all claims as they contain the relevant evidence of a patient's medical needs. As part of the process we will apply for all relevant medical and care home notes if relevant – you do not need to do this prior to approaching us.

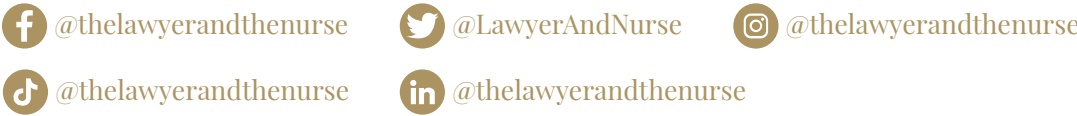
4. I HAVE REQUESTED THAT A CHECKLIST BE UNDERTAKEN BUT I AM BEING TOLD THAT IT IS NOT NECESSARY OR POSSIBLE

- It is fairly common in our experience for clients to be told that it is simply not possible or necessary for them or their family member to undergo the Checklist assessment which effectively begins the process of establishing whether a patient has an ongoing primary health care need.

We provide a full service in terms of claiming NHS Continuing Healthcare Funding, but you could help us to help you by making a note of important information before contacting us:

- Patient's personal details including National Insurance Number
- Patient's G.P details
- A list of all those involved in the care currently provided if any.
- A list of places that have been responsible for the patient's care to date: care homes, hospitals etc
- A brief summary of the patient's care needs as you see them
- A brief medical history or summary of any conditions that they suffer from
- A summary of any particular risks that the patient is vulnerable to
- If the patient is unable to give instruction due to capacity issues then decide who will act in their best interests and on what basis (we can help with this)
- National Health Service Number
- The name of any Social Worker involved with the patient
- Basic details of the patient's savings
- Basic details of the patient's assets e.g. house/property
- If available a list of medications that the patient is currently prescribed
- Photograph of the patient (We like to see who our client is and they are very useful at tribunal hearings to give the process a personal touch)

For more information about The Lawyer and The Nurse, why not visit our website at www.thelawyerandthenurse.co.uk and follow us on our social media pages:



We firmly believe that anyone who needs help with securing state funding for care or educational provision should get help they need. Our Client Charter stipulates that we will do all we can to help with any issues – whether we can help or not we will do all we can to make sure you finish a conversation with us about funding care.

We are passionate about our Pro Bono program which helps us work for those who cannot afford advice. If you are struggling with making ends meet then ask us about how we can work for free. We will need evidence of finances available to ensure our help is targeted to those who genuinely cannot afford to get help but we are always happy to answer any questions that you may have. It is our ultimate aim to achieve charitable status so that we can help as many people as possible regardless of their financial status. As a firm, we understand that cost can be the single largest barrier to accessing justice and a fair outcome. Any donations to our Pro Bono Programme are gratefully received and will enable us to help those in need and get the right result.



Adam Cresswell, Nicki Slawson, Poppy Harrison
It's about what's right

Clinical Commissioning Group (CCG)	NHS England (NHSE)
This is the part of the NHS that is responsible for Continuing Healthcare Funding.	This is the Governing body to whom the Clinical Commissioning Group is responsible. They issue guidelines for the assessment of claims for funding.
Decision Support Tool (DST)	Nurse Assessor
This is a document that is completed to decide eligibility for Continuing Healthcare Funding.	This is a qualified clinician experienced and trained in completion of the DST
Independent Review Panel (IRP)	Primary Health Need (sometimes referred to as primary health care need)
This is the NHS England (NHSE) panel that is convened to hear the formal part of the appeal. It is constituted of an Independent Chair, a Clinical Advisor, Social Care representative and a representative of the CCG.	This is the basis on which funding is granted. Without a primary health need being present the application for funding will fail
Local Dispute Resolution Meeting (LDR)	Parliamentary Health Service Ombudsman (PHSO)
This is a meeting between the applicant for healthcare funding and the CCG to seek resolution prior to the matter proceeding to the more formal IRP (see above).	This is the last stage of appeal before Judicial review and follows rejection of the appeal to the IRP (see above).
Multi-Disciplinary Team (MDT)	Social Care Need
This is the team that is put together to undertake the DST – usually a Nurse Assessor, Social Worker or another Nurse from the Register and any other professionals involved in the delivery of a patient’s care.	This is a need that is met by the provision of assistance with daily activities such as provision of meals and personal care.

We aim to provide our clients with an outstanding advocacy service.

We are local social care advocacy firm, and we offer a fast and friendly service to a Nationwide client base.

We have set ourselves very high standards which means that we aim to always act in accordance with our customer charter:

- Anyone who calls gets help – If we are unable to assist, we will point you in the right direction of sources of further help and advice
- Be friendly and professional
- All clients, regardless of race, age, disability, sex, sexual orientation or financial status will be given the same level of support
- Provide an outstanding service
- Offer sensible and realistic fees
- Use plain English and avoid legal jargon
- See you promptly for appointments
- Respect all pronouns and preferred methods of communication
- Reply to letters without undue delay
- Return phone calls as soon as possible
- Provide complete confidentiality
- Keep documents secure in compliance with the ICO
- Keep in regular contact with you

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