Royal College of General Practitioners

RCGP 60 YEARS

Personal health budgets: Guide for GPs

From October 2012, patients in England receiving NHS Continuing Healthcare will be eligible for a personal health budget and, by April 2014, all those with continuing health needs have the right to ask for a personal health budget. GPs will be able to offer them more widely to patients who they feel may benefit.

This means that, from October, patients may ask GPs about personal health budgets and for advice on their needs. This guidance document explains what a personal health budget is, the benefits of a personal health budget; and also explains how to implement a personal health budget. The frequently asked questions section (see page 10) and decision tree (see page 4) are for quick reference purposes. Please see the RCGP website www.rcgp.org.uk for the College's policy position statement on personal health budgets.

Kate's story

Kate has depression and has heard about personal health budgets through a friend. Kate's past treatments have not worked that well and she is interested to learn of any alternative options available. She asks Dr Bob her GP about personal health budgets, who agrees that it would give her more choice in the treatment she receives to improve her health. Dr Bob tells Kate that a personal health budget care plan would be drawn up between her and her broker. The broker will discuss options available and help Kate decide how best to manage her condition. Dr Bob gives Kate the contact details of the broker. She understands that when her care plan is completed, Dr Bob will approve it. Kate is very happy that she feels involved in her care and that Dr Bob supports her decision.

What is a personal health budget?

Personal health budgets are intended to give people more control over the way money is spent on their health care and are a way of helping individuals access the services they require to achieve their health goals. A personal health budget gives patients more choice, flexibility and control over health services and the care they receive. It is an amount of money that is allocated to an individual to allow them to meet their health and well being needs in a way that best suits them.

At the heart of a personal health budget is a care or support plan – an agreement between the local NHS and the individual that sets out the person's health needs, the amount of money available to meet those needs and how this money will be spent. The budget is set to cover certain health needs as agreed in the care plan and is usually allied to outcomes. Elective surgery, emergency care and medication are all excluded from personal health budgets. The care plan has to be agreed between the individual and their broker, if one is used, before being checked and signed off by the NHS. Who signs off the plan will vary depending on local procedures – it could be a GP or other health professional or panel of professionals in a Clinical Commissioning Group (CCG).

Who is eligible?

Those who currently have continuing healthcare needs, and who are eligible for NHS Continuing Healthcare, are eligible for a personal health budget. Eligibility is expected to be rolled out to other categories of care and GPs will be able to offer personal health budgets to patients who may benefit. More information on who this might be will be issued by the Department of Health, but this is likely to be those patients with high levels of health needs where there is flexibility in how those needs are met.[1]

NHS Continuing Healthcare is a package of care including health and personal care and accommodation costs, arranged and funded solely by the NHS for people who have been assessed as having a primary health need. NHS Continuing Healthcare can be provided in a range of settings, including care homes or a patient's home. Eligibility for NHS Continuing Healthcare is a complex and highly sensitive area that can affect people at a very vulnerable stage of their lives. In October 2007 the Department of Health produced national guidance [revised in 2009] that offers a single national system for determining eligibility for NHS Continuing Healthcare irrespective of location, diagnosis or personal circumstances. Around 53,000 people in England are in receipt of NHS Continuing Healthcare.[2]

The broker/health care navigator/care broker/personal health budget broker

Although they may be called different names, and carried out by different people, brokers all carry out the same role. The role of this person is to support people to identify and commission resources that enable them to choose the best support options that fit their assessed need and preferred lifestyle choice. They may provide on-going assistance, where required, in supporting an individual in the management of their support. They will work directly for the person or their family, making sure they stay in control and get the most out of their lives. Not everyone will need a broker but people should have the information and support they need to make informed decisions about their health care.

How do personal health budgets work?

If an individual is unhappy with their current treatment, or would like to try different approaches to improve their health outside NHS commissioned services, they may be eligible to try a personal health budget. An allocation of money, dependant on an individual's current healthcare needs, is calculated.

Individuals discuss with their broker how the money available to meet their health needs can be best utilised to help inform their care plan. They may decide to continue receiving NHS commissioned health services, or they may decide to meet their health needs using services traditionally not provided by the NHS.

Personal health budgets, while not for everyone, take personalisation a stage further in allowing patients to make very real decisions about the care they would wish to receive, within the resources available as determined by clinical need.

Once a care plan has been agreed, the money in a personal health budget can be managed in a number of different ways.

- **A notional budget:** the cost of different services and the overall budget for your patient's health care will be explained to them. The NHS holds the money, and buys or provides the goods and services patients have chosen. Who holds the budget will vary depending on local processes – for example, it could be held by the CCG or commissioning support unit.
- **A third-party arrangement:** an organisation legally independent of the patient and the NHS (for example, an independent user trust (see page 16) or a voluntary organisation) holds the money on their behalf, and buys or provides the goods and services chosen.
- **A direct payment for health care:** the money is transferred directly to the patient, and they buy the goods and services agreed in their care plan. Direct payment support organisations exist to act as an agent and help them manage the direct payment.

It has previously been possible to offer personal health budgets via a notional budget or third-party arrangement. New, English health legislation will give patients in England greater choice to personalise their care through a direct payment.

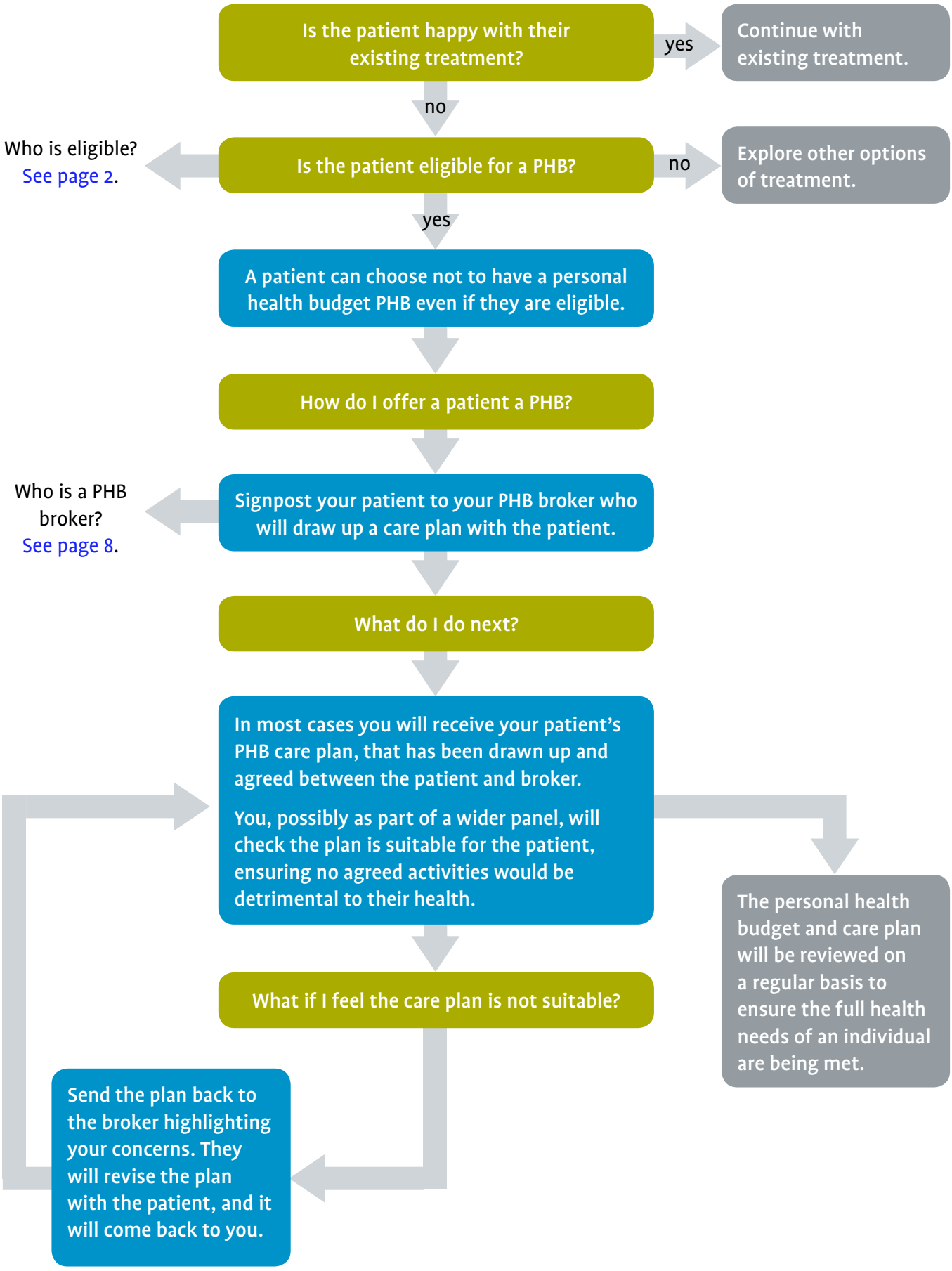
A patient will have the opportunity to choose from a range of different treatments or services that are not traditionally provided by the NHS. They will need to have the information and support they need to make informed decisions, for example information on available evidence.

Personal care planning lies at the centre of personal health budgets and addresses an individual's full range of needs, taking into account other issues in addition to medical ones that can impact on a person's total health and well-being. Personal care planning is undertaken by a broker in partnership with the patient. Issues addressed to help inform the care plan may cover personal, social, economic, educational, mental health, ethnic and cultural background, and personal circumstances.

Multimorbidity and personal health budgets

Primary care professionals often encounter 'multimorbidity' (i.e. patients with more than one long-term condition). Managing multimorbidity may involve interactions between medications or self-management behaviours. Multimorbidity also provides therapeutic opportunities as a single intervention like exercise may benefit multiple disorders such as cardiovascular disease and diabetes.[3] Personal health budgets offer an opportunity to take these factors on board and have the potential to offer holistic packages of care that help to improve the outcomes of the person involved.

Personal health budget decision tree



For other FAQs see page 10.

What benefits can a patient achieve?

Patients frequently ask their doctor how their health might be improved by interventions that are not usually available on the NHS, for example acupuncture for pain relief. Whilst being positive on the efficacy of some such interventions, GPs have been limited in the past to offering NHS services. Personal health budgets allow a more flexible approach so that an individual personal care plan can be designed by the patient, to best suit their needs.

Many patients will be attracted to the personal health budget concept because it offers the opportunity to access care from a wider variety of providers or to receive non-traditional services outside the NHS. Evidence gathered from several years of personal budgets in social care indicate that many people with long-term physical and mental health conditions often make innovative choices that have helped them more than the traditional services offered.

Over 60 pilot sites have been running personal health budgets since April 2009 to test whether they can offer greater involvement, flexibility and choice for patients with long-term conditions. Choices have been noted in many of the current personal health budget pilot case studies illustrated on the personal health budget learning network.[6] Most of the people offering filmed interviews were eligible for NHS Continuing Healthcare and obtained remedies such as extended handlebars on a bike in the case of an individual with motor neurone disease, daily visits by regular carers, or reflexology for an individual with multiple sclerosis (MS) who was also recovering from a brain tumour.

Social care is defined by the Department of Health as 'referring to the wide range of services designed to support people to maintain their independence, enable them to play a fuller part in society, protect them in difficult situations and manage complex relationships'.[4] Social care works in partnership with many other public services and often acts as the 'glue' that joins these services together around the needs of the service user.[5]

Case study

Trevor and his wife Anita who has Huntington's chorea have used a personal health budget to employ carers to provide much-needed flexibility in the support provided. Their carers really know and understand Anita, not only her condition but also her preferences – for example, being able to take her swimming to help with her physical health and mobility, and out shopping. Trevor says 'our personal health budget has opened the door to a better world. The professional help for Anita has not only dramatically improved her life; I feel it has also saved mine.'

How do I engage with my patient?

Patients may have heard about personal health budgets through a social care professional, a voluntary organisation, the internet or through a friend, or may not have heard about them at all. As a GP, you should help patients weigh up the potential additional choice and control of services a personal health budget may bring, whilst also thinking through any potential downsides. Information for patients on personal health budgets is available in different formats and on the Department of Health or NHS Choices websites, which you can direct them to.[7] The individual then has the opportunity to explore if a personal health budget is a suitable option for them.

The key to engaging with people is to provide them with the information on personal health budgets and an opportunity to talk to someone – e.g. peer support, a personal health budget broker or a voluntary agency – to ensure they understand the concept of personal health budgets.

The different methods will reflect the needs of the community, which can include the healthcare broker visiting groups to raise the awareness of personal health budgets. Patient groups should be involved in shaping the local process and developing a communications strategy, looking at ways to engage effectively and ensure inequalities are addressed.

What are the positive aspects of personal health budgets?

There is evidence that care of people with long-term conditions can be improved.[8] Patients tell us as GPs that they want us to do more to support their own self-care. However, the evidence also tells us that this is not happening. [9] The introduction of personal health budgets provides an opportunity for GPs to support the self-care of patients. Over 90% of people with long-term conditions say they are interested in becoming more active self-managers, and over three-quarters would feel more confident about self-management if they had help from a healthcare professional or peer. Although 95% of people with diabetes, for example, are seen annually, only half discuss a plan to manage their diabetes and less than half discuss their own goals for self-management.[10]

To address all of these factors requires a cultural change by both doctors and patients to engage patients more in the care that would best improve their health needs.

Long-term conditions are defined by the Department of Health as being conditions that cannot, at present, be cured, but can be controlled by medication and other therapies.[11] The RCGP definition clarifies this further and defines a long-term condition as one that cannot currently be cured but can be managed with the use of medication and/or other therapies.[12]

What evidence is needed for a GP or others to approve a personal health budget care plan?

Personal health budgets can be used to buy services not traditionally commissioned by the NHS. This could include alternative ways of losing weight or increasing mobility such as dance classes, use of exercise bikes or swimming classes. It could also include alternative therapies to help with pain control, which may reduce the level of medication, for example hydrotherapy, aromatherapy or reflexology.

This raises the important issue of what evidence is needed before a GP should approve something in a personal health budget care plan. In some cases, treatments traditionally prescribed on the NHS simply do not work for an individual. This is where a personal health budget gives more flexibility and choice for a patient as they may choose a service or treatment outside traditional NHS services, informed by the evidence available.

People may want to use their budgets for treatments where there is no clinical evidence to support their use. This should not automatically prevent approval as, despite not being supported by clinical trials, a selected treatment may work for an individual.

The introduction of a third-party personal health budgets broker introduces a greater level of complexity and may result in potential areas of conflict such as the situation where the broker and patient have agreed activities or health plans that are not in line with a GP's professional opinion.

We need to adopt a more risk enabling approach when thinking about personal health budgets. At one extreme there are some things that should not be approved because there is evidence that they are harmful. For example, it would not be appropriate to sign off a care plan for someone with a tracheotomy that included them going swimming. At the other end of the spectrum there are things that we know are safe but where we do not have evidence that they will work, for example reflexology or singing classes. Individuals are used to thinking about risk and may have a different opinion about what risks are acceptable to them. We will need to consider appropriate treatments or services on a case-by-case basis, thinking holistically about the individual and what may or may not work for them. Allow people to try things, setting clear review dates to help assess whether something is working.

Strong and trusting working relationships between doctors, their patients, brokers and third-party organisations will be essential to ensure that individual personal health budgets are spent wisely, cost-effectively and on the most appropriate care for an individual patient even if the personal health budget is used for non-traditional services or treatments a GP would not normally consider.

What treatments, activities or services can patient choose?

Your CCG may have an agreed range or a list of treatments which have been agreed in the past but this should not unduly limit choice. Very few restrictions have been set nationally; anything chosen needs to be legal and appropriate for the NHS to fund (this excludes alcohol, tobacco, debt repayment and gambling). Deciding what is appropriate must be taken on a case-by-case basis. CCGs will have local processes to help with decision-making.

If you think a patient is a suitable candidate for a personal health budget, refer them to your personal health budget broker. Your local CCG or practice manager should be able to tell you who your broker is, if you do not already know.

What is the role of the personal health budget broker?

Although the title may be new, brokers are not a new professional group; rather the role may be carried out by a range of people with appropriate skills including health professionals, voluntary organisations, local authority support services and user-led organisations. Who can act as a broker will depend on local processes and the individual's needs and preferences. For example, someone with MS might want support from a local MS charity who understands their condition.

Personal health budget brokers support people to identify and commission resources that enable them to choose the best support options that fit their assessed need and preferred lifestyle choice. The role of personal health brokers is to explore areas ways in which patients may be able to improve their health, through listening and working with them. Brokers help patients set their aspirations and then devise how best a personal health budget could support them, which is then put together in a care plan.

Care planning can be empowering and improve quality when individuals think about and decide what treatment activities they will use to meet their own goals. Brokers can support an individual with reviewing options, which often includes consideration of services available locally, a dialogue with existing providers to explore opportunities to improve existing services, and a general review of advice and available guidance. Brokers can signpost the patient to support groups and other essential services. They may provide on-going assistance, where required, in supporting an individual in the management of their support. The broker will work directly with the person or their family, making sure they stay in control and get the most out of their lives.

The brokering role can be financed as a legitimate part of a patient's personal health budget or commissioned centrally by the CCG.

Case study

A health care broker in NHS Kent and Medway supported an individual to explore ways in which they would use their budget to address mental health issues. The broker worked with the budget holder and over a period of time signposted them to social services, and supported an application for a blue badge and access to adult education classes. The individual felt that, with the support from the broker and signposting, they had started to address their social isolation, which reduced the effects of their depression.

What skills are required?

The knowledge and skills required from GPs are mainly focussed around the personal care planning process and review. GPs will usually be involved in the final sign off of the care plans. This is to ensure the services or equipment chosen do not compromise patient safety. In addition, some patients with a personal health budget may wish to complete the care plan along with the input of their GP. This requires an understanding between the GPs, service users and carers of what personalisation means, as well the creation of a culture that enables patients to exercise greater autonomy over their own care. More information on the care planning process is available on the personal health budget learning network website www.personalhealthbudgets.dh.gov.uk as part of a wider toolkit.

How are budgets set?

The fundamental principle of budget setting is that the budget is based upon the individual's needs. This is communicated to the patient as an estimated budget so that the individual can make informed choices over their care. To be able to effectively implement personal health budgets, local systems need to be developed. Budget setting does vary depending on the need of the individual – budget allocations may be directly related to the budget spent on their previous healthcare.

The Department of Health has produced a guide to setting budgets for those receiving NHS Continuing Healthcare. To access the guide and the most up-to-date information on budget setting,[14] please see the personal health budget learning network website www.personalhealthbudgets.dh.gov.uk. This is likely to develop over time as more is understood about budget setting and processes may vary locally. At the time of writing the Department of Health had not finalised the methodology of setting or calculating a budget. Please access the website for the most up-to-date information.

In the pilot trials Kent County Council developed an innovative tool: The Kent Card, a pre-loaded card programme. A card is loaded with an individual's direct payment, making it easier for individuals to access and manage their budget.

Funding flows and contracts

As personal budgets are part of the mainstream NHS, they will have an impact on how the money flows. Personal budgets will be funded from the CCG allocation. It will be for the CCG and local practices to discuss and agree how much of the overall allocation will be devolved to practices and how much will be held centrally. This, in turn, requires much greater transparency by providers about their costs – for example, how much does access to a respiratory physiotherapist cost.

While some types of care (including emergency care and general practice) are excluded from personal health budgets, contracts with providers will have to be more flexible allowing for money to be withdrawn should a patient decide to access alternative services. At time of writing the processes had not been clarified. Please see the Department of Health personal health budgets website for more information.

Frequently asked questions

The monetary value of the personal health budget

How do I convince my patient that personal health budgets are not just a cost-saving exercise?

A personal health budget is designed to give more flexibility to the patient, and should not be a cost saving exercise. The personal health budget is set at a value to meet all of a patient's needs as agreed in the care plan. This does not include a patient's regular visit to the GP or emergency care.

Where does the money for a personal health budget come from?

Personal health budgets use existing money spent on healthcare in a different way. The source of the money is likely to vary depending on local processes and the individual patient. For those receiving NHS Continuing Healthcare, the budget will come from that funding stream. For others, local CCGs will have a role in determining sources of funding.

How do I know a patient's personal health budget is not going to be cut in the future?

The legislation makes it clear the amount of a personal health budget must meet the full cost of the treatments agreed in the care plan. The principle of patient access to care free at the point of use is included in the NHS Constitution and personal health budgets do not alter this fundamental right.

Is the estimated value of the patient's personal health budget negotiable?

The budget allocated to an individual is estimated dependant on need and agreed following the care planning and signing off process. GPs are not going to be put in a position where they have to be involved in the finances or negotiation of a personal health budget.

Is the personal health budget calculated on an annual basis (to take account of cost and price inflation?

It depends on the individual circumstance and, if a patient's needs change, a review can take place at the request of the patient or their carer. The legislation is clear that plans and budgets should be reviewed at least annually, but more frequently if required.

Will the value of a personal health budget reflect local costs and prices or will it be calculated using national levels?

Prices will be locally determined to take into account the prices in the local area. Budget setting should be a transparent process.

Administration of the system

Who should make the first approach about a personal health budget: clinician or patient?

It's entirely appropriate for either a GP to offer a personal health budget, or for a patient to request one. If you think a patient is eligible and could benefit from a personal health budget, direct them to your personal health budget broker.

Should the process of negotiation and agreement of a personal health budget be confidential between patient and clinician or can third parties be involved?

Anyone who a patient would want to be involved in these discussions can be there, as long as a patient or patient representative has consented.

What happens if someone lacks capacity – can they still have a personal health budget? What effect does a Health and Welfare Lasting Power of Attorney have upon the process of agreement of a personal health budget? For example, should all parties named in the Power of Attorney be involved?

Someone who lacks capacity (as defined by Mental Capacity Act 2005) can still benefit from a personal health budget. The legislation specifies that an authorised representative can be appointed to manage the budget and help plan the care. This should be agreed at the beginning at the care planning stage. The legislation for direct payments states 'a singular nominated person' would have to be agreed on a patient's care plan. This may be the patient's Health and Welfare Lasting Power of Attorney, but could be someone else if they do not have one.

Is it possible to involve members of my practice's Patient Participation Group as peer support for potential personal health budget holders?

If it is helpful for the patient, any extra support would be welcomed.

Amendments to personal health budgets

How often can a personal health budget be amended?

As often as needed. If someone's condition changes or the package is not meeting their needs, the patient's care plan can be changed according to their need. Once implemented, the personal health budget should be reviewed at regular intervals.

What can trigger the need for an amendment?

The individual may wish to change provider; changes to need or a wish to change services that have been accessed are all examples of reasons to amend a patient's care plan.

What can I do if my patient, although clearly benefiting from implementation of her/his agreed care plan, refuses or is unable to deal with submission of bills, invoices etc?

The monitoring process should be explained by the broker. There should be local systems in place to support patients who need help to manage their budgets. Third parties or other nominated persons are also able to manage an individual's budget on their behalf.

Responsibilities

Who will be responsible for employing and paying the personal health budget broker?

The process of employing a personal health budget broker is agreed locally. It can work through a variety of mechanisms, but the broker will usually be paid for by the CCG.

What are the appropriate skills for a personal health budget broker?

The role of the broker is supporting people to identify and commission resources that enable them to choose the best support options that fit their assessed need and preferred lifestyle choice. They need to understand the patient's condition, how it affects them and what options are available locally. They need to be able to help people think through what their health goals are and how they want to achieve these so skills that facilitate this, for example motivational interviewing, are important.

They may provide on-going assistance, where required, in supporting an individual in the management of their care.

How do GPs know that a broker is safe and credible?

The CCG will be responsible for employing brokers and ensuring they have suitable CRB checks and qualifications, and ongoing supervision.

Who is responsible for monitoring the outcomes of the agreed care plan – my patient or their personal health budget broker or myself?

A nominated and agreed member of the care team – this could be a named healthcare professional, community matron, GP etc.

Am I expected to join in the discussions between the patient and the care broker?

This is largely up to the patient and if they'd like support from their GP. There is no expectation that it's mandatory for the GP to be involved.

Have personal health budgets and associated processes been registered, or will be registered, as QOF indicators?

There is a possibility that QOF indicators will be developed. Care planning for example may well be a QOF indicator, and may be commissioned around the CCG.

Cultural change

How can I find out how to prepare myself and my practice team to cope with the cultural and organisational changes associated with the successful implementation of personal health budgets?

CCGs will be responsible for training and there should be a nominated person at CCG level. Valuable learning from the pilot programme has been collated into a toolkit, which is available on the personal health budget learning network.

How will I reconcile my patient's desired freedom of choice and control with my professional standards of care?

If the patient chooses an activity or non-traditional treatment, providing this is not hazardous to their health, the patient has the final say unless the activity is dangerous. As a professional, you have a responsibility, to inform your patient but, under GMC guidelines, you have to allow the patient to make an informed decision. If you think a patient choice of treatment is dangerous or harmful, you can reject their personal health budget, and send it back to the broker, stating your concerns.

What checks and balances exist to ensure that the GP provides actual real choice and control?

It is obviously important to ensure that patients get real choice and control and that personal health budgets increase patient's satisfaction as well as health and wellbeing outcomes. This is something that is currently being considered by the Department of Health.

What should I do if my patient with learning difficulties asks me directly to agree a personal health budget?

Patients with learning difficulties will be entitled to a personal health budget for eligible conditions, indeed if they receive social care, they may benefit from a single integrated plan. Easy-to-read documents are available on the learning network website and others may be developed locally. If they lack capacity as defined by the Mental Capacity Act 2005, an authorised representative will be needed to manage the budget and help plan care. Brokers should be suitably trained or advocates provided where necessary.

What happens if I sign off on a care plan and subsequently the patient comes to harm?

Personalisation and personal health budgets are not a prescription; this is what a patient wants to do. As a GP you need to be certain a patient is aware of risks and benefits. These should be discussed as part of the care planning process and set out in the plan.

What if a patient spends their year's entire budget in the first seven months and comes to me asking for more money?

During the care planning stage, the broker would highlight that spending their personal health budget in the way chosen would mean that the patient's budget wouldn't be enough for the whole year; the plan should not be signed off until they are happy that the budget will cover the full cost of the agreed care. If a patient's condition changes this should trigger a review of the plan and the budget adjusted as necessary. Some plans include flexibility to help people with fluctuating conditions manage their care.

Nobody will be denied care because they have a personal health budget.

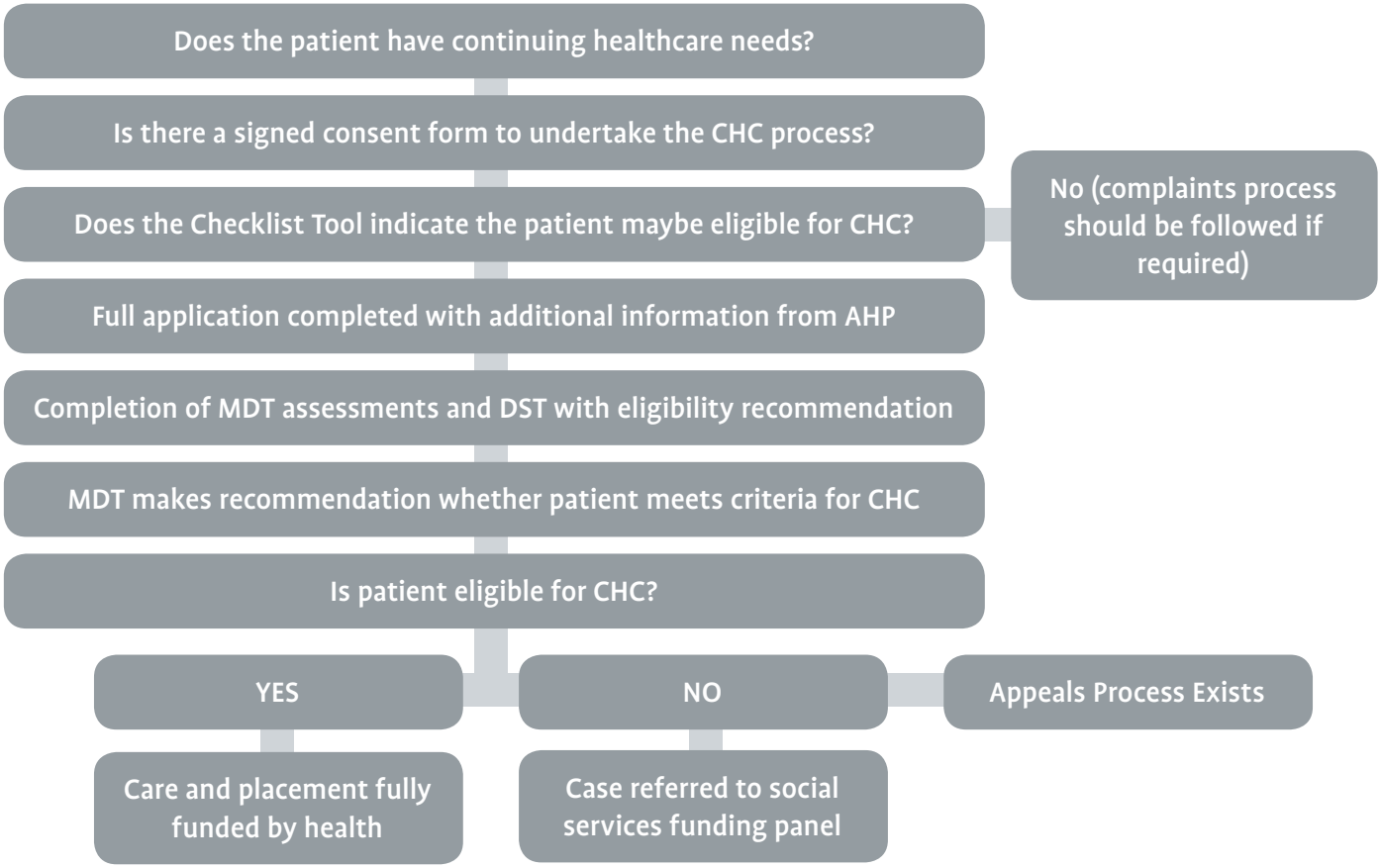
Appendix A: Examples of choices made on spending personal health budgets in the pilot sites

Medical condition	Personal health budget used for:
Parkinson's disease, vascular disease and high blood pressure	● Telehealth machine to monitor blood pressure ● Choice of carers at times that suits
Motor neurone disease	● Extended handlebars on a pushbike ● Weekly trip to the barber for a shave and haircut ● Gym membership and access to a specialist disability coach
MS and brain tumour	● Reflexology for relaxation ● Counsellor to support mental health ● Nutritional therapist to support physical health and test for intolerances ● Mattress to reduce pain
Depression	● Choice of counsellor ● Gym membership

Appendix B: Process for NHS Continuing Healthcare

Key points: NHS Continuing Healthcare

- The Department of Health has published a national framework which sets out a single national system for determining eligibility for NHS Continuing Healthcare, along with more detailed practice guidance.
- For people who are eligible for NHS Continuing Healthcare, NHS money can be used to meet a very wide range of outcomes – including health, social care and housing.
- When people are assessed for NHS Continuing Healthcare, it is very important that the situation and needs of carers are fully assessed.



CHC – Continuing Healthcare
AHP – Allied Health Professional
MDT – Multi Disciplinary Team
DST – Decision Support Tool

Resources

The National Framework for Continuing Healthcare and NHS-funded Nursing Care July 2009 (revised), www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103161.pdf.

Public information booklet, www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_106229.pdf.

Frequently asked questions, www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131085.pdf.

Appendix C: Glossary

A broker is a person who has the necessary skills to help a patient plan their personal health budget. See page 8 What is a broker?

A care plan is a document that addresses an individual's full range of needs, taking into account their health, personal, social, mental health, ethnic and cultural background, and circumstances. It recognises that there are other issues in addition to medical needs that can impact on a person's total health and well-being. The plan may be referred to as a support plan or by another name.

Care planning can be defined as the regular and repeated structured process that takes place between the person with a long-term condition and the health services, based on a collaborative interaction, and replaces current routine care.

Continuing Healthcare is a package of on-going health care provided outside of a hospital and funded by the NHS. The care is free for the individual and can be provided in the patients own home or in a care home. See page 15 NHS Continuing Healthcare.

Diabetes Year of Care Programme is a partnership between the Department of Health, Diabetes UK, The Health Foundation and NHS Diabetes to learn how self-managed routine care planning can be redesigned and commissioned to provide a personalised approach for people with diabetes.

Independent user trusts are one of several third party 'mechanisms' that can be used to manage a personal health budget. An independent user trust is a commitment on the part of trustees to manage an agreed sum of NHS money (or other resources) in a way that puts the individual at the heart of decision-making and gives them choice and control in their life.[14]

A long-term condition is one that cannot be cured but can be managed with the use of medication and/or other therapies. This is in contrast to acute conditions, which typically have a finite duration, such as respiratory infection or a mild episode of depression.

Multi-morbidity is the co-existence of two or more long-term conditions in an individual.

Personal budget is an amount of money allocated by a local social services department to meet individuals' social care needs.

Personal health budgets is an amount of money allocated to a patient to help them meet specified healthcare and well-being needs, generally those with a long-term illness or disability.

QOF (Quality and Outcomes Framework) is a system for the performance management and payment of GPs in the National Health Service.

Social care is defined by the Department of Health as 'referring to the wide range of services designed to support people to maintain their independence, enable them to play a fuller part in society, protect them in difficult situations and manage complex relationships'. It is provided by the local authority. See Social Care page 5.

Support brokerage is a task undertaken by one or more individuals to enable a patient to produce a care plan and exercise choice.

Voluntary sector (also known as the non-profit sector) comprises not-for-profit organisations that utilise volunteers to provide a service to the community.

References

1 More information on eligibility will be available on the DH website and the personal health budget learning network website: www.personalhealthbudgets.dh.gov.uk.

2 www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_106230.

3 Bower P, Macdonald W, Harkness E *et al*. Multimorbidity, service organization and clinical decision making in primary care: a qualitative study. *Family Practice* 2011; 28(5): 579–87.

4 Department of Health. *Our Health, Our Care, Our Say: a new direction for community services* (white paper). London: DH, 2006, p.18.

5 Department of Health. *Options for Excellence: Building the social care workforce of the future*. London: DH, 2006, p. 8.

6 See Appendix B for a list of examples.

7 www.personalhealthbudgets.dh.gov.uk.

8 Royal College of General Practitioners Clinical Innovation and Research Centre. *Care Planning: Improving the lives of people with long term conditions*. London: RCGP, 2011.

9 Royal College of General Practitioners Clinical Innovation and Research Centre. *Care Planning: Improving the lives of people with long term conditions*. London: RCGP, 2011.

10 Diabetes UK. *Getting to Grips with the Year of Care: A practical guide*. London: Diabetes UK, 2008.

11 www.dh.gov.uk/en/Healthcare/Longtermconditions/DH_4128521.

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