



**Dorset**  
Clinical Commissioning Group

# NHS Interim Funding

Personal Health  
Commissioning

## NHS INTERIM FUNDING

This leaflet explains what NHS Interim Funding is. This leaflet provides information on when NHS Interim Funding may be available to you.

This leaflet should be read together with the NHS Continuing Healthcare leaflet.

### WHAT IS NHS INTERIM FUNDING?

NHS Interim Funding is the funding of a package of care for a short period of time while an individual awaits assessment for NHS Continuing Healthcare.



NHS Interim Funding is provided only where there is a need for adjustment to a person's care out of hospital and it is considered that they fulfil **all** of the following criteria:

- They are ready to be discharged from hospital.
- Other discharge pathways are not appropriate.
- They may have a 'primary health need', as explained in the NHS Continuing Healthcare leaflet.

You **do not need NHS Interim funding** if:

- You are being discharged from hospital and you are returning to your usual residence, where all relevant parties agree that your needs can be safely and appropriately met with the same care as when you came into hospital.
- You are being discharged from hospital and need some support for a few weeks or months while you recover from your injury or illness. This support will normally be provided through services such as therapy, reablement, rehabilitation and intermediate care.

## HOW DO YOU DECIDE IF I AM ELIGIBLE FOR NHS INTERIM FUNDING?

Health and social care professionals will decide if a checklist is required. **If the checklist is positive** staff will contact NHS Dorset Clinical Commissioning Group (CCG) to discuss interim funding options.



If the CCG approves an interim funding arrangement, they will arrange and pay for your health and social care needs.

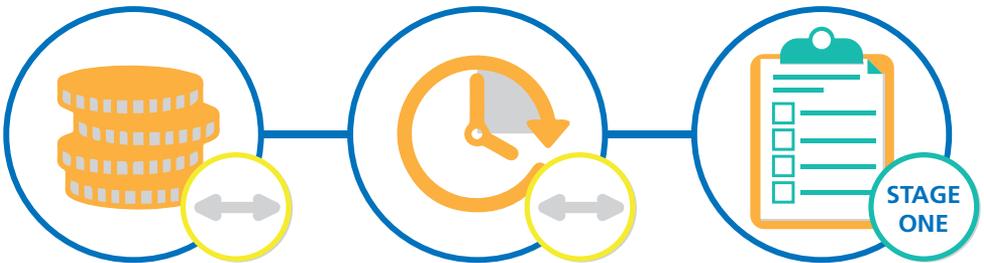
What is provided will be decided by the CCG based on its assessment of your needs and how these needs can be met.

**The NHS will provide this care in the most appropriate setting to meet your needs.**

You have a right to decline the interim provision of care that the CCG assesses as reasonable to meet your needs and make your own arrangements for when you leave hospital. Please note the CCG will not fund this onward interim care.

## WHAT HAPPENS NEXT?

NHS Interim Funding is only provided for a short time, until a full NHS Continuing Healthcare assessment is completed. The assessment is normally done when you have settled in your new environment outside of hospital and your ongoing health needs are clear.



## WHAT HAPPENS IF I AM NOT ELIGIBLE FOR NHS CONTINUING HEALTHCARE?

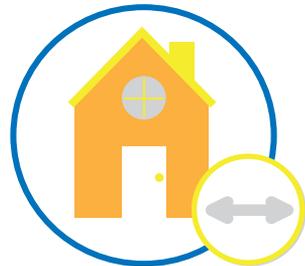
If the full assessment shows you are not eligible for NHS Continuing Healthcare, **the NHS will no longer be responsible for the cost of your care.**



You may be eligible for assistance with some of the costs of your care from your local authority (local council). You will need to contact your local authority for further information.

If you do not qualify for financial help from the local authority, **you will have to pay for the cost of your care yourself from the date of the CCG decision that you are not eligible for NHS Continuing Healthcare.**

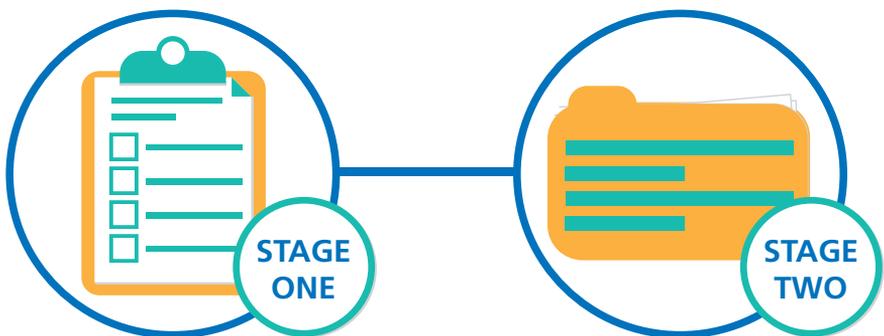
It is also important for you to know that **the care home or other care setting you are discharged to under the NHS interim funding process may not be permanent.**



This is because your care needs may change after discharge and if so, a different provider or setting may become more suitable for you.

## WHAT HAPPENS IF I AM ELIGIBLE FOR NHS CONTINUING HEALTHCARE?

The NHS will continue to pay for care to meet your assessed health and social care needs while you remain eligible for NHS Continuing Healthcare. What is provided will be decided by the CCG, based on its assessment of your needs and how they can be reasonably met. This is subject to review.



If your care needs change, we will review the level of care needed and you may no longer be eligible for NHS Continuing Healthcare. A new full assessment will be carried out to decide this, if appropriate.

Your care needs and care package will be reviewed after three months and every year after that or sooner if your needs change.





## WHO TO CONTACT FOR FURTHER DETAILS:

If you have internet access, please visit:  
[www.dorsetccg.nhs.uk/services](http://www.dorsetccg.nhs.uk/services).

If you would prefer to speak to a member of the  
**NHS Dorset CCG Personal Health Commissioning Team**, please  
call us on **0300 303 4410** from **8.30am – 5pm**, Monday to Friday.