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## Disabled pensioners hit with huge bills in care crackdown

By Laura Donnelly

PENSIONERS with dementia and Parkinson's are facing crippling care bills as health officials try to limit the number receiving NHS funding.

Any patient with a significant health problem should have their care and nursing fees paid in full if the condition is deemed to be the main reason they need such help.

However, an investigation by The Daily Telegraph reveals that authorities are increasingly refusing to fund care, claiming that devastating diseases are not severe or the primary reason that help is needed.

If the NHS rules that help is required simply because someone is frail or elderly, this falls under social care, which is means-tested. This leaves families facing bills of up to £100,000 a year.

Charities said yesterday that they were "horrified" by the findings, and called for reform of the system.

### **Do you qualify?**

#### **Why some patients have been denied**

Any patient with ongoing significant health needs – which are the primary reason they need help – should have the costs of their care paid in full by the NHS.

It means those suffering from conditions such as dementia and Parkinson's disease can have all their care costs paid.

But the definition of a "primary care need" is vague and charities say authorities are exploiting the definition as an excuse to reject applicants. Last year the Equality and Human Rights Commission threatened legal action against 13 CCGs accused of setting "arbitrary" limits.

If help is needed simply because someone is frail or elderly, this falls under social care, which is means-tested, with pensioners having to pay the costs down to their last £23,500.

Ministers want to reform the system, capping the total amount any individual spends. But the issue is politically toxic. Theresa May's plans to place charges on pensioners' homes were dubbed a "dementia tax" and nearly cost the Tories the last election.

It comes as the Government prepares to publish a Green Paper on social care. The analysis reveals a stark North-South divide, with elderly patients living in London and the Home Counties least likely to see their care bills covered by the NHS. Nine out of 10 areas least likely to pay up are in the South, while nine out of 10 areas most likely to fund care are in the North, the figures show.

Across the country, there is a 19-fold variation in the likelihood of receiving funding from the NHS Continuing Healthcare (CHC) fund.

Families claim vulnerable patients are losing out because health officials are trying to reduce the number of payouts. Documents seen by this newspaper reveal a concerted attempt by health officials to cut spending on care, even though it is a legal right for tens of thousands of vulnerable pensioners.

Official figures show that since the plans were drawn up, the numbers found eligible for care have dropped significantly. A recent parliamentary briefing sets out NHS England's efficiency plans, which require clinical commissioning groups (CCGs) to make savings of £855 million on CHC and NHS-funded nursing care by 2020-21.

NHS England documents submitted to the National Audit Office in 2017 say "reducing the number of people eligible for continuing healthcare and reducing the average cost of the CHC package" is key.

Official figures show that since then, average eligibility per 50,000 population has fallen – from 68.77 per 50,000 in 2015-16 to 57.70 in 2018-19. Levels of variation have increased too. The number of people found eligible ranged from 11.9 per 50,000 in Luton, Beds, to 230.3 per 50,000 in Salford, Greater Manchester.

Sally Copley, director of policy, campaigns and partnerships at the Alzheimer's Society, said the findings were "absolutely unacceptable".

She said: “Support should be determined by a person’s needs, not where they live, and certainly not by efforts to balance budgets. One woman with dementia didn’t qualify despite being so ill she was unable to eat, speak or move anything but her eyes.

“She’d spent £500,000 on care by the end of her life.”

Caroline Abrahams, charity director at Age UK, said the “winner takes all” aspect of the system was the biggest unfairness of all.

“If you fulfil the criteria you should get all your care costs paid for, whereas if you legitimately fall just short of the line, the financial responsibility falls on your council, which operates a fiercely means-tested approach,” she said. “This can make a difference of hundreds of thousands of pounds to people if they have complex care needs for several years.”

Ms Abrahams urged ministers to publish proposals to reform social care.

An NHS England spokesman said: “Spending on Continuing Healthcare is going up as ever more people are being supported, and it is for CCGs to manage assessments based on demand.”