

Whilst I have found the contents of the paper extremely useful in formulating my work plan, I have grave concerns regarding promotion of the Direct Payments Schemes as they are established under current legislation.

We are supporting a number of Users on Direct Payments at home whose conditions are deteriorating. There will shortly be a point when they will be eligible for continuing care funding. Under current legislation, they would then no longer be able to have their service under Direct Payments and would have to transfer to an approved nursing agency. My argument is that the personal carers would have become experts on the User who would have 'slipped' by degree towards continuing care. There would not be an episode or trauma. It would be simply a question of the Care Manager deciding that the User would now meet the eligibility criteria and submitting an assessment (with health component) to the panel.

Is there a way that the rules could be relaxed to accommodate Users in this situation? As we support increasing numbers of people in the community with very complex needs, this is likely to be a problem that we all face in Local Authorities and PCTs. Your advice or comments would be gratefully received.

Sally Palmer