



Llywodraeth Cymru
Welsh Government



Continuing NHS Healthcare for Adults in Wales

Public Information Leaflet

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Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

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What is Continuing NHS Healthcare?

Continuing NHS Healthcare (also known as CHC) is the name given to one or more services arranged and funded solely by the NHS for those people who have been assessed as having a 'primary health need' (this is explained later).

You can receive CHC in any setting including your own home or in a care home.

In your own home, this means the NHS will pay for healthcare (for example, services from a community nurse or specialist therapist) and social care, but this does not include the costs of:

- food
- accommodation or
- general household support.

In a care home, if you are eligible for CHC, the NHS pays for your care home fees in total.

CHC is funded by the NHS, unlike the help from social services for which a charge may be made depending on your income, savings and capital assets.

Who is eligible for continuing NHS healthcare?

If assessments by a range of professionals show that your primary need is a health need, you should be eligible for CHC.

It does not depend on an individual's particular condition, disease or diagnosis or on who provides the care or where it is provided.

People can require a lot of help and support as a result of an illness or condition, but may not be assessed as having a 'primary health need'.

'Primary health need' means something different to 'Primary Health Care', which is a term used to describe the types of community health services you can access directly yourself, for example your General Practitioner, Pharmacist, Practice Nurse or Health Visitor.

It is easy to get these two terms confused.

How will my primary health need be assessed?

The primary health need will be assessed by looking, with you and your family, at all of your care needs considering four key areas:

1. **Nature** – this describes your needs and the type of your needs e.g. physical, mental health or psychological. It also describes the effects of your needs on you and the type (quality) of help you require to manage your needs.
2. **Intensity** – this describes one or more needs (quantity) which may be so severe as to require a degree of ongoing care.
3. **Complexity** – this describes how symptoms interact, making them difficult to manage or control, requiring skills to monitor the symptoms, treat the condition and/or manage the care.
4. **Unpredictability** – this describes the degree to which someone's needs fluctuate and how difficult those needs are to manage. It also describes the level of risk to an individual's health if the right care isn't provided quickly.

Where will I be assessed?

Whenever your condition permits, your longer-term care needs will not be assessed on an acute hospital ward. You can usually expect to be transferred to a calmer environment such as a community hospital, a specially arranged facility in a care home, or even your own home with intensive support, while you get back on your feet and are assessed.

Who will be involved and who will decide if I am eligible?

The NHS will make the decision about your eligibility for CHC. They will work with the local authority and other professionals involved in your care through a 'multi disciplinary team' and will make sure that you and whoever cares for you are involved. If you need an advocate to support you through the assessment process, the NHS will help arrange this for you if you would like them to.

A 'multi disciplinary team' means a team drawn from a number of professional 'disciplines' such as doctors, nurses, therapists and social workers. You may hear the term shortened to 'MDT' and it will be made up of two or more professionals who are involved in your care. They may be from health or social care services. The members of this team may visit you separately to do the assessment before everyone meets to complete the full picture of your care needs.

You can expect to be given the name of one 'lead professional, your care co-ordinator, who will be your main contact. They will guide you, make sure you have the information you need and answer your questions.

Do I have to agree for the assessment to be completed?

Yes. You have to agree before the assessment process begins and before any decisions are made.

In order to be sure that you have the full information to agree to the assessment, your care co-ordinator will meet with you to explain the process and make sure you have enough information to make your decision. This information should include the potential impact on any benefits or Direct Payments that you are currently receiving.

Once you have given your consent, a record will be made to say that you have agreed to the assessment being undertaken.

What if I refuse to be assessed or give consent but then change my mind?

If you refuse to give consent to be assessed, this means that the NHS cannot then become responsible for providing and paying for all your care. However, it will still provide NHS services if you need them e.g. district nurse or GP. You may be charged for any services the local authority provides.

You are free to change your mind at any time in the process. If you change your mind about being assessed, the reasons you have

changed your mind will need to be recorded. You may be asked to sign a form to show that this is your decision.

What if I have been found eligible but I refuse the CHC services offered by the NHS?

If you have been assessed as being eligible for CHC but you then decide you do not want to accept the CHC services offered, this means that the NHS cannot be responsible for providing and paying for all your care.

Your needs may be able to be met by both the NHS and local authority (this is called a joint care package) but you may be charged for some of the local authority services. This would be the same if you refused to be assessed for eligibility for CHC.

Will my care needs be reviewed?

Yes. If you are found to be eligible for CHC, you will be involved in developing a care plan that says how your needs will be met. After no more than 3 months of you first receiving your CHC services, a member of the NHS team and others involved in your care will arrange to review your needs and the care you require. You will be involved in this review.

Your consent should be obtained before the review process begins. In general, planned reviews should be undertaken at 3 months and then annually. They can however, take place at anytime if your health appears to have changed significantly.

At your review (planned or in response to a change), your care co-ordinator will arrange a multidisciplinary meeting to reassess your care needs and continued eligibility for CHC. The type of help and services you need may change and it may be that you no longer have a primary health need. If this is the case, your care co-ordinator will discuss with you the necessary changes to your care plan and whether or not you would then be required to make a contribution to your care costs.

What if I am not eligible for continuing NHS healthcare?

If you are **going home** and you are not eligible for CHC you may still require jointly arranged health and/or social care services to meet your individual needs.

You may have to pay for some or all of your care provided by social services, although the NHS will still provide for your health care needs.

If you need to be placed in a nursing **home** and are not eligible for CHC, then you can expect to have a combination of:

- Healthcare services provided by the NHS (GP's, therapists and funding through Funded Nursing Care – see below).
- Social services provided by the local authority on a means tested basis. You may have to be financially assessed by a local authority to decide how much you should pay towards your personal care and accommodation if you are in a care home.

If you live in a **residential home** and you require some care from a nurse, this will be provided by the NHS through the community nursing service.

What is NHS Funded Nursing Care?

Nursing Homes employ registered nurses to provide nursing care to those who need it. 'Funded Nursing Care' is the payment the NHS makes towards these costs. If a person is not eligible for CHC he/she may nevertheless be eligible for NHS Funded Nursing Care, and this will be determined as part of the CHC assessment process. In order to fund this nursing care, the NHS makes a payment directly to the care home.

Registered nursing can involve many different aspects of care. Typically those with a need for registered nursing care will receive some of the following:

- Supervision or monitoring of nursing needs.
- Planning the care, reviewing your needs and making changes to the care plan.

- Identifying potential health problems and dealing with them for example, by referring to other healthcare professionals such as doctors, therapists etc.
- Monitoring your medication.

Who is eligible for Funded Nursing Care?

You should receive Funded Nursing Care if:

- You live in a nursing home and you are not eligible for CHC but have still been assessed as requiring the services of a registered nurse.
- You are not receiving registered nursing care in any other way e.g. from district nurses.

What do I do if I am not happy with the outcome of the assessment?

You have the right to ask the Local Health Board to review the decision which has been made about your eligibility for Continuing NHS Healthcare or Funded Nursing Care.

If your assessment says that you are not eligible for CHC and you don't agree with this, you can discuss this with the healthcare professionals caring for you in the first instance. The NHS should work closely with you and the team that assessed you, to resolve the situation informally whilst making sure that all the necessary assessments and procedures have been properly undertaken.

You can ask for an independent review of the decision if you are not happy with:

- The procedure followed by the Local Health Board in reaching its decisions around your eligibility or
- The application of the 'primary health need' consideration.

If the Local Health Board keeps to its original decision and you wish to challenge this further, you can ask to raise a complaint through the NHS complaints procedure. If you remain dissatisfied you can contact the Public Services Ombudsman. Your Local Health Board will give you more details.

If you are not happy with any other aspect of NHS care, you can ask to use the NHS complaints procedure.

Where can I get more information on Continuing NHS Healthcare or Funded Nursing Care?

For further information please see the following links to the Welsh Government website in English and Welsh.

www.gov.wales/topics/health/nhswales/healthservice/chc-framework/?lang=en

www.gov.wales/topics/health/nhswales/healthservice/chc-framework/?lang=cy

Alternatively please see the Complex Care – Information and Support Site.

www.cciss.org.uk

www.gcsge.org.uk

You can ask the doctor or nurse in charge of your care. You can also contact the Local Health Board in your area.

For details on Local Health Boards go to:

www.wales.nhs.uk/directory.cfm

For information the Public Services Ombudsman for Wales go to:

www.ombudsman-wales.org.uk

Braille and Audio versions of this leaflet are available from your Local Health Board on request.

The CHC Process

Hospital admission or other circumstances indicate that you may need longer-term care and support.

You will be allocated a named care co-ordinator who will oversee the process, keep you updated and answer your questions.

You may be transferred to a 'step down' programme while you get back on your feet and are assessed to find out what care & support you need.

Your care co-ordinator will seek your consent and will start organising the assessment. This will involve a number of members of the team looking after you.

Your care co-ordinator will explain the process to you and give you this Public Information Leaflet



You are here

The team may need to work with you to undertake some additional assessment to make sure they have all the information they need.

Your care co-ordinator will invite you to attend a meeting with the team to discuss your needs and determine whether you are eligible for CHC funded services. They will give you a further leaflet: 'Preparing you for a CHC eligibility meeting'.

The meeting will make its recommendation as to whether you are eligible for CHC. You will receive a written explanation of why this decision was made.

Your care co-ordinator will contact you after a few days to discuss what happened at the meeting, what will happen next and what to do if you are unhappy with the outcome.

The services you need will be agreed with you and the arrangements made. You can expect to have your needs reviewed within 3 months of the services starting and at least once a year thereafter.