



Llywodraeth Cymru
Welsh Government



Continuing NHS Healthcare for Adults in Wales

Preparing you for a CHC Eligibility Meeting

August 2016

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

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WG29058

Digital ISBN 978-1-4734-7319-5

Print ISBN 978-1-4374-7330-0

This leaflet is designed to help you feel equipped to participate in a meeting which will decide if you or your relative is eligible for CHC. You may also hear this referred to as a 'DST Meeting'. DST stands for Decision Support Tool and this is explained later.

You should have already received the 'Continuing NHS Healthcare for Adults in Wales' Public Information Leaflet explaining what CHC is. **If you haven't, ask for it.**

The Assessment

A range of people have worked with you to develop an assessment of your need. These may have included for example:

- Doctor
- Nurse
- Social worker
- Occupational Therapist
- Physiotherapist.

You should have already been allocated a named care co-ordinator/lead professional who will be your main point of contact and guide you through the process. **If you don't know who this is, please ask.**

If you also need an independent advocate to support your care co-ordinator will arrange this for you.

Your care co-ordinator is responsible for:

- working with you
- keeping you up to date, and
- making sure that all the right people have contributed to the assessment of your needs.

Once all the different parts of the assessment have been completed, your care co-ordinator will arrange a meeting. This meeting will include you and the team who have worked with you on the assessment.

The aim of the meeting will be to use the whole assessment to determine whether you have a 'primary health need' and are therefore eligible for a CHC package.

The primary health need will be assessed by looking 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 ongoing care.
3. **Complexity** – this describes how symptoms interact, making them difficult to manage or control, requiring increased skill 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 a person's health if the right care isn't provided quickly.

The process for CHC is shown in the diagram below. If you don't understand it, or feel it has not been followed; please talk to your care co-ordinator.

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 the Public Information Leaflet.

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 a CHC package. They will give you this leaflet.



You are here

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.

Preparing for the meeting

Think about who you would like to support you.

Talk to your care co-ordinator and/or advocate.

Many people find there are some things they don't fully understand, so don't be afraid to ask questions at any time.

It is important that the conversation is clear and honest.

The meeting is an opportunity for you and your relative(s) to raise issues and concerns. It is a chance to make sure that the assessment is accurate and fair, and that it provides a proper picture of your needs.

Where will the meeting take place?

If you are currently in hospital the meeting will probably take place in a room close to the ward. However, it is likely that you will have been transferred to a 'step down' programme and the meeting will be held there. A 'step down' facility aims to provide a calmer environment than an acute hospital ward, to help you get back on your feet while your needs are assessed. This could be, for example, in a community hospital, a specially arranged facility in a care home, or even your own home with intensive support.

You should expect that the meeting will be held in a quiet environment where you will not be disturbed and where your privacy will be respected.

If you are being assessed at home, the meeting may take place here if you wish and you have the space. Alternatively it may be held in a suitable space in your GP's surgery or other clinic.

Talk to your care co-ordinator if you need help to get there or if you have any concerns about where the meeting is taking place.

Who will be there?

- You. The meeting will be discussing your needs and your future; your voice must be heard. If you don't feel able to be there yourself, you can ask your family or advocate to attend on your behalf.
- Your family or advocate (if you so wish).
- Members of the team who have worked with you to complete the assessment.

The meeting will be chaired by one of the NHS professionals involved in your care. They must make sure that:

- You know who everyone in the room is.
- You understand what is being talked about. If the professionals use language or jargon you don't understand, don't be afraid to ask them to explain.
- You are given time to get your points across.

What is my role at the meeting?

You are there to have your say about the assessment and the options being discussed. You have every right to be there and to have your views listened to.

Make sure you ask questions about anything you don't understand.

Take notes so that you can reflect on what was said. You can expect your care co-ordinator to contact you within 2 or 3 days of the meeting to give you the opportunity to discuss what happened.

If you are representing a member of your family be prepared that the meeting will be discussing your loved one in detail and quite candidly. This can be an emotional experience.

What will happen at the meeting?

The team will look at the assessment and decide whether you have a primary health need. In other words, are your needs of sufficient:

- nature
- intensity
- complexity
- unpredictability

to indicate that you are eligible for CHC funded services?

Making such a decision can be complicated. The team will use the Decision Support Tool (DST) to help them rationalise and explain the decisions made at the meeting. The DST includes a matrix (grid) which grades needs in the following areas:

- Behaviour
- Cognition
- Psychological Needs
- Communication
- Mobility
- Nutrition
- Continence
- Skin
- Breathing
- Medication
- Altered States of Consciousness
- Other significant care needs.

You can expect to receive:

- a copy of the matrix
- a summary of the decision made regarding eligibility
- a clear explanation of the reasons why that was the decision.

Your care co-ordinator will contact you within a few days of the meeting to talk through how you feel about the meeting and the decision. Don't be afraid to say if there is anything you feel unsure or uncomfortable about.

What Happens Next?

Once it has been agreed that you are eligible for CHC, the team and your care co-ordinator will work with you to develop a care plan. This will address all your needs and specifically, how they will be met and by whom. It will also consider the support needed by the people caring for you and will make sure that the care you receive is safe and sustainable.

The Local Health Board (LHB) will then arrange the services needed. The LHB is required to work with you and to carefully consider your preferences and choices. The decision as to where and how you receive the help you need does however, ultimately lie with the LHB.

When your CHC services are in place, you can expect your needs to be reviewed within 3 months to make sure that everything is going to plan. After that, your needs will be reviewed at least once a year to make sure that the CHC services still meet your needs and whether you are still eligible for CHC funding.

How long will this process take?

The whole process, from the time it is first identified that you need to be assessed for CHC to agreeing the services you need should take no longer than six to eight weeks. This includes the period of reablement and assessment at home or in a 'step down' facility.

What are your rights if you disagree with the decision?

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.

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. Your care-co-ordinator, or your advocate if you have one, will be your first point of contact.

The NHS should work closely with you and the multidisciplinary team 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 are still dissatisfied you can contact the Public Services Ombudsman. Your Local Health Board will give you more details.