



Llywodraeth Cymru
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Continuing NHS Healthcare for Adults in Wales

What receiving CHC funded services means for you

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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.

Why am I receiving a CHC package of care?

Assessments by a range of professionals have shown that your primary need is a health need.

This means you are eligible for a CHC package as described above.

The Local Health Board will have worked with you to agree a package of care and those services are now in place.

Why does my CHC package of care need to be reviewed?

People's needs can and do change. The NHS must make sure that the services it provides or pays for continue to match your needs.

The second reason for the review is to decide whether you still have a primary health need and remain eligible for a CHC package of care.

Continuing NHS Healthcare is something that people may dip in and out of at different stages of their lives, depending on their needs at the time.

For example, although a person may require a lot of help and support as a result of an illness or condition, they may not be assessed as having a primary healthcare need. This may be because they are stable and their needs can be addressed through a jointly arranged health and social care services at home or in a nursing home placement with Funded Nursing Care.

What happens at my review?

The review will follow the same process as your first assessment for CHC.

The team looking after you will work with you to assess your needs.

You, and/or your family or advocate if you wish, will be invited to attend a meeting to decide discuss the following:

- Are the right services being provided to meet your needs?
- Do those services need to be adapted?
- Do you still have a 'primary health' need?

As with the first assessment, you should expect to:

- Be fully informed about what is happening;
- Be given time to put your points across;
- Have your questions answered;
- Be provided with an explanation, in person and in writing, of the decisions made and why.

What happens if I am still eligible for CHC?

You will continue to receive your package of services, arranged and funded solely by the NHS.

The team may decide that some changes are required to the services so that they continue to fully meet your needs. Your care co-ordinator will explain and discuss any changes with you.

What happens if I am no longer eligible for CHC?

If you are receiving services in your own home, but are no longer eligible for CHC, your needs may be met jointly by the NHS and social services or by social services alone.

Any service provided by the NHS will continue to be free of charge.

A charge may be made for any help you receive from social services. Any charge will depend on your income, savings and capital assets.

This also applies if you are receiving your care in a nursing home, though in this case the NHS will make a payment to support your nursing needs through 'Funded Nursing Care'.

The financial implications of your review will be clearly explained to you, in person and in writing, setting out who will pay for what.

How often will my CHC funded services be reviewed?

You can expect the first review of your needs and CHC services within 3 months of it commencing.

After that, a review will take place at least once a year, or more often if needed.

If you, your family, or other people providing your care have any concerns between planned reviews, please contact your care co-ordinator.

Your Care Co-ordinator is

You can contact them by:

Telephone:

E-mail:

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 pulling together 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 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 meet 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.



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