Research Briefing **Continuing NHS Healthcare in Wales – what do I need to know?**

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A brief Q and A of frequently asked questions about Continuing NHS Healthcare in Wales.



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1. What is Continuing NHS Healthcare and who qualifies for it?

Continuing NHS Healthcare (often known as NHS CHC) is a package of care **arranged and funded solely by the NHS**.

It is available to people assessed as having **a primary health need**, i.e. when their requirement for care is predominantly health related. This is determined by an assessment of the nature of their needs and the level of care required to manage them. NHS CHC can be provided in any setting including a person's own home or a care home.

According to the latest figures available from the Welsh Government (June 2014), there were around 5,500 people in Wales receiving NHS CHC, at an annual cost to the Local Health Boards of approximately £278 million.

In a care home, if a person is eligible for NHS CHC, the NHS pays for their total care home fees; whereas when care is arranged by social services, a charge may be applied depending on the person's income, savings and capital assets.

NHS CHC is also different from 'Funded Nursing Care' provided for people in nursing homes. Funded Nursing Care is the payment the NHS makes towards nursing care costs (provided by registered nurses). If a person is not eligible for NHS CHC but requires both health and social care services to meet their individual needs, they may have to pay for some or all of their care provided by social services, but the NHS will provide for their health care needs. If a person is placed in a nursing home and is not eligible for CHC, they can expect to have a combination of:

- Healthcare services provided by the NHS; and
- Social services provided by the local authority on a means tested basis

2. How is Continuing NHS Healthcare assessed?

The Welsh Government's **National Framework for Continuing NHS Healthcare** sets out a mandatory process for the NHS to assess health needs, decide on eligibility for NHS CHC and provide appropriate care for adults.

The framework states that the following should be considered in the assessment process:

Nature - the type of needs (including physical, mental health or psychological needs) and their overall effect on the individual, including the type of interventions required to manage them.

Intensity - the extent ('quantity') and severity ('degree') of the needs and the support required to meet them, including the need for sustained/on-going care ('continuity').

Complexity - how the needs present and interact to increase the skill required to monitor the symptoms, treat the condition(s) and/or manage the care. This may be the result of a single condition, multiple conditions, or the interaction between two or more conditions.

Unpredictability - the degree to which needs fluctuate and thereby create challenges in managing them. It also relates to the level of risk to the person's health if adequate and timely care is not provided.

The Framework states that decisions about eligibility should be based on health needs and not on budgetary considerations and should fully involve patients and, where appropriate, families, carers or advocates.

The information obtained during the assessment is used to complete a Decision Support Tool to help with eligibility decisions. The Decision Support Tool comprises the following 12 domains, each of which is broken down into levels of need:

- Behaviour
- Cognition
- Psychological and emotional needs
- Communication
- Mobility
- Nutrition
- Continence
- Skin
- Breathing
- Medication
- Altered states of consciousness
- Other significant care needs to be taken into consideration

Each domain is scored according to the category of needs, which range from 'no needs'; 'low'; 'moderate'; 'high'; 'severe'; and 'priority'.

Further information on eligibility and the assessment is available on the Welsh Government website.

Retrospective claims

An individual or their representative can request a retrospective review where they have contributed to the costs of their care but have reason to believe that they may have met the eligibility criteria for NHS CHC which were applicable at the time.

The claim period must be **no longer than 12 months back from the date of application for review.** Further information on how to request a retrospective review is available in **this Welsh Government leaflet** (PDF, 55KB).

3. Have the eligibility criteria changed recently?

Yes, the Welsh Government revised its Framework in June 2014, after reviewing its 2010 Framework in 2013-14. It replaced the previous Welsh Decision Support Tool (DST) with that published by the Department of Health in England in November 2012.

It was felt that this change to the DST should facilitate better cross-border working and mitigate identified risks that anomalies between the two tools (such as differences in the levels of need specified in certain domains) could disadvantage some people in Wales. Practitioners also reported that the updated English DST was more user-friendly.

4. What if a person does not qualify for NHS CHC or Funded Nursing Care?

Appeals

If a person is not happy with the decision made, they have the right to ask the Local Health Board to review the decision about their eligibility NHS CHC or Funded Nursing Care.

The person can also ask for an independent review of the decision if they are not happy with:

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

If the Local Health Board keeps to its original decision and the person wishes to challenge this further, they can ask to raise a complaint through the **NHS complaints procedure**. **Community Health Councils** offer complaints advocacy services to support people in making a complaint.

If the person remains dissatisfied they can contact the **Public Services Ombudsman for Wales**.

Paying for care

Residential care

Most people needing residential care (who are not eligible for NHS CHC) will be expected to contribute towards the costs of their accommodation and personal care from their personal income (for example their pension) and/or capital (assets and property). This will be assessed via a means test if the local authority is involved in arranging the placement.

NB: The value of a person's property may be disregarded from the means test if the property is occupied by a relative.

Anyone with capital of their own (including the value of a property) above the capital limit (£24,000 at the time of writing) is expected to meet the full costs of their care until their capital falls below this threshold.

If the value of a person's assets or savings is below the capital limit, they would only be expected to contribute from their day to day income – for example, State Pension, or occupational/private pension.

Non-residential care

The Welsh Government has set a maximum limit on non-residential social care costs (such as home care or day care) – the most any individual will pay for non-residential care is currently £60 per week.

Detailed guidance on the arrangements for paying for care can be found in the **Care and Support** (Charging) (Wales) Regulations 2015/1843, the Care and Support (Financial Assessment) (Wales) Regulations 2015/1844, and the Social Services and Well-being (Wales) Act 2014 Part 4 and 5 Code of Practice (Charging and Financial Assessment).