Rebecca Evans AC/AM Gweinidog lechyd y Cyhoedd a Gwasanaethau Cymdeithasol Minister for Social Services and Public Health



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Assembly Members
National Assembly for Wales

22 February 2017

Dear Assembly Member,

I refer to the recent commitment given by the Leader of the House, Jane Hutt AM, to provide Steffan Lewis AM, with an update on retrospective claims for Continuing NHS Healthcare (CHC). I thought it would be helpful to share this information with you all.

A retrospective CHC claim refers to those circumstances where a person (or their family) contributed to the cost of their care but have reason to believe that they may have been eligible for CHC and so should have had their care funded by the NHS.

Health boards and Welsh Government, in consultation with the Public Services Ombudsman for Wales, have agreed a process to consider these claims. This process involves a number of key steps:

- Evidence that the claimant has the legal authority to make the claim;
- · Evidence that the individual/their family paid for care and services;
- Consideration of all available clinical and care home records. Depending on the
 evidence it may be possible to reach a decision on eligibility at this stage. Some
 cases where the evidence is less clear will proceed to consideration by an
 Independent Review Panel;
- For those cases where eligibility has been found, either in full or in part, financial restitution is made.

In July 2014, Welsh Government announced a cut of date for claims relating to the period between 1 April 2003 and 31 July 2013. This resulted in a significant number of claims being submitted to Health Boards, many with a long claim period (known as Phase 2 claims). Because of the challenges in processing these claims it was agreed that the Retrospective Claims National Project (hosted by Powys Teaching Health Board) would take on this role. Health boards transferred a total of 941 Phase 2 cases to the project in the latter half of 2014. As at January 2017, 447 of these claims had been completed.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

The management of CHC retrospective claims is a complex and sensitive task. The timescale for an in-depth examination of the relevant GP, hospital, local authority and care home records dating back up to 10 years will often depend on the availability and completeness of those records. The significant volume of retrospective claims, which are processed in strict chronological order of application, will also be a factor in the time taken to process them.

In order to accelerate the speed at which claims are processed, and in the interests of probity and the public purse, an amended process has been introduced in order to identify the appropriate period that should be considered for retrospective CHC eligibility, rather than considering the full period of the claim in all cases. This process has been approved by the Public Services Ombudsman for Wales. Using this new process it is anticipated that all Phase 2 claims will be completed by December 2017.

The project is also dealing with the processing of 1514 Phase 3 claims (relating to the period 2013/2014). 384 of these had been completed as at January 2017. The revised process is also being applied to Phase 3 claims and it is anticipated that all claims will be completed by the middle of 2018.

I am pleased to be able to report that good progress has been made in terms of the Phase 2 and 3 claims that remained with Health Boards and the subsequent Phase 4 (2014/15) and Phase 5 (2015/16) claims that they have received. The vast majority of the older claims have been completed and it is anticipated that claims relating to Phases 4 and 5 will be reviewed within expected timescales in most cases.

In addition to the introduction of an amended process for reviewing Phase 2 and Phase 3 claims, the Welsh Government has introduced a monthly reporting process, ensuring that progress in processing claims and any problems/challenges are captured and managed as early as possible. This process also allows Welsh Government to monitor trends over time, and to obtain assurance that health boards are actively managing the claims within the required target timescales. Progress on processing claims is also monitored on a monthly basis and guarterly by the National Complex Care Board.

I am confident that there is now a robust system in place for monitoring and managing the retrospective claims process. I have set a clear expectation that the incidence of incorrect assessments of eligibility for CHC will be reduced and eventually eliminated and we have taken steps to ensure that eligibility decisions are accurate and clearly documented so that retrospective reviews can be avoided in the future.

Rebecca Evans AC/AM

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