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NHS

Continuing  
NHS Healthcare  
for Adults  
in Wales

Public Information Leaflet

## What is continuing NHS healthcare?

Continuing NHS healthcare (also known as CHC) is the name given to a package of services which is 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, including board and accommodation.

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

## How will my primary health need be assessed?

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 needs, 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 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 an individual's health if the right care isn't provided quickly.

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.

A multi disciplinary team is made up of two or more professionals who are involved in your care and 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 using the Unified Assessment Care Management process.

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

**Yes.** Your consent should be obtained 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, one of the multi disciplinary team (usually called a care co-ordinator) will meet with you to explain the process and make sure you have enough information to make your decision. They should discuss with you the National CHC Communication Tool which explains in full detail what the assessment process entails, who is involved and how outcomes will be recorded.

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 input. 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 care package 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 care package, 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 6 weeks of you first receiving a CHC package, 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, reviews should be undertaken at 6 weeks, 3 months and then annually or at other intervals if your health appears to have changed significantly.

As your health and personal care needs 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, a member of the multi disciplinary team should 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 but still have some health care needs, care planning will determine whether you need a joint health and social care package. You may still be able to have a mixture of health

and/or social care services to meet your individual needs if this is what you need. 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 **care home** and are not eligible for CHC, then you can expect to have:

- 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 require some care from a nurse, this will be provided by the NHS through the community nursing service.



## What is NHS Funded Nursing Care?

Local authorities cannot provide clinical services because the NHS is responsible for any care that must be provided by a registered nurse. For people in care homes with nursing, registered nurses are usually employed by the care home itself and the NHS make a payment to cover the costs of providing the nursing care for those who need it.

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 care home with nursing 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 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 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?

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:

**<http://www.wales.nhs.uk/directory.cfm>**

For information the Public Services Ombudsman for Wales go to:

**[www.ombudsman-wales.org.uk](http://www.ombudsman-wales.org.uk)**

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