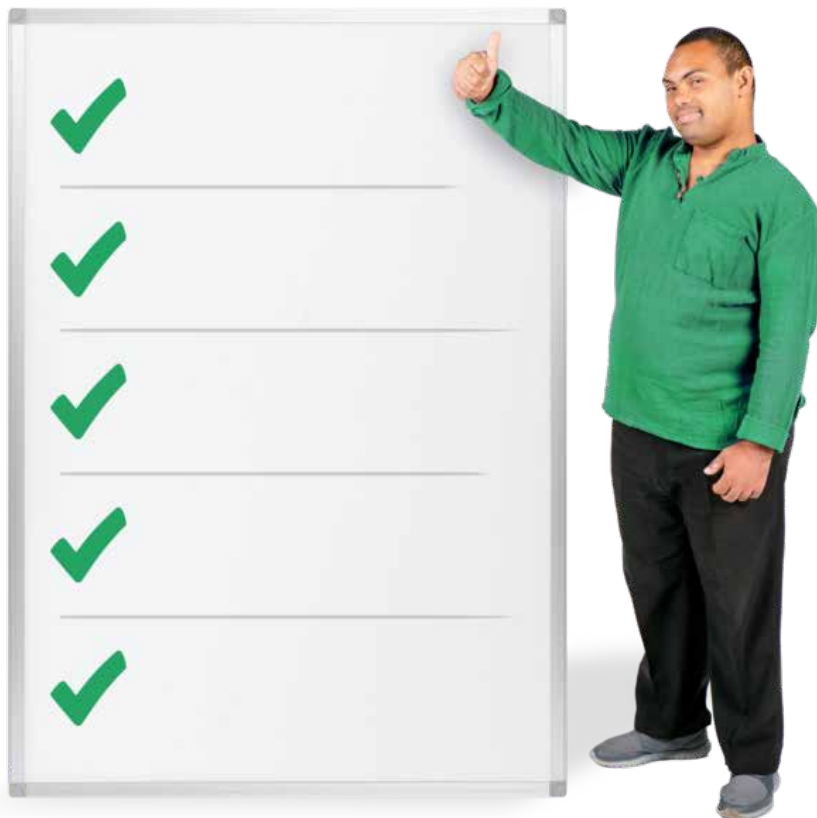


Continuing NHS Healthcare

3. An easy read guide to CHC eligibility:

- who can get CHC
- how we decide who is eligible



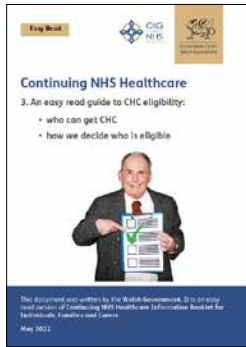
This document was written by the **Welsh Government**. It is an easy read version of **Continuing NHS Healthcare Information Booklet for Individuals, Families and Carers**.

October 2022

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About this booklet



This booklet is **part 3** of 5 easy read guides to Continuing NHS Healthcare.



It is based on a guide written by Welsh Government. You can read the original guide here: gov.wales/continuing-nhs-healthcare-chc-information-booklet-individuals-families-and-carers.

There are 5 easy read booklets all together:

1. **What is Continuing NHS Healthcare**
2. **An easy read guide to CHC assessments**
3. **Who is eligible for CHC?**
4. **How is CHC organised**
5. **What happens if I'm not eligible for CHC?**



You can find them all here: gov.wales/continuing-nhs-healthcare-chc-information-booklet-individuals-families-and-carers.



This booklet was made into easy read by **Easy Read Wales**. To tell us what you think about this easy read version, [click here](#).



Llywodraeth Cymru
Welsh Government

Please contact Welsh Government if you need this booklet in any other format.



You can find information about Continuing NHS Healthcare on the Welsh Government website here: gov.wales/national-framework-nhs-continuing-healthcare.

Or you can contact Welsh Government for more information:



By post: Welsh Government
Cathays Park
Cardiff
CF10 3NQ



By phone: 0300 0604400

By e-mail: customerhelp@gov.wales



You can find contact information for your Local Health Board in **booklet 1 page 16**.



Or you can find them on the NHS Direct Wales website: www.nhsdirect.wales.nhs.uk/localservices/localhealthboards.

Who is eligible for CHC?



Eligible means you have the right to get CHC because you meet the conditions.



There is only 1 condition you need to meet to be **eligible** for CHC. You must have a **primary health need**.



You might have lots of different needs. A **primary health need** means you mainly need care and support to manage your **health**.

How is eligibility checked?



Your Local Health Board is responsible for checking if you are **eligible** for CHC.



They do this through the CHC **assessment**.

The **assessment** is when health and social care professionals work together to decide what your needs are. And how your needs should be met.

When will my CHC assessment happen?



Your CHC **assessment** should happen in the right place, at the right time for you.

It should usually happen when you are settled in:



- your own home

- a care home



- a community hospital.



If you have been in hospital, you should have the time you need for **rehab** or **reablement** **before** you have your CHC **assessment**.

Rehab and **reablement** is the care and support you get after an illness or accident, to help you be able to look after yourself again and live as independently as possible.

Care Co-ordinator



When it has been decided that you need a CHC **assessment**, your Local Health Board will give you a **Care Co-ordinator**.



Your Care Co-ordinator will organise and oversee the whole CHC **assessment**.



They will be your main point of contact. If you have any questions or worries, speak to your Care Co-ordinator.



You should be given your Care Co-ordinator's name, contact number and e-mail address.



Your Care Co-ordinator must tell you what's happening. They will make sure you are invited to any meetings about you.



They should make sure you are fully involved in talks and decisions about your needs.

Multi-Disciplinary Team



Your **Care Co-ordinator** will put together a **Multi-Disciplinary Team**.

A **Multi-Disciplinary Team** is a group of health and social care professionals. They work together to do your CHC **assessment**. We call them the **MDT** for short.



The **MDT** will be made up of health and social care professionals that have been involved in your care.



Your Care Co-ordinator should contact you within 2 working days of the **MDT meeting** to:



- check you fully understand what happened at the **MDT meeting**



- and answer any questions you have.

The **MDT** must include:



- At least 2 different types of health professionals who know you. For example, nurses, doctors, speech and language therapists.



- A social worker.

The **MDT** **could** also use information from:



- Care home staff.
- Care staff who work in your own home.

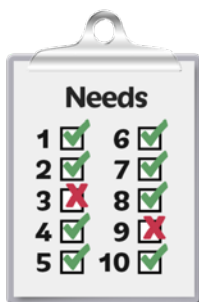
The **MDT** will collect information and proof about your:



- physical health



- mental health
- social care needs.



They will look at **all** your needs and how they can best be met.



Professionals from the **MDT** will visit you to get a good understanding of your needs.



Any meeting you have should be in the language of your choice.



What you think and what you want are an important part of the CHC **assessment**.



You are the expert of your own life. And nothing should be decided about you, without you.



The information collected will be used at an **MDT meeting** to complete the **Decision Support Tool**.



The **Decision Support Tool** is a tool for recording information to support the **assessment**.



Your Care Co-ordinator will invite you and your family, carer or **advocate** to the **MDT meeting**.



Advocacy is when someone helps you have your wants and needs heard. They can speak up for you. This person is called an **advocate**.



The **MDT meeting** must be done in the language of your choice.



You should be told about the meeting in plenty of time, so you can plan to be there.



You can go to the meeting in person. Or you can join the meeting online.



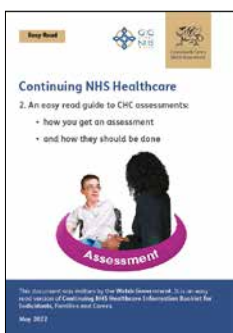
To join the meeting online you will need a computer and an internet connection. The invite will be sent to you by e-mail, and you would need to click on the link in the e-mail to join the meeting.



If you or your family, carer or **advocate** cannot go to the meeting, the **MDT** should get your views before the meeting. And think about your needs and wants.



The **MDT** will **assess** your needs in the **12 areas of need** and record these in the **Decision Support Tool**.



They are the same areas of need that are used in the **CHC Checklist Tool**. You can read about the areas of need in **booklet 2, on page 14**.



The **MDT** will go through each area of need.



They will select which level of need you have in each area. For example, low level of need or high level of need.

When the Decision Support Tool is finished, it should be very clear:



- what your needs are,
- and what care and support you need to meet those needs.



The **MDT** will decide if you are **eligible** for CHC. It will think about if you have:

- A **priority** level of need in 1 of the areas.

Priority means most important.



- A very high level of need in any **2** of the areas.

The **MDT** will also think about 4 important things, called **key indictors**:



- **Nature** - this means what your needs are like. What the support you need is like. And how this all impacts your life.



- **Intensity** - this means how much care you need, how often and how serious your needs are. And whether you need ongoing care at this level.



- **Complexity** - this means how difficult it is to provide the support you need.

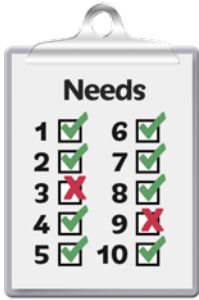


- **Unpredictability** - this looks at how likely it is that your needs can quickly change. And how hard it is to provide care because of this. It also looks at the risk to your health if the right care is not given at the right time.



The **MDT** will focus on the person as a whole, and how everything works together and impacts their life. It is not just about how you score in the **Decision Support Tool**.

You **may** be seen as having a primary health need, and be **eligible** for CHC if you have:



Needs	
1 <input checked="" type="checkbox"/>	6 <input checked="" type="checkbox"/>
2 <input checked="" type="checkbox"/>	7 <input checked="" type="checkbox"/>
3 <input checked="" type="checkbox"/>	8 <input checked="" type="checkbox"/>
4 <input checked="" type="checkbox"/>	9 <input checked="" type="checkbox"/>
5 <input checked="" type="checkbox"/>	10 <input checked="" type="checkbox"/>

A very high level of need in 1 area. **And** needs in a lot of other areas.



Your needs should not be placed between levels. If it is hard to agree on a level the **MDT** should choose the higher level.



Your needs should not be marked as lower-level needs because you already manage them well. They are still needs.



If it is clear that your health will get worse and your needs will increase soon, this should be thought about when decisions are made. And recorded.



There is a section in the Decision Support Tool for you to give your views.



It should be recorded whether you agree with the level of need in each area or not.



If you or your family, carer or **advocate** have any worries about the **MDT** or **Decision Support Tool**, your Care Co-ordinator should talk about them with you. And try to solve your worries.



If your Care Co-ordinator cannot solve your worries, they should be recorded on the Decision Support Tool.



This way, your Local Health Board will know about your worries. And be able to think about them **alongside everything else** when they are making the final decision about CHC **eligibility**.

The Multi-Disciplinary Team's decision



After the Decision Support Tool, the **MDT** will tell your Local Health Board whether you have a primary health need or not.



You should be told what the **MDT** has decided as soon as possible.



There are very few situations where the Local Health Board will ask for further information to support the decision of the **MDT**. For example:

- The Decision Support Tool was not fully completed.
- There are very big differences in the proof about your needs and the decision that was made.

How we make sure the CHC assessment is done to a high standard

The **MDT** must:



- Do a very thorough check of your needs.



- Give the Local Health Board good, expert advice about your needs.



- Write a care plan that meets your needs.



- Suggest the best ways to deliver your care plan.

Local Health Boards must have a system in place for making sure the **MDT** has the right:



- Skills
- Knowledge
- Experience

Telling you about the decision made



You will be told the result of your CHC **assessment** in writing as soon as possible. You may also be told in person.



You should be told in the language of your choice. The information should include:



- if you are **eligible** for CHC, or not



- the reasons for the decision made



- a copy of the Decision Support Tool



- details about who you can contact if you need more information



- how to ask your Local Health Board to check the decision if you are not happy.



If you are not **eligible** for CHC, your decision letter may also include information about:

- Funded Nursing Care,
- or a joint package of care.



You can find more information about this in **booklet 5 on Page 6**.

How eligibility for CHC affects your benefits

Disability benefits



- Attendance Allowance
- Disability Living Allowance
- Personal Independence Payment



If you are getting **CHC** in your own home, you will still get your disability benefits.



If you are getting CHC in a **care home with nursing**:

- **Attendance Allowance,**
- the care and **mobility** parts of **Disability Living Allowance,**
- and the **care** and **mobility** parts of **Personal Independence Payment,**



are **stopped** 28 days after your CHC funding starts.



If you are getting CHC in a **residential care home**:



- the **care** part of disability benefits is **stopped** after 28 days of your CHC funding starting,



- but you will still get the **mobility** parts of **Disability Living Allowance** or **Personal Independence Payment**.



You may get social care and support in a care home that is organised and paid for by your Local Authority.



If this is the case for you, you will need to pay towards the cost of this care.



The care part of disability benefits will be **stopped** after 28 days. But you will carry on getting:



- the **mobility** part of Disability Living Allowance,
- or the **mobility** part of Personal Independence Payments.

State Pension and Pension Credit



CHC will **not** impact your State Pension.

If you get Pension Credit, you will lose the severe disability element if you lose:

- Attendance Allowance,
- the **care** part of Disability Living Allowance,
- the **daily living part** of Personal Independence Payment.



This is likely to affect the amount of Pension Credit you can get.

Hard words

Advocacy and advocate

Advocacy is when someone helps you have your wants and needs heard. They can speak up for you. This person is called an advocate.

Assessment

An assessment is when a group of health and social care professionals work together to decide what your needs are. And how your needs should be met.

Eligible

Eligible means you have the right to get CHC because you meet the conditions.

Multi-Disciplinary Team or MDT

A Multi-Disciplinary Team is a group of health and social care professionals. They work together to do your CHC assessment. We call them the MDT for short.

Priority

Priority means most important.

Rehab and reablement

Rehab and reablement is the care and support you get after an illness or accident to help you be able to do your day-to-day tasks.