



Direct Payments for Continuing Health Care

A guide to what the law says



How to use this document



This is an Easy Read version of: **Guidance on direct payments for Continuing Health Care: Understanding the regulations.**



You might need help to read it. Ask someone you know to help you.



Words in **bold blue** may be hard to understand. You can check what they mean on **page 36**.



Llywodraeth Cymru
Welsh Government

Where the document says **we**, this means **Welsh Government**. For more information contact:

Email: DirectPayments@gov.wales



Hawdd ei Ddeall Cymru
Easy Read Wales

[Easy Read Wales](#) made this document into Easy Read using **Photosymbols**. [To tell us what you think about this easy read version, click here.](#)

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What this guide is about



Llywodraeth Cymru
Welsh Government

We are the Welsh Government.



There are new rules that are part of the law called the **Health and Social Care Wales Act 2025**.



This guide explains these new rules. They apply to you if you get **Continuing Health Care**.



Continuing NHS Health Care is ongoing care arranged and paid for by the NHS. **It is called CHC for short.**



The new rules say people who get CHC can ask for a direct payment to pay for their care.



This guide explains:

- How direct payments work.
- Who can get them.
- What people can and cannot use them for.
- What support people can get
- What happens if things change



We will update this guide regularly. This means the information might change.

About direct payments



A direct payments is when you are given money to arrange your own care. This is instead of the NHS arranging services for you.



Direct payments have been used in social care for many years. They allow people to:

- Choose their own support.
- Have more control over their care.
- Have more independence.



There are 7 NHS Local Health Boards in Wales. They decide if you can have direct payments to meet your health needs.



A care plan explains:

- What support a person needs.
- What the direct payments money must be used for.



Direct payments can pay for ongoing or one-off care and support if this is agreed in your care plan.

What direct payments can be used for



Direct payments can be used to pay for support that is in your care plan. This support must meet your health and wellbeing needs.



People need clear information to make good decisions about using Direct Payments.



People might also need help from a **support organisation** or an **advocate**.



A **support organisation** means an organisation that helps you manage your Direct Payment.



An **advocate** is someone who speaks up for you. They help you say what you want and understand your choices.

What direct payments cannot be used for



A CHC direct payment may not cover all the care you need.



Some support might still come from NHS services.



Direct payments **cannot** be used for:

- GP services.
- Screening tests.
- Vaccines.
- Health checks, like heart disease checks.
- Emergency services.
- Surgery.
- NHS charges, like dental costs.



Direct payments **also cannot** be used to:

- Buy alcohol or tobacco.
- Gamble.
- Pay debts.
- Buy anything illegal.

When someone will not be offered direct payments



You might not get Direct Payments if your health board thinks it is not the right option for you.



. This might be because:

- It is not right for your needs.
- The money could be spent in a better way.
- It would not work as well as other support.
- You or your **representative** could not manage payments, even with help.



If someone does not have **capacity**, another person manages their direct payments. This person is called a **representative**.



Your health board must explain why they have decided not to give you Direct Payments. They must tell you in writing.



You or your **representative** can **appeal** the decision. This is a formal way of asking for a decision to be checked. The health board will then look at the decision again.

People who can get direct payments



Direct payments can be given to adults who are getting CHC in their own homes.



To get direct payments you must:

- Have the **capacity** to agree, or
- Have someone who can agree for you.



Capacity means being able to make your own decisions and choices.



The decision must be right for you and your needs.



Health boards must be open and honest about decisions to give direct payments.



They might collect more information before deciding. This is to make sure a direct payment is right and safe for you.

There are 2 names for people who manage direct payments for someone:

Representative



If someone does not have **capacity**, another person manages their direct payments. This person is called a **representative**.

Nominee



Some people have **capacity** but choose someone else to manage their direct payments. This person is called a **nominee**.

Capacity



Direct payments can only be made if you agree to it.



If you do not have **capacity**, a **representative** can agree.



If a health board is not sure if you have **capacity** they need to check. This follows the **Mental Capacity Act 2005**.

Capacity that changes



Some people have **capacity** at some times but not others.



They might need a **representative** in the times they do not have **capacity**.



An **advance care plan** can help with this. This is where the person records decisions for times when do not have **capacity**.



They may need to get information from people who know about their needs. For example, their social care team.

Nominees for people with capacity



Some people have **capacity** but choose someone else to manage their direct payments. This person is called a **nominee**.



The **nominee** must follow the rules on the person's behalf.



The health board must agree the **nominee** is suitable. The **nominee** must not be banned from this type of role.



A **nominee** can also be a person from an organisation.



The person who the payments are for can change their **nominee**. They must tell the health board in writing.

More about representatives and nominees



A representative can be:

- A parent, family member or friend
- Someone with roles set by the **Mental Capacity Act**.
- Someone chosen by the health board.



Your representative or nominee must:

- Act in your best interests.
- Follow the care plan and this guide.
- Deal with services on your behalf.

Information, advice and support



People need clear information about direct payments. People might also need advice and support to decide whether to have a direct payment.



This includes information about:

- How much money you will get.
- How the amount is decided.
- What the money can and cannot be used for.
- How to find services.
- How to employ people.



Support should be accessible and easy to understand.

Care planning



A care plan shows how your health and wellbeing needs will be looked after.



It also records your strengths and what is important to you.



You, your **representative** or **nominee** should be involved in making it.



The care plan must include:

- What health needs the direct payment will support.
- What outcomes are expected.
- What services will be used.
- The amount of direct payment.



The health board might decide a service should not be paid for by direct payments. For example, because it does not agree a service is helpful.



They must explain their reasons for this. You can ask them to look at it again.



Care plans must be checked regularly. They must also be checked if your needs change.



The care plan will also include risks and how to manage them.

Care co-ordinator



Everyone getting a direct payment must have a care co-ordinator.



Their details must be written in the care plan.

The care co-ordinator will:



- Talk to you, your health board, and anyone else who knows about your care.



- Assess your health needs, goals and outcomes.

- Check everyone agrees with the care plan.



- Arrange reviews.

Managing the money



The costs of the services in the care plan will be covered by direct payments.



The health board must make sure there is enough money to cover them.



People must get the payments in advance. No one should pay themselves first then get the money back later.



If you set up a bank account for your direct payments to go into, you will need to keep records of the money and spending. This includes bank statements and receipts.



Sometimes another organisation can handle the money and organise the payments if you want them to. They will then keep records.

Buying services



Direct payments give you more control over your care and support. But they also come with things you must do.



The money must only be spent as written in your care plan.



You might also become an employer for the people you hire.

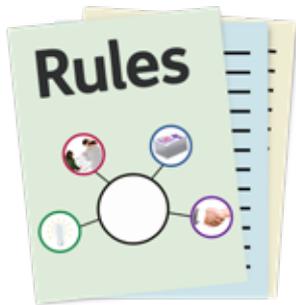


You use direct payments to buy services.



You might:

- Employ people directly.
- Pay an organisation to provide support.



There are a lot of rules about employing staff. People must be given support to understand these rules. This includes information about wages, tax, and sickness rules.



If you are unsure about the rules for employing staff, you can ask the health board for advice and help.



The health board might connect you to local support and advice services.

Support organisations and managed accounts



A managed account is when an organisation or support service holds the direct payment money for you.



They keep the money safe in a separate account, but you still choose how it is used.



You or your **nominee** decides how to spend it. This must follow your care plan.

Paying staff living in the same house



Direct payments can only be given to employ family members who live in the same house, when the health board agree it is the best option for your care.



Sometimes family or friends may be paid. But the health board must agree this is the best option.



A personal assistant can live with you.

Keeping people safe



People using direct payments need to think about safety when employing staff.

You will need to check things like:



- The person's right to work in the UK.

- Their training, skills and experience.



- References – these are written statements from their past employers.



- a Disclosure and Barring Service check This is called a DBS check. It checks if someone has a criminal record.

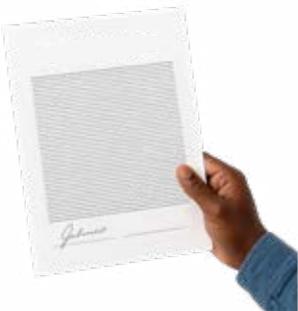


The health board should explain why these checks are important for care services.

Insurance



The health board must check staff employed can do the job safely.



Insurance might be needed in case anything goes wrong. The health board should talk to you about insurance and should always include it in the costs of the direct payment.



For some tasks, staff must be trained by someone from the NHS who agree they are able to carry out the task safely.

Stopping or changing payments



Payments can go up, go down, or stop if your needs change. You must be told before this happens.



Direct payments should not usually need to stop if you go into hospital for a short while. Planning ahead can help in case this does happen.



Other changes can happen. For example, maybe you will stop needing some types of support. Or maybe anyone you employ could take annual leave.



Direct payments might stop if:

- A person with **capacity** stops agreeing to getting payments.
- A person gets their **capacity** back and changes their decision about direct payments.
- A **representative** or **nominee** stops agreeing to receive payments and no one else is arranged.
- You no longer needs the same level of care.
- A care plan review changes the decision.
- You stop agreeing someone else can manage the direct payments.
- The money has not been used in the right way. The health board could ask for money to be paid back.



If you do not agree with direct payments stopping, you can appeal.

Checking and reviewing direct payments



The care co-ordinator must check with you to see how direct payments are working.



There must be a review within 3 months of starting.



After that, reviews must happen at least once each year.

Complaints



You can make a complaint if you are not happy. You can use your health board's complaints procedure.



You can also contact [Llais](#) for free support. Llais helps with complaints about health and social care.



The [Public Service Ombudsman for Wales](#) can also look at complaints.



If a personal assistant causes harm they may need to be referred to the DBS. [There is more information on that here.](#)

Hard words

Advocate

An advocate is someone who speaks up for you. They help you say what you want and understand your choices.

Capacity

Capacity means being able to make decisions and choices.

Nominee

Some people have capacity but choose someone else to manage their direct payments. This person is called a nominee.

Representative

If someone does not have capacity, another person manages their direct payments. This person is called a representative.

Support organisation

A support organisation means an organisation that helps you manage your Direct Payment.