

Continuing NHS Healthcare

2. An easy read guide to CHC assessments:

- how you get an assessment
- and how they should be done



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**.

May 2022

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About this booklet



This booklet is **part 2** 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: www.link.com.



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



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

Llywodraeth Cymru
Welsh Government



You can find information about Continuing NHS Healthcare on the Welsh Government's 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

What starts a CHC assessment?



You have the right to an **assessment** of all your care and support needs.

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



Your Local Authority is responsible for doing **assessments** to find out about people's **social care needs**. This is done through the adult social services team.



Social Services **must** tell the Local Health Board if they are **assessing** someone who they think needs NHS services too.



This includes people they think might be **eligible** for CHC.

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



This is 1 way your CHC **assessment** might start.

Or a CHC **assessment** might start because:



- You have been in hospital, and it is clear you will need care and support needs once you have left hospital.



- Your care needs are being checked, and your needs have changed.



- Your health has got worse, and the care you already get is no longer enough.



- You are moving from children's services to adult services.



- You have a condition that is quickly getting worse. If this is the case, you should be able to get a **fast-track assessment**.



For more information about **fast-track assessments**, go to **page 10**.



If you think you might be **eligible** for CHC, but no one has talked to you about it, talk to:

- The hospital staff involved in your care
- Social services
- Or your GP.



You can ask for a **CHC checklist tool** to be done.



For more information about the **CHC Checklist Tool**, read **pages 12 to 18**.

Fast track CHC assessments



A **fast track CHC assessment** is a CHC **assessment**, done very quickly.

You should get a fast track CHC **assessment** if:



- your health is quickly getting worse
- or has recently got worse
- and you need more care and support urgently.



For example, this may be because you are close to the end of life. Or because you have had a very serious accident.



Your hospital staff or care staff should ask your doctor or nurse for a **fast track assessment**.



They should ask the doctor or registered nurse that is responsible for your:

- Diagnosis
- Treatment
- Or care.



They should understand your health needs. And have experience of dealing with your kind of needs.



If your doctor or registered nurse says you should have an urgent package of care; your Local Health Board should put it in place straight away.



Fast track **assessments** should be finished within 2 working days.

The Checklist Tool



The checklist tool is a tool that health and social care staff can use to help them decide if you need a full CHC **assessment**.



They don't have to use it. But it can help them make sure everyone who needs a full CHC **assessment** can get one.



If you have been told you do not need a CHC **assessment**, and the Checklist Tool was not used, you can complain.



Health and social care staff must ask for your **consent** before they do a CHC Checklist Tool for you.

Consent means you allow something to happen or agree to do something.



You should be told in plenty of time if a Checklist Tool is being done for you.



You should have the chance to be there when it is done, with any family, carer, or **advocate** that you choose.



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 Checklist Tool should be done in your language of choice.

The Checklist Tool looks at 12 areas of need:



- **Breathing**



- **Nutrition** – eating and drinking



- **Continence** – your ability to control your bladder and bowels



- **Skin integrity** – skin health



- **Mobility** - your ability to move or be moved freely and easily



- **Communication** –your ability to share your thoughts and feelings with others. And how you need information given to you.



- **Psychological & emotional needs** – what you need to feel happy, fulfilled and at peace.



- **Cognition** – how you learn and understand things.



- **Behaviour** – how you act and react to different situations.



- **Drug therapies and medication** – what medicines you need and take. And what problems with pain you have.



- **Altered states of consciousness** – are you awake and aware of your surroundings. Or do you have a condition that makes you not awake and aware at times.



- **Other important care needs** – any other needs you have that should be thought about.



You will be given a level of need under each area. For example, low level of need, or high level of need.



This Checklist Tool does not decide if you are **eligible** for CHC.



It is only used to decide if you need a full CHC **assessment**.



The result of the Checklist Tool should be explained clearly to you. And your family, carer or **advocate**.



The result should also be given to you in writing as soon as possible. This should:



- be in the language of your choice



- explain why the decisions were made



- usually include a copy of the complete Checklist Tool.



The result of the Checklist Tool will either be:

- Yes – you need a full CHC **assessment**, or
- No – you do not need a CHC **assessment**.



If the result of your CHC Checklist Tool was **no**, you can ask the Local Health Board to check the decision.



The Local Health Board should look into this for you. They do not need to do another Checklist Tool. They will look at all your information.



They should send you a letter to explain their decision. This should include information about your rights to complain if you are still not happy with the decision.



You can find information about how to complain using the NHS complaints process in **booklet 1 page 21**.

Getting ready for your CHC assessment



A CHC **assessment** can be hard to understand and confusing for lots of people.



It's a good idea to have someone to support you. Think about who you might like this to be.



A CHC **assessment** is about what is best for you. Ask questions at any time if you are not sure about anything.



It is likely that you will need to talk about private things that might be hard to talk about. But it is important to be open and honest.

Advocacy



You can choose your own **advocate**. They could be:

- A family member or friend
- An **advocate** from a local advocacy service
- Someone separate who is willing to do it for you.



Your Local Health Board and Local Authority should tell you about local **advocacy** services that could help you.

Consent



You will be asked to give informed **consent** to the CHC **assessment**.



This means you have all the information you need to choose whether to allow the CHC **assessment** to happen, or not.



At the start of your CHC **assessment**, you will be given a Care-Coordinator.



Your Care-Coordinator will meet with you to explain how everything works.



They will make sure you have all the information you need to give your informed **consent**.



Your Care-Coordinator should tell you how CHC might impact any benefits you get.



If you get **Direct Payments**, your Care Coordinator should tell you how CHC might impact your **Direct Payments**.

Direct Payments is money you can be given by your Local Authority instead of a service. You can use it to buy your own support and services.



You can find out more about CHC and Direct Payments in **Booklet 4 page XX**.



You have the right to:

- say no to having a CHC **assessment**
- to say no to having CHC, after an **assessment**.



This may affect the way the Local Health Board and Local Authority can deliver services to you. They will explain this to you.



If you say no, The NHS will carry on providing health services for free. For example, GP and district nurse services.



But your Local Health Board cannot become responsible for arranging and paying for your social care. Which is what would happen under CHC.



You can change your mind at a later time.



If you say no, you may get a joint care package instead. In a joint care package:

- Your Local Health Board will sort out your health care
- And your Local Authority will sort out your social care.



You may need to pay towards the services you get from your Local Authority.



Some people may not be able to give consent because they **lack capacity**.

When a person **lacks capacity**, it means they cannot make decisions for themselves at that time.



This is usually because they have a condition that affects their mind in some way, like:

- a brain injury, or a stroke
- dementia – a condition that affects the brain
- a mental health problem
- a very serious learning disability.



If you **lack capacity** staff will check if:



- you have given another person the right to make decisions for you. This person is called your **Lasting Power of Attorney**



- a court has given someone the right to make decisions for you.



If you do not have someone in place to make decisions for you, the person in charge of the CHC **assessment** will be responsible for making a 'best interests' decision.

They will decide whether it is in your best interests to:



- carry on with the CHC **assessment**



- or wait until you have capacity again and can make the decision for yourself.

They will think about what is best for you. And they will usually speak to:



- your family and friends to find out what you would want



- or an **Independent Mental Capacity Advocate**. This is someone specially trained to stand up for people who lack capacity.

Language



Throughout the whole CHC **assessment**, you have the right to use whatever language is best for you.



This could be English, Welsh or British Sign Language. Using a language other than English should not cause any delays to your CHC **assessment**.



You have the right to choose the best ways of communication for you. For example, you may prefer things written down, in Easy Read, spoken to your face or given in Braille.



This is important. You need to be able to fully take part in your CHC **assessment**. So you can have an equal say in your health and social care.

Carers



A carer is anyone of any age who gives unpaid support to a family member or friend that could not manage without this help.



If you have a carer, they have the right to a **carers needs assessment**.



This is a check to see if your carer needs any support to help them carry on caring for you.



Carers needs assessments are done by your Local Authority.



Your Local Authority and Local Health Board must tell you about the right your carer has to a needs **assessment**.

The 7 main values of CHC



Everyone who is involved in your CHC assessment must work to these values and ideas:



1. People first

They must do what is best for you. And you should be treated with respect.



2. Honesty

They must be honest and clear about the advice they give. They must be able to clearly explain why they have made the decisions they have made.



3. Nothing about me without me

You are the expert of your own life. You and your carers should be fully involved in the CHC **assessment**. And with any care plans that are made.



4. Care is not delayed because of disagreements about who pays for what

Your care should not be delayed because services are not working well together. They must solve any disagreements about your care as soon as possible.



5. Focus on need

It is important that your health condition is understood. But the focus should be on your needs. Your care and support should help you live as independently as possible. And help you with what is most important to you.



6. Well organised care

Staff must do everything they can to keep the care you already have in place. And to make any changes to your care smooth and easy to manage.



7. Communication

Staff must take extra care to communicate with you in the way you prefer. They should try to find out what that is before the **assessment** starts.

The CHC assessment process at a glance



A professional thinks you might be **eligible** for CHC.



You will be given a Care-Coordinator. This is a person who will organise and oversee the whole **assessment**. They will:

- Be your main point of contact
- Answer your questions
- Let you know what's happening
- Ask for your **consent**
- Give your advice about **advocacy**
- Make sure your communication needs are met.



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

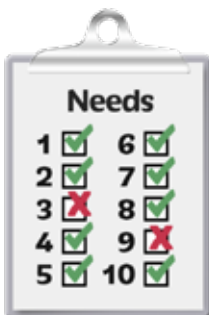
A **Multi-Disciplinary Team** is a group of health and social care professionals. They work together to do your CHC **assessment**. We call them the **MDT** for short.



The **MDT** will collect information and proof about you and your needs. They may need to contact you to do this.



An **MDT meeting** will happen.



At the **MDT meeting**, the **MDT** will look at all of your needs to decide if you have a primary health need.



You and your carer, family or **advocate** can go to this meeting. You should be fully involved.



The **MDT** will tell the Local Health Board whether they think you are **eligible** for CHC or not.



If you are **eligible** for CHC, your care package should be in place within 2 weeks of the date of the MDT meeting.



And your Local Health board should organise your care to start within 8 weeks of any early **assessment** you have had that showed you may have a primary health need. For example, the checklist.



If you need longer than 8 weeks for **rehab** or **reablement**, your care will start when you have finished your rehab or 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.

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 get together to decide:

- what your needs are
- and how your needs should be met.

Consent

Consent means you allow something to happen or agree to do something.

Direct Payments

Direct Payments is money you can be given instead of a service. You can use it to buy your own support and services.

Eligible

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

Lack capacity

When a person lacks capacity, it means they cannot make decisions for themselves at that time.

This is usually because they have a condition that affects their mind in some way, like:

- a brain injury, or a stroke
- dementia – a condition that affects the brain
- a mental health problem
- a very serious learning disability.

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.