



Llywodraeth Cymru
Welsh Government

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Continuing NHS Healthcare

Retrospective Claims for Reimbursement

Frequently Asked Questions

November 2014

What is Continuing NHS Healthcare and how do I know if I, or the person I care for, might be eligible?

Continuing NHS Healthcare (CHC) is the name given to one or more services arranged and funded solely by the NHS for people who have been assessed as having a 'primary health need'.

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 personal care (such as help to wash and dress), 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 in total.

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.

If assessments by a range of professionals show that your primary need, or the person you care for, is a health need then you/they should be eligible for CHC.

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

People can require a lot of help and support as a result of an illness or condition, but may not be assessed as having a 'primary health need'.

For more information on CHC please see the Public Information Leaflet, which you can find on the Welsh Government website www.wales.gov.uk/topics/health/nhswales/healthservice/chc-framework/?skip=1&lang=en or you can ask your Local Health Board for a copy.

For details on Local Health Boards go to:

www.wales.nhs.uk/directory.cfm

I/my relative live in a care home; should I/they have been assessed for CHC already?

Welsh Government guidance expects anyone requiring long-term care to have had a thorough assessment of their needs. If they require care in a nursing home, CHC should be 'ruled out' before Funded Nursing Care is granted.

Nursing Homes employ registered nurses to provide nursing care to those who need it. 'Funded Nursing Care' is the payment the NHS makes towards these costs.

You should have been involved in the assessment and have been informed in writing of the outcome.

Whilst the NHS will do what it can to get it right first time, there may be occasions where people slip through the net.

If you are unsure, contact your LHB and ask.

Under what circumstances can I make a claim for retrospective reimbursement?

An individual or their representative may request a retrospective review where they have contributed to the costs of their care, but have reason to believe that they may have met the eligibility criteria for CHC which were applicable at the time.

A retrospective review claim is different from an appeal against a current CHC assessment and decision on eligibility.

How do I make a claim?

If you think you may be entitled to make a claim contact your Local Health Board. They will send you the 'Claimant Information Leaflet' which sets out the process and asks you for some basic information.

If you are a representative you must be able to provide evidence of your right to make the claim such as Power of Attorney, or if the person is no longer alive, Grant of Probate.

All claimants are also required to present proof of fees paid to the care home or domiciliary agency.

Do I have to apply within a certain timescale?

Yes. Welsh Government has previously publicised 'cut-off dates' for retrospective reviews and its latest guidance sets an annual rolling cut off date for applications.

The timescales for submitting applications and for the NHS to respond are set out in the table below:

Summary Table CHC Retrospective Reviews Cut-off dates and Timescales		
Claim Period	Intent to Claim to be submitted by:	Case to be reviewed within:
1 April 2003 to 31 July 2013	31st July 2014	2 years
1 August 2013 to 30 September 2014	1st October 2015	1 year
From 1st October 2014	Claim period to be considered will be no longer than 12 months back from the date of application for review.	6 months

The timescale for reviewing the case commences from the date on which the Local Health Board sends you a letter confirming that you have the authority to claim and that you have provided sufficient proof of payment.

How much time am I allowed to provide evidence of my authority to claim and proof of payment?

When you request a retrospective review, the Local Health Board managing your claim will write to you requesting that you provide this information and the completed application form within 6 weeks.

If you are experiencing problems accessing any of the evidence asked for, it is important that you contact the Local Health Board and let them know. They will decide if it is appropriate to grant an extension.

If they don't hear from you, they will assume that you are unable to provide the required information or no longer wish to pursue the application, and will close the case.

My personal circumstances mean that I need my claim to be reviewed more quickly. What can I do?

In order to ensure fairness, claims will normally be dealt with in date order (the date on which they are submitted).

The Local Health Board will only consider prioritising cases where the claimant can demonstrate extenuating circumstances such as severe financial hardship or diagnosis of a terminal illness.

If you believe extenuating circumstances apply in your case, please let your Local Health Board know.

Do I need a solicitor?

This is not a legal process and there is no requirement to appoint a solicitor. The NHS will complete all of the work required to review a case free of charge.

If you decide to engage a solicitor to represent you, any legal costs will not be reimbursed.

Is there anyone who can help me with the process?

The NHS is working to make the process as easy as possible for claimants. However, if you do feel that you need some support there are advocacy agencies who can provide this free of charge.

Please note that these agencies are different from those who may advertise themselves as Claims Agencies. Claims Agencies will usually charge for their services.