

Direct payments for Health Care



The government wants to start **trials of a new system** around the country, where health services would **pay you money** for you to spend on the **healthcare you need** to help make your lives **better or easier**.

Which bits of the UK gets to be part of the trial?

Primary care trusts (the regional health services that run the simpler bits of the NHS like GP surgeries and dentists, and look after the way health and social services work together) can all apply to be part of this trial.

I think I heard about something like this before?

You may already know that some social care services already use a very similar system, and the government's going to be using what they've learned.

They know they need to make sure systems like this work well together, but they also want to make sure this new system can be different if it needs to be.

When the trial is over, the government's going to use what they learn to make it easier for more health services to start offering direct payments.

Keep these questions in mind as you read:

- 1:** Do you think what they're asking for makes sense?
- 2:** Have they put enough thought into the details?
- 3:** Is there anything they've missed?

Who gets the money?

The money should be available for anyone who needs it, including children, people with mental health issues, and people with physical health problems.

Basically, the government thinks anyone who could use direct payments to help them get better or manage their condition should be able to get them.

The only exceptions are if:

- you've been convicted of **alcohol** or **drug** offences
- you've already had **problems** with similar direct payment schemes,
- you've **cheated** before or used payments for the **wrong things**,
- you're likely to take **advantage**.

What can I use the money for?

To get direct payments you need to set up a separate bank account. The money would get paid into that bank account and you should use it for things like:

- Health services (for example physiotherapy or hydrotherapy to help you manage chronic pain, or even taxis to get you to NHS appointments or therapy).
- Equipment (for example an air conditioner to help you with asthma). This includes looking after the equipment if it breaks.
- Employing someone to look after you.
- Alternative medicine like acupuncture.
- Temporary care in a home, or by a professional at your own home to give your carer a rest.
- Getting the information, advice and support you need to help manage your condition.

The health service needs to make sure the services you get have proper insurance. You should also know that because you might be using health services that aren't based in the NHS, if you have a complaint it might not be dealt with as strictly as it would be if you were using the NHS.

If you want to employ someone, they can't be a member of your family who live with you, except in very special circumstances. The health service will also have to make sure the person you employ and the organisation they work for are safe.

What can't I use the money for?

You're not allowed to use the money for:

- Alcohol
- Tobacco
- Gambling
- Paying back money you owe
- A private doctor – the government wants people to use the NHS.
- In a medical emergency – use the accident and emergency department as normal.

In general, the government thinks that these payments will work best if you're free to use them for what you need. If you get a chance to take part in the trial, you will need to tell the health services what you need, and why, and then they can decide whether you can use the money to pay for them.

The trial areas haven't been chosen yet, but if you end up in a region where they're running a trial, you can choose to still use the old system. They also don't have to offer you the chance to have direct payments while they're still in the trial period.

Getting the money

You won't get any money from the health service until you, any representatives and the health service all agree to a **care plan** for you.

The care plan will set out what you can spend the money on, and you'll have to review it at least once a year. If you don't spend the money on what you agreed, can't find anyone to give you the care you need, your health changes significantly or you just want to, your care plan will be looked at sooner.

The health service should give you all the **support, advice** and **information** you need to make a useful care plan and spend your money wisely. It might be part of the law that the health service could take some money out of your direct payment for these support services, but the government wants to make it clear that they don't expect health services to do this in the trial.

They haven't decided yet whether direct payments will include things like support and advice, or if you'll be allowed to have them anyway as part of the health service, on top of your direct payment.

When you get the money, you'll need to keep it **separate** from what you earn or get in other benefits. This is so they can keep track of **how much** they give you and **where** it goes, and so that only the people who are **allowed** get access to the money.

You'll agree with the health service how often you want to get the money – it could be every week, every month, or whenever you need. The health service will need to make sure their computer systems are good enough to cope with different payment times, and they should also be able to pay out emergency money if you need it. If you need to change your payments, you should be able to.

You should get the money you need before you buy any of the health services you need, and you've done everything you agreed to in your care plan and there's any money left over then it should be stored safely for you.

What will the health service want to know about me?

If you want a direct payment you'll need to make sure the health service knows:

- **About your condition and how it's expected to progress, whether it's going to get better, worse or stay the same.**
- If your condition or circumstances change so much that you need to look at your care plan or get assessed again.
- **How you're going to keep the money separate from what you spend normally**
- How much and where you spend the money you get, for example by giving them receipts.

You'll also need to agree to regular checks, to make sure your care plan is working for you.

If the health service decides they need to know more (or less!), they have to give you proper notice.

How much money will I get?

The government will work out how much people are likely to get from the trials that are going to be running around the country.

They do know that:

- **the money will have to cover everything that's in your care plan**
- how much you get will depend on the health service in your area, and the health service will have to make sure things like tax and national insurance are taken care of.
- **if you spend all the money too early, the health service will need to look at your care plan again to work out where it went wrong and if they need to, give you more money.**
- The health service will have to make sure there's money in the pot so that if your condition gets suddenly worse they can increase your payments.
- **If the money in your account runs out, the health service still has to look after you.**
- You won't be allowed to use your own money. This goes against NHS rules, you should get what you need, not just what you can afford to pay for.
- **If lots of money isn't getting spent, the health service can store it up for the future or you may have to look at your care plan again to work out why.**

How do I manage the money I get?

You can manage the money by yourself, but if you don't think you'll be able to, you can agree with the health service that someone else will look after it for you. The person you ask for will have to have a CRB check, and they'll have to report to the health service about what they're doing with your money.

If you want them to stop looking after your money and want to look after it yourself, or give the responsibility to someone else, the health service will have to make sure you still get support while all the paperwork goes through.

For people who would find it too difficult to make decisions and could be exploited because of it or end up accidentally breaking the rules, someone will need to represent them. Usually the person who looks after their money will be the official parent or guardian, or whoever the person gave power of attorney to while they were still able to make decisions, or they'll have been appointed by the court.

If your ability to look after the money changes often (for example if you have the kind of depression that comes and goes) the health service will need to come up with a way to deal with that.

Why would I stop getting the money?

You can ask to stop direct payments yourself if you want, but the health service can also stop giving you money if:

- **You don't need the money any more because your condition has improved.**
- The person looking after your money does something that makes the health service believe they can't do it any more, and you can't find anyone else.
- **There's been fraud on your account or you've used the money for something that's not allowed.**
- The person looking after your money doesn't want to any more.
- **Your condition gets worse and you have to go into full time care or into hospital long term**
- You start getting another kind of direct payment, for example for social care.
- **Your ability to decide what to do with the direct payment money changes**

The health service can also get money back from you if:

- **There's fraud on your account**
- You've been unwilling to pay money back when they ask.
- **Someone receiving a direct payment dies**
- You get given too much money
- **Your care plan changes**
- You use the money for something you haven't agreed to in your care plan
- **Your condition gets worse and you have to go into full time care or into hospital long term.**

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If you have any thoughts or questions about the direct payment scheme, you need to get them to the **Department of Health** by **8 January 2010**.

Email: personalhealthbudgets@dh.gsi.gov.uk

Write to: **The Personal Health Budgets Team**

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