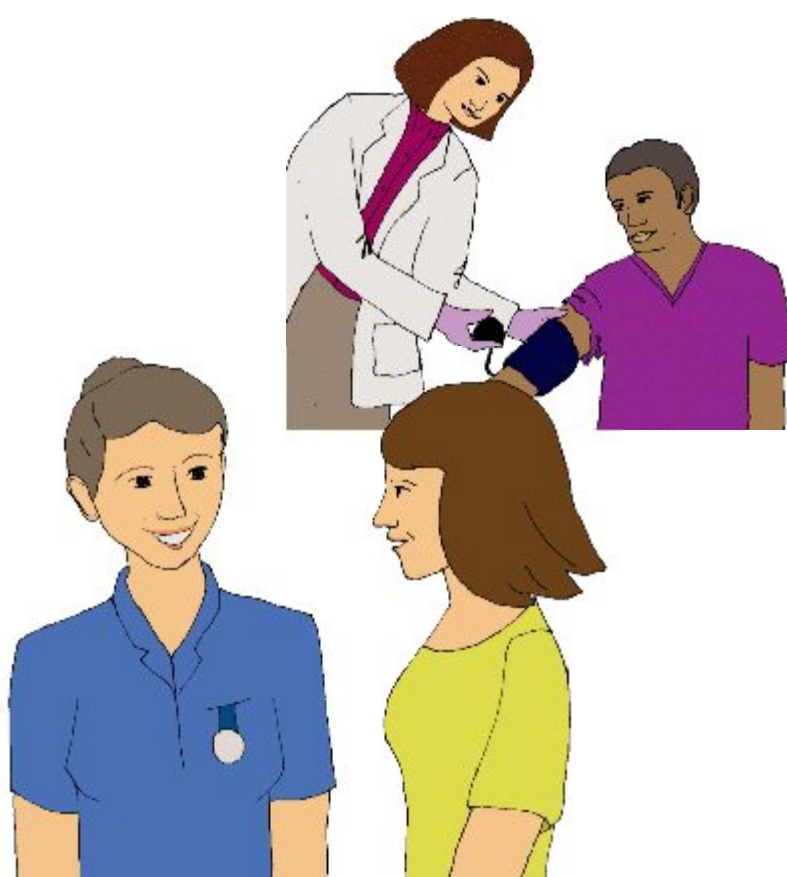


Direct payments for healthcare

Changes to the rules about direct payments for healthcare -

Tell us what you think



This is an Easy Read version of:
Direct payments for healthcare -
A consultation on updated policy
for regulations

What is in this booklet

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About this booklet



The Department of Health has written this booklet.

It is about **personal health budgets** and tells you:



- what has been happening with personal health budgets



- what we learnt from trying out **direct payments** for healthcare



- how we want to change some rules about direct payments for healthcare

- how to tell us what you think about these changes

February							
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You can tell us what you think over 8 weeks between 1 March and 26 April 2013.



How to tell us what you think



We will use what people tell us when we think about the changes we want to tell Parliament about in summer 2013.

2013						
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If they agree, the changes will start later in 2013.



You can email your answers to:

personalhealthbudgets@dh.gsi.gov.uk

Or you can post your answers to:

**Personal Health Budgets Team
Department of Health
Room 162
Richmond House
79 Whitehall
London
SW1A 2NS**





Personal health budgets



The story of personal health budgets

In the last 30 years health and social care services have been getting more **personalised**.



This means they think about the best way to meet each person's needs.



Lots of government plans and ideas are about giving people more choice and control and better public services.



One of these ideas is to give people a **personal health budget** and choice about how the money is spent on their healthcare and support.



You can already get a personal budget to pay for social care.



A **personal health budget** is to pay for healthcare:

- you must spend the money on things in your care plan that keep you safe and healthy



- you agree the best way to spend the money with your local NHS team in your care plan



- a personal health budget gives you more choice about your healthcare, it does not give you more money



- you can use the budget for most types of healthcare and support, but you cannot usually use the budget to pay for things like care in hospital, medicines or services from your local doctor (GP).

Using personal health budgets



We think personal health budgets will help people who have disabilities or have been ill for a long time.



They will have more choice over their healthcare and:

- agree their health goals with their local NHS team



- be involved in their care plan



- know how much money there is for their healthcare



- choose who looks after the money and how it is spent to help them meet their healthcare needs



The NHS will always be free for people who need it - whether you have a personal health budget or not.



We will not force people to have a personal health budget but anyone who needs one and wants one can ask for one.



Between 2009 and 2012 we tried personal health budgets in 60 different places in England.



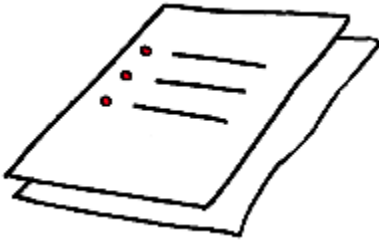
The people who tried them had different health problems and used different health services.



The University of Kent looked at how things went and wrote a report.



The government is using this information to plan what happens next.



Direct payments for healthcare

At the moment there are 3 ways you can get a personal health budget:



- **a notional budget**

We tell you how much money there is for your healthcare, you say how you want us to spend it and the NHS looks after the money.



- **a real budget held by a third party**

An organisation like a charity looks after the money for you and helps you decide how to spend it.



- **a direct payment** means we give you the money to buy and manage your own healthcare and support.



At the moment you cannot get direct payments for healthcare in all parts of England.



Parliament changed the rules so some people could try direct payments for healthcare.



We now want to give everyone the choice to have a direct payment for healthcare. Parliament must agree this.



We want to change some of the rules about direct payments to make things clearer.



This paper tells you about these changes and asks what you think about them.



What we learnt

University of
Kent



Trying things out

The University of Kent looked at how personal health budgets worked for more than 2 thousand people.

This helped us understand how to use personal health budgets.



There is still a lot to learn but we know that they:

- use money well and give patients real control
- generally make people's lives better but do not usually make people more healthy



- work better for people who need a lot of healthcare support



- work best when there are not too many rules about what people can spend them on



- work best when people can choose how they have the budget. This includes having a direct payment for healthcare

NHS



- can mean people use less NHS services and do not go into hospital as often.

What the government wants to happen:



- we will give more people the choice of a direct payment for healthcare, not just people in places where we tried them out



- the new board running NHS services will look at this but it might take a long time to have it everywhere in the NHS



- places that tried out direct payments for healthcare will still be able to give these to people



- from April 2014 anyone who gets **NHS Continuing Healthcare** (when the NHS pay for healthcare outside hospital for people who need a lot of support with their health) will be able to ask for a personal health budget



- GP groups will be able to offer a personal health budget to some other people

Local Authority

NHS



- we will look at ways to give people joint health and social care personal budgets.

NHS choices



There is more information about personal health budgets on the NHS Choices website.



What we are asking people



We want to know what you think about changes to rules about direct payments for healthcare.



We think these things need to change:

- how we decide who can have a direct payment for healthcare



- make it easier to understand which healthcare services you cannot use a direct payment to pay for

NHS



- explain what information, advice and support the NHS should give people



- change the rule that says people need a separate bank account if they only get one lot of money as a direct payment for healthcare.



We think most other rules should stay the same.



We might need to make some small changes when the new NHS board and GP groups start in 2013.



In the next pages we tell you about these rules and ask what you think about our ideas.



Our ideas and questions

NHS



Deciding who can have a direct payment for healthcare

We think local areas should still decide who can have a direct payment for healthcare.

NHS



The government says anyone who gets **NHS Continuing Healthcare** will be able to ask for a direct payment for healthcare.

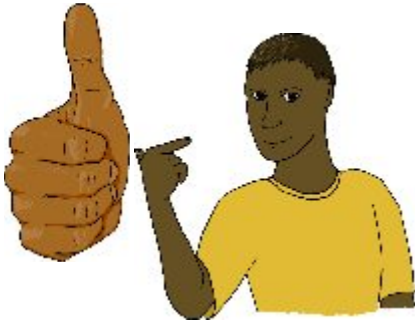


We think GP groups should offer a direct payment to other people who:

- they think this would be good for



- would normally use NHS services for their healthcare



We want the NHS to think about things like:

- whether this is good for the person



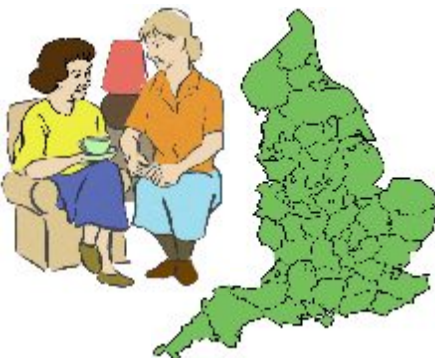
- if this is worth the money it costs



- if the same money that would have been spent on someone's healthcare can be used for a direct payment



- if this fits with how your local NHS provides services



- how this will affect other services in the area.

Question 1.



Do you think these are the right things to think about to decide if someone can have a direct payment for healthcare?

Should this be written in the law?



Direct payments for healthcare for children and people who cannot decide for themselves

The rules say how someone should manage a direct payment for healthcare for a child or for an adult who cannot decide for themselves.



We think the rules should stay the same but we should have separate information for each group.

Question 2.



Do you agree with this?

Is there anything else we need to think about for people who cannot decide for themselves?



Care planning

The rules talk about care planning with someone who wants a direct payment for healthcare.



There is a list of things you cannot spend a direct payment on and we would like to include other things:



- your GP has already been paid to provide you with healthcare, so you cannot pay him or her again from your direct payment.



The list of things you cannot pay your GP for is in the long version of this information



- dentist charges



- paying for things like prescriptions and medicines



- wigs or fabric supports



- health checks or injections like flu jabs that stop you getting ill



- accident and Emergency services or emergency care and operations.



You could still use a direct payment to pay for things that are not on this list, for example, gym membership to help you lose weight.

Question 3.



Do you agree that people should not be able to use a direct payment to buy healthcare on this list?

Is there anything else you think you should not spend a direct payment for healthcare on?

Information, advice and other support



The list of information your local NHS should give you includes:

- advocacy



- help with buying healthcare services



- information about paying your own staff



People who tried out direct payments for healthcare said it was really important to get lots of good information to help them decide about and manage the money.



We think this should also include information about:

- how much money is in your personal health budget and how this is worked out



- whether you can ask your local NHS team to look at your care plan and budget again if you do not think it meets your health needs



- if or when the NHS could take away your direct payment for healthcare



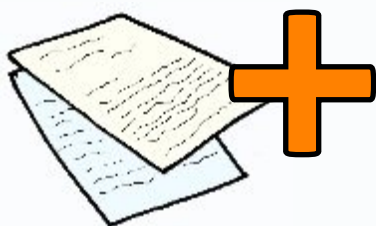
- rules about how you can spend the money



- how your local NHS team agree your care plan



- what happens if you also have a personal budget for social care.



Question 4.

Do you agree that we should add these things to the list of information, support and advice?



Having a separate bank account for direct payments for healthcare

At the moment you must have a separate bank account just for your direct payments, even if you only get 1 payment a year.



It can be difficult to set up a bank account and take longer to get the money for services or equipment you need.



We want to change the rules so people who just get 1 direct payment for healthcare can have this paid into their own bank account.



They will need receipts to prove how they spend the money.



Question 5.

Do you agree that people can use their own bank account if they just get 1 direct payment for healthcare?

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New rules about local councils

In April 2013 there will be changes to how the local NHS is run.



GP groups will take over from PCTs (Primary Care Trusts) and local councils will take on some PCT work.



Local councils can already give people a direct payment to pay for social care.



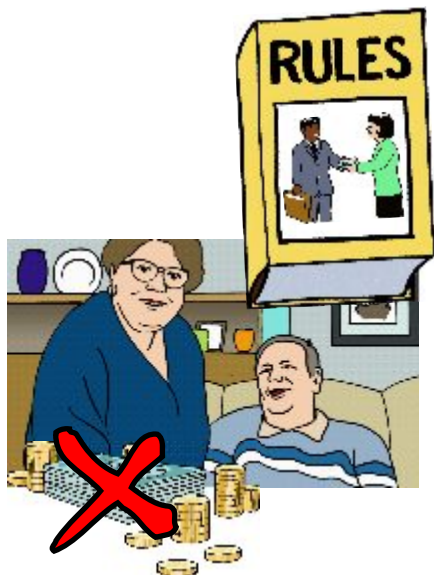
We think they should also be able to give people a direct payment for things to help people get and stay healthy. For example losing weight or stopping smoking.



Question 6.

Do you agree that local councils should give direct payments for some healthcare as well as social care?

Managing a direct payment for healthcare for another person



The rules say you cannot use a direct payment for healthcare to pay for care from a friend or from a family member (who lives in the same house).

We think this is right.

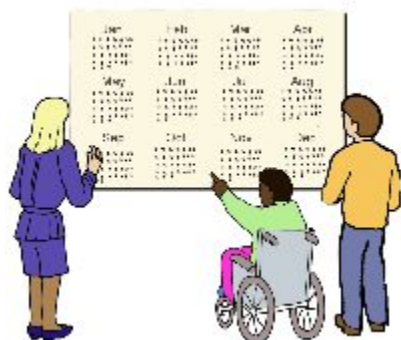


A lot of people who tried out direct payments for healthcare said their family or friends spent a lot of time helping them manage the money.

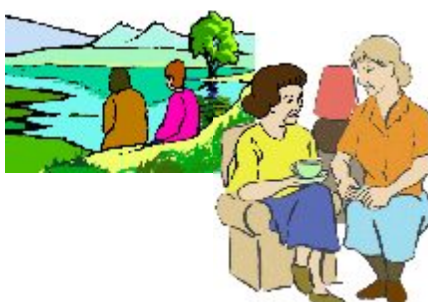


This included things like:

- helping them choose staff



- sorting out when staff will work



- making sure the person has support if one of the staff they employ is ill or on holiday



- paying their staff.



Some people think you should be able to use some of your direct payment to pay a friend or family member for this type of support.



Other people think family and friends should not be paid because this is not a job.



Before we decide, we would like to know what you think about this.

Question 7.



Do you think people should be able to pay their friends or family to help them manage a large or difficult healthcare budget?

How should we decide when people can do this?



Should it depend on how big the direct payment is?

We do not want to change the rules about these things:



- what a **Nominated person** (someone who looks after a direct payment on your behalf) must do when they look after your direct payment for healthcare and buy the services or equipment you need



- who the NHS board or GP group can talk to and the information they can ask for to help decide whether to give someone a direct payment for healthcare



- what should be in your care plan and what the **care co-ordinator** (person who leads your healthcare) must do



- the GP group or NHS Board must be able to read any information you give them and make copies of it



- a direct payment for healthcare must be enough to pay for all the services in your care plan. If your health needs change then the budget should also change



- rules about how GP groups or the NHS Board check whether direct payments are working for people and being spent on the things in their care plans



- rules about when you have to pay back some or all of your direct payment. For example, if your needs change or you spend money on things that are not in your care plan.



- rules that say the NHS can stop the direct payment if you do not want it any more or if they think you are not spending it properly.



Question 8.

Do you think all these rules should stay the same?

If not, what do you think should change?



Question 9.

Are there any other things you want to see in the rules? If so, please tell us what they are.

You can tell us what you think over 8 weeks between 1 March and 26 April 2013.



Question 10.

A law called the Equality Act makes sure people from **protected groups** are not treated unfairly.



For example, people should not be treated unfairly because they are disabled, because of the country they come from or their religion.



Do you think our ideas will mean anyone is treated unfairly?



The questions we are asking

Question 1.



Do you think these are the things to think about to decide if someone can have a direct payment for healthcare?

Do we need rules that say what to think about?

Question 2.



Do you agree the rules should stay the same but we should have separate information for children and for people who cannot decide for themselves?

Is there anything else we need to think about for people who cannot decide for themselves?

Question 3.



Do you agree that people should not be able to use a direct payment for healthcare to buy things on the list?

Is there anything else you think you should not spend a direct payment for healthcare on?

Question 4.



Do you agree that we should add the things we suggest to the list of information, support and advice?



Question 5.

Do you agree that people can use their own bank account if they just get 1 direct payment for healthcare?



Question 6.

Do you agree that local councils should give direct payments for some healthcare?



Question 7.

Do you think people should be able to pay their friends or family to help them manage a large or difficult healthcare budget?



How should we decide when people can do this?

Should it depend on how big the direct payment is?



Question 8.

Do you think the other rules should stay the same?

If not, what do you think should change?



Question 9.

Are there any other things you want to see in the rules? If so, please tell us what they are.

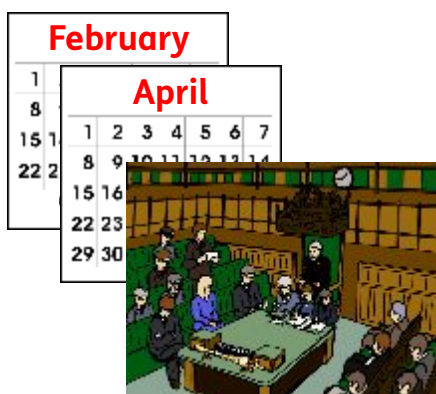


Question 10.

Do you think our ideas will mean anyone who is protected by the Equality Act is treated unfairly?



How to tell us what you think



We will use what people tell us when we think about the changes we want to tell Parliament about in summer 2013.



If they agree, the changes will start later in 2013.

You can email your answers to:

personalhealthbudgets@dh.gsi.gov.uk



You can tell us what you think over 8 weeks between 1 March and 26 April 2013.

Or you can post your answers to:

**Personal Health Budgets Team
Department of Health
Room 162
Richmond House
79 Whitehall
London
SW1A 2NS**





About this consultation



We are sticking to the government's rules about **consultations** (asking people what they think).



We will:

- ask what you think while there is still time to change things



- tell you what we want to do, why we want to do things and how we will use your ideas



- try to make it easy for people who might be affected by the changes to get involved



- look at what you tell us and tell you what we decide to do



- make sure people who run the consultation know what they are doing and learn from it.



Personal information

We will stick to the law and our rules about using personal information and sharing it with other people.



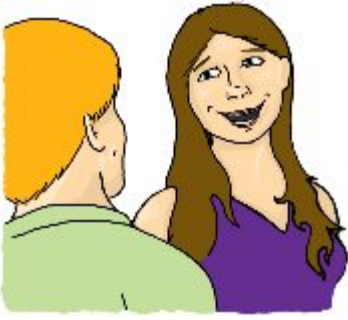
People can ask to see public information. Please let us know if anything you tell us is private so we can try to keep it safe.

What happens next



At the end of the consultation we will put a paper with the main things people told us on the Consultations part of our website:

www.dh.gov.uk

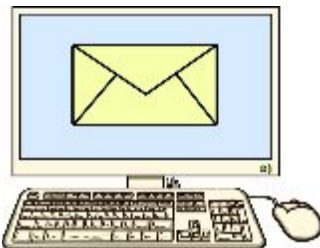


If you want to say something about the way we are doing this consultation:

Write to:



**Consultations Coordinator
Department of Health
3E48 Quarry House
Leeds LS2 7UE**



Email:

consultations.co-ordinator@dh.gsi.gov.uk



Please do not send your answers to this address.

