



ALDRIDGE COURT
NURSING HOME

The Plain-English Guide to NHS Continuing Healthcare

The funding route most families have never heard

*What it is, who qualifies, how to apply, how to appeal — and how
to give an application its best chance*

ALDRIDGE COURT NURSING HOME

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IMPORTANT NOTE — PLEASE READ FIRST

This guide is general information, not financial or legal advice. It is deliberately brief and written in plain English, so it cannot cover every circumstance — do not rely on any fact stated here without checking it. Eligibility rules, assessment frameworks and benefit rates change; the position described was checked when this edition was prepared. Please confirm the current position with the NHS, your local ICB, or an independent adviser, and take proper professional advice before making decisions. Contains public sector information licensed under the Open Government Licence v3.0.

The funding route most families have never heard of

NHS Continuing Healthcare — usually shortened to CHC — is the least known and most valuable funding route in English social care. If someone qualifies, the NHS arranges and pays for the whole package of care, including the full cost of a nursing home place: care, accommodation, meals, everything. It is not means-tested. Savings, income and property are irrelevant. There is no contribution to make and nothing to sell.

Most families have never heard of it, many are never offered an assessment, and plenty are wrongly told they "won't qualify" without anyone actually checking. This guide explains, in plain English, what CHC is, who is eligible, how the assessment works, how to apply, what it means for other benefits, and what to do if the answer is no. It is written by the team at Aldridge Court Nursing Home, who deal with CHC-funded residents week in, week out.

1. What CHC is — and what it is not

CHC is free health and social care, arranged and funded solely by the NHS, for adults with long-term complex health needs. It can be provided in a person's own home or in a care home. If a nursing home place is agreed, the NHS pays the home directly for the entire placement.

What it is not: it is not the same as NHS-Funded Nursing Care (FNC), the flat weekly payment (£267.68 in 2026-27) the NHS makes towards the nursing element of a nursing-home fee. FNC is a contribution; CHC is the whole cost. If a CHC application fails, FNC is the usual fallback for anyone in a home registered for nursing.

2. Who qualifies — needs, not diagnosis

Eligibility turns on one question: is the person's primary need a health need? No condition qualifies automatically, and no condition is excluded. What matters is the overall picture of need — assessors look at four things:

- Nature — what the needs are like and the kind of care they demand
- Intensity — how much care, and how often
- Complexity — how the needs interact and how much skill they take to manage
- Unpredictability — how quickly things change, and what the risks are if the right care is not there at the right moment

A person with several moderate needs that interact badly can qualify while a person with one serious but stable, easily-managed condition may not. This is why families should never accept "they won't get it" as an answer to a question nobody has formally asked.

3. How the assessment works

Step one: the Checklist

The Checklist is a short screening tool that decides whether someone should have a full assessment. It can be completed by a nurse, doctor, other health professional or social worker. It is deliberately set with a low threshold — passing the Checklist does not mean CHC will be awarded, only that the question deserves a proper answer. You should be told it is happening and given a signed, dated copy of the result.

Step two: the full assessment

A multidisciplinary team — at least two professionals from different disciplines, usually people already involved in the person's care — assesses twelve areas of need: breathing; nutrition; continence; skin (including wounds); mobility; communication; psychological and emotional needs; cognition; behaviour; drug therapies and medication; altered states of consciousness; and other significant needs. Each is weighted from "no needs" up to "priority".

As a rule of thumb: one "priority" need, or two "severe" needs, usually means eligibility. Combinations of severe, high and moderate needs may also qualify, depending on how they interact. The family's views must be taken into account, and you are entitled to a copy of the completed decision document with clear reasons.

Step three: the decision

The local Integrated Care Board (for Walsall, the Black Country ICB) should decide within 28 days of the Checklist or request. If the ICB takes

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longer without good reason and then finds the person eligible, it should refund care costs from day 29.

The Fast Track — when there is no time to wait

Where someone is deteriorating quickly, or nearing the end of life, a clinician can complete the Fast Track pathway instead — funding should then be in place within about 48 hours. No family sitting at a hospital bedside should be waiting weeks for a funding panel; if this is your situation, use the words "Fast Track pathway" and ask the senior clinician directly.

4. How to get an assessment — the practical part

- In hospital: ask the ward or discharge team for a CHC Checklist before discharge — not after. Discharge-to-assess arrangements mean it sometimes happens at home or in a short-term bed instead; make sure it happens somewhere.
- At home: ask the GP, district nurse or social worker to complete a Checklist. Any of them can.
- Already in a care home: ask the home to request one — at Aldridge Court we do this routinely and will arrange it with the ICB's CHC team on a family's behalf.
- You can also contact the ICB's continuing-healthcare team directly and ask for the Checklist to be arranged.

An assessment can be requested at any time, and again whenever needs change — a "no" last year does not settle the question this year.

5. Giving the application its best chance

- Keep a needs diary for a fortnight before any assessment: what help is needed, when, how often, what happens when it is late. Concrete detail beats adjectives.
- Describe the worst days, not the best. Assessments routinely understate need because everyone politely describes an average day. Eligibility is about risk when care is not there.
- Be there in person at the multidisciplinary assessment, and say if you disagree with a domain weighting — your views must be recorded.
- Gather the paper: GP summaries, hospital letters, medication lists, falls records, weight charts. Evidence wins these decisions.
- Needs, not diagnosis: the question is never "do they have dementia?" but "what does managing their needs actually take, hour by hour?"
- Ask for copies of everything — the Checklist, the Decision Support Tool, the decision letter with reasons.
- Free expert help exists: Beacon (beaconchc.co.uk, 0345 548 0300) gives free independent advice on CHC. Use it.

6. CHC and your other benefits

CHC interacts with disability benefits, and families should check their position with the DWP before and after any award:

- In a care home with CHC: Attendance Allowance, and the daily-living part of PIP, usually stop after 28 days of NHS funding. The PIP mobility part generally continues.
- At home with CHC: disability benefits generally continue alongside the care package.
- State and private pensions are unaffected. Unlike council funding, there is no means test and no charge on the person's home.

Even after a benefit stops, a CHC award is worth vastly more than the benefit lost — but tell the DWP promptly to avoid overpayments that must be repaid.

7. If the answer is no — the appeal routes

- Stage one — local resolution: write to the ICB within six months asking it to review the decision, saying which domain weightings you dispute and why. Ask for the assessment records.
- Stage two — independent review: if local resolution fails, ask NHS England for an Independent Review Panel, which re-examines both the process and the weightings.
- Stage three — the Ombudsman: if you believe the review itself was flawed, the Parliamentary and Health Service Ombudsman can investigate.
- Refunds for past periods: where someone should have been assessed in the past, paid for care, and never was, a "previously unassessed period of care" claim can be made (generally for periods after April 2012). Families have recovered substantial sums this way.

Appeals are won on evidence and process, rarely on emotion. Beacon's free advice line is as useful at appeal stage as at application.

8. Living with a CHC award

Awards are reviewed after three months and then at least annually; a review checks that the package still meets need, and eligibility can change if needs change. One rule surprises families: a CHC package cannot be supplemented the way a council placement can. The NHS pays for the care in full, and it is unlawful for anyone to charge for that care. What a family may choose to buy, entirely voluntarily and quite separately, are Additional Private Services that are not part of the assessed care — a hairdresser, outings, or a premium room upgrade — always under a separate written agreement.

How Aldridge Court can help

We are a 59-bed nursing home in Aldridge, rated Good by the Care Quality Commission (published 23 July 2019: four areas Good, with Well-led rated requires improvement — ask us and we'll tell you about it ourselves) — more than 40 years of caring by the same family. We support CHC families every week: we can arrange the Checklist, host and contribute evidence to the full assessment, accept Fast Track placements at short notice, and explain honestly which funding route fits your situation before any decision is made. If you are facing this maze, ring us — even if your search takes you somewhere else, we would rather you knew the rules.

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Walk in any day, 9am–5pm, no appointment needed.