

Understanding effective approaches to introducing CHC direct payments in Wales

A Rapid Evidence Summary | August 2025

Elizabeth Gillen, Judit Csontos, Deborah Edwards, Adrian Edwards, Beti-Jane Ingram, Elizabeth Doe, Ruth Lewis

What are direct payments?

'Direct payments' refer to **monetary payments** from a local authority or the NHS to individuals (or their representative) who are eligible for care and support, **allowing them to buy their own services and equipment** instead of receiving services directly from the council or local health boards.



These payments **provide greater choice and control over who provides support, and when and how it is delivered**. Common uses include personal care and domestic help.

Study Aim

In anticipation of the introduction of direct payments for **Continuing NHS Health Care (CHC)** in Wales in 2026, this review seeks to explore:

- **what approaches** have been used to implement direct payments within health systems
- how effective these approaches are in **supporting personalisation, governance, and equitable access to care**

Continuing NHS Health Care (CHC) is a package of care for adults with a primary health care need in England and Wales.

Evidence Base

The review included evidence published from 2010 to 2023 which included:

2

rapid reviews

6

systematic reviews

16

organisational reports

4

guidance documents

Key Findings

Many of the key elements for the successful implementation were found to include:



Robust support
and referral
systems



Clear and **accessible**
information for
recipients



Comprehensive training /
guidance for **staff involved**
in implementation

Guidance for recipients



Providing tailored support to direct payment recipients and the paid carers, particularly in the early stages, can help **build confidence and ensure effective use of budgets.**



Brokerage and independent support services are critical enablers, helping users navigate budgeting, recruitment and care planning effectively.



Supporting individuals with **advertising, vetting and employment logistics** can help them successfully recruit suitable carers.

Guidance for staff

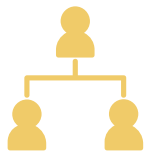
Successful implementation requires NHS staff, commissioners and service providers to **embrace cultural and structural change**, including shifting attitudes and updated service models and infrastructure.



Training is essential for healthcare staff, personal assistants and those in leadership roles, with **recommendations for structured frameworks, competence assessment and peer support mechanisms.**



Formal governance structures support coherent implementation, clarifying roles and ensuring consistency across regions.



Direct payments were associated with a range of positive outcomes, including improved health and well-being for users and carers, particularly when managed by trusted family and friends.

Implications for policy and practice | Long term follow up

Initial roll-out of direct payments should **account for a period of adjustment**, particularly when measuring or assessing impact.

Longer-term follow-up (minimum of 9 months) is essential to capture the full impact of this policy change, allowing users time to adjust, build confidence, and develop sustainable routines that reflect the intended benefits of direct payments.

To view the full rapid review, click here:

<https://medrxiv.org/cgi/content/short/2025.09.01.25334440v1>

For further information or enquiries, please contact
healthandcareevidence@cardiff.ac.uk

