# What approaches have been used to implement direct payments (and other forms of personal health budgets) within health systems, and how do various factors influence the effectiveness of these approaches in supporting personalisation, governance, and equitable access to care: A rapid evidence summary

Executive Summary
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## What is a Rapid Evidence Summary?

Our Rapid Evidence Summaries (RES) are designed to provide a rapid response product. They are based on a limited search of key resources. Priority is given to studies representing robust evidence synthesis. No quality appraisal or evidence synthesis are conducted, and the summary should be interpreted with caution.

## Who is this Rapid Evidence Summary for?

To support the Welsh Government's implementation of direct payments for Continuing National Health Service Healthcare (CHC).

## Background / Aim of Rapid Evidence Summary

CHC is a package of care for adults with significant primary health care needs who live in England or Wales. Currently, direct payments are not available for individuals receiving CHC in Wales. However, the *Health and Social Care (Wales) Act 2025*, which received Royal Assent in Spring 2025, includes provisions enabling the introduction of direct payments for CHC in Wales. Implementation is anticipated in 2026, subject to the development of supporting regulations and guidance.

This review seeks to explore: what approaches have been used to implement direct payments within health systems, and how effective these approaches are in supporting personalisation, governance, and equitable access to care?

## Results

*Recency of the evidence base*

- Searches were conducted on bibliographic databases from 2012 onwards to build upon previous work. Important pre-2012 grey literature evidence was also considered.
- The review included evidence published from 2010 to 2023.

*Extent of the evidence base*

- **2** rapid reviews, **6** systematic reviews, **16** organisational reports and **4** guidance documents.
- Of the 8 reviews included, **6** examined both **health and social care** while **2** focused **exclusively on healthcare.** There was significant variation in terminology, with terms such as 'self-direction', 'individualised budgets', 'personal health budgets' (PHBs), 'direct payments', and 'individualised funding' often used interchangeably across studies.
- Of the 16 organisational reports included, **12 detailed both the pilot phase and the subsequent national rollout of personal health budgets (PHBs)** within the NHS in England. The **remaining 4** provided **additional insights** into the implementation and outcomes of PHBs, both in England and internationally.
- **Four recent guidance documents** published by NHS England are highlighted. These either focus specifically on direct payments for healthcare or take a broader perspective on PHB budgets, with sections directly relevant to the implementation of direct payments.

*Key findings:*

The findings presented are based on the **8 review articles and 16 organisational reports**, some of which cover both health and social care.

**The literature lacks clear definitions** and consistent use of the terms related to direct payments and PHBs, often blurring the distinctions between different approaches.

Where possible, findings have been drawn from the broader PHB literature, with relevant sections highlighted that directly address the implementation of direct payments.

- Many of the **key elements for the successful implementation** of direct payments are similar across the different models of PHB implementation and include:
  - Robust **support** and referral systems
  - **Clear and accessible information** for recipients (patients and families)
  - Comprehensive **training and guidance** for staff involved in implementation to enhance knowledge and attitudes.
- Successful implementation requires NHS staff, commissioners and service providers to **embrace cultural and structural change**, including shifting attitudes, adapting traditional service models, and developing infrastructure that supports personalised care.
- Providing **tailored support** to direct payment recipients and the paid carers[1], particularly in the **early stages**, can help build confidence and ensure effective use of budgets.
- **Raising awareness**, improving resource management and streamlining eligibility processes can help encourage **greater uptake**.
- **Training is essential for healthcare staff, personal assistants and local authority leadership,** with recommendations for structured frameworks, competence assessment and peer support mechanisms.
- **Brokerage and independent support services** are critical enablers, helping users navigate budgeting, recruitment and care planning effectively.
- Users **report increased choice, control and empowerment**, and many see direct payments as a valuable route to autonomy of care.
- Direct payments were associated with a range of positive outcomes, **including improved health and well-being** for users and carers[1], particularly when managed by trusted family and friends, which also enhanced living arrangements and supported individuals with dignity.
- **Strengthening governance arrangements** in areas such as accountability, risk management and safeguarding can support individuals to safely and confidently employ their own carer.
- Formal **governance structures support** coherent implementation, clarifying roles and ensuring consistency across regions.
- **Improving clarity** of protocols, access to information and geographic reach, especially in rural and remote areas, can help **ensure more equitable access** to services.
- **Supporting** individuals with **advertising, vetting and employment logistics** can help them successfully recruit suitable carers[1].

## Policy and Practice Implications

- Policymakers should account for an initial adjustment period when assessing the impact of direct payments, as users and carers, as well as NHS staff, get used to any new arrangements and processes.

## Research Implications

- Researchers should carefully consider the timing of data collection in evaluations of direct payments, as early-stage data may disproportionately reflect implementation challenges rather than long-term outcomes.
- Longer-term follow-up (minimum of nine months) is essential to capture the full impact of personalised care, allowing users time to adjust, build confidence, and develop sustainable routines that reflect the intended benefits.



[1] Carers can be from outside agencies or family members