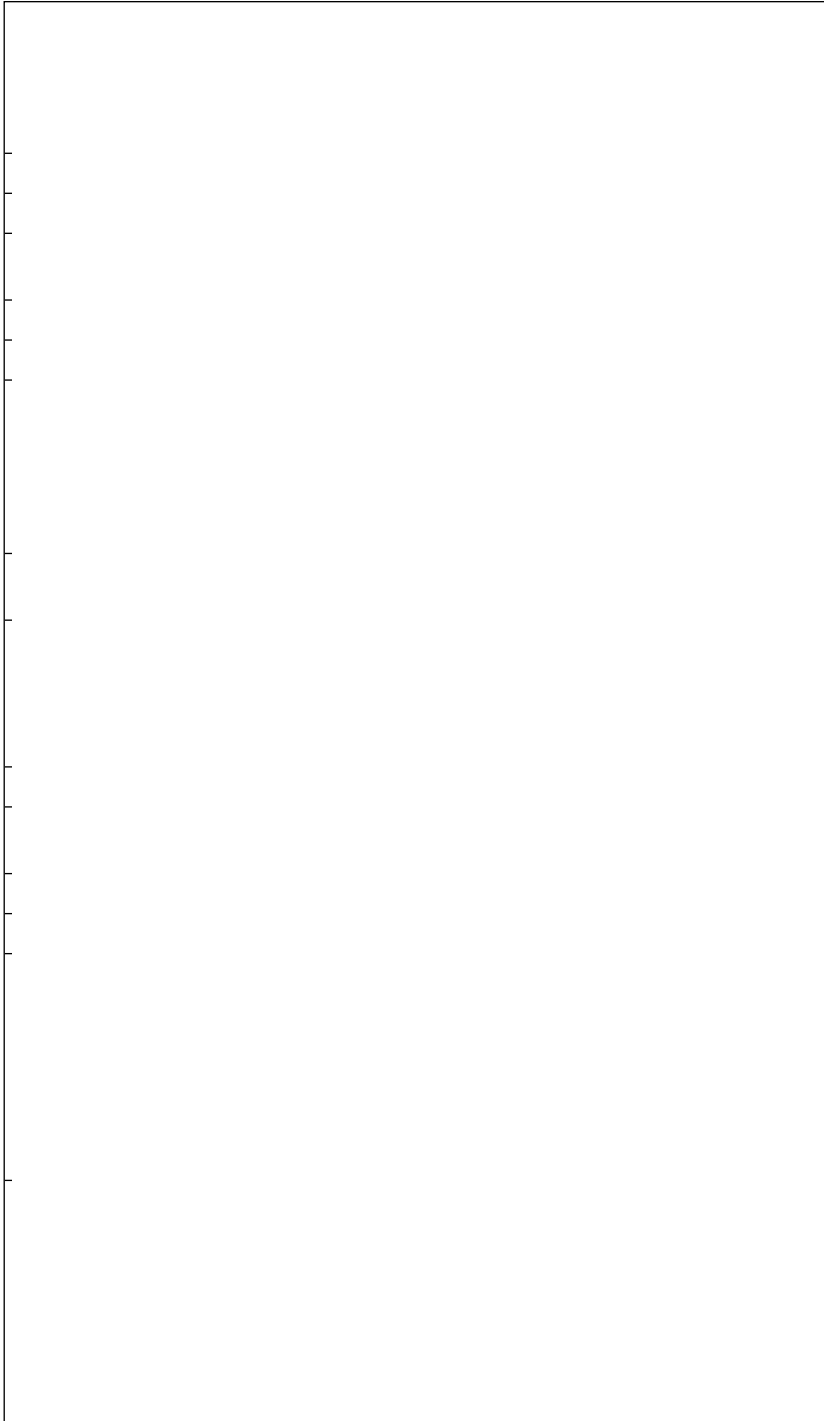


# NHS Continuing Healthcare Checklist

July 2009

**DH INFORMATION READER BOX**



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## July 2009

### Notes

1. This Checklist is to help practitioners identify people who need a full assessment for NHS continuing healthcare. Please note that referral for assessment for NHS continuing healthcare is not an indication of the outcome of the eligibility decision. This fact should also be communicated to the individual and, where appropriate, their representative.
2. We have based the Checklist on the Decision Support Tool. The notes to the Decision Support Tool and the National Framework guidance will aid understanding of this tool. A practitioner who wants to use any of the tools should attend training that utilises national training materials, and should ensure that, before they start using the tool, the continuing care lead within their organisation is aware that they are using it.
3. The aim is to allow a variety of people, in a variety of settings, to refer individuals for a full assessment for NHS continuing healthcare. For example, the tool could form part of the discharge pathway from hospital; a GP or nurse could use it in an individual's home; and social services workers could use it when carrying out a community care assessment. This list is not exhaustive, and in some cases it may be appropriate for more than one person to be involved. It is for each organisation to decide for itself which are the most appropriate staff to participate in the completion of a Checklist. However, it must be borne in mind that the intention is for the Checklist to be completed as part of the wider process of assessing or reviewing an individual's needs. Therefore, it is expected that all staff in roles where they are likely to be involved in assessing or reviewing needs should have completion of Checklists identified as part of their role and receive appropriate training.
4. Individuals may request an assessment for NHS continuing healthcare. In these circumstances, the organisation receiving the request should make the appropriate arrangements for a Checklist to be completed.
5. All staff who apply the Checklist will need to be familiar with the principles of the National Framework for Continuing Healthcare and with the Decision Support Tool.
6. Because the intention is to use the tool in a variety of settings, slight adjustments might be necessary to align the tool with local procedures.

## How to use this tool

7. In an acute hospital setting, the Checklist should not be completed until the individual's needs on discharge are clear.
8. Before applying the Checklist, it is necessary to ensure that the individual and (where appropriate) their representative understand that completing the Checklist is not an indication of the likelihood that the individual will necessarily be determined as being eligible for NHS continuing healthcare.
9. The individual should be informed that the Checklist is to be completed and should have the process for completion explained to them. The individual and (where appropriate) their representative should be supported to play a full role in the process and should be given an opportunity to contribute their views about their needs. Decisions and rationales should be transparent from the outset.
10. As with any examination or treatment, the individual's informed consent should be obtained before the process of completing the Checklist commences. Further advice on consent issues can be found at [www.dh.gov.uk/en/Publichealth/Scientificdevelopmentgeneticsandbioethics/Consent/index.htm](http://www.dh.gov.uk/en/Publichealth/Scientificdevelopmentgeneticsandbioethics/Consent/index.htm)
11. It should be made explicit to the individual whether their consent is being sought for a specific aspect of the eligibility process (e.g. completion of the Checklist) or for the full process. It should also be noted that individuals may withdraw their consent at any time in the process.
12. If there is a concern that the individual may not have capacity to give their consent, this should be determined in accordance with the Mental Capacity Act 2005 and the associated code of practice. Anyone who completes a Checklist should be particularly aware of the five principles of the Act:
  - **A presumption of capacity:** Every adult has the right to make his or her own decisions and must be presumed to have capacity to do so, unless it is proved otherwise.
  - **Individuals being supported to make their own decisions:** A person must be given all practicable help before anyone treats them as not being able to make their own decisions.
  - **Unwise decisions:** Just because an individual makes what might be regarded as an unwise decision, they should not be treated as lacking capacity to make that decision.

- **Best interests:** An action taken or decision made under the Act for or on behalf of a person who lacks capacity must be done in their best interests.
  - **Least restrictive option:** Anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.
13. It must also be borne in mind that consideration of capacity is specific to both the decision to be made and the time when it is made – i.e. the fact that a person may be considered to lack capacity to make a particular decision should not be used as a reason to consider that they cannot make any decisions. Equally, the fact that a person was considered to lack capacity to make a specific decision on a given date should not be a reason for assuming that they lack capacity to make a similar decision on another date.
  14. If the person lacks the mental capacity either to refuse or to consent, a ‘best interests’ decision should be taken (and recorded) as to whether or not to proceed. Those making the decision should bear in mind the expectation that everyone who is potentially eligible for NHS continuing healthcare should have the opportunity to be considered for eligibility. A third party cannot give or refuse consent for an assessment of eligibility for NHS continuing healthcare on behalf of a person who lacks capacity, unless they have a valid and applicable Lasting Power of Attorney (Welfare) or they have been appointed a Welfare Deputy by the Court of Protection. In confirming any decision on whether or not to proceed with consideration of an individual for potential eligibility for NHS continuing healthcare, the practitioner should consult with any relevant third party who has a genuine interest in the person’s welfare. This will normally include family and friends.
  15. If there is no one who is available (and appropriate) for consultation, consideration should be given to appointing an Independent Mental Capacity Advocate (IMCA). The purpose of IMCAs is to help vulnerable people who lack capacity and who are facing important decisions made by the NHS and local authorities about serious medical treatment and changes of residence – for example, moving to a hospital or care home. NHS bodies and local authorities have a duty under the Act to instruct and consult the IMCA if those concerned are people who lack capacity to take the relevant decision and who have no family or friends that are available (or appropriate) for consultation.
  16. Further information on consent, mental capacity and advocacy can be found in paragraphs 34–44 of the National Framework for continuing healthcare.

## Completion of the Checklist

17. Please compare the descriptions of need to the needs of the individual and select level A, B or C, as appropriate, for each domain. If the needs of the individual are greater than anything in the descriptions, then 'A' should be selected. Consider all the descriptions and select the one that most closely matches the individual. For each domain, please also give a brief reference, stating where the evidence that supports the decision can be accessed, if necessary.
18. Where it can reasonably be anticipated that the individual's needs are likely to increase in the next three months (e.g. because of an expected deterioration in their condition), this should be reflected in the columns selected. Where the extent of a need may appear to be less because good care and treatment is reducing the effect of a condition, the need should be recorded in the Checklist as if that care and treatment was not being provided.
19. A full assessment for NHS continuing healthcare is required if there are:
  - two or more domains selected in column A;
  - five or more domains selected in column B, or one selected in A and four in B; or
  - one domain selected in column A in one of the boxes marked with an asterisk (i.e. those domains that carry a priority level in the Decision Support Tool), with any number of selections in the other two columns.
20. There may also be circumstances where a full assessment for NHS continuing healthcare is considered necessary, even though the individual does not apparently meet the indicated threshold.
21. Whatever the outcome, assessors should record written reasons for the decision and should sign and date the Checklist. Assessors should inform the individual and/or their representative of the decision, providing a clear explanation of the basis for the decision. The individual should be given a copy of the completed Checklist. The rationale contained within the completed Checklist should give enough detail for the individual and their representative to be able to understand why the decision was made.
22. Individuals and their representatives should be advised that, if they disagree with the decision not to proceed to a full assessment for NHS continuing healthcare, they may ask the PCT to reconsider it. They should be given details of whom to contact should they wish to pursue this course of action.

23. Each PCT should have clear local processes that identify where a completed Checklist should be sent, in order for the appropriate next steps to be taken. Completed Checklists should be forwarded in accordance with these local processes.
  
24. The equality monitoring data form should be completed by the patient who is the subject of the Checklist. Where the patient needs support to complete the form, this should be offered by the practitioner completing the Checklist. The practitioner should forward the completed data form to the appropriate location, in accordance with the relevant PCT's processes for processing equality data.

## NHS Continuing Healthcare Needs Checklist

Date of completion of Checklist \_\_\_\_\_

Name  D.O.B.

NHS number:

Permanent address and  
telephone number

Current location (e.g. name of  
hospital ward etc)

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Gender \_\_\_\_\_

**Please ensure that the equality monitoring form at the end of the Checklist is completed.**

**Was the individual involved in the completion of the Checklist? Yes/No (please delete as appropriate)**

**Was the individual offered the opportunity to have a representative such as a family member or other advocate present when the Checklist was completed? Yes/No (please delete as appropriate)**

**If yes, did the representative attend the completion of the Checklist? Yes/No (please delete as appropriate)**

**Please give the contact details of the representative (name, address and telephone number).**

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Name of patient	Date of completion			Evidence in records to support this level
Please circle statement A, B or C in each domain	C	B	A	
<p><b>Behaviour*</b></p>	<p>No evidence of 'challenging' behaviour. <b>OR</b> Some incidents of 'challenging' behaviour. A risk assessment indicates that the behaviour does not pose a risk to self or others or a barrier to intervention. The person is compliant with all aspects of their care.</p>	<p>'Challenging' behaviour that follows a predictable pattern. The risk assessment indicates a pattern of behaviour that can be managed by skilled carers or care workers who are able to maintain a level of behaviour that does not pose a risk to self or others. The person is nearly always compliant with care.</p>	<p>'Challenging' behaviour that poses a predictable risk to self or others. The risk assessment indicates that planned interventions are effective in minimising but not always eliminating risks. Compliance is variable but usually responsive to planned interventions.</p>	
<p><b>Cognition</b></p>	<p>No evidence of impairment, confusion or disorientation. <b>OR</b> Cognitive impairment (for example, difficulties in retrieving short-term memory) which requires some supervision, prompting or assistance with more complex activities of daily living, such as finance and medication, but awareness of basic risks that affect their safety is evident. <b>OR</b> Occasional difficulty with memory and decisions/choices requiring support, prompting or assistance. However, the individual has insight into their impairment.</p>	<p>Cognitive impairment (which may include some memory issues) that requires some supervision, prompting and/or assistance with basic care needs and daily living activities. Some awareness of needs and basic risks is evident.  The individual is usually able to make choices appropriate to needs with assistance. However, the individual has limited ability even with supervision, prompting or assistance to make decisions about some aspects of their lives, which consequently puts them at some risk of harm, neglect or health deterioration.</p>	<p>Cognitive impairment that could include marked short-term memory issues and maybe disorientation in time and place. The individual has awareness of only a limited range of needs and basic risks. Although they may be able to make choices appropriate to need on a limited range of issues, they are unable to do so on most issues, even with supervision, prompting or assistance.  The individual finds it difficult, even with supervision, prompting or assistance, to make decisions about key aspects of their lives, which consequently puts them at high risk of harm, neglect or health deterioration.</p>	

Name of patient	Date of completion			Evidence in records to support this level
Please circle statement A, B or C in each domain	C	B	A	
<b>Psychological/Emotional</b>	<p>Psychological and emotional needs are not having an impact on their health and well-being.</p> <p><b>OR</b></p> <p>Mood disturbance or anxiety or periods of distress, which are having an impact on their health and/or well-being but respond to prompts and reassurance.</p> <p><b>OR</b></p> <p>Requires prompts to motivate self towards activity and to engage in care planning, support and/or daily activities.</p>	<p>Mood disturbance or anxiety symptoms or periods of distress which do not readily respond to prompts and reassurance and have an increasing impact on the individual's health and/or well-being.</p> <p><b>OR</b></p> <p>Withdrawn from most attempts to engage them in support, care planning and/or daily activities.</p>	<p>Mood disturbance or anxiety symptoms or periods of distress that have a severe impact on the individual's health and/or well-being.</p> <p><b>OR</b></p> <p>Withdrawn from any attempts to engage them in care planning, support and daily activities.</p>	
<b>Communication</b>	<p>Able to communicate clearly, verbally or non-verbally. Has a good understanding of their primary language. May require translation if English is not their first language.</p> <p><b>OR</b></p> <p>Needs assistance to communicate their needs. Special effort may be needed to ensure accurate interpretation of needs or additional support may be needed either visually, through touch or with hearing.</p>	<p>Communication about needs is difficult to understand or interpret or the individual is sometimes unable to reliably communicate, even when assisted. Carers or care workers may be able to anticipate needs through non-verbal signs due to familiarity with the individual.</p>	<p>Unable to reliably communicate their needs at any time and in any way, even when all practicable steps to do so have been taken. The person has to have most of their needs anticipated because of their inability to communicate them.</p>	

Name of patient	Date of completion			Evidence in records to support this level
Please circle statement A, B or C in each domain	C	B	A	
<b>Mobility</b>	<p>Independently mobile.</p> <p><b>OR</b></p> <p>Able to weight bear but needs some assistance and/or requires mobility equipment for daily living.</p>	<p>Not able to consistently weight bear.</p> <p><b>OR</b></p> <p>Completely unable to weight bear but is able to assist or cooperate with transfers and/or repositioning.</p> <p><b>OR</b></p> <p>In one position (bed or chair) for majority of the time but is able to cooperate and assist carers or care workers.</p>	<p>Completely unable to weight bear and is unable to assist or cooperate with transfers and/or repositioning.</p> <p><b>OR</b></p> <p>Due to risk of physical harm or loss of muscle tone or pain on movement needs careful positioning and is unable to cooperate.</p> <p><b>OR</b></p> <p>At a high risk of falls (as evidenced in a falls risk assessment).</p> <p><b>OR</b></p> <p>Involuntary spasms or contractures placing themselves and carers or care workers at risk.</p>	

Name of patient	Date of completion			Evidence in records to support this level
Please circle statement A, B or C in each domain	C	B	A	
<p><b>Nutrition</b></p> <p>Able to take adequate food and drink by mouth to meet all nutritional requirements.</p> <p><b>OR</b></p> <p>Needs supervision, prompting with meals, or may need feeding and/or a special diet.</p> <p><b>OR</b></p> <p>Able to take food and drink by mouth but requires additional/supplementary feeding.</p>	<p>Needs feeding to ensure adequate intake of food and takes a long time (half an hour or more), including liquidised feed.</p> <p><b>OR</b></p> <p>Unable to take any food and drink by mouth, but all nutritional requirements are being adequately maintained by artificial means, for example via a non-problematic PEG.</p>	<p>Dysphagia requiring skilled intervention to ensure adequate nutrition/hydration and minimise the risk of choking and aspiration to maintain airway.</p> <p><b>OR</b></p> <p>Subcutaneous fluids that are managed by the individual or specifically trained carers or care workers.</p> <p><b>OR</b></p> <p>Nutritional status 'at risk' and may be associated with unintended, significant weight loss.</p> <p><b>OR</b></p> <p>Significant weight loss or gain due to an identified eating disorder.</p> <p><b>OR</b></p> <p>Problems relating to a feeding device (e.g. PEG) that require skilled assessment and review.</p>		

Name of patient	Date of completion			Evidence in records to support this level
Please circle statement A, B or C in each domain	C	B	A	
<p><b>Continence</b></p>	<p>Continent of urine and faeces.  <b>OR</b>                      Continenence care is routine on a day-to-day basis.  <b>OR</b>                      Incontinence of urine managed through, for example, medication, regular toileting, use of penile sheaths, etc.  <b>AND</b>                      Is able to maintain full control over bowel movements or has a stable stoma, or may have occasional faecal incontinence.</p>	<p>Continence care is routine but requires monitoring to minimise risks, for example those associated with urinary catheters, double incontinence, chronic urinary tract infections and/or the management of constipation.</p>	<p>Continence care is problematic and requires timely and skilled intervention, beyond routine care.</p>	

Name of patient	Date of completion			Evidence in records to support this level
Please circle statement A, B or C in each domain	C	B	A	
<b>Skin integrity</b>	<p>No risk of pressure damage or skin condition.</p> <p><b>OR</b></p> <p>Risk of skin breakdown which requires preventative intervention once a day or less than daily, without which skin integrity would break down.</p> <p><b>OR</b></p> <p>Evidence of pressure damage and/or pressure ulcer(s) either with 'discolouration of intact skin' or a minor wound.</p> <p><b>OR</b></p> <p>A skin condition that requires monitoring or reassessment less than daily and that is responding to treatment or does not currently require treatment.</p>	<p>Risk of skin breakdown which requires preventative intervention several times each day, without which skin integrity would break down.</p> <p><b>OR</b></p> <p>Pressure damage or open wound(s), pressure ulcer(s) with 'partial thickness skin loss involving epidermis and/or dermis', which is responding to treatment.</p> <p><b>OR</b></p> <p>A skin condition that requires a minimum of daily treatment, or daily monitoring/reassessment to ensure that it is responding to treatment.</p>	<p>Pressure damage or open wound(s), pressure ulcer(s) with 'partial thickness skin loss involving epidermis and/or dermis', which is not responding to treatment.</p> <p><b>OR</b></p> <p>Pressure damage or open wound(s), pressure ulcer(s) with 'full thickness skin loss involving damage or necrosis to subcutaneous tissue, but not extending to underlying bone, tendon or joint capsule', which is responding to treatment.</p> <p><b>OR</b></p> <p>Specialist dressing regime in place which is responding to treatment.</p>	

Name of patient	Date of completion			Evidence in records to support this level
Please circle statement A, B or C in each domain	C	B	A	
<p><b>Breathing*</b></p>	<p>Normal breathing, no issues with shortness of breath.</p> <p><b>OR</b></p> <p>Shortness of breath, which may require the use of inhalers or a nebuliser and has no impact on daily living activities.</p> <p><b>OR</b></p> <p>Episodes of breathlessness that readily respond to management and have no impact on daily living activities.</p>	<p>Shortness of breath, which may require the use of inhalers or a nebuliser and limit some daily living activities.</p> <p><b>OR</b></p> <p>Episodes of breathlessness that do not respond to management and limit some daily activities.</p> <p><b>OR</b></p> <p>Requires any of the following:</p> <ul style="list-style-type: none"> <li>● low level oxygen therapy (24%);</li> <li>● room air ventilators via a facial or nasal mask;</li> <li>● other therapeutic appliances to maintain airflow.</li> </ul> <p><b>OR</b></p> <p>CPAP (Continuous Positive Airways Pressure).</p>	<p>Is able to breathe independently through a tracheotomy that they can manage themselves, or with the support of carers or care workers.</p> <p><b>OR</b></p> <p>Breathlessness due to a condition which is not responding to therapeutic treatment and limits all daily living activities.</p>	

Name of patient	Date of completion			Evidence in records to support this level
Please circle statement A, B or C in each domain	C	B	A	
<p><b>Drug therapies and medication: symptom control*</b></p>	<p>Symptoms are managed effectively and without any problems, and medication is not resulting in any unmanageable side-effects.</p> <p><b>OR</b></p> <p>Requires supervision/administration of and/or prompting with medication or may have a physical, mental state or cognitive impairment requiring support to take medication, but shows compliance with medication regime.</p> <p><b>OR</b></p> <p>Mild pain that is predictable and/or is associated with certain activities of daily living; pain and other symptoms do not have an impact on the provision of care.</p>	<p>Requires the administration of medication due to:</p> <ul style="list-style-type: none"> <li>- non-concordance or non-compliance;</li> <li>- type of medication (for example insulin); or</li> <li>- route of medication (for example PEG, liquid medication).</li> </ul> <p><b>OR</b></p> <p>Moderate pain which follows a predictable pattern; or other symptoms which are having a moderate effect on other domains or on the provision of care.</p>	<p>Requires administration and monitoring of medication regime by a registered nurse, carer or care worker specifically trained for this task because there are risks associated with the potential fluctuation of the medical condition or mental state, or risks regarding the effectiveness of the medication or the potential nature or severity of side-effects. However, with such monitoring the condition is usually non-problematic to manage.</p> <p><b>OR</b></p> <p>Moderate pain or other symptoms which is/are having a significant effect on other domains or on the provision of care.</p>	
<p><b>Altered states of consciousness*</b></p>	<p>No evidence of altered states of consciousness (ASC).</p> <p><b>OR</b></p> <p>History of ASC but effectively managed and there is a low risk of harm.</p>	<p>Occasional episodes of ASC that require the supervision of a carer or care worker to minimise the risk of harm.</p>	<p>Frequent episodes of ASC that require the supervision of a carer or care worker to minimise the risk of harm.</p> <p><b>OR</b></p> <p>Occasional ASCs that require skilled intervention to reduce the risk of harm.</p>	
<p><b>Total from all pages</b></p>				

**Please highlight the outcome indicated by the checklist:**

1. Referral for full assessment for NHS continuing healthcare is necessary.

or

2. No referral for full assessment for NHS continuing healthcare is necessary.

(There may be circumstances where you consider that a full assessment for NHS continuing healthcare is necessary, even though the individual does not apparently meet the indicated threshold. If so, a full explanation should be given.)

**Rationale for decision**

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**Name(s) and signature(s) of assessor(s)**

**Date**

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**Contact details of assessors (name, role, organisation, telephone number, email address)**

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### About you – equality monitoring

Please provide us with some information about yourself. This will help us to understand whether everyone is receiving fair and equal access to NHS continuing healthcare. All the information you provide will be kept completely confidential. No identifiable information about you will be passed on to any other bodies, members of the public or press.

**1** What is your sex?

Tick one box only.

- Male
- Female
- Transgender

**2** Which age group applies to you?

Tick one box only.

- 0–15
- 16–24
- 25–34
- 35–44
- 45–54
- 55–64
- 65–74
- 75–84
- 85+

**3** Do you have a disability as defined by the Disability Discrimination Act (DDA)?

Tick one box only.

The Disability Discrimination Act (DDA) defines a person with a disability as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

- Yes
- No

**4** What is your ethnic group?

Tick one box only.

**A White**

- British
- Irish

Any other White background, write below

**B Mixed**

- White and Black Caribbean
- White and Black African
- White and Asian

Any other Mixed background, write below

**C Asian, or Asian British**

- Indian
- Pakistani
- Bangladeshi

Any other Asian background, write below

**D Black, or Black British**

- Caribbean
- African

Any other Black background, write below

**E Chinese, or other ethnic group**

- Chinese

Any other, write below

**5** What is your religion or belief?

Tick one box only.

Christian includes Church of Wales,  
Catholic, Protestant and all other Christian  
denominations.

- None
- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh

Other, write below

**6** Which of the following best describes  
your sexual orientation?

Tick one box only.

Only answer this question if you are aged  
**16** years or over.

- Heterosexual/Straight
- Lesbian/Gay Woman
- Gay man
- Bisexual
- Prefer not to answer

Other, write below