

NHS Continuing Healthcare Checklist

October 1st 2007

Notes

1. This Checklist is to help practitioners identify people who need a full consideration of whether they have a primary health need and qualify for NHS Continuing Healthcare. Please note that referral for consideration for NHS Continuing Healthcare is not an indication of the outcome of the eligibility decision: this should also be communicated to the individual and their representative as appropriate.
2. We have based the Checklist on the Decision Support Tool. The notes on the Decision Support Tool, and the National Framework guidance, will help you understand this tool, but we highly recommend that a practitioner who wants to use any of the tools should attend training using national training materials, and ensure that their Continuing Care Lead within their organisation is aware that they are using it, before starting.
3. The aim is that a variety of people, in a variety of settings, could refer individuals for a full consideration of NHS Continuing Healthcare eligibility. For example, the tool could form part of the discharge pathway from hospital, a GP or a 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.
4. Because of the intention to use the tool in a variety of settings, slight adjustments might be necessary to align the tool with local procedures. For example, for record-keeping, a sheet with the relevant personal information for the individual should be attached. This may be the sheet provided with the Decision Support tool (or similar), or else the standard identifying sheet in use in the area. It is, however, important that the body of the tool remains the same.
5. This version of the Checklist incorporates slight changes based on learning from the PCTs who have been testing the tools and further discussions with stakeholders since the National Framework guidance was published on 26 June. This is the version that should be used from the implementation date of 1 October 2007.

How to use this tool

6. Please compare the descriptions of need to the needs of the individual and circle A B or C as appropriate. Consider all the descriptions. If the individual's need meets or exceeds the description given, give your reasons in the column and circle A. If there is need in some or all of these areas, but the level of need falls just below that described in the main statement, please give your reasons and circle B. If the individual clearly does not meet the described need, give your reasons and circle C.

7. A full consideration of eligibility is required if there are:
- two or A
 - five or more B; or one A and four B
 - one A in one of the boxes marked with an asterisk (ie, the domains which carry a priority level in the Decision Support Tool), with any number of B,C in the other two columns.

There may also be circumstances where you consider that a full consideration for NHS Continuing Healthcare is necessary even though the individual does not apparently meet the indicated threshold.

8. Whatever the outcome, you should record written reasons for the decision along with your signature and the date the Checklist was completed. You should inform the individual and/or carer of the decision with a clear explanation of the basis for the decision (written if appropriate). You should explain that if they feel a decision of ineligibility was incorrectly reached, they may request a full assessment, and that this request will be given due consideration, taking into account all the information available.

NHS Continuing Healthcare Needs Checklist.

| A | B | C |
|-----------------------------------|--|--|
| Meets/ exceeds the described need | Borderline – nearly meets the described need | Clearly does not meet the described need |

| Domain | Description | Please explain your reason for choosing A B or C in each of the care domains |
|-------------------------------------|--|--|
| Behaviour* | “Challenging” behaviour that poses a predictable risk to self or others. Planned interventions are effective in minimising but not always eliminating risks. Compliance is variable but usually responsive to planned interventions | A B C |
| Cognition | High level of cognitive impairment which is likely to include marked short-term memory issues and maybe disorientation in time and place. The individual has a limited ability to assess basic risks with assistance but finds it extremely difficult to make their own decisions/choices, even with prompting and supervision. | A B C |
| Psychological/ Emotional | Mood disturbance or anxiety symptoms or periods of distress that has/have a severe impact on the individual's health and/or wellbeing OR Withdrawn from any attempts to engage them in support, care planning and daily activities. | A B C |
| Communication | Unable to reliably communicate their needs at any time and in any way. | A B C |
| Mobility | In one position (bed or chair) but due to risk of physical harm or loss of muscle tone or pain on movement needs careful positioning and is unable to cooperate OR At a high risk of falls. OR Involuntary spasms/contractures placing themselves and carers/care workers at risk. | A B C |
| Nutrition | Dysphagia requiring skilled intervention to ensure adequate nutrition/hydration and minimise the risk of choking and aspiration to maintain airway. OR Subcutaneous fluids, managed by individual or specifically trained carers/care workers. OR Nutritional status “at risk” - may be associated with unintended, significant weight loss. | A B C |

Please ensure all eleven care domains have your reasons in them and circle A, B or C before completing the recommendation on the final page.

Client Name

Date of Birth

NHS Continuing Healthcare Needs Checklist.

| A | B | C |
|--|--|---|
| Meets/ exceeds the described need | Borderline – nearly meets the described need | Clearly does not meet the described need |
| | OR Problems relating to a feeding device (for example P.E.G.) that require skilled assessment and review. | |
| Continence | Continence care is problematic and requires timely and skilled intervention. | A B C |
| Skin integrity | 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 are not responding to treatment and require a minimum of daily monitoring/reassessment. OR A skin condition which requires a minimum of daily monitoring or reassessment. OR Specialist dressing regime in place which is responding to treatment. | A B C |
| Breathing * | Is able to breathe independently through a tracheotomy, that they can manage themselves, or with the support of carers or care workers. OR CPAP (Continuous Positive Airways Pressure). OR Breathlessness due to symptoms of chest infections which are not responding to therapeutic treatment and limit all activities of daily living activities. | A B C |
| Drug Therapies & Medication: Symptom control* | Requires administration of medication regime by a registered nurse or care worker specifically trained for this task, and monitoring because of potential fluctuation of the medical condition or mental state, that is usually non-problematic to manage. OR - Moderate pain or other symptoms which is/are having a significant effect on other domains or on the provision of care | A B C |
| Altered States of Consciousness* | ASC that require skilled intervention to reduce the risk of harm. | A B C |
| Total from both pages | | |

Please ensure all eleven care domains have your reasons in them and circle A, B or C before completing the recommendation on the final page.

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NHS Continuing Healthcare Needs Checklist

Please highlight the outcome indicated by the checklist:

1. Referral for full consideration for NHS Continuing Healthcare is necessary
or
2. No referral for full consideration for NHS Continuing Healthcare is necessary

Rationale for decision

| |
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|--|

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

Date

Telephone Number :

| | |
|--|--|
| | |
|--|--|

Please ensure all eleven care domains have a tick in one of the three boxes, A, B or C before completing the recommendation on this page and ensure there is an information sheet with the personal details necessary for identification attached.

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NHS Continuing Healthcare Needs Checklist

Please ensure all eleven care domains have a tick in one of the three boxes, A, B or C before completing the recommendation on this page and ensure there is an information sheet with the personal details necessary for identification attached.

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Client Name

Date of Birth