

# NHS Continuing Healthcare Needs Checklist

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

Name

D.O.B.

NHS number and GP/Practice:

Permanent address and telephone number      Current location (if different from permanent address)

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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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Did you explain to the individual how their personal data will be shared with the different organisations involved in their care? Yes/No (please delete as appropriate)

**Continued overleaf**

Did you explain to the individual how their personal data will be shared with other third parties, such as a family member, friend, advocate and/or other representative? This consent should be recorded in writing, and ideally identify the individuals with whom the data can be shared (e.g. on the Consent form). Yes/No (please delete as appropriate)

## When not to screen

**There will be many situations where it is not necessary to complete the Checklist. Practitioners should review the statements below on when it may not be appropriate to screen for NHS Continuing Healthcare before they start the process of completing the Checklist.**

The situations where it is not necessary to complete the Checklist include:

- (a) It is clear to practitioners working in the health and care system that there is no need for NHS Continuing Healthcare at this point in time. Where appropriate/relevant this decision and its reasons should be recorded. If there is doubt between practitioners, the Checklist should be undertaken.
- (b) The individual has short-term health care needs or is recovering from a temporary condition and has not yet reached their optimum potential (although if there is doubt between practitioners about the short-term nature of the needs it may be necessary to complete the Checklist). See paragraphs 101-108 of the National Framework for how NHS Continuing Healthcare may interact with hospital discharge.
- (c) It has been agreed by the ICB that the individual should be referred directly for full assessment of eligibility for NHS Continuing Healthcare.
- (d) The individual has a rapidly deteriorating condition and may be entering a terminal phase – in these situations the Fast Track Pathway Tool should be used instead of the Checklist.
- (e) An individual is receiving services under Section 117 of the Mental Health Act that are meeting all of their assessed needs.
- (f) It has previously been decided that the individual is not eligible for NHS Continuing Healthcare and it is clear that there has been no change in needs.

**If upon review of these statements, it is deemed that it is not necessary to screen for NHS Continuing Healthcare at this time, the decision not to complete the Checklist and its reasons should be clearly recorded in the patient's notes.**

Name of individual		Date of completion	
	C	B	A
Breathing*	<p>Normal breathing, no issues with shortness of breath.</p> <p><b>OR</b></p> <p>Shortness of breath or a condition, 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 or a condition, 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 consistently 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 where individual can still spontaneously breathe e.g. CPAP (Continuous Positive Airways Pressure) to manage obstructive apnoea during sleep.</li> </ul>	<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> <p><b>OR</b></p> <p>A condition that requires management by a non-invasive device to both stimulate and maintain breathing (non-invasive positive airway pressure, or non-invasive ventilation)</p>
Brief description of need and source of evidence to support the chosen level			<p>Write A, B or C below:</p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>

NHS Continuing Healthcare Checklist (July 2022)

Name of individual		Date of completion		
	C	B	A	
Nutrition – Food and Drink	<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 (for example to manage food intolerances/allergies).</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>	
Brief description of need and source of evidence to support the chosen level				<p>Write A, B or C below:</p> <div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto;"></div>

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Name of individual		Date of completion		
	C	B	A	
Contenance	<p>Continent of urine and faeces.  <b>OR</b>                      Contenance 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/constipation.</p>	<p>Contenance 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 or other bowel problems.</p>	<p>Contenance care is problematic and requires timely and skilled intervention, beyond routine care. (for example frequent bladder wash outs/irrigation, manual evacuations, frequent re-catheterisation).</p>	
Brief description of need and source of evidence to support the chosen level				<p>Write A, B or C below:</p> <div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto;"></div>

Name of individual		Date of completion		
	C	B	A	
<p>Skin and tissue viability</p>	<p>No risk of pressure damage or skin condition.  <b>OR</b>                      Risk of skin breakdown which requires preventative intervention once a day or less than daily, without which skin integrity would break down.  <b>OR</b>                      Evidence of pressure damage and/or pressure ulcer(s) either with 'discolouration of intact skin' or a minor wound.  <b>OR</b>                      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.  <b>OR</b>                      Pressure damage or open wound(s), pressure ulcer(s) with 'partial thickness skin loss involving epidermis and/or dermis', which is responding to treatment.  <b>OR</b>                      An identified 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.  <b>OR</b>                      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.  <b>OR</b>                      Specialist dressing regime in place which is responding to treatment.</p>	
<p>Brief description of need and source of evidence to support the chosen level</p>				<p>Write A, B or C below:</p> <div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto;"></div>

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Name of individual		Date of completion		
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Mobility	<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><b>OR</b></p> <p>At moderate risk of falls (as evidenced in a falls history or risk assessment)</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 history and risk assessment).</p> <p><b>OR</b></p> <p>Involuntary spasms or contractures placing the individual or others at risk.</p>	
Brief description of need and source of evidence to support the chosen level				<p>Write A, B or C below:</p> <div style="border: 1px solid black; width: 50px; height: 50px; margin: 10px auto;"></div>



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	C	B	A	
Communication	<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 assist them have been taken. The individual has to have most of their needs anticipated because of their inability to communicate them.</p>	
Brief description of need and source of evidence to support the chosen level				<p>Write A, B or C below:</p> <div style="border: 2px solid black; width: 50px; height: 50px; margin: 0 auto;"></div>

Name of individual		Date of completion	
	C	B	A
Psychological and emotional needs	<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 symptoms or periods of distress, which are having an impact on their health and/or well-being but respond to prompts, distraction and/or reassurance.</p> <p><b>OR</b></p> <p>Requires prompts to motivate self towards activity and to engage them in care planning, support and/or daily activities.</p>	<p>Mood disturbance, hallucinations or anxiety symptoms or periods of distress which do not readily respond to prompts, distraction and/or reassurance and have an increasing impact on the individual's health and/or well-being.</p> <p><b>OR</b></p> <p>Due to their psychological or emotional state the individual has withdrawn from most attempts to engage them in support, care planning and/or daily activities.</p>	<p>Mood disturbance, hallucinations 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>Due to their psychological or emotional state the individual has withdrawn from any attempts to engage them in care planning, support and/or daily activities.</p>
Brief description of need and source of evidence to support the chosen level			<p>Write A, B or C below:</p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>

Name of individual		Date of completion		
	C	B	A	
Cognition	<p>No evidence of impairment, confusion or disorientation.</p> <p><b>OR</b></p> <p>Cognitive impairment 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.</p> <p><b>OR</b></p> <p>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.</p> <p>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 for example include frequent short-term memory issues and maybe disorientation to time and place. The individual has awareness of only a limited range of needs and basic risks. Although they may be able to make some 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.</p> <p>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>	
Brief description of need and source of evidence to support the chosen level				<p>Write A, B or C below:</p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 10px auto;"></div>

Name of individual		Date of completion		
	C	B	A	
Behaviour*	<p>No evidence of 'challenging' behaviour.</p> <p><b>OR</b></p> <p>Some incidents of 'challenging' behaviour. A risk assessment indicates that the behaviour does not pose a risk to self, others or property or create a barrier to intervention. The individual 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, others or property. The individual is nearly always compliant with care.</p>	<p>'Challenging' behaviour of type and/or frequency that poses a predictable risk to self, others or property. 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>	
Brief description of need and source of evidence to support the chosen level				<p>Write A, B or C below:</p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>

Name of individual		Date of completion	
	C	B	A
Drug therapies etc.*	<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 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 (by a registered nurse, carer or care worker) due to:</p> <ul style="list-style-type: none"> <li>– non-compliance, or</li> <li>– type of medication (for example insulin); or</li> <li>– route of medication (for example PEG).</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>
Brief description of need and source of evidence to support the chosen level			<p>Write A, B or C below:</p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>

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Altered states of consciousness*	No evidence of altered states of consciousness (ASC). <b>OR</b> History of ASC but effectively managed and there is a low risk of harm.	Occasional (monthly or less frequently) episodes of ASC that require the supervision of a carer or care worker to minimise the risk of harm.	Frequent episodes of ASC that require the supervision of a carer or care worker to minimise the risk of harm. <b>OR</b> Occasional ASCs that require skilled intervention to reduce the risk of harm.
Brief description of need and source of evidence to support the chosen level			
			Write A, B or C below:  <div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto;"></div>
Total from all pages			

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

1. Referral for full assessment for NHS Continuing Healthcare is necessary (known as a positive Checklist).

Or

2. No referral for full assessment for NHS Continuing Healthcare is necessary (known as a negative Checklist).

**Rationale for decision**

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Please send this completed Checklist to the ICB without delay.

**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

We collect equalities information to meet our duties under the Equality Act 2010 and develop our insights into CHC patients and ensure we provide appropriate care. The categories included in the questions may not be exhaustive or reflect how you feel or identify. We will be reviewing these to align with approaches across Government. Filling these in is optional, and you do not have to provide an answer if you do not wish to do so.

Please provide us with some information about yourself. We collect information to help us understand whether people are receiving fair and equal access to NHS Continuing Healthcare (CHC) via the [NHS CHC Patient Level Data Set \(PLDS\)](#) which is used to help achieve better patient outcomes, better experiences and better use of resources in CHC. The lawful basis for collecting this information is Article 6 (1) (c) of the GDPR enacted by the Data Protection Act 2018. Please note that NHS CHC PLDS data is pseudonymised for analysis purposes. This means that identifiers such as names, NHS numbers and dates of birth are removed. Detailed information about the use of individual's identifiable data is publicly available at <https://digital.nhs.uk/about-nhs-digital/our-work/keeping-patient-data-safe/gdpr/gdpr-register>



### 1 What is your gender?

Tick one box only

- Male
- Female
- Indeterminate (unable to be classified as either male or female)
- I prefer not to answer

### 2 Which age group applies to you?

Tick one box only

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+
- I prefer not to answer

### 3 Do you have a disability as defined by the Equalities Act 2010?

Tick one box only.

The Equality Act 2010 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.

- No
- Yes
- I prefer not to answer

### 4 What is your ethnic group?

Tick one box only.

#### A White

- British
- Irish
- Any other White background, write below  
Click here to enter text.

**B Mixed**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background, write below

Click here to enter text.

**C Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
  
- Any other Asian background, write below

Click here to enter text.

**D Black, or Black British**

- African
- Caribbean
- Any other Black background, write below

Click here to enter text.

**E Other ethnic group**

- Chinese
- Any other ethnic group, write below

Click here to enter text.

**Prefer not to say**

- I prefer not to answer

**5 What is your religious or other belief system affiliation?**

Tick one box only

- Baha'i
- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Pagan
- Sikh
- Zoroastrian

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- Other
- None
- Prefer not to answer
- Unknown