



Nursing Assessment and NHS Continuing Healthcare Needs Checklist

to be used in the area covered by Blackpool, Central Lancashire, and North Lancashire Primary Care Trusts

Patient Name (or patient label)	D.O.B.	Patient ID: NHS Number Social Service User Number
Address Tel: Current location e.g Ward, Care Home	G.P. Address	
Diagnosis	Past Medical History	
Name & relationship of Next of Kin Tel:	Social Worker / Case Manager & Authority Tel:	
Patient's understanding of the problem and their preferred solution:	Carers' understanding of the problem and their preferred solution (if appropriate):	
Name & Signature of Nurse Assessor & Work Address / Contact Number _____	Name & address of Care Home Placement (if relevant)	
Date assessment completed _____		
Name of nurse assisting with the assessment _____		
The information contained in this document is confidential. It may need to be shared with prospective Care Home owners and other statutory agencies to determine the appropriate continuing care placement for the patient/client. This has been discussed with the client and/or their carers and they are in agreement that this information can be shared with prospective Care Home owners and other statutory agencies.		



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NHS Continuing Healthcare Checklist

Included in this form is the 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.**

The Checklist is based on the Decision Support Tool. The notes on the Decision Support Tool, and the National Framework guidance, will help you understand this tool, any practitioner who wants to use any of the tools should attend national training, or regional training using national training materials, and ensure that their Continuing Care Lead within their organisation is aware that they are using it, before starting.

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. Your local Primary care trusts have combined to adapt the National Checklist to include a nursing assessment, to simplify the process for our practitioners. However, the body of the tool remains the same. Other, non nursing practitioners can use the National Checklist to refer for a Continuing Healthcare assessment if an appropriate referral would otherwise be missed.

Please compare the descriptions of need to the needs of the individual and tick the boxes as appropriate. Consider all the descriptions. If the individual's need meets or exceeds the description given, tick the box in the first column (column 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 tick the box in the second column (column B). If the individual clearly does not meet the described need, please tick the box in column C.

A full consideration of eligibility is required if there are:

- two or more ticks in column A
- five or more ticks in column B; or one tick in A and four in B
- one tick in column 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 ticks 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.

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



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Domain	Assessment of Need		NHS Continuing Healthcare Needs Checklist				
	Is a Registered Nurse required to meet these assessed needs		A	B	C		
Domain	Assessment of Need	Yes	No	Description	Meets / Exceeds the described need	Borderline – nearly meets the described need	Clearly does not meet the described need
Behaviour*	What are the individuals needs in relation to this domain, and how much if any of these needs require a Registered Nurse input?			“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.			
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.			

Please ensure all eleven care domains have a tick in one of the three boxes, A, B or C before completing the recommendation on pages 8 &10. If you require extra space for your assessment use page 9. 3



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	Is a Registered Nurse required to meet these assessed needs		A	B	C		
Domain	Assessment of Need	Yes	No	Description	Meets / Exceeds the described need	Borderline – nearly meets the described need	Clearly does not meet the described need
	What are the individuals needs in relation to this domain, and how much if any of these needs require a Registered Nurse input?						
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.			
Communication				Unable to reliably communicate their needs at any time and in any way, even when all practicable steps to do so have been taken.			



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		Is a Registered Nurse required to meet these assessed needs		Description	A Meets / Exceeds the described need	B Borderline – nearly meets the described need	C Clearly does not meet the described need
Yes	No						
Domain	Assessment of Need			Description			
	What are the individuals needs in relation to this domain, and how much if any of these needs require a Registered Nurse input?						
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 or contractures placing themselves and carers or care workers at risk.			
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. OR Problems relating to a feeding device (for example P.E.G.) that require skilled assessment and review.			

Please ensure all eleven care domains have a tick in one of the three boxes, A, B or C before completing the recommendation on pages 8 &10. If you require extra space for your assessment use page 9. 5



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Domain	Assessment of Need		NHS Continuing Healthcare Needs Checklist				
	Assessment of Need What are the individuals needs in relation to this domain, and how much if any of these needs require a Registered Nurse input?	Is a Registered Nurse required to meet these assessed needs		Description	A Meets / Exceeds the described need	B Borderline – nearly meets the described need	C Clearly does not meet the described need
Yes		No					
Continence				Continence care is problematic and requires timely and skilled intervention.			
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.			

Please ensure all eleven care domains have a tick in one of the three boxes, A, B or C before completing the recommendation on pages 8 &10. If you require extra space for your assessment use page 9. 6



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	Is a Registered Nurse required to meet these assessed needs		A	B	C		
Domain	Assessment of Need	Yes	No	Description	Meets / Exceeds the described need	Borderline – nearly meets the described need	Clearly does not meet the described need
Breathing*	What are the individuals needs in relation to this domain, and how much if any of these needs require a Registered Nurse input?			<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>OR</p> <p>CPAP (Continuous Positive Airways Pressure).</p> <p>OR</p> <p>Breathlessness due to symptoms of chest infections which are not responding to therapeutic treatment and limit all activities of daily living activities.</p>			
Drug Therapies & Medication: Symptom control*				<p>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.</p> <p>OR</p> <p>Moderate pain or other symptoms which is/are having a significant effect on other domains or on the provision of care</p>			

Please ensure all eleven care domains have a tick in one of the three boxes, A, B or C before completing the recommendation on pages 8 & 10. If you require extra space for your assessment use page 9.



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Domain	Assessment of Need		NHS Continuing Healthcare Needs Checklist				
	Assessment of Need What are the individuals needs in relation to this domain, and how much if any of these needs require a Registered Nurse input?	Is a Registered Nurse required to meet these assessed needs		Description	A Meets / Exceeds the described need	B Borderline – nearly meets the described need	C Clearly does not meet the described need
Yes		No					
Altered States of Consciousness*				ASC that require skilled intervention to reduce the risk of harm.			
Total from both pages							



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Continuation Sheet if you require more space to complete Assessment of Need

Domain	Assessment of Need (continued)

Please ensure all eleven care domains have a tick in one of the three boxes, A, B or C before completing the recommendation on pages 8 & 10. If you require extra space for your assessment use page 9.



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- two or more ticks in column A
- five or more ticks in column B; or one tick in A and four in B
- one tick in column A in one of the boxes marked with an asterisk (i.e. the domains which carry a priority level in the Decision Support Tool), with any number of ticks 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.

Please circle 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 on NHS Continuing Healthcare Needs Checklist

If a referral for full consideration for NHS Continuing Healthcare is necessary go to the final page of the form to complete this page including the attendees and signatures details, fax the completed form to the relevant PCT office and arrange a multidisciplinary team to complete the Decision Support Tool in the normal way for your area.

If no referral for full consideration for NHS Continuing Healthcare is necessary continue to complete this form – this will help to indicate how the assessed healthcare needs can be met.



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Is a Registered Nurse required to plan, delegate and supervise the care provided by unqualified carers over a 24 hour period or are there healthcare needs not covered in the Care Domains outlined above?		
Rationale		
Description of all Registered Nursing Intervention required to meet assessed needs	Frequency of Input	Duration of Intervention
In your opinion could the patient/ service user be managed appropriately at home with a package of care, or in a care home not providing nursing, with the help of the district nursing service? (include rationale for answer)		
Other useful information (including rehab potential etc)		



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Completed forms to be faxed to the appropriate PCT Continuing Healthcare Team (according to GP)		
Locality	Fax	Telephone
Blackpool	01253 651234	01253 651230
Central Lancashire (Chorley & South Ribble)	01772 227007	01772 644527
Central Lancashire (Preston)	01772 651989	01772 401827
Central Lancashire (West Lancashire)	01695 598489	01695 598271
North Lancashire	01253 303291	01253 303208
Form Completed by (Sign & Print) Designation	Sent to (state PCT)	Sent to Social Worker (Name)
Date	Date sent	Date sent
Social Worker in attendance YES/ NO	Name of Social Worker	
Relatives in attendance YES/NO (Please circle)	Name & relationship	
Multidisciplinary Team to be convened to look at Decision Support Tool YES/NO	If MDT is being convened who is responsible for convening? (Name & contact details)	

All involved in assessment and NHS Continuing Healthcare Needs Checklist to sign below

Name					
Signature					
Designation					