WOLVERHAMPTON CITY PRIMARY CARE TRUST

Checklist for NHS Continuing Healthcare

Personal Details

Name | **DOB:**

NHS number:

Permanent Address	**Current Residence** (e.g. Ward, etc) (if not permanent address)

General Practitioner Details

Past History

Diagnosis summary: please note this is for information and should not be sole basis for decision making

Please highlight the outcome indicated by the checklist:

WOLVERHAMPTON CITY PRIMARY CARE TRUST

NHS Continuing Healthcare Needs Checklist

Patient's Name: _____ **DOB:** _____ **NHS No:** _____

Address: _____
(Ward/Resource Centre/At Home, etc.)

		A	B	C
Domain	**Description**	**Meets/ exceeds the described need**	**Borderline – nearly meets the described need**	**Clearly does not meet the described need**
Behaviour*	"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.			
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 OR Withdrawn from any attempts to engage them in support, care planning and daily activities.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.			
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 that are managed by the individual or specifically trained carers or care workers.			

	OR Nutritional status "at risk" and 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.			
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.			
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.			
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.			
Altered States of Consciousness*	ASC that require skilled intervention to reduce the risk of harm.			
Total from both pages				

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 (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 indicate if Palliative: Yes / No

NHS CONTINUING HEALTHCARE NEEDS 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 ☐

PATIENT'S NAME: _____

Rationale for decision

Completed by: _____ **Designation:** _____

Date: _____ **Contact Details:** _____

Name(s) and Signature(s) of any others involved in the completion of this Checklist

Name of Assessor	Signature of Assessor	Designation/Contact Details	Date

Please ensure all eleven care domains have a tick in one of the three boxes, A, B or C before completing the recommendation on the final page.