Wolverhampton City NHS
Primary Care Trust

APPENDIX D
Revised Jan 08

Decision-Support Tool for NHS Continuing Healthcare
Section 1 - Personal Details

Name | **D.O.B.**

NHS number:

Permanent Address	Current Residence (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

Wolverhampton City NHS
Primary Care Trust

Decision-Support Tool for NHS Continuing Healthcare
Section 1 - Personal Details

RISK: ALL appropriate risk assessments, which document both potential impact and likelihood, should be carried out to consider relevant risks to the patient, carers or care workers and society. Evidence from these assessments should be attached to this document and considered when deciding the level of need appropriate in each domain. Please use this box to briefly draw attention to any immediate risks pertaining to current care or health state.

Assessors (including MDT members) name/address/contact details noting lead co-ordinator:

Decision-Support Tool for NHS Continuing Healthcare
Section 2: Care domains

Please refer to the user notes.

1. Behaviour: Human behaviour is complex, hard to categorise, and may be difficult to manage. Challenging behaviour in this domain includes but is not limited to:

- Aggression, violence or passive non-aggressive behaviour
- severe disinhibition
- intractable noisiness or restlessness
- resistance to necessary care and treatment (this may therefore include non-concordance and non-compliance, but see note below)
- severe fluctuations in mental state
- extreme frustration associated with communication difficulties
- inappropriate interference with others.

A specialist assessment of an individual with serious behavioural issues will usually be required which includes an overall assessment of the risk(s) **to themselves, others or property** with specific attention to aggression, self-harm and self-neglect and any other behaviour(s).

Description	Level of Need
No evidence of "challenging" behaviour.	No Needs
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.	Low
"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.	Moderate
"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	High
"Challenging" behaviour of severity and/or frequency that poses a significant risk to self and/or others. The risk assessment identifies that the behaviour(s) require(s) a prompt and skilled response that might be outside the range of planned interventions.	Severe
"Challenging" behaviour of severity and/or frequency that presents an immediate and serious risk to self and/or others. The risks are so serious that they require access to an urgent and skilled response at all times for safe care.	**Priority**

1. Circle the assessed level above.
2. Describe the actual needs of the individual. Provide the evidence why that level has been chosen, such as the times and situations when the behaviour to likely to be performed across a range of typical daily routines and the frequency, duration and impact of the behaviour.
3. Note any overlap with other domains to avoid double scoring.

Decision-Support Tool for NHS Continuing Healthcare
Section 2: Care domains

Please refer to the user notes.

2. Cognition - This may apply, but is not limited to, individuals with learning disability and/or acquired and degenerative disorders which places them at **risk** of self-harm (including deterioration of health), neglect or exploitation. Where cognitive impairment is indicated, active thought should be given to referral to an appropriate specialist. If this is not considered necessary, record the reason for the decision not to refer.

Please refer to the National Framework guidance about the need to apply the principles of the Mental Capacity Act in every case where there is a question about a person's capacity.

Description	Level of Need
No evidence of impairment, confusion or disorientation.	No Needs
Mild cognitive impairment for example difficulties in retrieving short-term memory, which requires some supervision and assistance with more complex activities of daily living, such as finance and medication. OR Occasional difficulty with memory and decisions/choices requiring support or assistance, but has insight into their impairment.	Low
Moderate level cognitive impairment that requires some supervision, prompting and/or assistance with basic care needs and daily living activities. Awareness of needs and basic risks (for example hot water, fire, abuse) is evident. The individual is able to make choices appropriate to needs with assistance; however, he/she is unable to make decisions about some aspect of their lives, which would put them at risk of harm, neglect or health deterioration.	Moderate
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.	High
Severe cognitive impairment which may include, in addition to lacking short-term memory, problems with long-term memory or severe disorientation. The individual is unable to assess basic risks, and is dependent on others to anticipate even basic needs and to protect them from harm.	Severe
1. Circle the assessed level above. **2. Describe the actual needs of the individual providing the evidence why that level has been chosen, including the frequency and intensity of need, unpredictability, deterioration and any instability.** **3. Where cognitive impairment has an impact on behaviour, take this into account in the behaviour domain, so that the interaction between the two domains is clear.**	

Decision-Support Tool for NHS Continuing Healthcare
Section 2: Care domains

Please refer to the user notes.

3. Psychological & Emotional Needs: There should be evidence of considering psychological needs and their impact on the individual's health and wellbeing. Use this domain to record the individual's psychological and emotional needs and how they contribute to the overall care needs, noting the underlying causes.

Description	Level of Need
Psychological and emotional needs are not having an impact on their health and wellbeing.	No Needs
Mood disturbance or anxiety, periods of distress, which is having an impact on their health and/or wellbeing but responds to prompts and reassurance. OR Requires prompts to motivate self towards activity and to engage in care plan and/or daily activities.	Low
Mood disturbance or anxiety symptoms or periods of distress which do/does not readily respond to prompts and reassurance and have/has an increasing impact on the individual's health and/or wellbeing. OR Withdrawn from social situations, and demonstrates difficulty in engaging in care plan and/or daily activities.	Moderate
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.	High

1. Circle the assessed level above.
2. Describe the actual needs of the individual providing the evidence why that level has been chosen, including the frequency and intensity of need, unpredictability, deterioration and any instability.

Decision-Support Tool for NHS Continuing Healthcare
Section 2: Care domains

Please refer to the user notes.

4. Communication: If individuals have communication needs these should be assessed as part of the MDT assessment. This section relates to difficulties with expression and understanding, not with the interpretation of language.

Description	Level of Need
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.	No Needs
Needs assistance to communicate their needs. Special effort may be needed to ensure accurate interpretation of needs or may need additional support either visually, through touch or with hearing.	Low
Communication about needs is difficult to understand or interpret, even when assisted. Carers or care workers may be able to anticipate needs through non-verbal signs due to familiarity with the individual.	Moderate
Unable to reliably communicate their needs at any time and in any way, even when all practicable steps to do so have been taken	High

1. Circle the assessed level above.
2. Describe the actual needs of the individual providing the evidence why that level has been chosen, including the frequency and intensity of need, unpredictability, deterioration and any instability.

Decision-Support Tool for NHS Continuing Healthcare
Section 2: Care domains

Please refer to the user notes.

5. Mobility: This section considers individuals with **impaired** mobility. Please take other mobility issues such as wandering into account in the behaviour domain where relevant. Where mobility problems are indicated, a Moving and Handling and Falls Risk Assessment should be undertaken (in line with section 6.14 of the National Service Framework for Older People, 2001), and the impact and likelihood of any risk factors considered.

Description	Level of Need
Independently mobile (see note above and refer to cognitive impairment/behaviour domains, if appropriate, and include the impact of the person's full mobility on the level of risk).	No Needs
Able to weight bear but needs some assistance and/or requires mobility equipment for daily living.	Low
Not able to consistently weight bear or completely unable to weight bear and able to assist or co-operate with transfers and/or repositioning. OR In one position (bed or chair) for the majority of time and is able to cooperate and assist carers or care workers.	Moderate
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.	High
Completely immobile and/or clinical condition such that on movement or transfer there is a high risk of serious physical harm and where the positioning is critical.	Severe

1. Circle the assessed level above.
2. Describe the actual needs of the individual providing the evidence why that level has been chosen, with reference to movement & handling and falls risk assessments where relevant. Describe the frequency and intensity of need, unpredictability, deterioration and any instability.

6. Nutrition – Food and Drink: Individuals at risk of malnutrition, dehydration and/or aspiration should be assessed and any management and risk factors supported by a management plan.

Description	Level of Need
Able to take adequate food and drink by mouth to meet all nutritional requirements.	No Needs
Needs supervision, prompting with meals, or may need feeding and/or a special diet. OR Able to take food and drink by mouth but requires additional/supplementary feeding.	Low
Needs feeding to ensure adequate intake of food and takes a long time (half an hour or more), including liquidised feed. OR 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 P.E.G.	Moderate
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.	High
Unable to take food and drink by mouth. All nutritional requirements taken by artificial means requiring ongoing skilled professional intervention or monitoring over a 24 hour period to ensure nutrition/hydration for example I.V. fluids. OR Unable to take food and drink by mouth, intervention inappropriate or impossible	Severe
1. Circle the assessed level above. **2. Describe the actual needs of the individual providing the evidence why that level has been chosen, including the frequency and intensity of need, unpredictability, deterioration and any instability.**	

Decision-Support Tool for NHS Continuing Healthcare
Section 2: Care domains

Please refer to the user notes.

7. Continence: Where continence problems are identified, a full continence assessment should be undertaken, any underlying conditions identified, and the impact and likelihood of any risk factors evaluated.

Description	Level of Need
Continent of urine and faeces.	No Needs
Continence care is routine on a day-to-day basis; Incontinence of urine managed through for example medication, regular toileting, use of penile sheaths etc. AND Is able to maintain full control over bowel movements or has a stable stoma, or may have occasional faecal incontinence.	Low
Continence care is routine but requires monitoring to minimise risks, for example those associated with urinary catheters, double incontinence and/or the management of constipation.	Moderate
Continence care is problematic and requires timely and skilled intervention.	High

1. Circle the assessed level above.
2. Describe the actual needs of the individual providing the evidence why that level has been chosen, including the frequency and intensity of need, unpredictability, deterioration and any instability.
3. Take into account any aspect of continence care associated with behaviour in the Behaviour Domain.

8. Skin (including tissue viability): Evidence of wounds should be given by completing a wound assessment chart or tissue viability assessment. Here, a skin condition is taken to mean any condition which affects or has the potential to affect the integrity of the skin. Please note that the phrases in the descriptors are taken from the Stirling descriptors/NICE.

Description	Level of Need
No evidence of pressure damage or skin condition.	No Needs
Evidence of pressure damage; and/or pressure ulcer(s) either with "discolouration of intact skin" or with "partial thickness skin loss involving epidermis and/or dermis"; or a minor wound. **OR** A skin condition that requires clinical reassessment less than weekly.	Low
Pressure damage or open wound(s), pressure ulcer(s) either with "partial thickness skin loss involving epidermis and/or dermis", or "full thickness skin loss involving damage or necrosis to subcutaneous tissue, but not extending to underlying bone, tendon or joint capsule", which is/are responding to treatment. **OR** A skin condition which requires a minimum of weekly reassessment and which is responding to treatment. **OR** High risk of skin breakdown which requires preventative intervention several times each day, without which skin integrity would break down.	Moderate
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.	High
Open wound(s), pressure ulcer(s) with "full thickness skin loss with extensive destruction and tissue necrosis extending to underlying bone, tendon or joint capsule" or above. **OR** Multiple wounds which are not responding to treatment.	Severe

1. Circle the assessed level above.
2. Describe the actual needs of the individual providing the evidence why that level has been chosen, including the frequency and intensity of need, unpredictability, deterioration and any instability.

9. Breathing

Description	Level of Need
Normal breathing, no issues with shortness of breath.	No Needs
Shortness of breath which may require the use of inhalers or a nebuliser and has no impact on daily living activities.	Low
Episodes of breathlessness which do not respond to management and limit some daily activities. **OR** Requires any of the following: - low level oxygen therapy (24%). - room air ventilators via a facial or nasal mask. - other therapeutic appliances to maintain airflow.	Moderate
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.	High
Difficulty in breathing, even through a tracheotomy, which requires suction to maintain airway. **OR** Demonstrates severe breathing difficulties at rest, in spite of maximum medical therapy.	Severe
Unable to breathe independently, requires invasive mechanical ventilation.	**Priority**

1. Circle the assessed level above.
2. Describe below the actual needs of the individual providing the evidence why that level has been chosen, including the frequency and intensity of need, unpredictability, deterioration and any instability.

10. Drug Therapies and Medication: Symptom Control - The individual's experience of how their pain and other symptoms (where these symptoms are not accounted for in other domains such as the Altered States of Consciousness and Psychological and Emotional Domains) are managed and the intensity of those symptoms is an important factor in determining the level of need in this area. Where this affects other aspects of their life, please refer to the other domains especially the psychological and emotional domain. The location of care will influence who gives the medication. In determining the level of need, it is the knowledge and skill required to manage the clinical need that is the determining factor. In some situations, an individual or their carer will be managing their own medication and this can require a high level of skill.

Description	Level of Need
Symptoms are managed effectively and without any problems, and medication is not resulting in any unmanageable side effects.	No Needs
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 concordance with medication regime. **OR** 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.	Low
Requires the administration of medication due to: • Non-concordance or non-compliance, • Type of medication (for example insulin), or • Route of medication (for example PEG, liquid medication). **OR** - 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.	Moderate
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.	High
Requires administration of medication regime by a registered nurse or care worker specifically trained for this task, and monitoring because of fluctuation of the medical condition or mental state, that is usually problematic to manage. **OR** - severe recurrent or constant pain which is not responding to treatment **OR** - Risk of non-concordance with medication, placing them at severe risk of relapse.	Severe
Has a drug regime that requires daily monitoring by a registered nurse to ensure effective symptom and pain management associated with a rapidly changing and/or deteriorating condition. **OR - Unremitting and overwhelming pain despite all efforts to control pain effectively.**	**Priority**
1. Circle the assessed level above. **2. Describe below the actual needs of the individual and provide the evidence why that level has been chosen, including the frequency and intensity of need, unpredictability, deterioration and any instability.** **3. Note any overlap with e.g. the Behaviour and ASC Domains to avoid double scoring.**	

11. Altered States of Consciousness (ASC)

Description	Level of Need
No evidence of altered states of consciousness (ASC).	No Needs
History of ASC but effectively managed and is at a low risk.	Low
Occasional episodes of unconsciousness that require the supervision of a carer or care worker to minimise the risk of harm.	Moderate
ASC that require skilled intervention to reduce the risk of harm.	High
Coma. **OR** **ASC that occur on most days, do not respond to preventative treatment, and result in a severe risk of harm.**	**Priority**

1. Circle the assessed level above.
2. Describe below the actual needs of the individual providing the evidence why that level has been chosen (referring to appropriate risk assessments), including the frequency and intensity of need, unpredictability, deterioration and any instability.

Decision-Support Tool for NHS Continuing Healthcare
Section 2: Care domains

Please refer to the user notes.

Other significant care needs to be taken into consideration.
There may be circumstances, on a case-by-case basis, where an individual may have particular needs which do not fall into the care domains described above. If explanatory notes added at the end of the domains are not sufficient to document all needs, it is the responsibility of the assessors to determine and record the extent and type of this need here. The severity of this need and its impact on the individual need to be weighted, in the judgement of the assessors, in a similar way to the other domains. This judgement should be based on the risks associated with the need and the skill needed to manage the need. This weighting also needs to be used in the final decision.

Assessed Levels of Need

Care Domain	P	S	H	M	L	N
Behaviour						
Cognition						
Psychological Needs						
Communication						
Mobility						
Nutrition – Food & Drink						
Continence						
Skin (including tissue viability)						
Breathing						
Drug Therapies & Medication						
Altered States of Consciousness						
Other significant care need (see box above)						
Totals						

Individual's assessment of their care needs
This may be the main carer or advocate's summary where appropriate. Please note whether the individual, main carer or advocate was present during the MDT assessment of eligibility or if they were not invited or declined to attend, and whether they have seen and agreed to the content of the completed DST.

Summary of needs by the multidisciplinary team filling in the DST ("pen portrait")

Decision-Support Tool for NHS Continuing Healthcare
Section 3: Recommendations

Please refer to the user notes.

Recommendation of the multidisciplinary team filling in the DST on eligibility for NHS Continuing Health Care.

ELIGIBLE FOR NHS CONTINUING HEALTH CARE YES / NO

Names & signature of the team	**Date**

Decision-Support Tool for NHS Continuing Healthcare
Section 3: Recommendations

Please refer to the user notes.

Where recommendation is **NOT** for eligibility for NHS Continuing Healthcare, please indicate below the need for registered nursing care (COMPLETE ONLY IF A NURSING HOME IS INDICATED)

***Delete Registered Nursing Care Needs as appropriate**
***Complete Risk Factors as appropriate**

Care Domains	Registered Nursing Care Needs
Behaviour	Monitoring of behaviour to assess need for therapeutic intervention and close observation. Working together with care assistants to devise a management programme for wandersome/aggressive behaviour. Development of behavioural programme to address challenging behaviour. Management of temperamental behaviour to include coping strategies.
Risk Factor	
Cognition	Maintenance of safe environment by identifying and addressing risk. Assist team in developing programme for social stimulation. Monitoring and recording fluctuation of mental state. Maintaining regular reorientation and psychological support.
Risk Factor	
Psychological and Emotional Needs	Monitoring of mood and conversation to assess need for therapeutic intervention and close observation. Monitoring of mood and need for anti-depressant therapy. Assist team in developing programme for social stimulation.
Risk Factor	
Communication	Assist patient to express feelings and needs through non-verbal/impeded communication.
Risk Factor	
Mobility	Ensure safe transfer and regular review and manual handling risks. Monitoring of mobility/falls prevention planning.
Risk Factor	
Nutrition – Food & Drink	Monitoring of fluid and dietary intake. Monitoring of weight. Encouragement and assistance when necessary to maintain dietary and fluid intake. Management of PEG feed. Supervision of carers whilst feeding in order to maintain nutritional status.
Risk Factor	Assessment of swallowing reflex due to risk of choking
Continence	Management/development of an appropriate continence programme. Administration of enema/suppositories or prescribed laxatives to maintain bowel function. Manual Evacuation Catheter management programme.
Risk Factor	

Decision-Support Tool for NHS Continuing Healthcare
Section 3: Recommendations

Please refer to the user notes.

Care Domains	Registered Nursing Care Needs
Skin	Regular review of skin integrity, and pressure sore risk due to high waterlow score. Wound care management and treatment as required. Assess need for pressure relieving equipment. Daily redressing to wound – indicate wound, type of wound, etc. Treatment of pressure sore – indicate grade site, etc.
Risk Factor	
Breathing	Monitoring of breathlessness and need for medication Monitoring of breathlessness and need for O_2 therapy. Measurement and recording of peak flow.
Risk Factor	
Drug Therapies & Medication	Administration of medication in the management of physical health and monitoring for effectiveness and side effects. Administration of medication in the management of mental health and monitoring for effectiveness and side effects. Monitoring of pain control and effect of analgesia. Monitoring of drug levels for e.g. warfarin, carbenmazepine, phenytoin, and lithium. Regular review of BM readings, observation of diabetic state. Daily monitoring of pulse if on regular digoxin. Administration of medication and close monitoring of effect on sleep pattern and behaviour.
Risk Factor	
Altered States of Consciousness	Observation and recording type/length duration of fit. Maintaining safety/dignity of patient during fit.
Risk Factor	
Summary of Needs & Recommendation	
ELIGIBLE FOR NHS FUNDED NURSING CARE YES / NO	
Name of Nurse completing the above …….. Date …….....	

User Notes

Key Principles

1. This Decision Support Tool should support you in the application of the National Framework and inform consistent decision-making in line with the primary health need approach.

2. Please use the tool in conjunction with the guidance on the National Framework. You should ensure you are familiar with the guidance before beginning to use the tool. An individual will be eligible for NHS Continuing Healthcare where it can be said that their '*primary need is a health need'*. The decision as to whether a person has a primary health need takes into account the legal limits of Local Authority provision. Using the Decision Support Tool correctly should ensure that all needs and circumstances that might affect an individual's eligibility are taken into account in making this decision.

3. The aim is that the tool should be used following a comprehensive multidisciplinary team (MDT) assessment of an individual's care needs, as a way of bringing together and recording the various needs in a single, practical format, to facilitate logical and consistent decision-making.

4. Although the tool supports the process of determining eligibility, and ensures consistent and comprehensive consideration of an individual's needs, it cannot directly determine eligibility. Professional judgement will be necessary in all cases to ensure that the individual's overall level of need is correctly determined and the appropriate decision made.

Process

5. An individual (in many areas this is the "Care Coordinator") should be identified to co-ordinate the assessment and liaise with the multi-disciplinary team (MDT) to complete the Decision Support Tool and match, as far as possible, the extent and type of the individual's need with the description that most closely relates to their specific needs. This approach should build up a detailed analysis of needs and provide the evidence to inform the decision regarding eligibility.

6. Consent should be obtained from the individual being assessed: guidance in relation to persons who lack capacity to consent can be found in the National Framework guidance. This should include whether the person is happy for other family members or individuals to be involved.

7. Robust data sharing protocols, both within an organisation and between organisations, will help to ensure that confidentiality is respected but that all necessary information is available to complete the tool.

8. The tool provides practitioners with a needs-led approach by portraying need based on eleven 'care domains'. The tool is in three sections:

- Section 1 – Personal information.
- Section 2 – Care domains
- Section 3 – Recommendations.

All sections, need to be filled in. The care domains should also all be completed, but in any order. If the whole tool is not completed on a single date, each section should be signed and dated.

9. Each domain is sub-divided into statements of need representing no needs, low, moderate, high, severe or priority levels of need, depending on the domain (refer Figure 1).

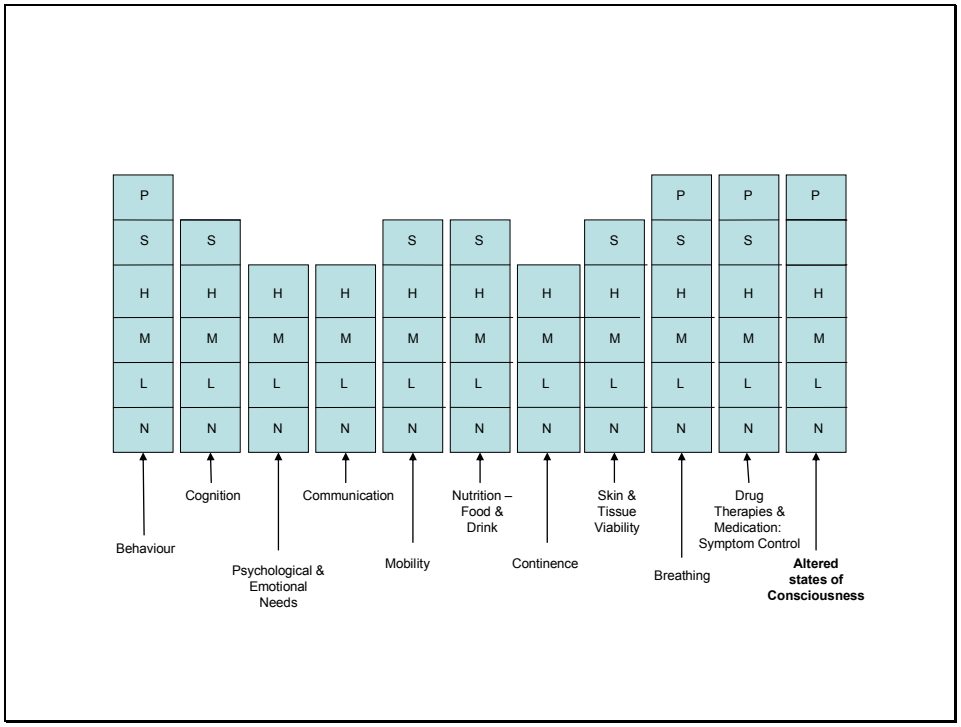

Figure 1: How the different care domains are divided into levels of need.

10. The descriptions in the tool are examples of the types of need that may be observed, and may not always adequately describe every individual's circumstances. In this situation, you should determine and record the extent and type of this need in the space provided at the end of each domain. If there is difficulty in placing the individual's needs in one or other of the levels, you should make every effort to find evidence and rationale to support placement in one of those levels. If, even after considering all the relevant information, it proves difficult to justify one or other, you should choose the higher of the levels under consideration and note the problem: please do not score an individual as being between domains.

11. Assessors need to consider how different but inter-related needs across more than one domain can complicate the individual's overall care needs. An example of different needs, that should be considered separately in different domains but which may interact across domains are those in the skin integrity and continence domains.

12. Take care to avoid duplication between the care domains. For example, if an individual is wandering and posing a risk to themselves or other, this should be considered within the behavioural domain and not duplicated in mobility.

13. The levels are relative to each other and to the other domains: some domains include needs that are so great that they could reach the 'priority' level, but others do not. This is because the needs in some care domains are considered never to reach a level at which they on their own should trigger eligibility, rather they would form part of a set of needs which could define a primary health need

14. At the end of each domain, there is space to justify why a particular level is appropriate, based on the available evidence about the assessed needs. It is important to describe the needs in measurable terms using clinical expertise, and supported with the results from appropriate and validated assessment tools where relevant. We know that, around the country, particular types of needs are assessed using different tools: in order to avoid practitioners having to change from tools they know well, we do not prescribe the best assessments to use. However, regard should be given to other existing and emerging policies in each area, for example NICE guidance.

15. There may be circumstances, on a case-by-case basis, where an individual may have particular needs which are not easily categorised by the care domains described here. In this situation, it is the responsibility of the assessors to determine and record the extent and type of this need in the "additional" domain provided on page 19 of this document, and take that need into account when deciding whether a person has a primary health need.

Establishing a Primary Health Need

16. At the end of the Decision Support tool, there is a summary sheet to provide an overview of the levels chosen and a summary of the person's needs, along with the MDT's recommendation about eligibility or ineligibility. A clear recommendation of eligibility to NHS Continuing Healthcare would be expected in each of the following cases:
    - A level of **priority** needs in any one of the four domains that carry this level.
    - A total of two or more incidences of identified **severe** needs across all care domains.

17. If there is:
    - one domain recorded as severe, together with needs in a number of other domains, or
    - a number of domains with high and/or moderate needs,

    this can also indicate a primary health need. In these cases, the overall need, the interactions between needs in different care domains, and the evidence from risk assessments, should be taken into account in deciding whether a recommendation of eligibility for NHS Continuing Healthcare should be made. It is not possible to equate a number of incidences of one level with a number of incidences of another level, for example 'two moderates equals one high'.

18. If needs in all domains are recorded as "**low**" or "**no need**", this would indicate ineligibility. However, because low needs can add to the overall picture, influence the continuity of care necessary, and alter the impact that other needs have on the individual, all domains should be completed.

Glossary

Assessment
A process whereby the needs of an individual are identified and their impact on daily living and quality of life is evaluated.

Capacity
The ability to make a decision about a particular matter at the time the decision needs to be made. The legal definition of a person who lacks capacity is set out in section 2 of the Mental Capacity Act:
" a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain".

Care
Support provided to individuals to enable them to live as independently as possible, including anything done to help a person live with ill health, disability, physical frailty or a learning difficulty and to participate as fully as possible in social activities. This encompasses health and social care.

Care coordinator
Here, this term means a person who coordinates the assessment and care planning process where a person needs complex and/or multiple services to support them. Care co-ordinators are usually the central point of contact with the individual. Regionally, different terms may be used to describe this role.

Care package
A combination of services designed to meet an individual's assessed needs.

Care pathway
An agreed and explicit route an individual takes through health and social care services. Agreements between the various professional involved will typically cover the type of care and treatment, which professional will be involved and their levels of skills, and where treatment or care will take place.

Care planning
A process based on an assessment of an individual's need that involves determining the level and type of support to meet those needs, and the objectives and potential outcomes that can be achieved.

Care plan
A document recording the reason why services are being provided and the outcome that they are seeking to achieve.

Care worker
Carer Workers provide paid support to help people manage the day to day business of living. Support may be of a practical, social care nature or to meet a persons healthcare needs.

Carer
Carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid.

Cognition
The higher mental processes of the brain and the mind, including memory, thinking, judgement, calculation, visual spatial skills and so on.

Cognitive impairment
Cognitive impairment applies to disturbances of any of the higher mental processes, many of which can be measured by suitable psychological tests. Cognitive impairment, especially memory impairment, is the hallmark and often the earliest feature of dementia.

Compliance
The extent to which a patient takes, or does not take, medicines as prescribed.

Concordance
An agreement between a patient and a health professional regarding the provision of care. Concordance and compliance are frequently used interchangeably.

Contracture
Abnormal, usually permanent, condition of joint flexion and fixation caused by atrophy and shortening of muscle fibres or loss of normal elasticity of skin causing muscle contraction

Mental disorder
Mental disorder is defined in the 1983 Mental Health Act as 'mental illness, arrested or incomplete development of mind, psychopathic disorder and any other disorder or disability of mind'. The Act does not define mental illness, which is a matter for clinical judgement.

Multidisciplinary
Multidisciplinary refers to when professionals from different disciplines - such as social work, nursing, occupational therapy, work together.

Multidisciplinary assessment
Multidisciplinary assessment is an assessment of an individual's needs that has actively involved professionals from different disciplines in collecting and evaluating assessment information.

Multidisciplinary team
A team of at least two professionals, usually from both health and social care backgrounds. It does not refer only to a multidisciplinary team on an acute ward.

Pressure related injury
Area of damage to the skin or underlying tissue which has occurred as a result of prolonged pressure to that area.

Pressure ulcer
Also known as decubitis ulcer or bed sore. Area of local damage to the skin and underlying tissue due to a combination of pressure, sheer and friction.

Registered Nurse
A nurse registered with the Nursing and Midwifery Council. Within the UK all nurses, midwives and specialist community public health nurses must be registered with the Nursing and Midwifery council and renew their registration every three years to be able to practice.

Rehabilitation
A programme of therapy and re-enablement designed to restore independence and reduce disability.

Social care
Social care refers to the wide range of services designed to support people to maintain their independence, enable them to play a fuller part in society, protect them in vulnerable situations and manage complex relationships ("Our health, our care, our say: a new direction for community services", paragraph 1.29). It is provided by statutory and independent organisations and can be commissioned by a LA's Social Services Department on a means-tested basis, in a variety of settings.

Social services
Social services are provided by 150 local authorities in England through their Social Services Department. Individually and in partnership with other agencies they provide a wide range of care and support for people who are deemed to be in need.

Social worker
Social workers are professionally qualified staff who assess the needs of service users and plan the individual packages of care that support them.

Spasm
A sudden, involuntary contraction of a muscle, a group of muscles, or a hollow organ, or a similarly sudden contraction of an orifice. A spasm is usually accompanied by a sudden burst of pain.

Specialist assessment
An assessment undertaken by a clinician or other professional who specialises in a branch of medicine or care for example stroke, cardiac care, bereavement counselling.