



Telford & Wrekin
COUNCIL



Telford and Wrekin
Clinical Commissioning Group

NHS Continuing Healthcare Needs Checklist & NHS Funded Nursing Care Assessment

Date of completion of Checklist/Assessment _____

Name :

D.O.B.

NHS number:

GP :

Permanent address and Phone Number Current location (e.g. name o hospital ward etc)

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Past medical History

Current Health issues

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Gender _____

Does the person have communication needs Yes No please provide details separately

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 Yes/No 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).

Please explain to the individual how their personal information will be shared with the different organisations involved in their care, and did they consent to this information sharing? Yes/No (please delete as appropriate)

Under the terms of the 2005 Mental Capacity Act (1), a person must be assumed to have capacity unless it is established that they lack capacity

**a) Person has capacity:
(NB- If a person has capacity, only they can consent)** ✓

The purpose and process of screening and assessing eligibility for NHS continuing healthcare has been explained to me **PLEASE TICK THIS BOX IF YOU AGREE** 

I understand the process will involve the sharing of my health and social care information across the integrated multi-disciplinary health and social care teams that are involved in the assessment process. This will also include providers of my care where applicable.

I understand that this consent will remain valid until the conclusion of the assessment process and a final decision made and accepted by the Clinical Commissioning Group. I also understand my information may be used for auditing and learning outcomes (whether external as per the Multi Agency Case File Audit or internally by the CCG and the CCG's auditors)

(If applicable) I do not want information shared with (please specify who).....

I understand I can withdraw consent at any time

Date withdrawn Signature

I would like the following person / representative involved in the assessment:

Name:	Relationship:	Contact No:
Signature of patient:		Date:

b) Where person has capacity but can only give verbal consent, this must be witnessed by 2 people:

Witnessed by	Signature:	Designation/relationship:	Date:

If person does not have capacity, proceed to next page

c) Patient does not have capacity – best interest’s route

Does the patient have a LPA for Health and Welfare or Deputy(registered with the Court of Protection) Y/N
 If Yes, only the LPA can give consent to the assessment process
 If No, move to best interest checklist below which can be completed by 2 Professionals

Copy of LPA seen (Copy to be attached to form, if not available consult with the Court of Protection)

Signature of LPA: _____ Date: _____
 Print Name : _____

Best interests checklist	Yes	No
I have done whatever is possible to permit and encourage the person to take part		
I have tried to identify all the things that the person would take into account if they were making the decision or acting for themselves		
I have tried to find out the views of the person who lacks capacity, including: Past and present wishes and feelings, any beliefs and values (e.g. religious, cultural, moral or political), any other factors the person themselves would be likely to consider if they were making the decision or acting for themselves.		
I confirm I have not made assumptions about their best interests on the basis of the person’s age, appearance, condition or behaviour		
I have considered whether the person is likely to regain capacity (e.g. after receiving medical treatment)		
If so, can the decision wait until then? If yes wait until capacity is regained		
I have avoided restricting the person’s rights		
If it is practical and appropriate to do so, consult other people for their views about the person’s best interests and to see if they have any information about the person’s wishes and feelings, beliefs and values. This may include: -anyone engaged in caring for the person -close relatives, friends or others who take an interest in the person’s welfare		
Where the patient has no one to act for them and change of living arrangements is being considered, (i.e. care home admission) referral to IMCA must be made		

Date of referral: _____ Made by: _____

People consulted: Minimum of 2 Professionals if LPA for Health and Welfare/Deputy not in place/registered

Name: _____	Designation: _____	Name: _____	Designation: _____
Name: _____	Designation: _____	Name: _____	Designation: _____

Taking all of this into account, we confirm proceeding with the assessment is in the best interests of: (name of patient)_____

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 109-117 of the National Framework for how NHS Continuing Healthcare may interact with hospital discharge.
- c) It has been agreed by the CCG 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.

NHS Continuing Healthcare Checklist

	C	B	A
Breathing*	<p>Normal breathing, no issues with shortness of breath.</p> <p>OR</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>OR</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>OR</p> <p>Episodes of breathlessness that do not consistently respond to management and limit some daily activities.</p> <p>OR</p> <p>Requires any of the following:</p> <ul style="list-style-type: none"> - low level oxygen therapy (24%); - room air ventilators via a facial or nasal mask; <p>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.</p>	<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>Breathlessness due to a condition which is not responding to therapeutic treatment and limits all daily living activities.</p> <p>OR</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>

NHS Continuing Healthcare Checklist

<p>Prompt questions have been added to help provide a Brief description of need and source of evidence to support the chosen level</p>	<p>Does the person have needs in relation to this domain?</p> <p>Details of needs in relation to this domain</p> <p>Details of any ventilators, inhalers, or specialist equipment</p> <p>Details of any specialist involved and any advice given</p> <p>How do breathing symptoms impact on day to day activities</p> <p>Details of medications to manage symptoms – effectiveness of medications</p>	<p>Write A, B or C below:</p> <div data-bbox="1935 279 2051 389" style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto;"></div>
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	C	B	A
Nutrition	<p>Able to take adequate food and drink by mouth to meet all nutritional requirements.</p> <p>OR</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>OR</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>OR</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>OR</p> <p>Subcutaneous fluids that are managed by the individual or specifically trained carers or care workers.</p> <p>OR</p> <p>Nutritional status 'at risk' and may be associated with unintended, significant weight loss.</p> <p>OR</p> <p>Significant weight loss or gain due to an identified eating disorder.</p> <p>OR</p> <p>Problems relating to a feeding device (e.g. PEG) that require skilled assessment and review.</p>
<p>Prompt questions have been added to help provide a Brief description of need and source of evidence to support the chosen level</p>	<p>Are there any special (health related) special dietary requirements.</p> <p>Is the person able to eat independently, or with assistance and do they take a long time to eat a meal?</p> <p>Evidence of any changes in weight/BMI reasons for any changes in weight – eg lifestyle change/diet change</p> <p>Malnutrition Universal Screening Tool (MUST) score if known</p> <p>Is a specialist involved</p> <p>What advice has been given by a specialist</p> <p>What skilled interventions are required</p> <p>Is PEG in use – who provides the care</p>		<p>Write A, B or C below:</p> <div style="border: 2px solid black; width: 50px; height: 50px; margin: 10px auto;"></div>

NHS Continuing Healthcare Checklist

<p>Continence</p>	<p>Continent of urine and faeces.</p> <p>OR</p> <p>Continence care is routine on a day-to-day basis.</p> <p>OR</p> <p>Incontinence of urine managed through, for example, medication, regular toileting, use of penile sheaths, etc.</p> <p>AND</p> <p>Is able to maintain full control over bowel movements or has a stable stoma, or may have occasional faecal incontinence/constipation.</p>	<p>Continence 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>Continence 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>
<p>Prompt questions have been added to help provide a Brief description of need and source of evidence to support the chosen level</p>	<p>Does the person have needs in this domain?</p> <p>Details of needs</p> <p>Details of specialist continence management</p> <ul style="list-style-type: none"> • Is there a catheter? (What type if known) • Frequency of constipation • details of any treatment for constipation • Use of medications for bladder control <p>History of UTI's – frequency/management/severity</p>	<p>Write A, B or C below:</p> <div style="border: 1px solid black; width: 50px; height: 50px; margin: 10px auto;"></div>	

NHS Continuing Healthcare Checklist

	C	B	A
Skin integrity	<p>No risk of pressure damage or skin condition.</p> <p>OR</p> <p>Risk of skin breakdown which requires preventative intervention once a day or less than daily, without which skin integrity would break down.</p> <p>OR</p> <p>Evidence of pressure damage and/or pressure ulcer(s) either with 'discolouration of intact skin' or a minor wound.</p> <p>OR</p> <p>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.</p> <p>OR</p> <p>Pressure damage or open wound(s), pressure ulcer(s) with 'partial thickness skin loss involving epidermis and/or dermis', which is responding to treatment.</p> <p>OR</p> <p>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.</p> <p>OR</p> <p>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.</p> <p>OR</p> <p>Specialist dressing regime in place which is responding to treatment.</p>
<p>Prompt questions have been added to help provide a Brief description of need and source of evidence to support the chosen level</p>	<p>Does the person have needs in relation to this domain?</p> <p>Details of risk assessment</p> <p>What are the preventative measures in place – ie repositioning (how frequent), pressure relieving equipment</p> <p>Details of wounds – ie grading of pressure sore, description of wound, wound care plan, what dressings are used, is the wound showing signs of responding to treatment</p> <p>Any specialist involvement – ie Tissue Viability Nurse –</p> <p>Any other skin condition requiring treatment</p>		<p>Write A, B or C below:</p> <div style="border: 1px solid black; width: 50px; height: 50px; margin: 10px auto;"></div>

NHS Continuing Healthcare Checklist

	C	B	A
Mobility	<p>Independently mobile.</p> <p>OR</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>OR</p> <p>Completely unable to weight bear but is able to assist or cooperate with transfers and/or repositioning.</p> <p>OR</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>OR</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>OR</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>OR</p> <p>At a high risk of falls (as evidenced in a falls history and risk assessment).</p> <p>OR</p> <p>Involuntary spasms or contractures placing the individual or others at risk.</p>
<p>Prompt questions have been added to help provide a Brief description of need and source of evidence to support the chosen level</p>	<p>Does the person have mobility issues</p> <p>Does the person use mobility aids, if so what</p> <p>Does the person require hoisting or transfer aids, if so what?</p> <p>What skill level is required</p> <p>Is the person able to weight bear, reposition themselves or able to assist with transfers?</p> <p>Is there a risk assessment – if so what tool has been used and what is the identified level of risk</p> <p>Falls risk assessment = frequency/nature of falls</p> <p>Falls monitoring chart</p> <p>Use of alarm/crash mats</p>		<p>Write A, B or C below:</p> <div style="border: 2px solid black; width: 50px; height: 50px; margin: 10px auto;"></div>

NHS Continuing Healthcare Checklist

	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>OR</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>
<p>Prompt questions have been added to help provide a Brief description of need and source of evidence to support the chosen level</p>	<p>Are there needs in this domain?</p> <p>Can the person communicate? How? Verbally/non-verbally/hand gestures/assisted technology</p> <p>Can they communicate their needs? What is the quality of their communication – is it coherent</p> <p>Can they consistently communicate</p> <p>Do they have cognitive impairment?</p> <p>How does cognitive impairment impair their communication?</p> <p>Can they communicate through non-verbal communication</p> <p>Do they use communication aids</p> <p>Do carers need to anticipate all needs due to communication difficulties</p> <p>Details of advice from Speech and Language Therapy</p>		<p>Write A, B or C below:</p> <div style="border: 1px solid black; width: 50px; height: 50px; margin: 10px auto;"></div>

	C	B	A
Psychological/ Emotional	<p>Psychological and emotional needs are not having an impact on their health and well-being.</p> <p>OR</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>OR</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>OR</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>OR</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>
<p>Prompt questions have been added to help provide a Brief description of need and source of evidence to support the chosen level</p>	<p>Does the person have a current diagnosis of depression, anxiety, hallucinations or delusions?</p> <p>Does the person have psychological needs?</p> <p>Does the person experience periods of distress?</p> <p>Are they Section 117 entitled</p> <p>Are they withdrawn due to their psychological or cognitive state?</p> <p>Are they on medication for these needs?</p> <p>Is there a risk assessment?</p> <p>What risks have been as identified in care plans?</p> <p>Is there a specialist involved (details)</p>		<p>Write A, B or C below:</p> <div data-bbox="1921 975 2040 1090" style="border: 1px solid black; width: 50px; height: 50px; margin: 10px auto;"></div>

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	C	B	A
Cognition	<p>No evidence of impairment, confusion or disorientation.</p> <p>OR</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>OR</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>
<p>Prompt questions have been added to help provide a Brief description of need and source of evidence to support the chosen level</p>	<p>Does the person have needs related to this domain?</p> <p>What are the needs, are they oriented to Time Place and Person Do they recognise family and or carers?</p> <p>What is their impairment in Short or long term memory and how does it affect them?</p> <p>Do they have a formal cognitive test such as Mini Mental State Examination (MMSE)</p> <p>Do they have a formal diagnosis relevant to cognitive issues if so what is it and when was it given</p> <p>And by whom?</p> <p>Is there a DOL in place</p> <p>What is the persons level of understanding regarding risk</p>		<p>Write A, B or C below:</p> <div style="border: 2px solid black; width: 50px; height: 50px; margin: 10px auto;"></div>

	C	B	A
Behaviour*	<p>No evidence of 'challenging' behaviour.</p> <p>OR</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>
<p>Prompt questions have been added to help provide a Brief description of need and source of evidence to support the chosen level</p>	<p>Are there any behavioural problems:</p> <p>Describe the behaviours:</p> <p>What problem do they pose:</p> <p>How frequently does the behaviour occur (evidence from incident forms, daily records and behaviour management plans)</p> <p>How frequent is the behaviour:</p> <ul style="list-style-type: none"> • How is the behaviour managed: • Is there any specialist involvement – ie psychiatrist <p>What level of risk is identified:</p> <p>What would happen if the behaviour was not managed</p> <p>Include copies of: Risk assessment , Behavioural charts, Use of prn/rescue medication – frequency of use</p>		<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
Drug therapies and medication: symptom control*	<p>Symptoms are managed effectively and without any problems, and medication is not resulting in any unmanageable side-effects.</p> <p>OR</p> <p>Requires supervision/administration of and/or prompting with medication but shows compliance with medication regime.</p> <p>OR</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"> – non-compliance, or – type of medication (for example insulin); or – route of medication (for example PEG). <p>OR</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>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>
<p>Prompt questions have been added to help provide a Brief description of need and source of evidence to support the chosen level</p>	<p>Details of medication</p> <p>Can the person self-medicate?</p> <p>Does the medication / route of medication administration require some training (eg PEG or insulin injections) but can then be administered routinely in accordance with Medication Administration Charts/prescription</p> <p>Does the medication need to be administered by a registered nurse or carer specially trained due to the complexity of the route or other factors (not relating to a registered requirement of a provider)</p> <p>Who administers the medication</p> <p>Is the client compliant with the regime</p> <p>Any issues with pain –what is the nature of the pain/ what medication is used and details</p>		<p>Write A, B or C below:</p> <div style="border: 1px solid black; width: 50px; height: 50px; margin: 10px auto;"></div>

	C	B	A
Altered states of consciousness*	<p>No evidence of altered states of consciousness (ASC).</p> <p>OR</p> <p>History of ASC but effectively managed and there is a low risk of harm.</p>	<p>Occasional (monthly or less frequently) episodes of ASC that require the supervision of a carer or care worker to minimise the risk of harm.</p>	<p>Frequent episodes of ASC that require the supervision of a carer or care worker to minimise the risk of harm.</p> <p>OR</p> <p>Occasional ASCs that require skilled intervention to reduce the risk of harm.</p>
<p>Prompt questions have been added to help provide a Brief description of need and source of evidence to support the chosen level</p>	<p>Does the person have needs in relation to this domain?</p> <p>Details</p> <p>Include seizure charts or care records</p> <p>Is PRN medication required frequency of use and under what protocol</p> <ul style="list-style-type: none"> • History of stroke would be included in C • What routine medication is given <p>Frequency of hospital admissions (due to seizures)</p>		<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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Total from all pages	Total number of C's <input data-bbox="421 245 546 363" type="text"/>	Total number of B's <input data-bbox="1043 245 1169 363" type="text"/>	Total number of A's <input data-bbox="1767 245 1892 363" type="text"/>
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Practitioners should compare the domain descriptors to the needs of the individual and select level A, B or C, as appropriate, choosing whichever most closely matches the individual. If the needs of the individual are the same or greater than anything in the A column, then 'A' should be selected. Practitioners should briefly summarise the individual's needs which support the level chosen, recording references to evidence as appropriate.

A full assessment for NHS Continuing Healthcare is required if there are:

- two or more domains selected in column A;
- five or more domains selected in column B, or one selected in A and four in B; or
- One domain selected in column A in one of the boxes marked with an asterisk (i.e. those domains that carry a priority level in the Decision Support Tool), with any number of selections in the other two columns.

Please highlight the outcome indicated by the Checklist:

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

Rationale for decision

Please send this completed Checklist to the CCG 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)

About the person being considered – equality monitoring

Please provide us with some information about the person being considered. This will help us to understand whether people are receiving fair and equal access to NHS continuing healthcare. All the information you provide will be kept completely confidential by the Clinical Commissioning Group. No identifiable information about you will be passed on to any other bodies, members of the public or press.

1 What is your sex?

Tick one box only.

- Male
- Female
- In another way
- 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+
- Prefer not to answer

3 Do you have a disability as defined by the Disability Discrimination Act (DDA)?

Tick one box only.

The Disability Discrimination Act (DDA) 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.

- Yes
- No
- Prefer not to answer

4 What is your ethnic group?

Tick one box only.

A White

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other White background, write below

B Mixed

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

C Asian, or Asian British

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

D Black, or Black British

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

E Other ethnic group

- Arab
- Any other ethnic group, write below

- Prefer not to answer

5 What is your religion or belief?
Tick one box only.

Christian includes Church of England/Wales/
Scotland, Catholic, Protestant and
all other Christian denominations.

- None
- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Prefer not to answer

Any other religion, write below

6 Which of the following best describes your
sexual orientation?

Tick one box only.

- Heterosexual or Straight
- Gay or Lesbian
- Bisexual
- Prefer not to answer

Other, write below