

NHS Continuing Healthcare Needs Checklist

Date of completion of Checklist **17/12/2025**

Name

Mrs X

D.O.B.

21/03/1945

NHS number and GP/Practice:

123-456-789

Dr Doctor, The GP Surgery, County, UK

Permanent address and telephone number

Current location (if different from permanent address)

The Care Home
Example Avenue
UK

01234 123 456

Gender **Female**

Please ensure that the equality monitoring form at the end of the Checklist is completed

Was the individual involved in the completion of the Checklist? Yes/No (please delete as appropriate)

Was the individual offered the opportunity to have a representative such as a family member or other advocate present when the Checklist was completed? Yes/No (please delete as appropriate)

If yes, did the representative attend the completion of the Checklist? Yes/No (please delete as appropriate)

Please give the contact details of the representative (name, address and telephone number).

Mr X
Patient's son and LPA

123 Template Road
UK
07745 632 147

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

Continued overleaf

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

When not to screen

There will be many situations where it is not necessary to complete the Checklist.

Practitioners should review the statements below on when it may not be appropriate to screen for NHS Continuing Healthcare before they start the process of completing the Checklist.

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

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

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

Name of individual		Date of completion	
	C	B	A
Breathing*	Normal breathing, no issues with shortness of breath. OR Shortness of breath or a condition, which may require the use of inhalers or a nebuliser and has no impact on daily living activities. OR Episodes of breathlessness that readily respond to management and have no impact on daily living activities.	Shortness of breath or a condition, which may require the use of inhalers or a nebuliser and limit some daily living activities. OR Episodes of breathlessness that do not consistently 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 where individual can still spontaneously breathe e.g. CPAP (Continuous Positive Airways Pressure) to manage obstructive apnoea during sleep.	Is able to breathe independently through a tracheotomy that they can manage themselves, or with the support of carers or care workers. OR Breathlessness due to a condition which is not responding to therapeutic treatment and limits all daily living activities. OR 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)
Brief description of need and source of evidence to support the chosen level	Mrs X does not have any respiratory diagnoses or conditions. She does not experience breathlessness or difficulty in breathing. She is not prescribed any inhalants or other medications to aid breathing.		Write A, B or C below: C
Name of individual Mrs X		Date of completion 17/12/2025	

	C	B	A
Nutrition – Food and Drink	Able to take adequate food and drink by mouth to meet all nutritional requirements. OR Needs supervision, prompting with meals, or may need feeding and/or a special diet (for example to manage food intolerances/allergies). OR Able to take food and drink by mouth but requires additional/supplementary feeding.	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 PEG.	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 Significant weight loss or gain due to an identified eating disorder. OR Problems relating to a feeding device (e.g. PEG) that require skilled assessment and review.
Brief description of need and source of evidence to support the chosen level	Mrs X has a diagnosis of dysphagia and is prescribed a modified diet as recommended by the Speech & Language Team. She requires Level 4 diet (puree) and level 1 fluids (slightly thick). She is unable to feed herself and requires 1:1 assistance with all intake. Staff feed her using a teaspoon, following SALT guidance to mitigate the risk of choking and aspiration. She takes her fluids through a straw. Mrs X no longer recognises food, needing skilled input to ensure adequate intake. Meals usually take between 30 and 40 minutes; food may need to be reheated. Mrs X has been losing weight recently; although her BMI is within the healthy range, her MUST score is 1, indicating a medium risk of malnutrition. Staff keep a food and fluid diary and will refer to dietetics if weight continues to decline.		Write A, B or C below: A

Name of individual Mrs X		Date of completion 17/12/2025	
	C	B	A
Continence	Continent of urine and faeces. OR Continence care is routine on a day-to-day basis. OR 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/constipation.	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.	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).
Brief description of need and source of evidence to support the chosen level	Mrs X is doubly incontinent and has no awareness of her toileting needs. She wears pads 24/7 and is reliant on the staff to change these at regular intervals, ensuring good hygiene and comfort. Mrs X opens her bowels regularly and generally does not require aperients; she has Laxido prescribed as needed. Staff monitor her bowels and anticipate her need for medication. Mrs X has not suffered any recent urinary tract infections.		Write A, B or C below: B

Name of individual Mrs X		Date of completion 17/12/2025	
	C	B	A
Skin and tissue viability	No risk of pressure damage or skin condition. OR Risk of skin breakdown which requires preventative intervention once a day or less than daily, without which skin integrity would break down. OR Evidence of pressure damage and/or pressure ulcer(s) either with 'discolouration of intact skin' or a minor wound. OR A skin condition that requires monitoring or reassessment less than daily and that is responding to treatment or does not currently require treatment.	Risk of skin breakdown which requires preventative intervention several times each day, without which skin integrity would break down. OR Pressure damage or open wound(s), pressure ulcer(s) with 'partial thickness skin loss involving epidermis and/or dermis', which is responding to treatment. OR An identified skin condition that requires a minimum of daily treatment, or daily monitoring/reassessment to ensure that it is responding to treatment	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. OR 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. OR Specialist dressing regime in place which is responding to treatment.
Brief description of need and source of evidence to support the chosen level	Mrs X is at high risk of skin breakdown with a Waterlow score of 18. She has no insight into these risks and relies on staff to provide regular pressure area care, including positional changes every 2-3 hours, application of barrier and emollient creams, body mapping and prompt hygiene care. Mrs X has a grade 1 pressure injury to her sacrum which staff first noticed 4 days ago. While the area does not currently require dressing, staff have increased the frequency of repositioning and monitor the area closely; Proshield is applied at each personal hygiene intervention. Staff report an improvement with these measures in place. Mrs X's lower legs are contracted; she wears Repose boots and staff keep her heels elevated,		Write A, B or C below: B

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Mobility	Independently mobile. OR Able to weight bear but needs some assistance and/or requires mobility equipment for daily living.	Not able to consistently weight bear. OR Completely unable to weight bear but is able to assist or cooperate with transfers and/or repositioning. OR In one position (bed or chair) for majority of the time but is able to cooperate and assist carers or care workers. OR At moderate risk of falls (as evidenced in a falls history or risk assessment)	Completely unable to weight bear and is unable to assist or cooperate with transfers and/or repositioning. OR 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 (as evidenced in a falls history and risk assessment). OR Involuntary spasms or contractures placing the individual or others at risk.
Brief description of need and source of evidence to support the chosen level	Mrs X is unable to weight bear; she requires a full hoist with sling and assistance of two staff to transfer and slide sheets for repositioning. Due to the pressure injury to her sacrum, Mrs X is currently being nursed in bed usually sits out in her recliner chair for a few hours each afternoon. Her lower limbs are contracted which can cause discomfort and requires staff to take extra care during moving & handling. She takes paracetamol four times daily which appears to be effective. Mrs X is reliant on the staff to alter her position every 2-3hours while her sacrum heals, and to offload her heels. Mrs X does not resist moving & handling procedures although she is unable to assist or cooperate due to lack of understanding.		
	Write A, B or C below: A		

Name of individual Mrs X		Date of completion 17/12/2025	
	C	B	A
Communication	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. OR 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.	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.	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.
Brief description of need and source of evidence to support the chosen level	Mrs A no longer verbalises and her non-verbal cues are unreliable. She has a mask-like face and generally does not respond when spoken to. Mrs X cannot use the call bell and does not call out for assistance. Mrs X is severely cognitively impaired and has no insight into her most basic needs. She does not indicate when her pad is soiled, and does not ask for food or drinks. She cannot communicate pain and relies on staff to identify her need for additional pain relief using the Abbey pain scale. Staff anticipate and meet all her needs in her best interests.		Write A, B or C below: A

Name of individual Mrs X		Date of completion 17/12/2025	
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Psychological and emotional needs	Psychological and emotional needs are not having an impact on their health and well-being. OR 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. OR Requires prompts to motivate self towards activity and to engage them in care planning, support and/or daily activities.	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. OR 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.	Mood disturbance, hallucinations or anxiety symptoms or periods of distress that have a severe impact on the individual's health and/or well-being. OR 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.
Brief description of need and source of evidence to support the chosen level	Mrs X is generally calm and settled. She does not display any symptoms of anxiety, distress or low mood. She sleeps well most nights and if she does wake she does not appear to be distressed or anxious. Mrs X shows little recognition of her surroundings and does not really interact with the staff. She is on bed rest currently while her sacrum heals but will usually sit out in her recliner in the communal lounge for a few hours each afternoon. She can no longer participate in activities owing to the degree of her cognitive impairment but she seems to enjoy 1:1 with staff. Mrs X does not require any input from the mental health team and is not prescribed any psychotropic medications.		Write A, B or C below: C

Name of individual Mrs X		Date of completion 17/12/2025	
	C	B	A
Cognition	No evidence of impairment, confusion or disorientation. OR 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. OR Occasional difficulty with memory and decisions/choices requiring support, prompting or assistance. However, the individual has insight into their impairment.	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. 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.	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. 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.
Brief description of need and source of evidence to support the chosen level	Mrs X has Alzheimer's dementia, diagnosed in 2015. She is now severely cognitively impaired and has no insight into her needs or limitations. She is disorientated to time, place and person and shows no awareness of those around her; she does not appear to recognise her family or familiar staff. Mrs X's son has LPA for Health & Welfare and Property & Affairs; he manages her finances and makes all complex decisions on her behalf. Mrs. X is unable to make simple choices, such as what to wear, eat or drink; staff anticipate and meet all her daily needs in her best interest, with input from her family as needed. Mrs X generally does not engage in any risky behaviours and would never have access to very hot food or drinks; however, she does not have any awareness of risks and relies on others to keep her safe.		Write A, B or C below: A

Name of individual		Date of completion	
	C	B	A
Behaviour*	No evidence of 'challenging' behaviour. OR 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.	'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.	'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.
Brief description of need and source of evidence to support the chosen level	Mrs X is calm and cooperative. Although she has no understanding of her need for care or what the staff are doing, she is not resistive and shows no signs of distress. There is no evidence of Mrs X displaying any "challenging" behaviours.		Write A, B or C below: C

Name of individual Mrs X		Date of completion 17/12/2025	
	C	B	A
Drug therapies etc.*	Symptoms are managed effectively and without any problems, and medication is not resulting in any unmanageable side-effects. OR Requires supervision/administration of and/or prompting with medication but shows compliance 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.	Requires the administration of medication (by a registered nurse, carer or care worker) due to: – non-compliance, or – type of medication (for example insulin); or – route of medication (for example PEG). 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.	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. OR Moderate pain or other symptoms which is/are having a significant effect on other domains or on the provision of care.
Brief description of need and source of evidence to support the chosen level	Mrs X is prescribed a non-complex medication regime, administered at regular intervals by the staff; she takes very few medications. All medications are now in liquid formulation to aid swallowing. Paracetamol is given four times a day as Mrs X has contractures and was showing signs of discomfort during transfers; this appears to be effective. Staff complete an Abbey pain scale daily to ensure pain is well controlled.		Write A, B or C below: C

Name of individual		Date of completion	
	C	B	A
Altered states of consciousness*	No evidence of altered states of consciousness (ASC). OR History of ASC but effectively managed and there is a low risk of harm.	Occasional (monthly or less frequently) episodes of ASC that require the supervision of a carer or care worker to minimise the risk of harm.	Frequent episodes of ASC that require the supervision of a carer or care worker to minimise the risk of harm. OR Occasional ASCs that require skilled intervention to reduce the risk of harm.
Brief description of need and source of evidence to support the chosen level	There is no evidence of any ASC, current or historical.		Write A, B or C below: C
Total from all pages	A* - 0 A – 4 (Nutrition, Mobility, Communication, Cognition) B – 2 (Continence, Skin) C – 5 (Breathing, PEN, Behaviour, Medications, ASC)		

Please highlight the outcome indicated by the Checklist:

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

Or

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

Rationale for decision

Mrs X scores A in four domains, indicating a need for full assessment for CHC funding

Please send this completed Checklist to the ICB without delay.

Name(s) and signature(s) of assessor(s)

Date

Example Reviewer	17/12/2025
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Contact details of assessors (name, role, organisation, telephone number, email address)