

2. Proportionate Screening Using the Checklist

National Guidance:

‘Where there may be a need for NHS Continuing Healthcare, a Checklist should normally be completed’. (*National Framework 2022, Paragraph 117*).

Screening for NHS Continuing Healthcare should be at the right time and location for the individual and when the individual’s ongoing needs are clearer. This will help practitioners to correctly identify individuals who require a full assessment of eligibility for NHS Continuing Healthcare. (*National Framework 2022, Paragraph 118*).

In the vast majority of cases, individuals should be screened for NHS Continuing Healthcare in a community setting. **Paragraphs 101-108** set out how NHS Continuing Healthcare interacts with the hospital discharge process.

Local health and social care joint processes should be in place to identify individuals for whom it may be appropriate to complete a Checklist, including for individuals in community settings. Wherever an individual requires a long-term care home placement with nursing or has significant support needs, a Checklist would be expected to be completed (unless the decision is made to go straight to the completion of a Decision Support Tool).

There will be many situations where it is not necessary to complete a Checklist. These include where:

- 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 a Checklist should be undertaken.
- The individual has short-term health care needs or is recovering from a temporary condition and has not yet reached their optimum potential (if there is doubt between practitioners about the short-term nature of the needs it may be necessary to complete a Checklist). See paragraphs 96-103 for how NHS Continuing Healthcare may interact with hospital discharge.
- It has been agreed by the ICB that the individual should be referred directly for full assessment of eligibility for NHS Continuing Healthcare.
- 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.
- An individual is receiving services under Section 117 of the Mental Health Act that are meeting all of their assessed needs.
- 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.’

(National Framework 2022, paragraph 117-121).

‘Screening and assessment of eligibility for NHS Continuing Healthcare should be at the right time and location for the individual and when the individual’s ongoing needs are clearer.

The full assessment of eligibility should normally take place when the individual is in a community setting. The core underlying principle is that individuals should be supported to access and follow the process that is most suitable for their current and ongoing needs.'

(National Framework 2022, Paragraph 100)

Agreed Health and Social Care Statement:

- ICBs, along with their LA partners, should agree pro-active systems to ensure that screening arrangements are effective across all settings and for all adult client groups and should have in place agreed protocols that include arrangements for proportionate and timely use of the Checklist in accordance with the Framework requirements. This should include when it is not necessary or appropriate to screen for NHS Continuing Healthcare.
- LAs and ICBs should work together to ensure that the decision whether to Checklist, and the completion of Checklists, are undertaken by practitioners with the relevant skills and training.
- The decision to undertake CHC screening should be based on the needs and situation of the individual rather than on administrative or organisational requirements (e.g., screening purely because the individual's case is being considered by an LA funding panel).
- Health and Social Care agencies are responsible for ensuring that any Checklists completed by their staff are of good quality and accurately reflect the individual's needs.
- ICBs should not impose disproportionate quality assurance mechanisms for Checklists which result in a barrier to, or delay in, individuals being referred for CHC assessment. Positive Checklists should be acted upon as soon as possible unless critical information is missing, in which case the missing information should be obtained without delay.
- Where poor practice regarding screening is identified in a team/environment then targeted intervention (for example bespoke training) should be provided in order to address the issues.
- ICBs and system partners should agree an escalation process if cases are being checklisted inappropriately or are being denied a Checklist inappropriately. This could form part of the locally agreed dispute resolution process/policy.
- Arrangements must be in place to inform individuals and/or their representatives of the outcome of the Checklist (whether positive or negative) in writing. There should be agreement between health and social care agencies as to how this requirement will be met, bearing in mind that Checklists are completed by a wide range of practitioners across different organisations. Joint Statements – Proportionate Screening Page 3 of 3.
- Health and social care agencies should agree arrangements to ensure that the ICB receives completed Checklists as soon as possible after completion and that it keeps a record of the outcome of all Checklists completed, both positive and negative.

Agreed by NHS England and representatives from ADASS Date agreed on 19/07/2018 and reviewed on 14/03/2023.

References:

National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (2022)
<https://www.gov.uk/government/publications/national-framework-for-nhs-continuinghealthcare-and-nhs-funded-nursing-care>

C&SHR - The Care and Support (Provision of Health Services) Regulations 2014
http://www.legislation.gov.uk/uksi/2014/2821/pdfs/uksi_20142821_en.pdf

C&SAR - The Care and Support (Assessment) Regulations 2014
http://www.legislation.gov.uk/uksi/2014/2827/pdfs/uksi_20142827_en.pdf

NHSSR - The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012
[The National Health Service Commissioning Board and Clinical Commissioning Groups \(Responsibilities and Standing Rules\) Regulations 2012 \(legislation.gov.uk\)](http://www.legislation.gov.uk/uksi/2012/2823/pdfs/uksi_20122823_en.pdf)

NHSSR – The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) (Amendment) Regulations 2022
[The National Health Service Commissioning Board and Clinical Commissioning Groups \(Responsibilities and Standing Rules\) \(Amendment\) Regulations 2022 \(legislation.gov.uk\)](http://www.legislation.gov.uk/uksi/2022/1223/pdfs/uksi_20221223_en.pdf)