

Screening Guidance

Purpose

“The Checklist is the NHS Continuing Healthcare screening tool which can be used in a variety of settings to help practitioners identify individuals who may need a full assessment of eligibility for NHS Continuing Healthcare. It is essential that the appropriate consent is sought prior to commencing this process (refer to NF paragraphs 73-85)”

National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care: July 2022 (Revised) Paragraph 111

Before the Checklist is completed, it is necessary to ensure that the individual and (where appropriate) their representative understand that the Checklist does not indicate that the individual will be eligible for NHS Continuing Healthcare – only that they are entitled to be assessed for eligibility.

(National Framework 2022: Paragraph 125)

When should screening (Checklist) be completed?

When the individual may have a need for NHS Continuing Healthcare, a checklist should normally be completed. Screening should be undertaken:

- at the right time for the individual
- in the right location for the individual,
- when the Individual’s ongoing needs are clearer.

There is no requirement to complete a checklist as a matter of routine, and it is possible to move straight to full assessment, if that is considered appropriate.

When is it not necessary to complete a Checklist?

“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 121)

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 patients notes.

Who can complete the Checklist Tool?

“The Checklist can be completed by a variety of health and social care practitioners, who have been trained in its use. This could include, for example: registered nurses employed by the NHS, GPs, other clinicians, or local authority staff such as social workers, care managers or social care assistants (refer to Practice Guidance note 13).

It is for each ICB and local authority to identify and agree who can complete the tool, but it is expected that it should, as far as possible, include staff involved in assessing or reviewing individuals’ needs as part of their day-to-day work.”

National Framework for Continuing Healthcare and NHS-funded Nursing Care July 2022 (Revised): Paragraphs 122-123

Care homes should contact the relevant ICB to arrange for a checklist to be completed, unless the ICB has an agreed protocol in place with the specific care home.

Refer to NHS-funded Nursing Care Practice Guidance July 2022 (Revised)

Consent and Engagement

National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care July 2022 (Revised): Paragraphs 80-84

“ICBs must comply with their legal obligations when handling, processing and sharing an individual's personal data. For further guidance on information sharing and NHS Continuing Healthcare, please see Practice Guidance notes 5 and 6.

It is necessary to obtain an individual's explicit consent before sharing any personal data with a third party such as a family member, friend, advocate, and/or other representative.

However, it is not necessary to seek consent from an individual in order to share their personal data where this is necessary for the purposes of their NHS Continuing Healthcare assessment (and subsequent reviews) or the provision or management of their health or social care treatment between health and social care professionals.

Nevertheless, in order to comply with the UK GDPR, it is necessary to inform the individual how and with whom their personal data will be shared as part of the assessment process or to arrange appropriate care and support.

An individual with the relevant capacity, who is to be assessed for NHS Continuing Healthcare, should be provided with relevant information about the process. This will enable them to make an informed decision regarding their consent to the sharing of their personal data with a third party such as a family member, friend, advocate, and/or other representative as part of the assessment for NHS Continuing Healthcare. To facilitate this process, it may be appropriate to discuss any concerns the individual may have and alleviate any relevant concerns, for example that an individual's personal information will only be shared with third parties as appropriate. If an individual with the relevant capacity does not consent to the sharing of their personal data with third parties other than health and social care professionals, such as family, friends, advocates, and/or other representatives, the potential consequences of the decision should be carefully explained. The involvement and contribution of family members and representatives is usually key to a person-centred NHS Continuing Healthcare assessment, meaning the quality of this assessment may be affected if information cannot be shared with these third parties.”

Where screening (Checklist) should be completed

“Where there may be a need for NHS Continuing Healthcare, a Checklist should normally be completed.

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.

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)”

(National Framework for Continuing Healthcare and NHS-funded Nursing Care July 2022, Paragraphs 117-120)

Completing the screening (Checklist)

Where screening is being done, the national screening tool (Checklist) must be used.

“The Checklist requires practitioners to record a brief description of the need and source of evidence used to support the statements selected in each domain. This could, for example, be by indicating that specific evidence for a given domain was contained within any relevant patient care records on a stated date. This will enable evidence to be readily obtained for the purposes of the MDT if the person requires a full assessment of eligibility for NHS Continuing Healthcare.

The principles in relation to ‘well-managed need’ (outlined in the Assessment of Eligibility section of this National Framework) apply equally to the completion of the Checklist as they do to the Decision Support Tool.

A link to the Checklist tool can be found on the NHS Continuing Healthcare website. Practitioners should refer to the Checklist User Notes for more detail on how it should be completed.”

(National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care July 2022,,: Paragraphs 127-129)

Post Screening

“Whatever the outcome of the Checklist – whether or not a referral for a full assessment of eligibility for NHS Continuing Healthcare is considered necessary – the outcome must be communicated clearly and in writing to the individual or their representative, as soon as is reasonably practicable. This should include the reasons why the Checklist outcome was reached. Normally this will be achieved by providing a copy of the Checklist.”

(National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care July 2022, Paragraph 130)

What happens following a Negative Checklist?

“A negative Checklist means the individual does not require a full assessment of eligibility and they are not eligible for NHS Continuing Healthcare.

If an individual has been screened out following completion of the Checklist, they may ask the ICB to reconsider the Checklist outcome. The ICB should give this request due consideration, taking account of all the information available, and/or including additional information from the individual or carer, though there is no obligation for the ICB to undertake a further Checklist.

A clear and written response should be given including the individual’s (and, where appropriate, their representative’s) rights under the NHS complaints procedure if they remain dissatisfied with the position.”

(National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care July 2022, Paragraphs 131-133)

What happens following a Positive Checklist?

“A positive Checklist means that the individual requires a full assessment of eligibility for NHS Continuing Healthcare. It does not necessarily mean the individual is eligible for NHS Continuing Healthcare.

An individual should not be left without appropriate support while they await the outcome of the assessment and decision-making process. A person only becomes eligible for NHS Continuing Healthcare once a decision on eligibility has been made by the ICB. Prior to that decision being made, any existing arrangements for the provision and funding of care should continue, unless there is an urgent need for adjustment. If, at the time of referral for an NHS Continuing Healthcare assessment, the individual is already receiving an ongoing care

package (however funded) then those arrangements should continue until the ICB makes its decision on eligibility for NHS Continuing Healthcare, subject to any urgent adjustments needed to meet the changed needs of the individual. In considering such adjustments, local authorities and ICBs should have regard to the limitations of their statutory powers. For details on how refunding arrangements might apply in such situations please refer to annex E.

There may be rare circumstances where the Checklist is completed whilst an individual is in the acute hospital environment. Where this has indicated a need for full assessment of eligibility, a decision may be made at this stage first to provide other services and then to carry out a full assessment of eligibility at a later stage. This should be recorded. The relevant ICB should ensure that full assessment of eligibility is carried out once it is possible to make a reasonable judgement about the individual's ongoing needs. This should be completed in the most appropriate setting – whether another NHS setting, the individual's home or some other care setting. For further information on how NHS Continuing Healthcare interacts with hospital discharge please see paragraphs 101-108.

Once an individual has been referred for a full assessment of eligibility for NHS Continuing Healthcare then, irrespective of the individual's setting, the ICB has responsibility for coordinating the process until the decision on funding has been made. The ICB should identify an individual (or individuals) to carry out this coordination role, which is pivotal to the effective management of the assessment and decision-making process. By mutual agreement, the coordinator may either be an ICB member of staff or be from an external organisation.”

(National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care July 2022, Paragraphs 134-137)

ICB Best Practice Process:

- Register screening outcome on database.
- Collate data for monthly returns.
- Analyse for trends and identify areas for further exploration e.g., where there is a higher or lower number than average of positive screenings. Wherever possible this should be undertaken in collaboration with the local authority.
- Ensure NHS CHC screening and/or assessment (as and when appropriate) is explicitly built into locally agreed discharge pathways.
- Ensure local joint health and social care protocols are in place to deliver the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care July 2022 (revised).
- Consider whether a Care Act assessment is required, and if it may be, notify the relevant local authority).

NB: The ICB may, if they wish, directly move to a full MDT assessment for an individual without using a Checklist. However, they cannot use a different tool or method for screening for NHS Continuing Healthcare.

Roles and responsibilities of ICBs

ICBs are responsible and accountable for system leadership for NHS Continuing Healthcare within their local health and social care economy (refer to paragraphs 41-42), including:

- (a) ensuring delivery of, and compliance with, the National Framework for NHS Continuing Healthcare;*
- (b) promoting awareness of NHS Continuing Healthcare;*
- (c) establishing and maintaining governance arrangements for NHS Continuing Healthcare eligibility processes and commissioning NHS Continuing Healthcare packages.*
- (d) ensuring that assessment mechanisms are in place for NHS Continuing Healthcare across relevant care pathways, in partnership with the local authority as appropriate. The Standing Rules require ICBs to consult, so far as is reasonably practicable, with the relevant social services authority before making a decision on a person's eligibility for NHS Continuing Healthcare (the Care and support statutory guidance should be used to identify the relevant social services authority).*
- (e) making decisions on eligibility for NHS Continuing Healthcare;*
- (f) identifying and acting on issues arising in the provision of NHS Continuing Healthcare;*
- (g) commissioning arrangements, both on a strategic and an individual basis having a system in place to record assessments undertaken and their outcomes, and the costs of NHS Continuing Healthcare packages. It is important that any such system should clearly identify those receiving NHS Continuing Healthcare as a distinct group from those being supported via joint packages or any other funding routes;*
- (i) implementing and maintaining good practice;*
- (j) ensuring that quality standards are met and sustained;*
- (k) nominating and making available suitably skilled professionals to be members of Independent review panels (in accordance with the Standing Rules);*
- (l) ensuring training and development opportunities are available for practitioners, in partnership with the local authority; and (m) having clear arrangements in place with other NHS organisations (e.g. Foundation Trusts) and independent or voluntary sector partners to ensure effective operation of the National Framework*

(National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care July 2022, Paragraph 22)

Roles and responsibilities of the Local Authority

Where it appears that a person may be eligible for NHS Continuing Healthcare, the local authority must refer the individual to the relevant ICB.

There are specific requirements for local authorities to cooperate and work in partnership with ICBs in a number of key areas.

Local authorities must, as far as is reasonably practicable, provide advice and assistance when consulted by the ICB in relation to an assessment of eligibility for NHS Continuing Healthcare. This duty applies regardless of whether an assessment of needs for care and

support under section 9 of the Care Act 2014 is required (refer to paragraphs 144-150). Where the local authority has carried out such an assessment of needs it must (as far as it is relevant) use information from this assessment to assist the ICB in carrying out its responsibilities (refer to paragraph 22).

A local authority must, when requested to do so by the ICB, co-operate with the ICB in arranging for a person or persons to participate in a multidisciplinary team. Local authorities should:

- respond within a reasonable timeframe when consulted by an ICB prior to an eligibility decision being made (refer to paragraph 22)
- respond within a reasonable timeframe to requests for information when the ICB has received a referral for NHS Continuing Healthcare.

It is also good practice for local authorities to work jointly with ICBs in the planning and commissioning of care or support for individuals found eligible for NHS Continuing Healthcare wherever appropriate, sharing expertise and local knowledge (whilst recognising that ICBs retain formal commissioning and care planning responsibility for those eligible for NHS Continuing Healthcare).

Regulations state that local authorities must nominate individuals to be appointed as local authority members of independent review panels where requested to do so by NHS England. This duty includes both nominating such individuals as soon as is reasonably practicable and ensuring that they are, so far as is reasonably practicable, available to participate in independent review panels.

(National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care July 2022, Paragraph 142)

“If a local authority is consulted, there is a requirement for it to provide advice and assistance to the ICB, as far as is reasonably practicable. A local authority must, when requested to do so by an ICB, co-operate with the ICB in arranging for persons to participate in an MDT. The involvement of local authority colleagues as well as health professionals in the assessment process should streamline the process of care planning and will make decision-making more effective and consistent. As with any assessments that they carry out, local authorities should not allow an individual’s financial circumstances to affect its participation in a joint assessment.”

(National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care July 2022, Paragraphs 26-31)

Joint Responsibilities

“The Checklist can be completed by a variety of health and social care practitioners, who have been trained in its use. This could include, for example: registered nurses employed by the NHS, GPs, other clinicians, or local authority staff such as social workers, care managers or social care assistants (refer to Practice Guidance note 13).

It is for each ICB and local authority to identify and agree who can complete the tool, but it is expected that it should, as far as possible, include staff involved in assessing or reviewing individuals’ needs as part of their day-to-day work”

(National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care July 2022, Paragraphs 122-123)

References

National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care July 2022 (Revised): [National framework for NHS continuing healthcare and NHS-funded nursing care - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care-2022)

NHS-funded Nursing Care Practice Guidance July 2022: [NHS-funded nursing care practice guidance July 2022 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/guidance/2022-07-01/nhs-funded-nursing-care-practice-guidance-july-2022)

NHS continuing healthcare checklist: [NHS continuing healthcare checklist - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/nhs-continuing-healthcare-checklist)