

Name:		D.O.B		NHS No:	
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NHS Continuing Healthcare Needs Checklist

Date of completion of Checklist

Name D.O.B.

NHS number

GP Practice
and GP
Address

Permanent address and
location (e.g. name of
telephone number
ward etc.)

hospital

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Gender

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 (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 (please delete as appropriate)

If yes, did the representative attend the completion of the Checklist? Yes (please delete as appropriate)

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

Did you 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 (please delete as appropriate)

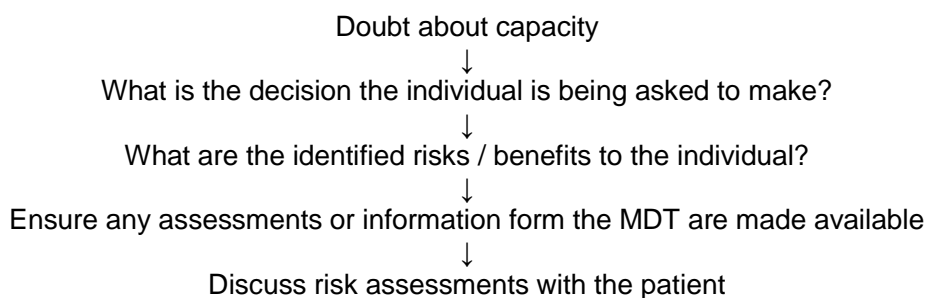


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Capacity Assessment Guidance:

The Mental Capacity Bill (2005) states:

- All adults are presumed to be competent to consent unless proved otherwise.
- Any assessment of capacity to consent is decision specific.
- A person's capacity may be in doubt if they are seen to be cognitively impaired. Standard tests of cognition e.g. Mini Mental State Examination do not assess capacity.



Can the patient: - (Tick for yes)

Understand the information relevant to the decision? ☐

Retain that information during the assessment? ☐

Use or weight that information as part of the process of making the decision? ☐

Communicate the decision (verbally or by any other means)? ☐

All of the above without coercion? ☐



Have all five boxes been ticked?

YES

NO

Patient has the capacity to make this specific decision

Patient lacks capacity to make this specific decision

Patient makes informed treatment choice.
The choice must be respected even if unconventional or unwise.

- Decision can be made under common law under principle of the patient best interest
- Relatives can inform this process but cannot make decision for the individual
- Take into account any relevant advance directives, spiritual or cultural factors.
- Patients should be consistently informed and supported by the team member about this decision.
- The Mental Health Act is only relevant in exceptional cases

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<p align="center">Where the individual has capacity to consent to the completion of the assessment and /or the sharing of information please complete this section</p> <p>I understand that NHS Cambridgeshire and Peterborough CCG <u>and those acting on its behalf</u> will hold my information securely on paper and on computer in accordance with the Data Protection Act 1998</p> <p>I agree that the information provided in this assessment may be shared with health and social care staff, service providers who contribute to my care and any agencies acting on behalf of these organisations.</p> <p>I understand that this information will be used for the purpose of providing a service, or care to me. I also understand that agencies may use anonymised information for statistical purposes and that the law may allow in some circumstances for other agencies to be provided with information about me.</p> <p>I understand that I may withdraw my consent to share information at any time, and this may result in a reduction of services being available.</p> <p>I understand that I have the right to restrict what information may be shared and with whom, but this may affect the provision of care to me.</p> <p>I have made the following restrictions: (if applicable)</p> <p>Signature:</p> <p>Date:</p> <p>Print Name:</p>

<p align="center"><i>This assessment will be shared with other professionals under the best Interest Principles (If Applicable)</i></p> <p>Assessment of Capacity</p> <p>Does the patient have an impairment of, or a disturbance in the functioning of their mind or brain? Does the impairment or disturbance mean that the person is unable to make a specific decision when they need to? A person unable to make a decision if they cannot:</p> <ul style="list-style-type: none"> • Understand information about the decision to be made • Retain that information in their mind • Use or weigh the information as part of the decision-making process or • Communicate their decision (see Mental Capacity Act 2005) <p>(where incapacity is likely to be temporary, for example if the patient is unconscious or where the patient has fluctuating capacity please document: (please continue on another page if required)</p> <p>Lead Coordinator met with X Prior to the Multi-disciplinary Meeting (MDT) and they were happy for the meeting to go ahead in their absence. X demonstrated understanding of the importance of the meeting but did not appear to retain the information. X also did not appear to understand the importance of their participation or contribution to the meeting. Lead Coordinator agreed that would not be able to understand some of the information discussed during the MDT thereby making it difficult for them to make decisions.</p> <p>Assessment of patients best interests</p> <p>To the best of my knowledge, the patient has not refused this procedure in a valid advance directive. Where possible and appropriate, I have consulted with colleagues and those close to the patient, and I believe the assessment to be in the patient's best interest. (please refer to best interest principles Mental Capacity Act 2005)</p>			
<table border="1"> <tr> <td>Name of Assessor:</td> <td>Signature:</td> <td>Date: 11-5-18</td> </tr> </table>	Name of Assessor:	Signature:	Date: 11-5-18
Name of Assessor:	Signature:	Date: 11-5-18	

Please submit the original of this signed page with your application

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Name of patient		Date of completion		
Please circle statement A, B or C in each domain	C	B	A	Evidence in records to support this level
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 a barrier to intervention. The person 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 person is nearly always compliant with care.</p>	<p>'Challenging' behaviour 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>A</p> <p>X presents with physical and verbally challenging behaviour. They have no insight into their needs around their diabetes control and how to manage it. They present with behaviours that are challenging and they will not comply with treatment resulting in a serious risk to her health.</p> <p>Evidence in GP records Live-in Nurse care records Diabetes specialist LDP records MCA records DoLS- in process</p>

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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 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>A</p> <p>X has a learning disability. There are several MCA's in place in relation to their diabetes, finances, they is forgetful and has some difficulty remembering people.</p> <p>X lacks understanding re their diabetes management which has led to numerous hospital admissions and failed placements. X is also vulnerable to exploitation from others.</p> <p>Evidenced in Hospital and GP records</p> <p>Diabetes Specialist records</p> <p>LDP records- including social care.</p> <p>Several MCA assessments available</p> <p>Current request for DoLS in relation to diabetes.</p>
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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 or periods of distress, which are having an impact on their health and/or well-being but respond to prompts and reassurance.</p> <p>OR</p> <p>Requires prompts to motivate self towards activity and to engage in care planning, support and/or daily activities.</p>	<p>Mood disturbance or anxiety symptoms or periods of distress which do not readily respond to prompts and 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 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 daily activities.</p>	<p>C</p> <p>X presents with anxiety around her diabetes. They are not able to understand the need for support and so becomes distressed when others support this. This affects their mood and can lead to challenging behaviour and putting themselves at risk.</p> <p>Evidence in Health records LDP records Social Care records Live-in support evidence.</p>
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 person has to have most of their needs anticipated because of their inability to communicate them.</p>	<p>B</p> <p>X has good verbal skills, however carers need to be able to anticipate Xs needs re their diabetes as X does not understand symptoms which puts them at high risk of harm without support.</p> <p>Evidence in Health records LDP records including Social Care records Live-in Nursing supporting evidence. Several MCA assessments available</p>



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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>C</p> <p>X is independently mobile</p>
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.</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>C</p> <p>X is able to feed themselves.</p> <p>Evidenced in Support plan and live in Nurse records</p>



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			<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>	
Continence	<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.</p>	<p>Continence care is problematic and requires timely and skilled intervention, beyond routine care. (For example frequent bladder wash outs, manual evacuations, frequent re-catheterisation).</p>	<p>C X is fully continent.</p>

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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>A 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>.C</p> <p>X's skin needs monitoring as they have diabetes.</p>
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Breathing*	<p>Normal breathing, no issues with shortness of breath.</p> <p>OR</p> <p>Shortness of breath, 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, 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 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>	<p>C</p> <p>No issues with breathing.</p>
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Name:	D.O.B			NHS No:
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-concordance or 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>A</p> <p>X needs specially trained workers due to Unstable diabetes which requires 24/7. As well as X's behavioural presentation around managing the diabetes. Requires administration of insulin, Ketone testing and someone able to identify and respond to hypo/hyperglycaemic and high ketone episdoes. Use of sliding scale insulin Novorapid. Responding to low blood glucose that may require emergency injection of glucagen. Monitoring of BG and diet and making adjustments to insulin when required.</p> <p>Evidences in GP records, Diabetes specialist records-LDP and social care records Live-in nurse records and Support plan</p>

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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>	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>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>A</p> <p>Previous placements have resulted in the X being admitted to hospital due to altered or loss of consciousness due to poor management of diabetes. In their current home X has experienced loss of consciousness on one occasion, this was responded to by the trained nurse using an emergency hypokit and no hospital admission was required. Due to managed need. Evidenced in GP records, Diabetes Specialist records-LDP and Social Care records Live-in nurse records and current Support plan</p>
Total from all pages	6	1	4	

Name:	«Name»	D.O.B	«birthdate»	NHS No:	«nhsnumber»
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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.

(There may be circumstances where you consider that a full assessment for NHS continuing healthcare is necessary, even though the individual does not apparently meet the indicated threshold. If so, a full explanation should be given.)

Rationale for decision

Social care review triggered Checklist:
4 A's in Behaviour, cognition, Drug therapies and medication control and ASC, including three asterisk domains.

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

Date:

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Contact details of assessors (name, role, organisation, telephone number, email address)

Social Worker
Cambridgeshire County Council

About you – equality monitoring

Please provide us with some information about yourself. This will help us to understand whether everyone is 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 ☐ / ☐
Transgender ☐

2 Which age group applies to you?

Tick one box only.

0-15 ☐
16-24 ☐
25-34 ☐
35-44 ☐
45-54 ☐
55-64 ☐ / ☐
65-74 ☐
75-84 ☐
85+ ☐

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 ☐



Cambridgeshire and
Peterborough
Clinical Commissioning Group

4 What is your ethnic group?

Tick one box only.

A White

British ☐ / ☐
Irish ☐
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 ☐
Any other Asian background, write below

D Black, or Black British

Caribbean ☐
African ☐
Any other Black background, write below

E Chinese, or other ethnic group

Chinese ☐
Any other, write below

5 What is your religion or belief?

Tick one box only.

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

None	<input type="checkbox"/>
Christian	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>

Other, write below

Not discussed

6 Which of the following best describes your sexual orientation?

Tick one box only.

Only answer this question if you are aged **16** years or over.

Heterosexual / Straight	<input type="checkbox"/>
Lesbian / Gay Woman	<input type="checkbox"/>
Gay Man	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>

Other, write below

Not discussed

Please return the completed proforma to the appropriate NHS Continuing Health Team:

Complex Case Management Team (covering Cambridge & Huntingdon areas)

NHS Cambridgeshire and Peterborough Clinical Commissioning Group

Lockton House, Clarendon Road

Cambridge CB2 8FH

Tel: 01223 725429 - Email: capccg.chc@nhs.net

Continuing Healthcare Team (covering Peterborough, East Cambridgeshire & Fenland areas)

NHS Cambridgeshire and Peterborough Clinical Commissioning Group

Zone B – Floor 1, City Care Centre

Thorpe Road

Peterborough PE3 6DB

Tel: 01733 847328 - Email: capccg.peterboroughcontinuingcareteam@nhs.net