Sheffield Clinical Commissioning Group

Completing a Checklist to Screen a Patient for Assessment for NHS Continuing Healthcare

Contents

1.0 Introduction

1.1 The Checklist is the first tool to be completed, when considering whether a patient may be eligible for an episode of NHS Continuing Healthcare. This procedure sets out the process for deciding whether to complete a Checklist for Continuing Healthcare (CHC). It also sets out how a Checklist should be completed, including the importance of identifying which supporting information substantiates the judgements in the Checklist and its precise location. It applies to all patients not currently eligible for CHC, for whom Sheffield Clinical Commissioning Group (CCG) would be the responsible commissioner (as determined by the current version of "Who pays? Establishing the Responsible Commissioner").

1.2 This procedure is targeted at those health and social care practitioners completing Checklists. The health and social care practitioners who can complete Checklists are:

- A healthcare professional, as defined by section 21(13) of the
- The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012. The healthcare professional must be employed by the NHS and acting in their capacity as an NHS employee or an

establishment registered as a hospice with the care quality commission; or

- A person who is responsible for assessing individuals for community care services under section 47 of the National Health Service and Community Care Act 1990(**c**). This person must be an employee of Sheffield City Council and acting in their capacity as an employee of Sheffield City Council or an establishment registered as a hospice with the care quality commission.

1.3 This procedure applies to the completion of all Checklists, including those done electronically and on paper.

1.4 Consideration of eligibility for care package that is jointly funded by Sheffield CCG and a local authority can only be considered after a full assessment to determine whether a patient is eligible for NHS Continuing Healthcare has been completed. This includes Funded Nursing Care, where a patient moves to a nursing home.

1.5 It should be noted that completion of the Checklist does not indicate that an individual is eligible for NHS Continuing Healthcare.

2.0 Law & Guidance

2.1 The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (revised November 2012) (the 'National Framework') states the following, at paragraph 68, regarding the assessment process for CHC:

> "The first step in the process for most people will be a screening process, using the NHS Continuing Healthcare Checklist – unless it is deemed appropriate for the Fast Track Pathway Tool to be used at this stage (see paragraphs 97–107) or for other NHS-funded services to be provided (see paragraph 65).

This procedure focuses on using the Checklist. It does not address the Fast Track Pathway Tool or other NHS-funded services.

2.2 The National Framework also states, at paragraph 68:

> "The purpose of the Checklist is to encourage proportionate assessments, so that resources are directed towards those people who are most likely to be eligible for NHS Continuing Healthcare, and to ensure that a rationale is provided for all decisions regarding eligibility."

This procedure has been designed to ensure that only proportionate assessments for eligibility for CHC and FNC are undertaken.

2.3 The National Framework goes on to state at paragraph 162:

> "CCGs are responsible for ensuring consistency in the application of the national policy on eligibility for NHS Continuing Healthcare"

This procedure has been developed to promote consistency in decision making. Specifically, it aims to ensure that all Checklists are robust and include sufficient information with clear references to the evidence of the need for the Checklist.

2.4 The Delayed Discharges (Continuing Care) Directions 2013 state:

> "The NHS trust must take reasonable steps to ensure that an assessment of eligibility for NHS Continuing Healthcare is carried out in all cases where it appears to the trust that the patient may have a need for such care, in consultation, where it considers it appropriate, with the relevant social services authority."

2.5 Similarly, the NHS CHC Practice Guidance , at PG16.1, states:

> "there will be many situations where it is not necessary to complete a Checklist. However, the Standing Rules require CCGs to take reasonable steps to ensure that individuals are assessed for NHS Continuing Healthcare in all cases where it appears to them that there may be a need for such care. Local joint health and social care processes should be in place to identify individuals for whom it may be appropriate to complete a Checklist, including individuals in community settings within the context of the above duty.

This procedure ensures that assessments will be undertaken when the CCG believes there appears to be a need for such care. It supports practitioners to decide whether or not it is appropriate to complete a Checklist, to ensure that proportionate assessments are undertaken, in appropriate circumstances.

2.6 The Practice Guidance also states, at paragraph 75.1:

> "CCGs have the lead responsibility for NHS Continuing Healthcare in their locality (but there are also specific requirements for local authorities (LAs) to cooperate and work in partnership with CCGs in a number of key areas). In addition CCGs need to have clear arrangements with other NHS organisations (e.g. Foundation Trusts) and independent / voluntary sector partners to ensure effective operation of the Framework."

This procedure is established to fulfil Sheffield CCG's lead responsibility in respect of providing clarity over the use of the Checklist. It also assists the CCG to ensure consistent decisions are made in respect of eligibility where a possible need for such care has been identified.

2.7 Sheffield CCG's review of the impact of this procedure (completed August 2012) on the community is attached at appendix D.

3.0 Completing a Checklist

3.1 The Checklist for CHC is the only tool that can be used to identify patients who may need a referral for a full consideration of whether their healthcare needs qualify for NHS Continuing Healthcare funding. It is Sheffield CCG's policy that a Checklist must be used when assessing these patients, unless the patient has current eligibility for CHC or is being referred for CHC via the Fast Track.

3.2 Assessments shall not be undertaken until a Checklist has been received and a Continuing Healthcare Coordinator has been appointed by Sheffield CCG. In the event that a Decision Support Tool is sent to Sheffield CCG for a patient, prior to a Checklist being sent for that patient, it will not be accepted. In this event, the Decision Support Tool will be returned to its author, with a request that they send Sheffield CCG a Checklist, within 14 calendar days. The author of the Decision Support Tool should also inform the patient of their mistake and the fact that a new assessment may be required, depending on the outcome of the Checklist.

3.3 Where a patient has current eligibility for CHC then a Checklist does not need to be completed. Requests for changes in packages of care for patients who have already been determined as eligible for CHC must be addressed to their care manager. Sheffield CCG can provide details of care managers for any patient who has current eligibility for CHC. The CHC team at Sheffield CCG can be contacted at the email address wsybcsu.continuingcaresheffield@nhs.net.

3.4 Where a professional believes a patient should be assessed for continuing healthcare, and they are receiving other forms of NHS-funded care, including Funded Nursing Care and joint packages of care, a Checklist should be completed. This will ensure that patients with health-related needs are properly considered for NHS Continuing Healthcare eligibility.

3.5 A Checklist can be drafted by any health and social care practitioner (as defined in paragraph 1.2) subject to their having complied with section 4 of this procedure. Before drafting a Checklist the practitioner must consider whether the patient may need a referral for a full consideration to identify whether the patient qualifies for NHS Continuing Healthcare. It is good practice for the practitioner to engage members of the multi-disciplinary team in both the decision to complete a Checklist and its completion. It is not patient-centred to refer patients for assessment if they are unlikely to require a referral for a full assessment or a joint package of care. Equally, it is not patient-centred to deny patients who may be the opportunity for full assessment.

3.6 The Checklist is a tool to help practitioners identify people who need a full assessment for NHS continuing healthcare. In order to decide whether to use a Checklist the practitioner must consider whether the patient is likely to have a primary health need. There are four key indicators of a primary health

need which are set out in paragraph 35 of the National Framework: nature, unpredictability, complexity and intensity:

Nature: This describes the particular characteristics of an individual's needs (which can include physical, mental health or psychological needs) and the type of those needs. This also describes the overall effect of those needs on the individual, including the type ('quality') of interventions required to manage them.

Intensity: This relates both to the extent ('quantity') and severity ('degree') of the needs and to the support required to meet them, including the need for sustained/ongoing care ('continuity').

Complexity: This is concerned with how the needs present and interact to increase the skill required to monitor the symptoms, treat the condition(s) and/or manage the care. This may arise with a single condition, or it could include the presence of multiple conditions or the interaction between two or more conditions. It may also include situations where an individual's response to their own condition has an impact on their overall needs, such as where a physical health need results in the individual developing a mental health need.

Unpredictability: This describes the degree to which needs fluctuate and thereby create challenges in managing them. It also relates to the level of risk to the person's health if adequate and timely care is not provided. Someone with an unpredictable healthcare need is likely to have either a fluctuating, unstable or rapidly deteriorating condition.

3.7 Practitioners must consider the above indicators before beginning to draft a Checklist. They must consider whether the answers suggest that the quality and/or quantity of care required to meet their patient's needs may mean that the care required by the patient is beyond that which the Council can legally provide. This rationale must then be recorded by the practitioner. Detailed guidance relating to completion of the checklist is contained in paragraphs 3.20 to 3.34 of this guidance.

3.8 Diagnosis of a particular disease or condition is not in itself a determinant as to whether a patient should be referred for a full assessment for NHS Continuing Healthcare or of actual eligibility for NHS Continuing Healthcare.

3.9 The setting in which care would be delivered or the cost of care are not relevant for determining whether or not an individual should be referred for a full assessment for NHS Continuing Healthcare or of actual eligibility for NHS Continuing Healthcare

3.10 Where a patient has previously not been referred for a full assessment, or has been assessed and found not to be eligible for a referral for a full assessment for NHS Continuing Healthcare, a Checklist should only be completed where the patient has had a change in their health needs. Other changes, such as changes in accommodation, family situation or their

financial position will not automatically lead to a full assessment for NHS Continuing Healthcare. Therefore Checklists for people who have previously been screened for CHC must be accompanied with an explanation of the change in the patient's health needs.

Consent

3.11 Patients must be asked to consent to being assessed for assessment prior to the Checklist being completed. Patients should be given reasonable notice of the need to undertake the Checklist. Practitioners should make patients aware that they may have an advocate or other support (family member, friend or carer) present and of local arrangements for advocacy support.

3.12 Where the patient wishes to have an advocate present during the completion of the Checklist, reasonable notice must be given to both the patient and the advocate, to enable them to be present. Similarly, where the advocate or the patient will have to travel to attend a meeting regarding a Checklist, reasonable notice must be given to them, to enable them to be present.

3.13 Practitioners must record whether a patient has capacity and gives appropriate consent. This should be record on one of the two forms produced by the CCG for this purpose. The CCG has produced separate guidance on which form to complete and how they should be completed.

3.14 If a Checklist is submitted to Sheffield CCG or the Sheffield Teaching Hospital's Transfer of Care Team without a fully completed Consent Form attached, it will be returned to the practitioner and the assessment process for the patient will not begin. The Checklist will not be deemed to have been received unless the Consent Form has been completed and submitted with it.

Acute Settings

3.15 In an acute setting, practitioners should begin planning for the patient's discharge from the earliest practicable time. However, Checklists should only be completed once a patient's acute care and treatment has reached the stage where their needs on discharge are clear. Checklists will not be accepted at an earlier stage in the patient's treatment.

3.16 Consideration must be given to whether further NHS services) may make a difference to a person's potential rehabilitation, such as intermediate care. The CCG, in consultation with local partners, has developed a process for assessing and discharging patients from intermediate care settings. This sets out when a Checklist should be completed for patients receiving intermediate care, who may be eligible assessing for an episode of continuing healthcare.

3.17 Sheffield CCG and its partners have also established other processes to ensure patients in hospital can move to new care settings in a timely

manner. This includes a process for patients who will not benefit from intermediate care and will need long term care in a registered care home. These processes focus on people whose needs can be met in a care home under contract to the CCG in line with its standard specification for nursing home care.

3.18 Where such a patient may be eligible for an episode of continuing healthcare, Sheffield Teaching Hospital should complete a Checklist, in line with the agreed process. The Checklist should be completed in line with this guidance. Checklists that are not completed in line with this guidance will be returned. All Checklists should ultimately be sent to the CCG, including those where the patient is screened out for assessment.

Community Settings

3.19 Within a community setting, a Checklist shall only be completed where the patient may be eligible for an episode of continuing healthcare.

Completing the Checklist

3.20 Practitioners must ensure that they are familiar with the latest NHS Continuing Healthcare Checklist Guidance, prior to completing Checklists for patients. Section 4 (below) sets out the process that a practitioner must undergo, prior to completing Checklists.

3.21 It is essential that practitioners completing Checklists ensure that there is effective communication with patients and any representatives or advocates they may have. Therefore, before completing a Checklist, the practitioner must ensure that:

- the patient has capacity and has given informed consent to completing the Checklist, for assessment for CHC and for their information to be shared with other professionals to facilitate the assessment. This must be recorded in line with the CCG's processes (see paragraph 3.13 above and the national guidance on completing Checklists;
- the patient knows that they can withdraw consent at any time;
- the patient understands that the Checklist does not determine eligibility for CHC, nor does it indicate likelihood of eligibility;
- the patient understands that the threshold for assessment is lower than the threshold for eligibility and consequently the outcome of any assessment may be that they are not eligible for CHC;
- the patient understands the whole process for assessment for CHC should they be deemed eligible for assessment;
- the patient has capacity or, if not, the procedures set out in the Mental Capacity Act 2005 regarding making decisions for people without capacity have been followed; and
- that reasonable time has been allowed for patients and advocates to attend any meetings regarding Checklists.

All of the above must be recorded in the patient's notes and on the consent form by the practitioner completing the Checklist. Sheffield CCG is producing

leaflets for patients explaining this process. Once available, these should be provided to patients when first discussing with them whether to complete a Checklist.

3.22 The patient must be supported to play a full role in completing the Checklist, even where they are considered not to have capacity and should normally be present at completion of the Checklist. This includes contributing their views about their needs. Decisions for weightings applied in the Checklist and the reasons for choosing them must be fully explained to the patient (and any advocates, family members, or carers) if appropriate and subject to considerations of confidentiality.

3.23 Paragraph deleted

3.24 In completing a Checklist practitioners must compare the descriptions of need in the Checklist to the needs of the patient. They must then select level A, B or C, as appropriate, for each domain. Selections must reflect the patient's needs regardless of the care they currently receive. Where there is evidence to suggest the patient's needs will change in the next three months, this must be reflected in the columns selected. Where a patient has the potential to benefit from therapy or rehabilitation, assessment of eligibility for Continuing Healthcare should usually be deferred until these option(s) have been fully explored.

3.25 A Checklist will lead to a full assessment for eligibility for NHS Continuing Healthcare where:

- 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

The practitioner completing the Checklist must ensure that there is a clear explanation of the basis for their decision in every Checklist as set out in paragraphs 3.28 to 3.31 (below).

3.26 The Practice Guidance states, "the completed Checklist should give sufficient information for the individual and the CCG to understand why the decision was reached." Practitioners completing Checklists must ensure, therefore, that the Checklist contains full references to the precise location, and nature of the supporting information and how it evidences the need for a full assessment. It is not necessary to submit detailed evidence along with the completed Checklist.

3.27 Examples of the information that may be provided to reference the recommendations made in a Checklist are set out in appendix C. This list is not exhaustive.

3.28 The practitioner must also explain the rationale for their recommendation, in the space provided at the end of the Checklist. The rationale must be explained with reference to the key indicators of a primary health need (see paragraph 3.6 above).

3.29 It is the responsibility of the practitioner completing the Checklist to ensure that sufficient information is referenced in the Checklist and where the evidence can be found. The practitioner or their organisation referencing the information will be expected to provide this information to the Coordinator, if a decision is made to assess the patient concerned for eligibility for NHS Continuing Healthcare.

3.30 Any Checklist that does not provide a suitable rationale for their recommendation will be returned to the practitioner. Practitioners will then be required to reference the required information and resubmit the Checklist. Checklist should be resubmitted within 1 working day. Where a Checklist is returned to the practitioner, they should inform the patient and any advocate that it has been returned to them and that they have been asked to carry out further work on it. The practitioner should also ensure that the patient and any advocate are informed when they will resubmit the Checklist to Sheffield CCG.

3.31 Practitioners should note that if Sheffield CCG has to return a Checklist to them for more information, that this could delay decision-making. In turn, this will have a negative impact on the patient's experience. It is in the interest of the patient, the practitioner and the wider NHS to reference precisely where the evidence can be found.

Equalities Monitoring Forms

3.32 Where a Checklist is sent to Sheffield CCG and does not include a completed equalities monitoring form, it will be deemed to be incomplete. In such circumstances the Checklist will be returned to the practitioner who completed it, so that this information can be provided. Where a Checklist is returned to the practitioner, they should inform the patient and any advocate that it has been returned to them and that they have been asked to carry out further work on it. The practitioner should also ensure that the patient and any advocates are informed when they will resubmit the Checklist to Sheffield CCG.

3.33 If the patient refuses to provide the equalities monitoring information, this should be noted on the form prior to its submission to Sheffield CCG. Sheffield CCG expects that the equalities monitoring data shall be provided in the vast majority of cases.

Flowchart

3.34 A flowchart is attached at appendix B illustrating this process.

4.0 Which Member of Staff Should Complete a Checklist?

4.1 The Checklist Tool, produced by the Department of Health, includes notes on its completion. The guidance notes that a variety of people working with patients could complete a Checklist. The Guidance states that the Checklist to be completed as part of the wider process of assessing or reviewing an individual's needs. However, patients may not self-refer for assessment and nor may a Checklist be completed by a family member on their behalf. If a patient is known to a practitioner they can ask them to complete the Checklist. Alternatively they can contact the CCG Continuing Healthcare team or care home or support provider. Where such a request is made to the CCG completion of the Checklist the CCG shall endeavour to arrange for the completion of the Checklist within 14 days.

4.2 The guidance also states that it is for CCGs and local authorities to identify and agree which are the most appropriate staff to participate in the completion of a Checklist. Sheffield CCG requires that any agency whose staff complete a Checklist should ensure that staff sign to say they have read this procedure, the Department for Health's guidance on completing Checklists and the National Framework, prior to completing a Checklist for the first time. Each agency should produce a suitable form for staff to sign.

5.0 Submitting the Checklist to Sheffield CCG

5.1 Once a practitioner has finished drafting a Checklist it must either be:

- submitted to Sheffield CCG for review, to the fax number 0114 3051371 (which is a 'safe haven' fax) or from a secure email address to wsybcsu.continuingcaresheffield@nhs.net or,
- where the Checklist is completed for a patient of Sheffield Teaching Hospital, who is leaving hospital it must be submitted to the Transfer of Care team.

5.2 Sheffield CCG intends to trial electronic completion of Checklists in the future. Details of how to submit these Checklists will be available to those involved in the trial. If this trial is successful, this process may be rolled out further.

5.3 In all cases, the Checklist must reference sufficient information to support the recommendation of the practitioner. Where the Checklist does not contain sufficient references to supporting information it will returned to the practitioner who submitted it, so that the required references can be provided. Where a Checklist has been submitted without sufficient references to supporting information, it will not be deemed to have been submitted to Sheffield CCG and as such the 28 day timescale for completing assessments will not have started.

5.4 The National Framework states that assessments for CHC should not exceed 28 days in most cases. Sheffield CCG is committed to ensuring that assessments are completed in this timescale, in partnership with practitioners

from across the health and social care system. All practitioners completing Checklists have a responsibility to ensure that sufficient information is, referenced so that the CCG and the individual can understand why the decision to screen the patient in or out was reached.

5.5 The 28-day period for the entire assessment process will begin on the date that the fully referenced Checklist is received at Sheffield CCG or (patient in specified circumstances) the Discharge Liaison Team. Where a Checklist has been returned to a practitioner to reference the required information, including any equalities information, the 28-day period will not be deemed to have started, until the Checklist has been resubmitted, with the required information.

5.6 It is Sheffield CCG's responsibility to determine whether sufficient information has been referenced. Sheffield CCG will only return a Checklist for further information where this is required in order to decide whether an assessment should proceed.

5.7 Where a patient is identified as requiring a full assessment for NHS CHC, Sheffield CCG will appoint a Continuing Healthcare Coordinator to lead the assessment. The Continuing Healthcare Coordinator will oversee the completion of the assessment and coordinate the input of the multi-disciplinary team. The Continuing Healthcare Co-ordinator may be a member of Sheffield CCG's staff or a practitioner from a partner agency who possesses the relevant skills and knowledge and who has been engaged on behalf of Sheffield CCG to complete the Checklist.

5.8 On receipt of a completed Checklist, where the outcome does not recommend full assessment for NHS Continuing Healthcare, the CCG will write to the patient to inform them of the outcome. This letter will inform them of their right of appeal and the contact details and complaints process of the CCG.

5.9 Where the outcome of the Checklist is that the patient should not be assessed for adult NHS Continuing Healthcare, the patient or their family may request that an assessment is undertaken in any event. The decision as to whether to assess a patient in these circumstances will be made by the Operational Lead for NHS Continuing Healthcare at the CCG. The Operational Lead will base her decision on whether there are exceptional circumstances as to whether an assessment should be carried out. In this context exceptional circumstances are:

- where additional information is provided by the individual or carer, which suggests they may be eligible for a full assessment for eligibility of adult NHS Continuing Healthcare, and which was not available when the Checklist was first submitted to the CCG.

6.0 Definitions

6.1 The following definitions are used in this procedure, with the following meanings:

Continuing Healthcare (CHC).	A package of care provided over an extended period of time, to a person aged 18 or over, that is arranged and funded solely by the NHS.
The National Framework for NHS Continuing Healthcare and NHS-Funded Nursing Care (November 2012)	The document produced by the Department of Health which sets out the principles and processes of the National Framework for NHS Continuing Healthcare and NHS-Funded Nursing Care. This incorporates the Practice Guidance, which was formerly a separate document.
THE DELAYED DISCHARGES (CONTINUING CARE) DIRECTIONS 2013	Statute governing the relationship between assessments for CHC and for social care.
Checklist	The document issued by the Department of Health to help practitioners identify people who need a full assessment for NHS Continuing Healthcare.
Continuing Healthcare Coordinator	A practitioner appointed by Sheffield CCG to coordinate the assessment for eligibility for NHS Continuing Healthcare.
Care Manager	A practitioner appointed by Sheffield CCG to manage a patient's care. Care managers are usually the central point of contact with the individual.
Funded Nursing Care	Funding provided by the NHS to homes providing nursing, to support the provision of nursing care by a registered nurse for those assessed as eligible. The rate is set nationally.

Joint Package of Care	A package of health and social care, with the health element commissioned by the NHS and social care commissioned by the local authority.
Mental Capacity Act 2005	Statute that makes provision relating to determining whether a person has capacity to make particular decisions for themselves and how those decisions should be made if they do not. The Deprivation of Liberty Safeguards ('DOLs') were added to the MCA 2005 by the Mental Health Act 2007, with effect from April 2009 and provide for those patients who lack capacity to decide their own residence who may be deprived of their liberty in a care home or hospital in order for them to receive the necessary care or treatment, in their best interests.
CCG	Clinical Commissioning Group. In this procedure, CCG should be taken to refer to Sheffield CCG and its successor bodies.
Commissioning Support Unit	A body which provides management support to a CCG. These services can include business intelligence, procurement, clinical services and support services.

7.0 Duties

7.1 The following practitioners and managers have the following duties under this procedure

- Practitioners completing Checklists are responsible for ensuring that the process outlined in this procedure is followed correctly.
- Sheffield CCG's CHC team is responsible for ensuring that Checklists are processed and logged in a timely.

7.2 If, at the time a Checklist is completed, the patient is already receiving an ongoing care package funded by a CCG or an LA or both, those arrangements should continue until the CCG makes its decision on eligibility for NHS CHC, subject to any urgent adjustments needed to meet the changed needs of the individual. Hospital practitioners will be responsible for making appropriate discharge arrangements, including use of the locally agreed procedures for transfers of care.

7.3 Where the patient is not already in receipt of an ongoing care package from the LA or Sheffield CCG (or both), they may have urgent health or social care needs which need to be met during the period in which the NHS CHC eligibility decision is awaited, for example because previous private arrangements are no longer sustainable or there were not previously any care needs requiring support. Where the individual appears to be in need of community care services, the LA should assess the individual's eligibility for these under the NHS and Community Care Act 1990 including consideration of whether there is a need to provide services urgently in advance of such assessment.

7.4 If, in carrying out an assessment, the LA identifies that there may be a need for health services under the NHS Act 2006; the LA should invite Sheffield CCG to participate in the assessment. The CCG should consider and meet its responsibilities under the 2006 Act pending the NHS CHC eligibility decision. The LA and CCG should jointly agree actions to be taken in the light of their statutory responsibilities until the outcome of the NHS CHC decision-making process is known. No individual should be left without appropriate support because statutory bodies are unable to agree on respective responsibilities.

7.5 Sheffield CCG will consider making refunds to Local Authorities or patients in line with the NHS Continuing Healthcare Refunds Guidance.

7.6 The CCG may delegate some of its duties and responsibilities under this guidance to a Commissioning Support Unit.

8.0 Consultation and Communication

8.1 This procedure has been developed by Sheffield CCG and be consulted on through the CHC Operational Group. The procedure will be reviewed in October 2015.

8.2 Internal colleagues may also wish to comment and opportunities to share this with them will be sought.

9.0 Monitoring

9.1 Sheffield CCG will monitor the quality of all Checklists, to ensure that they are adequate.

9.2 Where Checklists are submitted and are of insufficient quality, are completed inappropriately or inadequately, feedback will be provided directly to the practitioner by a CHC Team Leader.

9.3 Where Checklists are repeatedly submitted by practitioners with the issues outlines in paragraph 9.2, this will be raised with the managers of the staff concerned. Where practice does not improve, Sheffield CCG reserves the right to refuse future Checklists from such practitioners.

9.4 Sheffield CCG will monitor trends in the submission and rejection of Checklists, to identify training needs.

9.5 Sheffield CCG will use the information provided on the equalities monitoring form to monitor application of the Checklist to disadvantaged groups. Where there is evidence of discrimination, Sheffield CCG will seek to address it.

10.0 Dissemination and Implementation

10.1 This procedure will be disseminated by the following means:

- Each agency on the CHC Operational Group will disseminate it to their teams. Each will keep a register of those staff who have complied with paragraph 4.2 of this procedure. This register will be available for inspection by Sheffield CCG on request.
- This procedure will be posted on the Sheffield CCG website.
- This procedure will be disseminated through the Care Home Managers' Forum.
- A leaflet will be prepared by Sheffield CCG for patients. This will explain the purpose of a Checklist to patients and their relatives.

10.2 The CHC Operational Group was established by Sheffield CCG to ensure that the processes used for determining eligibility (or otherwise) for CHC are fair, timely, minimise delays and ensure appropriate decisions are made. Sheffield CCG uses the Operational Group to consult with colleagues in Sheffield Teaching Hospitals, Sheffield City Council and Sheffield Health and Social Care Foundation Trust about processes used in determining eligibility for continuing healthcare.

10.3 This procedure supersedes the previous version of this guidance from 2 December 2013.

11.0 Applicability

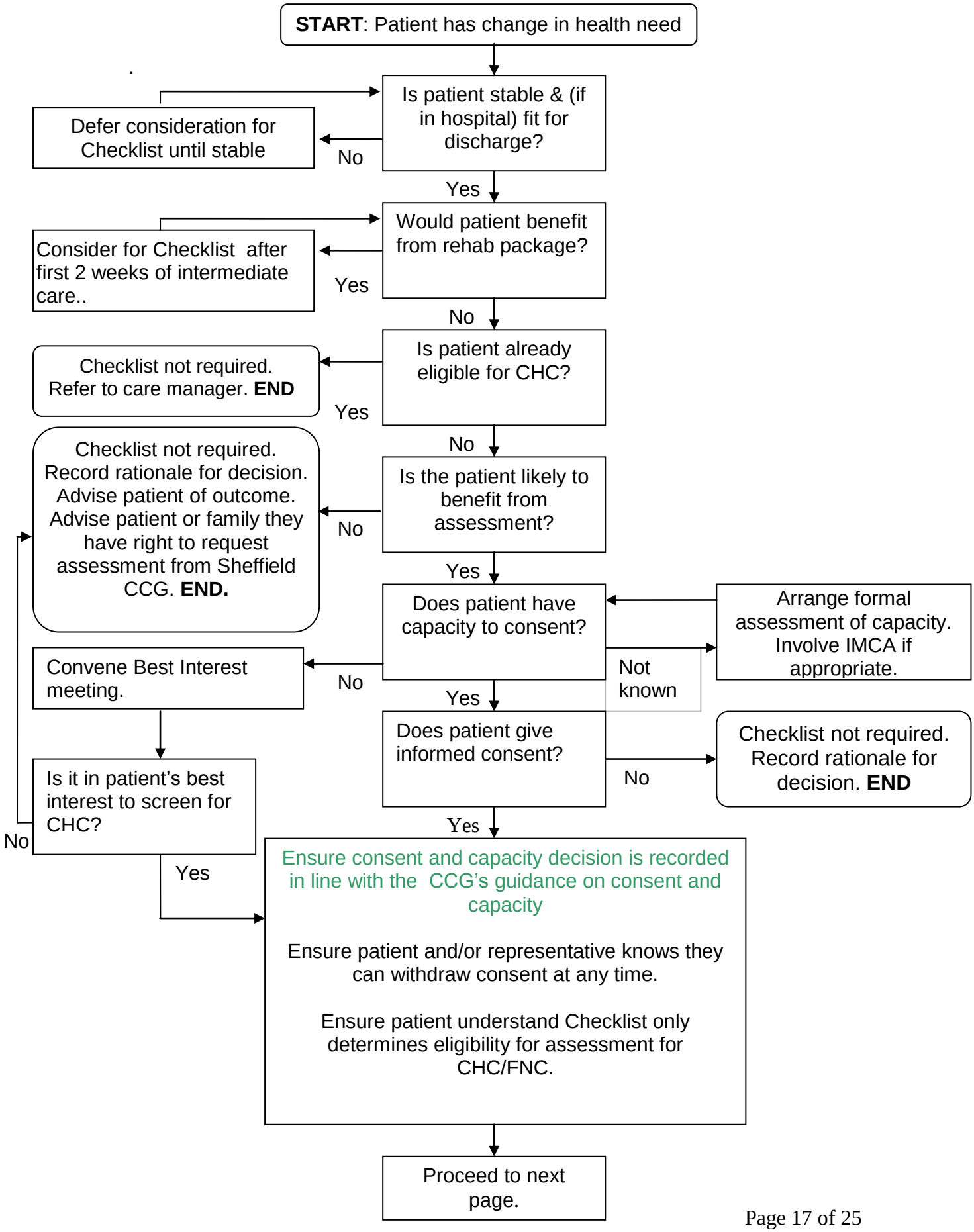
11.1 This procedure applies to Sheffield CCG and any successor organisation or entity which has taken over all or any of the functions or responsibilities of Sheffield CCG which are contained herein.

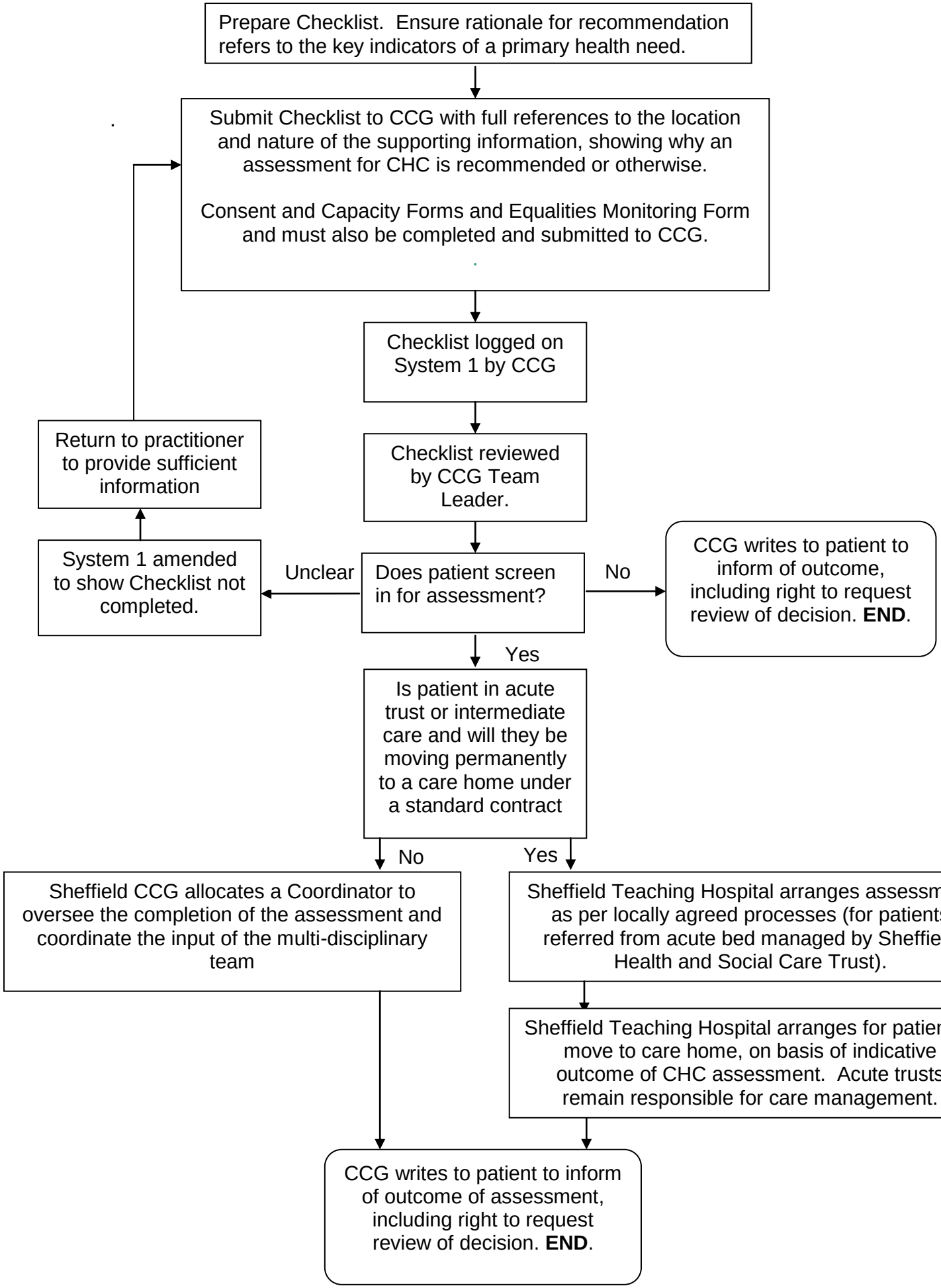
11.2 This procedure will take effect once approved by the Chief Nurse of Sheffield CCG.

11.3 Sheffield CCG may delegate some of its functions in this procedure to a third party organisation such as a Commissioning Support Unit.

Appendix A: Not used in this version of this guidance.

Appendix B: Flowchart for Use of Checklist




Prepare Checklist. Ensure rationale for recommendation refers to the key indicators of a primary health need.
Submit Checklist to CCG with full references to the location and nature of the supporting information, showing why an assessment for CHC is recommended or otherwise.
Consent and Capacity Forms and Equalities Monitoring Form and must also be completed and submitted to CCG.
Checklist logged on System 1 by CCG
Checklist reviewed by CCG Team Leader.
Does patient screen in for assessment?
Unclear
System 1 amended to show Checklist not completed.
Return to practitioner to provide sufficient information
No
CCG writes to patient to inform of outcome, including right to request review of decision. END.
Yes
Is patient in acute trust or intermediate care and will they be moving permanently to a care home under a standard contract
No
Sheffield CCG allocates a Coordinator to oversee the completion of the assessment and coordinate the input of the multi-disciplinary team
Yes
Sheffield Teaching Hospital arranges assessment as per locally agreed processes (for patients referred from acute bed managed by Sheffield Health and Social Care Trust).
Sheffield Teaching Hospital arranges for patient to move to care home, on basis of indicative outcome of CHC assessment. Acute trusts remain responsible for care management.
CCG writes to patient to inform of outcome of assessment, including right to request review of decision. END.

Appendix C: Supporting Information

Examples of the information that must be referenced to support the recommendations made in a Checklist include:

- medical confirmation of a diagnosis that is relevant to the patient's needs.
- clinical evidence of a patient's challenging behaviour over 72 consecutive hours.
- medical confirmation of cognitive impairment, which shows the patient would be at risk without regular supervision.
- medical evidence of mood disturbance, anxiety symptoms or periods of distress, which impact on the patient's health and wellbeing and do not readily respond to prompts and reassurance.
- clinical evidence that the patient withdraws from most attempts to engage them in support, care planning and/or daily activities.
- clinical evidence that the patient cannot communicate reliably, so as to make themselves understood, even with assistance.
- clinical evidence that the patient's mobility is so impaired that they consistently cannot weight bear.
- clinical evidence that the patient needs at least 30 minutes of support to eat a meal, including when the food is liquidised.
- clinical evidence that the patient has to have all nutritional requirements maintained by artificial means.
- clinical evidence that the patient cannot manage their continence, to the extent that they are at risk of infection.
- clinical evidence that the patient needs assistance to manage their catheter.
- clinical evidence that the patient needs supervision to reduce risks associated with constipation.
- clinical evidence that the patient needs supervision to avoid risks associated with double incontinence.
- clinical evidence that the patient needs active intervention several times each day, without which skin integrity would break down
- clinical evidence of pressure damage or open wound(s), pressure ulcer(s) with 'partial thickness skin loss involving epidermis and/or dermis' or other skin condition, and that it requires daily intervention to ensure that it is responding to treatment.
- clinical evidence of breathing difficulties, which limit some daily living activities
- clinical evidence of breathing difficulties that do not respond to management
- clinical evidence of breathing difficulties which require low level oxygen therapy (24%), room air ventilators via a facial or nasal mask, other therapeutic appliances to maintain airflow, or CPAP.
- clinical evidence of that the patient requires supervision with medication to ensure concordance or compliance.

- clinical evidence that the patient requires supervision with medication due to the route of administration.
- clinical evidence that the patient requires drug therapies or medication to manage predictable moderate pain
- clinical evidence that the patient experiences such pain to the extent it would impact on other domains in the Checklist.
- clinical evidence that the patient experiences such pain that would affect how care was delivered.
- clinical evidence that the patient is susceptible to altered states of consciousness and therefore would be at risk without supervision

This list is not exhaustive.

Appendix D- Review of Impact of Procedure on Community

1	**Author**	Eamonn Harrigan
2	**Consultees**	Sheffield City Council, Sheffield Teaching Hospitals, Sheffield Health and Social Care Trust
3	**Start Date**	22 August 2012, updated August 2013
4	**End Date**	n/a
5	**Relevance: Race Equality Duty**	This procedure will apply universally to all people being considered for eligibility for an episode of CHC. Sheffield CCG will monitor the data produced to understand whether different proportions of people from particular races are being screened in or out and what the reasons for this might be.
	Relevance: Disability Equality Duty	This procedure will apply universally to all people being considered for eligibility for an episode of CHC. It is unlikely that anyone screened in for assessment would not be considered disabled. This procedure will help to ensure that people with no or limited likelihood of being eligible for CHC are not assessed and that those who are not entitled to CHC are not erroneously granted eligibility. Equally, it will ensure that those people who are likely to be eligible for an episode of CHC are assessed more quickly, as resources will not be diverted to unnecessary assessments. In this respect, this policy supports promoting equality to people with a disability. At June 2013 the number of people eligible for CHC in Sheffield was slightly higher than the national mean. One aim of this procedure is to assist Sheffield CCG to continue to apply the eligibility threshold consistently, by reducing the likelihood of people being screened in for assessment for an episode of CHC in error. The health needs of all people screened in or out will continue to be met, either by universal health services, or by other specific funding streams, where relevant. Where people with a disability have social care needs but are not eligible for an episode of CHC, then the local authority will be responsible for providing for these. Consequently, all people with disabilities will continue to have their needs met and the process for meeting those needs will be more consistent with national policies.

	Relevance: Gender Equality Duty	This procedure will apply universally to all people being considered for an episode of CHC. Sheffield CCG will monitor the data produced to understand whether either men or women are more likely to be screened in or out and what the reasons for this might be.
	Relevance: Lesbian, Gay, Bisexual or Transgender People	This procedure will apply universally to all people being considered for an episode of CHC. Sheffield CCG will monitor the data produced to understand whether different proportions of people of different sexual orientation are being screened in or out and what the reasons for this might be.
	Relevance: People of Different Ages	This procedure will apply universally to all people being considered for an episode of CHC. Sheffield CCG will monitor the data produced to understand whether different proportions of people from particular age groups are being screened in or out and what the reasons for this might be. More older people are eligible for CHC than other age groups, although CHC-funds placements across all adult age ranges. This procedure will contribute to Sheffield CCG's efforts to improve our assessment of eligibility for an episode of CHC. In this respect this policy supports promoting equality to older people. The health needs of all people screened in or out will continue to be met, either by universal health services, or by other specific funding streams, where relevant. Where people have eligible social care needs but are not eligible for an episode of CHC, then the local authority may be responsible for providing for these. Refer to financial assessment, subject to a financial assessment. Consequently, all people will continue to have their eligible needs met and the process for meeting those needs will be more consistent with national policies.
	Relevance: People of Different Religions or Beliefs	This procedure will apply universally to all people being considered for an episode of CHC. Sheffield CCG will monitor the data produced to understand whether different proportions of people of different religious beliefs are being screened in or out and what the reasons for this might be.

6	**Aims**	The procedure aims to improve consistency in the use of the Checklist for CHC. It will do so by requiring sufficient information to be provided with a Checklist to support the recommendations made within it. This will lead to fewer people being assessed for CHC when they are not eligible an episode of for CHC. In turn, this will ensure proportionate assessments and swifter decision making. This policy will also enable Sheffield CCG to meet the requirement to providing clarity over the use of the Checklist.
7	**Available Evidence**	NHS national and regional monitoring data. The National Framework and associated documentation.
8	**Evidence gaps**	Sheffield CCG has limited information on the volume of checklists, their outcomes and conversion rates, in terms of equalities. The collection of this data will be enhanced by this procedure.
9	**Involvement and Consultation**	Consultation has taken place with Sheffield City Council, Sheffield Teaching Hospitals and Sheffield Health and Social Care Trust.
10	**What is the Actual /Likely impact?**	The likely impact is to reduce the number of inappropriate checklists for CHC. Ultimately this will reduce the number of people who undergo assessment without being found eligible for an episode of CHC or an associated funding stream. It will also reduce the number of people initially found eligible but subsequently determined as ineligible following a review.
11	**Address the Impact**	People who are ineligible for an episode of CHC or an associated funding stream, but who have social care needs, will be entitled to a community care assessment. The outcome of such an assessment would determine whether they receive support from the local authority.
12	**Monitoring and Review**	The checklist equalities data will be reviewed on a quarterly basis.
13	**Action Plan**	To collate and review the equalities data.

14	**Decision-Making and Quality Control**	This procedure will be ratified by the Director of Clinical Quality and Improvement at Sheffield CCG.

Appendix E - Version Control Sheet

Version	Date	Author	Status	Comment
1.1	10 June 2011	E Harrigan	Draft	To CHC SMT for comment
1.2	28 June 2011	E Harrigan	Draft	To CHC SMT for comment
1.3	8 July 2011	E Harrigan	Draft	To solicitor for comment
1.4	20 July 2011	E Harrigan	Draft	Following legal and related advice, for discussion at CCET and comments from STH & SCC
1.5	Jan 2012	E Harrigan	Draft	Following feedback
1.6	Feb 2012	E Harrigan	Draft	Following feedback at Operational Group
1.7	20 June 2012	E Harrigan	Draft	To CHC SMT for comment
1.8	26 June 2012	E Harrigan	Draft	Following feedback from CHC SMT (currently working document)
1.9	22 August 2012	E Harrigan	Final	Following legal feedback, further comments from Operational Group and agreement of the procedure
1.10	18 September 2012	E Harrigan	Final	Following suggestion to enable hospice staff to complete Checklists, consulted on at Operational Group on 10-09-12.
1.11	19 September	E Harrigan	Draft	Reviewed at Operational Group due, and informed by local and national changes to systems,
1.12	30 November 2013.	E Harrigan	Final	Revised following review on 19-09-14 and changes to the Delayed Discharges Directions.