INFORMATION CENTRE

NHS Continuing Healthcare self-check

A gentle way to see whether it is worth asking for an NHS Continuing Healthcare Checklist, using the same areas and thresholds the NHS uses.

IN BRIEF

NHS Continuing Healthcare pays for all of someone's care when their main need is a health need. The first step is usually a short Checklist. This self-check follows the 11 areas of the official Checklist published in October 2026 and its thresholds for a full assessment, so you can decide whether to ask for one. Only the NHS can decide eligibility.

How to use it

- Think about the person's needs as they are now, over a typical week, including nights. Include good days and bad days, so that the picture is accurate.
- For each area, choose the level that matches most closely. If their needs are the same as, or greater than, anything described at A, choose A.
- If you do not know, choose 'Not sure'. An area left blank or marked 'Not sure' is never counted as low need: the result tells you which areas are still open.
- Count needs that are well managed only because of good care. A need does not disappear because skilled care keeps it under control.
- Write down a real, recent example for each level you choose, with dates if you can. These examples are what to share with the professional who completes the Checklist.

About this leaflet. It explains the NHS Continuing Healthcare self-check and gives its 11 areas as a paper worksheet. It does not record anyone's answers. To keep your own answers and the result, answer online at www.dayandnightcare.co.uk/guides/chc-self-check/ and choose "Print your answers". **Paper worksheet:** for each area, tick the level that matches most closely, or "Not sure", and note a recent example with a date. Then count the levels and compare them with the official thresholds after the worksheet.

1. Breathing (priority area)

Breathlessness, inhalers and nebulisers, oxygen, breathing machines such as CPAP, and breathing tubes in the neck (tracheostomies).

- ◯ **C (low need):** Breathing is normal; or there is breathlessness, or a condition that needs inhalers or a nebuliser, but it does not affect everyday activities; or there are episodes of breathlessness that settle readily with treatment and do not affect everyday activities.
- ◯ **B (moderate need):** Breathlessness, or a condition needing inhalers or a nebuliser, that limits some everyday activities; or episodes of breathlessness that do not always settle with treatment and limit some activities; or needs low-level oxygen (24%), a room-air ventilator through a face or nose mask, or another device such as CPAP to keep the airway open while still breathing on their own (for example for sleep apnoea).
- ◯ **A (high need):** Breathes on their own through a tracheostomy that they, or their carers, manage; or breathlessness that is not responding to treatment and limits all everyday activities; or needs a non-invasive machine (such as non-invasive ventilation) both to start and to keep up their breathing.
- ◯ **Not sure:** we do not know enough yet to choose a level.

Recent example, with date:

2. Nutrition - food and drink

Eating and drinking, help at mealtimes, special diets, swallowing problems, weight loss, fluids given under the skin, and feeding tubes such as a PEG.

- ◯ **C (low need):** Eats and drinks enough by mouth; or needs supervision, prompting or help with meals, or a special diet (for example because of an allergy or intolerance); or eats and drinks by mouth but needs extra or supplementary feeds.
- ◯ **B (moderate need):** Needs to be fed to make sure they eat enough, and it takes a long time (half an hour or more), including liquidised food; or cannot eat or drink anything by mouth, but all nutrition is given by a tube (such as a PEG) that is working without problems.
- ◯ **A (high need):** Has swallowing difficulties (dysphagia) that need skilled help to keep them nourished and hydrated and to reduce the risk of choking or food or drink going into the lungs; or has fluids given under the skin, managed by the person or by specially trained carers; or their nutrition is 'at risk', perhaps with significant weight loss they did not intend; or significant weight loss or gain because of an identified eating disorder; or problems with a feeding tube that need skilled assessment and review.
- ◯ **Not sure:** we do not know enough yet to choose a level.

Recent example, with date:

3. Continence

Bladder and bowel control, catheters, stomas, constipation and repeated urine infections.

- ◯ **C (low need):** Continent of bladder and bowel; or continence care is routine from day to day; or bladder incontinence is managed with medicines, regular toileting, sheaths or similar, and they have full bowel control, a stable stoma, or only occasional bowel accidents or constipation.
- ◯ **B (moderate need):** Continence care is routine but needs monitoring to reduce risks, for example with a urinary catheter, incontinence of both bladder and bowel, repeated urine infections, or managing constipation or other bowel problems.
- ◯ **A (high need):** Continence care is difficult and needs timely, skilled help beyond routine care, for example frequent bladder washouts or irrigation, manual removal of faeces, or frequent re-catheterisation.
- ◯ **Not sure:** we do not know enough yet to choose a level.

Recent example, with date:

4. Skin (including tissue viability)

Pressure ulcers and the risk of them, open wounds, dressings and other skin conditions.

- ◯ **C (low need):** No risk of pressure damage and no skin condition; or a risk of skin breakdown that needs preventive care once a day or less; or early pressure damage (discoloured but unbroken skin) or a minor wound; or a skin condition that needs checking less than daily and is responding to treatment or needs none.

- ◯ **B (moderate need):** A risk of skin breakdown that needs preventive care, such as repositioning, several times a day; or pressure ulcers or open wounds with partial-thickness skin loss that are responding to treatment; or a skin condition that needs treatment, monitoring or reassessment at least daily.
- ◯ **A (high need):** Pressure ulcers or open wounds with partial-thickness skin loss that are not responding to treatment; or deeper, full-thickness wounds (reaching the tissue under the skin, but not bone, tendon or joint) that are responding to treatment; or a specialist dressing regime that is responding to treatment.
- ◯ **Not sure:** we do not know enough yet to choose a level.

Recent example, with date:

5. Mobility

Walking, standing, moving from bed to chair and back (transfers), changing position, and the risk of falls.

- ◯ **C (low need):** Moves about independently; or can bear their own weight but needs some help, or mobility equipment, for everyday life.
- ◯ **B (moderate need):** Cannot consistently bear their own weight; or cannot bear weight at all but can help or cooperate with transfers and changes of position; or spends most of the time in a bed or chair but can cooperate with carers; or is at moderate risk of falls, shown by a history of falls or a risk assessment.
- ◯ **A (high need):** Cannot bear weight at all and cannot help or cooperate with transfers or changes of position; or needs careful positioning because of the risk of harm, loss of muscle tone or pain on movement, and cannot cooperate; or is at high risk of falls, shown by a history of falls and a risk assessment; or has involuntary spasms or contractures that put them or others at risk.
- ◯ **Not sure:** we do not know enough yet to choose a level.

Recent example, with date:

6. Communication

Making their needs known and understanding others, by speech or in other ways, including with sight, hearing or language support.

- ◯ **C (low need):** Communicates clearly, by speech or in other ways, and understands their main language well (an interpreter may be needed if English is not their first language); or needs help to communicate their needs, with special effort, or support through sight, touch or hearing, to make sure they are understood.
- ◯ **B (moderate need):** Their needs are hard to understand or interpret, or they are sometimes unable to communicate reliably even with help. Carers who know them well may be able to anticipate their needs from non-verbal signs.
- ◯ **A (high need):** Cannot reliably communicate their needs at any time or in any way, even when every practical step has been taken to help. Most of their needs have to be anticipated by others.
- ◯ **Not sure:** we do not know enough yet to choose a level.

Recent example, with date:

7. Psychological and emotional needs

Low mood, anxiety, distress, hallucinations and withdrawal, and how they affect health and wellbeing.

- ◯ **C (low need):** Their emotional state is not affecting their health or wellbeing; or low mood, anxiety or periods of distress affect their health or wellbeing but ease with prompts, distraction or reassurance; or they need prompting to get motivated and to take part in activities, care planning or support.
- ◯ **B (moderate need):** Low mood, hallucinations, anxiety or periods of distress that do not readily ease with prompts, distraction or reassurance and are having an increasing effect on their health or wellbeing; or, because of their emotional state, they have withdrawn from most attempts to involve them in support, care planning or daily activities.
- ◯ **A (high need):** Low mood, hallucinations, anxiety or periods of distress that are having a severe effect on their health or wellbeing; or, because of their emotional state, they have withdrawn from any attempt to involve them in care planning, support or daily activities.

- ◯ **Not sure:** we do not know enough yet to choose a level.

Recent example, with date:

8. Cognition

Memory, understanding, orientation, making decisions and awareness of risk, for example with dementia, a learning disability or a brain injury.

- ◯ **C (low need):** No sign of impairment, confusion or disorientation; or needs some supervision, prompting or help with more complex tasks such as money and medicines, but is clearly aware of basic risks to their safety; or has occasional difficulty with memory and decisions and needs some support, but understands that they have a problem.
- ◯ **B (moderate need):** Needs some supervision, prompting or help with basic care and daily activities, with some awareness of their needs and of basic risks. They can usually make choices with help, but have a limited ability, even with help, to make decisions about some parts of their life, which puts them at some risk of harm, neglect or worsening health.
- ◯ **A (high need):** Has, for example, frequent short-term memory problems and perhaps disorientation in time and place, with awareness of only a limited range of needs and basic risks. They may make some choices on a few issues, but cannot do so on most issues even with help, and find it hard to make decisions about key parts of their life, which puts them at high risk of harm, neglect or worsening health.
- ◯ **Not sure:** we do not know enough yet to choose a level.

Recent example, with date:

9. Behaviour (priority area)

Behaviour that challenges, such as aggression, resisting care or leaving home unsafely, and the risk it poses to the person, other people or property.

- ◯ **C (low need):** No behaviour that challenges; or some incidents, but a risk assessment shows the behaviour is not a risk to themselves, others or property and does not get in the way of care, and they accept all aspects of their care.
- ◯ **B (moderate need):** Behaviour that challenges and follows a predictable pattern. A risk assessment shows that skilled carers can manage it so that it is not a risk to themselves, others or property. They nearly always accept care.
- ◯ **A (high need):** Behaviour that challenges, of a type or frequency that poses a predictable risk to themselves, others or property. A risk assessment shows that planned approaches reduce the risks but do not always remove them. Acceptance of care varies but usually responds to the planned approaches.
- ◯ **Not sure:** we do not know enough yet to choose a level.

Recent example, with date:

10. Drug therapies and medication: symptom control (priority area)

Medicines, how they are given and monitored, side effects, and pain and other symptoms.

- ◯ **C (low need):** Symptoms are well controlled without problems, and medicines are not causing side effects that cannot be managed; or they need supervision, prompting or help to take medicines but take them as prescribed; or they have mild, predictable pain, perhaps linked to certain activities, and pain and other symptoms do not affect their care.
- ◯ **B (moderate need):** Medicines have to be given by a registered nurse, carer or care worker because the person does not take them as prescribed, or because of the type of medicine (for example insulin) or the way it is given (for example through a PEG); or moderate pain that follows a predictable pattern, or other symptoms, having a moderate effect on other areas of need or on their care.

- ◯ **A (high need):** Medicines have to be given and monitored by a registered nurse, or a carer or care worker specially trained for the task, because the condition or mental state can fluctuate, or because of risks about how well the medicine works or its side effects, although with that monitoring the condition is usually not difficult to manage; or moderate pain or other symptoms having a significant effect on other areas of need or on their care.
- ◯ **Not sure:** we do not know enough yet to choose a level.

Recent example, with date:

11. Altered states of consciousness (priority area)

Seizures, blackouts, fainting and other episodes of reduced or lost consciousness.

- ◯ **C (low need):** No episodes; or a history of episodes that are now well managed, with a low risk of harm.
- ◯ **B (moderate need):** Occasional episodes (monthly or less often) that need a carer or care worker to supervise, to reduce the risk of harm.
- ◯ **A (high need):** Frequent episodes that need a carer or care worker to supervise, to reduce the risk of harm; or occasional episodes that need skilled help to reduce the risk of harm.
- ◯ **Not sure:** we do not know enough yet to choose a level.

Recent example, with date:

Areas at A: _____ (priority areas at A: _____) at B: _____ at C: _____ Not sure: _____

The official thresholds

The official Checklist says a full assessment for NHS Continuing Healthcare is needed if any one of these applies.

- Two or more domains are at A (high need).
- Five or more domains are at B (moderate need).
- One domain is at A and four others are at B.
- Any one of the four priority domains is at A: breathing; behaviour; drug therapies and medication: symptom control; or altered states of consciousness.
- The threshold is deliberately set low, so that everyone who may need a full assessment gets one.
- A positive Checklist means a full assessment is needed. It does not mean the person is eligible, and they should not be left without appropriate support while they wait for the decision.
- In rare cases a full assessment may be right even when the threshold is not met. The professional must then give a clear reason.

- The Checklist should be sent to the integrated care board (ICB) whatever the result, and the outcome and the reasons should be given to the person or their representative in writing, normally as a copy of the completed Checklist.
- If the Checklist is negative, you can ask the ICB to reconsider, adding anything that was missed. If needs are expected to increase within three months, ask for this to be recorded with a date to look again.
- A Checklist is not usually needed if: the person is deteriorating rapidly and may be entering a terminal phase (the Fast Track Pathway Tool is used instead); their needs are short term and they are still recovering (unless professionals are in doubt); the ICB has agreed to go straight to a full assessment; all their assessed needs are being met under section 117 of the Mental Health Act 1983; or they were found not eligible before and their needs have clearly not changed.

If an area is blank or you are not sure

This self-check never treats a blank or "Not sure" answer as low need. If your answers already meet a threshold, the result says so, because more answers could not change that. Otherwise it shows which areas are still open. It only says the answers are below the thresholds when all 11 areas have a definite answer. The official Checklist says that if professionals are in doubt, the Checklist should be completed, so not being sure is a good reason to ask, not a reason to wait.

If someone is nearing the end of life

If the person's condition is deteriorating rapidly and they may be nearing the end of life, do not wait for a Checklist. Ask the doctor or registered nurse responsible for their care to complete the Fast Track Pathway Tool.

Next: a template letter asking for a Checklist, and our NHS Continuing Healthcare guide.

This self-check is not the NHS Continuing Healthcare Checklist and does not decide anything. Only the NHS decides eligibility: the integrated care board makes the decision, after a full assessment by a multidisciplinary team using the Decision Support Tool. The official Checklist must be completed by a trained health or social care professional, using the exact wording in the published form; our descriptions are a plain-English summary of it. This is information to help you decide whether to ask for a Checklist, not medical, legal or financial advice. Rules differ in Scotland, Wales and Northern Ireland. Checklist version: NHS continuing healthcare checklist, published October 2026 (GOV.UK, updated 20 October 2026), standard and accessible versions. On 31

October 2026 the 11 domains, the four priority domains, the thresholds and our plain-English level descriptions were compared with the October 2026 Checklist (accessible Word version) and the Checklist guidance (updated 20 October 2026). Checked 31 October 2026.

Sources

- GOV.UK: NHS continuing healthcare checklist (updated 20 October 2026)
- GOV.UK: NHS continuing healthcare checklist, October 2026 (Word)
- GOV.UK: NHS continuing healthcare checklist, October 2026, accessible version (Word)
- GOV.UK: NHS continuing healthcare checklist guidance
- GOV.UK: NHS continuing healthcare decision support tool (updated 22 October 2026)
- GOV.UK: NHS continuing healthcare fast track pathway tool (updated 20 October 2026)
- GOV.UK: National framework for NHS continuing healthcare and NHS-funded nursing care (July 2022, revised 2023)
- GOV.UK: NHS continuing healthcare consent form for sharing information (May 2026)
- legislation.gov.uk: Standing Rules Regulations 2012, regulation 21
- NHS.uk: NHS continuing healthcare
- NHS England: NHS Continuing Healthcare and NHS-funded Nursing Care statistics

Talk to our care team: 01865 715780
enquiries@dayandnightcare.co.uk · Out of hours: 07775 686272
Day and Nightcare Live In Limited, 9 Hollow Way, Cowley, Oxford OX4 2NA
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Information, not advice: please check anything important with the organisation named.