Department of Health

Decision Support Tool for NHS Continuing Healthcare

June 2016 (amended)

February 2017

Title: Decision Support Tool for NHS Continuing Healthcare
Author: SCLGCP/ Social Care Policy / Strategic Policy, Finance and NHS Continuing Healthcare / 11120
Document Purpose: Policy
Publication date: June 2016
Target audience: Clinical Commissioning Groups, NHS Commissioning Board (also known as NHS England), Directors of Nursing, Medical Directors, Emergency Care Leads, GPs, Directors of Finance, Directors of Adult Social Services, CCG CEs, NHS Trust CEs, NHS England CEs, Care Trust CEs, Local Authority CEs, NHS Trust Board Chairs
Contact details: NHS Continuing Healthcare Policy Team Quarry House Quarry Hill Leeds LS2 7UE

Published to gov.uk, in PDF format only.

www.gov.uk/dh

Decision Support Tool for NHS Continuing Healthcare

June 2016 (Amended)

Contents

Executive summary

We have developed the Decision Support Tool (DST) to support practitioners in the application of the *National Framework for NHS Continuing Healthcare and NHS-Funded Nursing Care*.

Note:

We have tried to make this document as clear and accessible as possible for people having assessments for NHS continuing healthcare, and their families and carers. Because of the nature of NHS continuing healthcare and this document, some words are used that may not be immediately understandable to someone who is not professionally trained. The person using the DST should make sure that individuals, and carers or representatives (where consent is given), understand and agree to what has been written. If necessary, advocacy support may be needed.

All these tools are available electronically (as Word documents) and pages or boxes can be expanded as necessary.

It is important to note that these are national tools and the content should not be changed, added to or abbreviated in any way. However, CCGs may attach their logo and additional patient identification details if necessary (e.g. adding NHS number, etc.).

Summary

a) The purpose of the Decision Support Tool (DST) is to support the application of the National Framework and inform consistent decision making.

b) The DST should be used in conjunction with the guidance in the *National Framework for NHS Continuing Healthcare.*

c) CCGs and the NHS Commissioning Board (the Board) will assume responsibilities for NHS CHC from 1 April 2013.

d) The Board will assume commissioning responsibilities for some specified groups of people (for example, prisoners and military personnel). It therefore follows that the Board will have statutory responsibility for commissioning NHS CHC, where necessary, for those groups for whom it has commissioning responsibility. This will include case co-ordination, arranging completion of the decision support tool, decision-making, arranging appropriate care packages, providing or ensuring the provision of case management support and monitoring and reviewing the needs of individuals. It will also include reviewing decisions with regards to eligibility where an individual wishes to challenge that decision.

e) Where an application is made for a review of a decision made by the Board, it must ensure that in organising a review of that decision, it makes appropriate arrangements to do so, so as to avoid any conflict of interest.

f) Throughout the Decision Support Tool where a CCG is referred to, the responsibilities will also apply to the Board (in these limited circumstances).

g) The DST should be completed by a multidisciplinary team, following a comprehensive multidisciplinary assessment of an individual's health and social care needs and their desired outcomes. The DST is not an assessment in itself.

h) The consent of the individual who is the subject of the DST must be obtained before the assessment is carried out and they should be given a full opportunity to participate in the completion of the DST. The individual should be given the opportunity to be supported or represented by a carer or advocate if they so wish.

i) The DST asks multidisciplinary teams (MDTs) to set out the individual's needs in relation to 12 care domains. Each domain is broken down into a number of levels, each of which is carefully described. For each domain MDTs are asked to identify which level description most closely matches the individual's needs.

   MDTs are then asked to make a recommendation as to whether the individual should be entitled to NHS continuing healthcare. This should take into account the range and levels of need recorded in the DST and what this tells them about whether the individual has a primary health need. This should include consideration of the nature, intensity, complexity or unpredictability of the individual's needs. Each of these characteristics may, in combination or alone,

demonstrate a primary health need, because of the quality and/or quantity of care required to meet the individual's needs.

j) All sections of the DST must be completed.

k) This is a summary. It is very important that the guidance notes are read in full and that those completing DSTs have an understanding of the *National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care*.

User Notes

Key principles

1. This Decision Support Tool (DST) should support the application of the National Framework and inform consistent decision making in line with the primary health need approach.

   The DST should be used in conjunction with the guidance on the National Framework. Practitioners should ensure they are familiar with the guidance before beginning to use the DST. An individual will be eligible for NHS continuing healthcare where it can be said that they have a 'primary health need'. The decision as to whether a person has a primary health need takes into account the legal limits of Local Authority (LA) provision. Using the Decision Support Tool correctly should ensure that all needs and circumstances that might affect an individual's eligibility are taken into account in making this decision.

2. The Decision Support Tool should be used following a comprehensive multidisciplinary assessment of an individual's health and social care needs and their desired outcomes. Where a multidisciplinary assessment has been recently completed, this may be used, but care should be taken to ensure that this remains an accurate reflection of current need. The tool is a way of bringing assessment information together and applying evidence in a single practical format to facilitate consistent evidence-based decision making on NHS continuing healthcare eligibility.

3. The multidisciplinary assessment of needs should be in a format such that it can also be used to assist Clinical Commissioning Groups (CCGs) and LAs to meet care needs regardless of the outcome of the assessment for NHS continuing healthcare. The assessment should be carried out in accordance with other relevant existing guidance, making use of specialist and any other existing assessments as appropriate.

4. The multidisciplinary assessment that informs completion of the DST should be carried out with the knowledge and consent of the individual, and the individual should be given a full opportunity to participate in the assessment. The individual should be given the opportunity to be supported or represented by a carer, family member, friend or advocate if they so wish. The assessment process should draw on those who have direct knowledge of the individual and their needs.

5. Completion of the tool should be carried out in a manner that is compatible with wider legislation and national policies where appropriate, including the End of Life Care Strategy, long-term conditions policy, Valuing People, and the Mental Capacity Act 2005.

6. Although the tool supports the process of determining eligibility, and ensures consistent and comprehensive consideration of an individual's needs, it cannot directly determine eligibility. Professional judgement will be necessary in all cases to ensure that the individual's overall level of need is correctly determined and the appropriate decision made.

Process

7. Once an individual has been referred for a full assessment for NHS continuing healthcare (by use of the Checklist or, if this is not used in an individual case, by direct referral for a full assessment for NHS continuing healthcare) then, irrespective of the individual's setting, the CCG has responsibility for coordinating the whole process until the decision about funding has been made and a care plan has been agreed. The CCG should identify an individual, or individuals, to carry out this coordination role. The coordinator may be a CCG member of staff or may be from an external organisation by mutual agreement.

8. The coordinator should identify the appropriate individuals to comprise the multidisciplinary team (MDT) and liaise with them to complete the DST. This involves matching, as far as possible, the extent and type of the individual's specific needs with the descriptions in the DST that most closely relate to them. This approach should build up a detailed analysis of needs and provide the evidence to inform the decision regarding eligibility.

9. The individual's consent should be obtained before the process of completing the DST commences, if this has not already been obtained. The individual should be made aware that the DST is to be completed, have the process explained to them (including how personal information will be shared between different organisations), and be supported to play a full role in contributing their views on their needs. It should also be noted that individuals can withdraw their consent at any time in the process.

10. The individual should be invited to be present or represented wherever possible. The individual and their representative(s) should be given sufficient notice of completion of the DST to enable them to arrange for a family member or other advocate to be present. Where the individual would find it practically difficult to make such arrangements (such as when they are in hospital or their health needs make it difficult for them to contact relevant representatives), the CCG should offer to make the arrangements for them, in accordance with their wishes.

11. Even where specific circumstances mean that, in a limited range of situations, it is not practicable for the individual (or their representative) to be present, their views should be obtained and actively considered in the completion of the DST. Those completing the DST should record how the individual (or their representative) contributed to the assessment of their needs, and if they were not involved why this was.

12. Even where an individual has not chosen someone else to support or represent them, where consent has been given the views and knowledge of family members may be taken into account.

13. Completion of the DST should be organised so that the person understands the process, and receives advice and information to enable them to participate in informed decisions about their future care and support. The reasons for any decisions should be transparent and clearly documented.

14. If there is a concern that the individual may not have capacity to give their consent, this should be determined in accordance with the Mental Capacity Act 2005 and the associated code of practice. Those completing assessments or the DST should particularly be aware of the five principles of the Act:

- A presumption of capacity – every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is established that they lack capacity.
- Individuals being supported to make their own decisions – a person must be given all practicable help before anyone treats them as not being able to make their own decisions.
- Unwise decisions – just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision.
- Best interests – an act done or decision made under the Act for or on behalf of a person who lacks capacity must be done in their best interests.
- Least restrictive option – anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.

15. It must also be borne in mind that consideration of capacity is specific to both the decision to be made and the time that it is made, i.e. the fact that a person may be considered to lack capacity to make a particular decision should not be used as a reason to consider that they cannot make any decisions. Equally, the fact that a person lacks capacity to make a specific decision on a given date should not be a reason to assume that they necessarily lack capacity to make a similar decision on another date.

16. If the person lacks the mental capacity to either refuse or to consent, a 'best interests' decision should be taken (and recorded) as to whether or not to proceed with assessment of eligibility for NHS continuing healthcare. Those making this decision should bear in mind the expectation that all who are potentially eligible for NHS continuing healthcare should have the opportunity to be considered for eligibility (see paragraph's 48 - 51 in the National Framework). A third party cannot give or refuse consent for an assessment for NHS continuing healthcare on behalf of a person who lacks capacity unless they have a valid and applicable Lasting Power of Attorney (Welfare) or they have been appointed a Welfare Deputy by the Court of Protection. Any best interest decision to complete an assessment should be made in compliance with the Mental Capacity Act, e.g. with regard to consultation with relevant third parties.

17. It is important to be aware that the fact that an individual may have significant difficulties in expressing their views does not of itself mean that they lack capacity. Appropriate support and adjustments should be made available in compliance with the Mental Capacity Act and with equalities legislation.

18. Robust data-sharing protocols, both within an organisation and between organisations, will help to ensure that confidentiality is respected but that all necessary information is available to complete the DST.

19. The DST provides practitioners with a needs-led approach by portraying need based on 12 'care domains' (including an open domain for needs that do not readily fit into the other 11). The tool is in three sections:

- Section 1 – Personal information.
- Section 2 – Care domains.
- Section 3 – Recommendations.

All sections need to be completed.

20. A copy of the completed DST (including the recommendation) should be forwarded to the individual (or, where appropriate, their representative) together with the final decision made by the CCG, along with the reasons for this decision.

21. Each domain is subdivided into statements of need representing no needs ('N' in the table below), low (L), moderate (M), high (H), severe (S) or priority (P) levels of need, depending on the domain (see Figure 1). The table below sets out the full range of the domains. The detailed descriptors of them are set out in the 12 domain tables for completion later in this document.

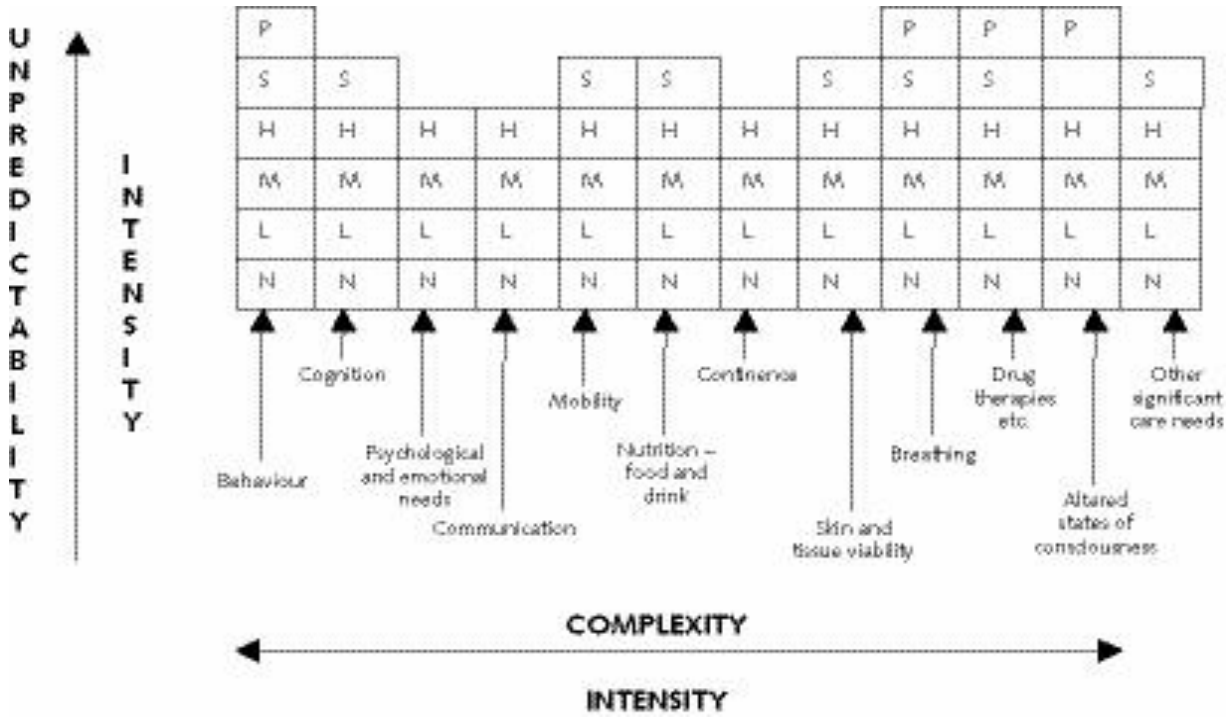

Figure 1: How the different care domains are divided into levels of need.

22. The descriptions in the DST are examples of the types of need that may be present. They should be carefully considered but may not always adequately describe every individual's circumstances. The MDT should first determine and record the extent and type of need in the space provided. The descriptions may not always exactly describe the individual's needs so if there is difficulty in placing their needs in one or other of the levels, the MDT should use professional judgement based on consideration of all the evidence to decide the most appropriate level. If, after considering all the relevant evidence, it proves difficult to decide or agree on the level, the MDT should choose the higher of the levels under consideration and record the evidence in relation to both the decision and any significant differences of opinion. Please do not record an individual as having needs between levels. It is important that differences of opinion on the appropriate level are based on the evidence available and not on presuppositions about a person's need or generalised assumptions about the effects of a particular condition.

23. It is important that the wording of domain levels is carefully considered and assumptions are not made. The fact that an individual has a condition that is described as 'severe' does not necessarily mean that they should be placed on the 'severe' level of the relevant domain. It is the domain level whose description most closely fits their needs that should be selected (for example, the fact that a person is described as having 'severe' learning disabilities does not automatically mean that they should be placed on the 'severe' level of the Cognition domain).

24. The fast-track process should always be used for any individual with a rapidly deteriorating condition that may be entering a terminal phase. For other individuals who have a more slowly deteriorating condition and for whom it can reasonably be anticipated that their needs are therefore likely to increase in the near future, the domain levels selected should be based on current needs but the likely change in needs should be recorded in the evidence box for that domain and taken into account in the recommendation made. This could mean that a decision is made that they should be eligible for NHS continuing healthcare immediately (i.e. before the deterioration has actually taken place) or, if not, that a date is given for an early review of their needs and possible eligibility. Professional judgement based on knowledge of the likely progression of the condition should determine which option is followed.

25. It should be remembered that the DST is a record of needs and a single condition might give rise to separate needs in a number of domains. For example someone with cognitive impairment will have a weighting in the cognition domain and as a result may have associate needs in other domains, all of which should be recorded and weighted in their own right.

26. Some domains include levels of need that are so great that they could reach the 'priority' level (which would indicate a primary health need), but others do not. This is because the needs in some care domains are considered never to reach a level at which they on their own should trigger eligibility; rather they would form part of a range of needs which together could constitute a primary health need.

27. Within each domain there is space to justify why a particular level is appropriate, based on the available evidence about the assessed needs. It is important that needs are described in measurable terms, using clinical expertise, and supported with the results from appropriate and validated assessment tools where relevant.

28. Needs should not be marginalised because they are successfully managed. Well-managed needs are still needs. Only where the successful management of a healthcare need has permanently reduced or removed an ongoing need will this have a bearing on NHS continuing healthcare eligibility. However, there are different ways of reflecting this principle when completing the DST. For example, where psychological or similar interventions are successfully addressing behavioural issues, consideration should be given as to the present-day need if that support were withdrawn or no longer available and this should be reflected in the Behaviour domain.

29. It is not intended that this principle should be applied in such a way that well-controlled physical health conditions should be recorded as if medication or other routine care or support was not present. For example, where needs are being managed via medication (whether for behaviour or for physical health needs), it may be more appropriate to reflect this in the Drug Therapies and Medication domain. Similarly, where someone's skin condition is not aggravated by their incontinence because they are receiving good continence care, it would not be appropriate to weight the skin domain as if the continence care was not being provided.

30. There may be circumstances where an individual may have particular needs that are not covered by the first 11 defined care domains within the DST. In this situation, it is the responsibility of the assessors to determine and record the extent and type of the needs in the "additional" 12th domain provided entitled 'Other Significant Care Needs' and take this into account when deciding whether a person has a primary health need. The severity of the need should be weighted in a similar way (i.e. from 'Low' to 'Severe') to the other domains using professional judgement and then taken into account when deciding whether a person has a primary health need. It is important that the agreed level is consistent with the levels set out in the other domains. The availability of this domain should not be used to inappropriately affect the overall decision on eligibility.

Establishing a Primary Health Need

31. At the end of the DST, there is a summary sheet to provide an overview of the levels chosen and a summary of the person's needs, along with the MDT's recommendation about eligibility or ineligibility. A clear recommendation of eligibility to NHS continuing healthcare would be expected in each of the following cases:

- A level of priority needs in any one of the four domains that carry this level.

- A total of two or more incidences of identified severe needs across all care domains.

Where there is:

- one domain recorded as severe, together with needs in a number of other domains, or
- a number of domains with high and/or moderate needs,

This may also, depending on the combination of needs, indicate a primary health need and therefore careful consideration needs to be given to the eligibility decision and clear reasons recorded if the decision is that the person does not have a primary health need.

In all cases, the overall need, the interactions between needs in different care domains, and the evidence from risk assessments should be taken into account in deciding whether a recommendation of eligibility for NHS continuing healthcare should be made. It is not possible to equate a number of incidences of one level with a number of incidences of another level, as in, for example 'two moderates equals one high'. The judgement whether someone has a primary health need must be based on what the evidence indicates about the nature and/or complexity and/or intensity and/or unpredictability of the individual's needs.

32. MDTs are reminded of the need to consider the limits of local authority responsibility when making a Primary Health Need recommendation (see paragraph xxx of the *National Framework for Continuing Healthcare*).

33. If needs in all domains are recorded as 'no need', this would indicate ineligibility. Where all domains are recorded as 'low need', this would be unlikely to indicate eligibility. However, because low needs can add to the overall picture, influence the continuity of care necessary, and alter the impact that other needs have on the individual, all domains should be completed.

34. The coordinator should ensure that all parts of the DST have been completed, including the MDT's recommendation on eligibility (agreed/signed by MDT members), and forward it to the CCG for decision making. The coordinator should also advise the individual of the timescales for decision making (i.e. normally within 28 days). In doing this, they should also check whether there is a need for urgent and/or interim support and liaise with the CCG and local authority to ensure that this is put in place where appropriate. The National Framework guidance gives further details on the actions to be taken.

35. The equality monitoring data form should be completed by the individual who is the subject of the DST, but not if one has already been completed at Checklist stage and only if the individual agrees to this. Where the individual needs support to complete the form, this should be arranged by the CCG co-ordinator. The co-ordinator should forward the data form to the appropriate location, in accordance with the relevant CCG's processes for processing equality data.

Decision Support Tool for NHS Continuing Healthcare
Section 1 – Personal Details

Was this DST completed whilst the individual was in an acute hospital? Yes □ No □
Date of completion of Decision Support Tool _____

Name | **D.O.B.**

NHS number and GP/Practice:

Permanent Address and Telephone Number	**Current Residence (if not permanent address)**

Gender _____

Please ensure that the equality monitoring form at the end of the DST is completed.

Was the individual involved in the completion of the DST? Yes/No (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 DST was completed? Yes/No (please delete as appropriate)

If yes, did the representative attend the completion of the DST? Yes/No (please delete as appropriate)

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

Decision Support Tool for NHS Continuing Healthcare

Section 1 – Personal Details

Summary

Summary pen portrait of the individual's situation, relevant history and current needs, including clinical summary and identified significant risks, drawn from the multidisciplinary assessment:

Individual's view of their care needs and whether they consider that the multidisciplinary assessment accurately reflects these:

Decision Support Tool for NHS Continuing Healthcare
Section 1 – Personal Details

Please note below whether and how the individual (or their representative) contributed to the assessment of their needs. If they were not involved, please record whether they were not invited or whether they declined to participate.

Please list the assessments and other key evidence that were taken into account in completing the DST, including the dates of the assessments:

Decision Support Tool for NHS Continuing Healthcare
Section 1 – Personal Details

Assessors' (including MDT members) name/address/contact details noting lead coordinator:

Contact details of GP and other key professionals involved in the care of the individual:

Decision Support Tool for NHS Continuing Healthcare
Section 2 – Care Domains

Please refer to the user notes

1. Behaviour: Human behaviour is complex, hard to categorise, and may be difficult to manage. Challenging behaviour in this domain includes but is not limited to:

- aggression, violence or passive non-aggressive behaviour
- severe disinhibition
- intractable noisiness or restlessness
- resistance to necessary care and treatment (this may therefore include non-concordance and non-compliance, but see note below)
- severe fluctuations in mental state
- extreme frustration associated with communication difficulties
- inappropriate interference with others
- identified high risk of suicide

The assessment of needs of an individual with serious behavioural issues should include specific consideration of the risk(s) to themselves, others or property with particular attention to aggression, self-harm and self-neglect and any other behaviour(s), irrespective of their living environment.

1. Describe the actual needs of the individual, including any episodic needs. Provide the evidence that informs the decision overleaf on which level is appropriate, such as the times and situations when the behaviour to likely to be performed across a range of typical daily routines and the frequency, duration and impact of the behaviour.
2. Note any overlap with other domains.
3. Circle the assessed level overleaf.

Decision Support Tool for NHS Continuing Healthcare

Section 2 – Care Domains

Please refer to the user notes

1. Behaviour

Description	Level of need
No evidence of 'challenging' behaviour.	No needs
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.	Low
'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.	Moderate
'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.	High
'Challenging' behaviour of severity and/or frequency that poses a significant risk to self, others or property. The risk assessment identifies that the behaviour(s) require(s) a prompt and skilled response that might be outside the range of planned interventions.	Severe
'Challenging' behaviour of a severity and/or frequency and/or unpredictability that presents an immediate and serious risk to self, others or property. The risks are so serious that they require access to an immediate and skilled response at all times for safe care.	Priority

Decision Support Tool for NHS Continuing Healthcare
Section 2 – Care Domains

Please refer to the user notes

2. Cognition: This may apply to, but is not limited to, individuals with learning disability and/or acquired and degenerative disorders. Where cognitive impairment is identified in the assessment of need, active consideration should be given to referral to an appropriate specialist if one is not already involved. A key consideration in determining the level of need under this domain is making a professional judgement about the degree of risk to the individual.

Please refer to the National Framework guidance about the need to apply the principles of the Mental Capacity Act in every case where there is a question about a person's capacity. The principles of the Act should also be applied to all considerations of the individual's ability to make decisions and choices.

1. Describe the actual needs of the individual (including episodic and fluctuating needs), providing the evidence that informs the decision overleaf on which level is appropriate, including the frequency and intensity of need, unpredictability, deterioration and any instability.
2. Where cognitive impairment has an impact on behaviour, take this into account in the behaviour domain, so that the interaction between the two domains is clear.
3. Circle the assessed level overleaf.

Decision Support Tool for NHS Continuing Healthcare
Section 2 – Care Domains

Please refer to the user notes

2. Cognition

Description	Level of need
No evidence of impairment, confusion or disorientation.	No needs
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. OR Occasional difficulty with memory and decisions/choices requiring support, prompting or assistance. However, the individual has insight into their impairment.	Low
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. 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.	Moderate
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 consistently do so on most issues, even with supervision, prompting or assistance. 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.	High
Cognitive impairment that may, for example, include, marked short-term memory issues, problems with long-term memory or severe disorientation to time, place or person. The individual is unable to assess basic risks even with supervision, prompting or assistance, and is dependent on others to anticipate their basic needs and to protect them from harm, neglect or health deterioration.	Severe

Decision Support Tool for NHS Continuing Healthcare
Section 2 – Care Domains

Please refer to the user notes

3. Psychological and Emotional Needs: There should be evidence of considering psychological needs and their impact on the individual's health and well-being, irrespective of their underlying condition. Use this domain to record the individual's psychological and emotional needs and how they contribute to the overall care needs, noting the underlying causes. Where the individual is unable to express their psychological/emotional needs (even with appropriate support) due to the nature of their overall needs (which may include cognitive impairment), this should be recorded and a professional judgement made based on the overall evidence and knowledge of the individual.

1. Describe the actual needs of the individual, providing the evidence that informs the decision overleaf on which level is appropriate, including the frequency and intensity of need, unpredictability, deterioration and any instability.
2. Circle the assessed level overleaf.

Decision Support Tool for NHS Continuing Healthcare
Section 2 – Care Domains

Please refer to the user notes

3. Psychological and Emotional Needs

Description	Level of need
Psychological and emotional needs are not having an impact on their health and well-being.	No needs
Mood disturbance, hallucinations or anxiety symptoms, or periods of distress, which are having an impact on their health and/or well-being but respond to prompts and reassurance. OR Requires prompts to motivate self towards activity and to engage them in care planning, support, and/or daily activities.	Low
Mood disturbance, hallucinations 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. OR Due to their psychological or emotional state the individual has withdrawn from most attempts to engage them in care planning, support and/or daily activities.	Moderate
Mood disturbance, hallucinations or anxiety symptoms, or periods of distress, that have a severe impact on the individual's health and/or well-being. OR Due to their psychological or emotional state the individual has withdrawn from any attempts to engage them in care planning, support and/or daily activities.	High

Decision Support Tool for NHS Continuing Healthcare
Section 2 – Care Domains

Please refer to the user notes

4. Communication: This section relates to difficulties with expression and understanding, in particular with regard to communicating needs. An individual's ability or otherwise to communicate their needs may well have an impact both on the overall assessment and on the provision of care. Consideration should always be given to whether the individual requires assistance with communication, for example through an interpreter, use of pictures, sign language, use of Braille, hearing aids, or other communication technology.

1. Describe the actual needs of the individual, providing the evidence that informs the decision overleaf on which level is appropriate, including the frequency and intensity of need, unpredictability, deterioration and any instability.
2. Circle the assessed level overleaf.

Decision Support Tool for NHS Continuing Healthcare
Section 2 – Care Domains

Please refer to the user notes

4. Communication

Description	Level of need
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.	No needs
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.	Low
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.	Moderate
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.	High

Decision Support Tool for NHS Continuing Healthcare
Section 2 – Care Domains

Please refer to the user notes

5. Mobility: This section considers individuals with impaired mobility. Please take other mobility issues such as wandering into account in the behaviour domain where relevant. Where mobility problems are indicated, an up-to-date Moving and Handling and Falls Risk Assessment should exist or have been undertaken as part of the assessment process (in line with section 6.14 of the National Service Framework for Older People, 2001), and the impact and likelihood of any risk factors considered. It is important to note that the use of the word 'high' in any particular falls risk assessment tool does not necessarily equate to a high level need in this domain.

1. Describe the actual needs of the individual, providing the evidence that informs the decision overleaf on which level is appropriate, with reference to movement and handling and falls risk assessments where relevant. Describe the frequency and intensity of need, unpredictability, deterioration and any instability.
2. Circle the assessed level overleaf.

Decision Support Tool for NHS Continuing Healthcare
Section 2 – Care Domains

Please refer to the user notes

5. Mobility

Description	Level of need
Independently mobile	No needs
Able to weight bear but needs some assistance and/or requires mobility equipment for daily living.	Low
Not able to consistently weight bear. OR Completely unable to weight bear but is able to assist or cooperate with transfers and/or repositioning. OR In one position (bed or chair) for the majority of time but is able to cooperate and assist carers or care workers. OR At moderate risk of falls (as evidenced in a falls history or risk assessment)	Moderate
Completely unable to weight bear and is unable to assist or cooperate with transfers and/or repositioning. OR Due to risk of physical harm or loss of muscle tone or pain on movement needs careful positioning and is unable to cooperate. OR At a high risk of falls (as evidenced in a falls history and risk assessment). OR Involuntary spasms or contractures placing the individual or others at risk.	High
Completely immobile and/or clinical condition such that, in either case, on movement or transfer there is a high risk of serious physical harm and where the positioning is critical.	Severe

Decision Support Tool for NHS Continuing Healthcare
Section 2 – Care Domains

Please refer to the user notes

6. Nutrition – Food and Drink: Individuals at risk of malnutrition, dehydration and/or aspiration should either have an existing assessment of these needs or have had one carried out as part of the assessment process with any management and risk factors supported by a management plan. Where an individual has significant weight loss or gain, professional judgement should be used to consider what the trajectory of weight loss or gain is telling us about the individual's nutritional status.

1. Describe the actual needs of the individual, providing the evidence that informs the decision overleaf on which level is appropriate, including the frequency and intensity of need, unpredictability, deterioration and any instability.
2. Circle the assessed level overleaf.

Decision Support Tool for NHS Continuing Healthcare
Section 2 – Care Domains

Please refer to the user notes

6. Nutrition – Food and Drink

Description	Level of need
Able to take adequate food and drink by mouth to meet all nutritional requirements.	No needs
Needs supervision, prompting with meals, or may need feeding and/or a special diet. OR Able to take food and drink by mouth but requires additional/supplementary feeding.	Low
Needs feeding to ensure adequate intake of food and takes a long time (half an hour or more), including liquidised feed. OR 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.	Moderate
Dysphagia requiring skilled intervention to ensure adequate nutrition/hydration and minimise the risk of choking and aspiration to maintain airway. OR Subcutaneous fluids that are managed by the individual or specifically trained carers or care workers. OR Nutritional status “at risk” and may be associated with unintended, significant weight loss. OR Significant weight loss or gain due to identified eating disorder. OR Problems relating to a feeding device (for example PEG.) that require skilled assessment and review.	High
Unable to take food and drink by mouth. All nutritional requirements taken by artificial means requiring ongoing skilled professional intervention or monitoring over a 24 hour period to ensure nutrition/hydration, for example I.V. fluids. OR Unable to take food and drink by mouth, intervention inappropriate or impossible.	Severe

Decision Support Tool for NHS Continuing Healthcare
Section 2 – Care Domains

Please refer to the user notes

7. Continence: Where continence problems are identified, a full continence assessment exists or has been undertaken as part of the assessment process, any underlying conditions identified, and the impact and likelihood of any risk factors evaluated.

1. Describe the actual needs of the individual, providing the evidence that informs the decision overleaf on which level is appropriate, including the frequency and intensity of need, unpredictability, deterioration and any instability.
2. Take into account any aspect of continence care associated with behaviour in the Behaviour domain.
3. Circle the assessed level overleaf.

Decision Support Tool for NHS Continuing Healthcare
Section 2 – Care Domains

Please refer to the user notes

7. Continence

Description	Level of need
Continent of urine and faeces.	No needs
Continence care is routine on a day-to-day basis; Incontinence of urine managed through, for example, medication, regular toileting, use of penile sheaths, etc. AND is able to maintain full control over bowel movements or has a stable stoma, or may have occasional faecal incontinence/constipation.	Low
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.	Moderate
Continence care is problematic and requires timely and skilled intervention, beyond routine care (for example frequent bladder wash outs, manual evacuations, frequent re-catheterisation).	High

Decision Support Tool for NHS Continuing Healthcare
Section 2 – Care Domains

Please refer to the user notes

8. Skin (including tissue viability): Evidence of wounds should derive from a wound assessment chart or tissue viability assessment completed by an appropriate professional. Here, a skin condition is taken to mean any condition which affects or has the potential to affect the integrity of the skin.

1. Describe the actual needs of the individual, providing the evidence that informs the decision overleaf on which level is appropriate, including the frequency and intensity of need, unpredictability, deterioration and any instability.
2. Circle the assessed level overleaf.

Decision Support Tool for NHS Continuing Healthcare
Section 2 – Care Domains

Please refer to the user notes

8. Skin (including tissue viability)

Description	Level of need
No risk of pressure damage or skin condition.	No needs
Risk of skin breakdown which requires preventative intervention once a day or less than daily without which skin integrity would break down. OR Evidence of pressure damage and/or pressure ulcer(s) either with 'discolouration of intact skin' or a minor wound. OR A skin condition that requires monitoring or reassessment less than daily and that is responding to treatment or does not currently require treatment.	Low
Risk of skin breakdown which requires preventative intervention several times each day, without which skin integrity would break down. OR Pressure damage or open wound(s), pressure ulcer(s) with 'partial thickness skin loss involving epidermis and/or dermis', which is responding to treatment. OR A skin condition that requires a minimum of daily treatment, or daily monitoring/reassessment to ensure that it is responding to treatment.	Moderate
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 OR 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/are responding to treatment. OR Specialist dressing regime in place; responding to treatment	High
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 are not responding to treatment and require regular monitoring/reassessment. OR Open wound(s), pressure ulcer(s) with 'full thickness skin loss with extensive destruction and tissue necrosis extending to underlying bone, tendon or joint capsule' or above OR Multiple wounds which are not responding to treatment.	Severe

Decision Support Tool for NHS Continuing Healthcare
Section 2 – Care Domains

Please refer to the user notes

9. Breathing: As with all other domains, the breathing domain should be used to record needs rather than the underlying condition that may give rise to the needs For example, an individual may have Chronic Obstructive Pulmonary Disease (COPD), emphysema or recurrent chest infections or another condition giving rise to breathing difficulties, and it is the needs arising from such conditions which should be recorded.

1. Describe below the actual needs of the individual, providing the evidence that informs the decision overleaf on which level is appropriate, including the frequency and intensity of need, unpredictability, deterioration and any instability.
2. Circle the assessed level overleaf.

Decision Support Tool for NHS Continuing Healthcare
Section 2 – Care Domains

Please refer to the user notes

9. Breathing

Description	Level of need
Normal breathing, no issues with shortness of breath.	No needs
Shortness of breath which may require the use of inhalers or a nebuliser and has no impact on daily living activities. OR Episodes of breathlessness that readily respond to management and have no impact on daily living activities.	Low
Shortness of breath which may require the use of inhalers or a nebuliser and limit some daily living activities. OR Episodes of breathlessness that do not respond to management and limit some daily living activities. OR Requires any of the following: low level oxygen therapy (24%). room air ventilators via a facial or nasal mask. 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.	Moderate
Is able to breathe independently through a tracheotomy that they can manage themselves, or with the support of carers or care workers. OR Breathlessness due to a condition which is not responding to treatment and limits all daily living activities	High
Difficulty in breathing, even through a tracheotomy, which requires suction to maintain airway. OR Demonstrates severe breathing difficulties at rest, in spite of maximum medical therapy OR A condition that requires management by a non-invasive device to both stimulate and maintain breathing (bilevel positive airway pressure, or non-invasive ventilation)	Severe
Unable to breathe independently, requires invasive mechanical ventilation.	Priority

Decision Support Tool for NHS Continuing Healthcare
Section 2 – Care Domains

Please refer to the user notes

10. Drug Therapies and Medication: Symptom Control: The individual's experience of how their symptoms are managed and the intensity of those symptoms is an important factor in determining the level of need in this area. Where this affects other aspects of their life, please refer to the other domains, especially the psychological and emotional domain. The location of care will influence who gives the medication. In determining the level of need, it is the knowledge and skill required to manage the clinical need and the interaction of the medication in relation to the need that is the determining factor. In some situations, an individual or their carer will be managing their own medication and this can require a high level of skill. References below to medication being required to be administered by a registered nurse do not include where such administration is purely a registration or practice requirement of the care setting (such as a care home requiring all medication to be administered by a registered nurse).

1. Describe below the actual needs of the individual and provide the evidence that informs the decision overleaf on which level is appropriate, including the frequency and intensity of need, unpredictability, deterioration and any instability.
2. Circle the assessed level overleaf.

Decision Support Tool for NHS Continuing Healthcare
Section 2 – Care Domains

Please refer to the user notes

10. Drug Therapies and Medication: Symptom Control

Description	Level of need
Symptoms are managed effectively and without any problems, and medication is not resulting in any unmanageable side-effects.	No needs
Requires supervision/administration of and/or prompting with medication but shows compliance with medication regime. OR 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.	Low
Requires the administration of medication (by a registered nurse, carer or care worker) due to: non-concordance or non-compliance, or type of medication (for example insulin), or route of medication (for example PEG,). OR 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.	Moderate
Requires administration and monitoring of medication regime by a registered nurse, carer or care worker specifically trained for the 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. OR Moderate pain or other symptoms which is/are having a significant effect on other domains or on the provision of care.	High
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. Even with such monitoring the condition is usually problematic to manage. OR Severe recurrent or constant pain which is not responding to treatment. OR Risk of non-concordance with medication, placing them at risk of relapse.	Severe
Has a drug regime that requires daily monitoring by a registered nurse to ensure effective symptom and pain management associated with a rapidly changing and/or deteriorating condition. OR Unremitting and overwhelming pain despite all efforts to control pain effectively.	Priority

Decision Support Tool for NHS Continuing Healthcare
Section 2 – Care Domains

Please refer to the user notes

11. Altered States of Consciousness (ASC): ASCs can include a range of conditions that affect consciousness including Transient Ischemic Attacks (TIAs), Epilepsy and Vasovagal Syncope

1.Describe below the actual needs of the individual providing the evidence that informs the decision overleaf on which level is appropriate (referring to appropriate risk assessments), including the frequency and intensity of need, unpredictability, deterioration and any instability.
2. Circle the assessed level overleaf.

Decision Support Tool for NHS Continuing Healthcare
Section 2 – Care Domains

Please refer to the user notes

11. Altered States of Consciousness (ASC)

Description	Level of need
No evidence of altered states of consciousness (ASC).	No needs
History of ASC but it is effectively managed and there is a low risk of harm.	Low
Occasional (monthly or less frequently) episodes of ASC that require the supervision of a carer or care worker to minimise the risk of harm.	Moderate
Frequent episodes of ASC that require the supervision of a carer or care worker to minimise the risk of harm. OR Occasional ASCs that require skilled intervention to reduce the risk of harm.	High
Coma. OR ASC that occur on most days, do not respond to preventative treatment, and result in a severe risk of harm.	Priority

Decision Support Tool for NHS Continuing Healthcare
Section 2 – Care Domains

Please refer to the user notes

12. Other significant care needs to be taken into consideration: There may be circumstances, on a case-by-case basis, where an individual may have particular needs which do not fall into the care domains described above or cannot be adequately reflected in these domains. If the boxes within each domain that give space for explanatory notes are not sufficient to document all needs, it is the responsibility of the assessors to determine and record the extent and type of these needs here. The severity of this need and its impact on the individual need to be weighted, using the professional judgement of the assessors, in a similar way to the other domains. This weighting also needs to be used in the final decision. It is important that the agreed level is consistent with the levels set out in the other domains. The availability of this domain should not be used to inappropriately affect the overall decision on eligibility.

1. Enter below a brief description of the actual needs of the individual, including providing the evidence why the level in the table overleaf has been chosen (referring to appropriate risk assessments), and referring to the frequency and intensity of need, unpredictability, deterioration and any instability.
2. Circle the assessed level overleaf.

Decision Support Tool for NHS Continuing Healthcare
Section 2 – Care Domains

Please refer to the user notes

12: Other significant care needs to be taken into consideration

Description	Level of need
	Low
	Moderate
	High
	Severe

Decision Support Tool for NHS Continuing Healthcare

Section 2 – Care Domains

Please refer to the user notes

Assessed Levels of Need

Care Domain	P	S	H	M	L	N
Behaviour						
Cognition						
Psychological Needs						
Communication						
Mobility						
Nutrition – Food and Drink						
Continence						
Skin (including tissue viability)						
Breathing						
Drug Therapies and Medication						
Altered States of Consciousness						
Other significant care needs						
Totals						

Decision Support Tool for NHS Continuing Healthcare
Section 2 – Care Domains

Please refer to the user notes

Please note below any views of the individual on the completion of the DST that have not been recorded above, including whether they agree with the domain levels selected. Where they disagree, this should be recorded below, including the reasons for their disagreement. Where the individual is represented or supported by a carer or advocate, their understanding of the individual's views should be recorded.

Decision Support Tool for NHS Continuing Healthcare

Section 3 – Recommendation

Please refer to the user notes

Recommendation of the multidisciplinary team filling in the DST

Please give a recommendation on the next page as to whether or not the individual is eligible for NHS continuing healthcare. This should take into account the range and levels of need recorded in the Decision Support Tool and what this tells you about whether the individual has a primary health need. Any disagreement on levels used or areas where needs have been counted against more than one domain should be highlighted here. Reaching a recommendation on whether the individual's primary needs are health needs should include consideration of:

- 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 to both the extent ('quantity') and severity (degree) of the needs and 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 needed to monitor the symptoms, treat the condition(s) and/or manage the care. This can arise with a single condition or can also include the presence of multiple conditions or the interactions between two or more conditions.
- Unpredictability: This describes the degree to which needs fluctuate, creating 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, or unstable or rapidly deteriorating condition.

Each of these characteristics may, in combination or alone, demonstrate a primary health need, because of the quality and/or quantity of care required to meet the individual's needs.

Also please indicate whether needs are expected to change (in terms of deterioration or improvement) before the case is next reviewed. If so, please state why and what needs you think will be different and therefore whether you are recommending that eligibility should be agreed now or that an early review date should be set.

Where there is no eligibility for NHS continuing healthcare and the assessment and care plan, as agreed with the individual, indicates the need for support in a care home setting, the team should indicate whether there is the need for registered nursing care in the care home, giving a clear rationale based on the evidence above.

Decision Support Tool for NHS Continuing Healthcare

Section 3 – Recommendation

Please refer to the user notes

Recommendation on eligibility for NHS continuing healthcare detailing the conclusions on the issues outlined on the previous page:

Date of agreed MDT recommendation:

***for CCG use only*: Date of Eligibility Decision/Verification:**

Signatures of MDT making above recommendation:

Health professionals

Printed Name	Designation	Professional Qualification	Signature	Date

Social care/other professionals

Printed Name	Designation	Signature	Date

Decision Support Tool for NHS Continuing Healthcare
Section 3 – Recommendation

Please refer to the user notes

Glossary

Assessment
A process whereby the needs of an individual are identified and their impact on daily living and quality of life is evaluated.

Care
Support provided to individuals to enable them to live as independently as possible, including anything done to help a person live with ill health, disability, physical frailty or a learning difficulty and to participate as fully as possible in social activities. This encompasses health and social care.

Care coordinator
A person who coordinates the assessment and care planning process where a person needs complex and/or multiple services to support them. Care coordinators are usually the central point of contact with the individual. Regionally, different terms may be used to describe this role.

Care package
A combination of support and services designed to meet an individual's assessed needs.

Care plan
A document recording the reason why and what support and services are being provided and the outcome that they seek.

Care planning
A process based on an assessment of an individual's need that involves working with the individual to identify and agree the level and type of support to meet those needs, and the objectives and potential outcomes that can be achieved.

Care worker
Care workers provide paid support to help people manage the day-to-day activities of living. Support may be of a practical, social care nature or to meet a person's healthcare needs.

Carer
Carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is usually unpaid.

Cognition
The higher mental processes of the brain and the mind, including memory, thinking, judgement, calculation, visual spatial skills and so on.

Cognitive impairment
Cognitive impairment applies to disturbances of any of the higher mental processes, many of which can be measured by suitable psychological tests. Cognitive impairment, especially memory impairment, is the hallmark and often the earliest feature of dementia.

Compliance
The extent to which a patient takes, or does not take, medicines as prescribed.

Concordance
An agreement between a patient and a health professional regarding the provision of care. Concordance and compliance are frequently used interchangeably.

Contracture
Abnormal, usually permanent, condition of joint flexion and fixation caused by atrophy and shortening of muscle fibres or loss of normal elasticity of skin causing muscle contraction.

Long-term conditions
Those conditions that cannot, at present, be cured, but can be controlled by medication and other therapies.

Mental capacity
The ability to make a decision about a particular matter at the time the decision needs to be made. The legal definition of a person who lacks capacity is set out in section 2 of the Mental Capacity Act as: 'a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain'.

Multidisciplinary
Multidisciplinary refers to when professionals from different disciplines, such as social work, nursing, occupational therapy, work together to address the holistic needs of their patients/clients in order to improve delivery of care and reduce fragmentation.

Multidisciplinary assessment
Multidisciplinary assessment is an assessment of an individual's needs that has actively involved professionals from different disciplines in collecting and evaluating assessment information.

Multidisciplinary team
A team of at least two professionals, usually from both the health and the social care disciplines. It does not refer only to an existing multidisciplinary team such as an ongoing team based in a hospital ward. It should include those who have an up-to-date knowledge of the individual's needs, potential and aspirations.

Near future
Refers to needs that are reasonably considered by the multidisciplinary team to be likely to arise before the next planned review of the individual.

NHS continuing healthcare
A complete package of ongoing care arranged and funded solely by the NHS, where it has been assessed that the individual's primary need is a health need. It can be provided in any setting. Where a person lives in their own home, it means that the NHS funds all the care that is required to meet their assessed health and social care needs. Such care may be provided both within and outside the person's home, as appropriate to their assessment and care plan. In care homes, it means that the NHS also makes a contract with the care home and pays the full fees for the person's accommodation, board and care.

Pressure-related injury
Area of damage to the skin or underlying tissue which has occurred as a result of prolonged pressure to that area.

Pressure ulcer
Also known as decubitus ulcer or bed sore. Area of local damage to the skin and underlying tissue due to a combination of pressure, sheer and friction.

Registered nurse
A nurse registered with the Nursing and Midwifery Council. Within the UK all nurses, midwives and specialist community public health nurses must be registered with the Nursing and Midwifery Council and renew their registration every three years to be able to practise.

Rehabilitation
A programme of therapy and re-enablement designed to maximise independence and minimise the effects of disability.

Social care
Social care refers to the wide range of services designed to support people to maintain their independence, enable them to play a fuller part in society, protect them in vulnerable situations and manage complex relationships (Our health, our care, our say: a new direction for community services, paragraph 1.29). It is provided by statutory and independent organisations and can be commissioned by Local Authorities on a means-tested basis, in a variety of settings.

Social services
Social services are provided by 150 Local Authorities in England. Individually and in partnership with other agencies, they provide a wide range of care and support for people who are deemed to be in need.

Spasm
A sudden, involuntary contraction of a muscle, a group of muscles, or a hollow organ, or a similarly sudden contraction of an orifice. A spasm is usually accompanied by a sudden burst of pain.

Specialist assessment
An assessment undertaken by a clinician or other professional who specialises in a branch of medicine or care, for example stroke, cardiac care, bereavement counselling.

About you (the patient) – equality monitoring. This need only be completed if a Checklist hasn't been completed (as this includes an equality monitoring form).

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	☐

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	
Christian	
Buddhist	
Hindu	
Jewish	
Muslim	
Sikh	

Other, write below

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	
Lesbian / Gay Woman	
Gay Man	
Bisexual	
Prefer not to answer	

Other, write below
