



Continuing Healthcare Checklist Meeting

Terms of Reference

1. Background:

The Continuing Healthcare Checklist Meeting is convened to assess and determine whether [Resident's Name], residing in [Name of Nursing Home], may have continuing healthcare needs.

The purpose of this meeting is to complete the initial stage of assessment using the NHS Continuing Healthcare Checklist.

2. Frequency:

CHC Checklist meetings should take place when a referral for CHC has been made, or following a positive DST checklist in response to a FNC referral.

3. Purpose:

To conduct an initial assessment of [Resident's Name]'s health and social care needs to determine eligibility for NHS Continuing Healthcare funding.

To apply the criteria and guidelines outlined in the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (revised 2018) during the checklist assessment.

To involve the resident (if possible), their Relevant Persons Representative (if applicable), family members, and relevant professionals in the assessment process.

To document the findings and recommendations regarding the resident's eligibility for continuing healthcare funding based on the checklist assessment.

4. Scope:

Complete the NHS Continuing Healthcare Checklist to identify whether the resident has a primary healthcare need.

Assess the resident's needs across various domains, including behavior, cognition, communication, psychological and emotional needs, mobility, nutrition, continence, skin integrity, breathing, drug therapies and medication, and other significant care needs.

Review any available information, including existing assessments, medical records, and care plans relevant to the resident's healthcare needs.

5. Participants:

Resident: [Name of Resident]

Relevant Persons Representative (if applicable): [Name of RPR]

Family Members or Representatives: [Names of Family Members or Representatives]



Nursing Home Staff: [Names and Roles]

Social Worker/Care Coordinator: [Name and Role]

Healthcare Providers: [Names and Roles]

Any other relevant professionals involved in the resident's care and support.

6. Objectives:

To determine whether the resident meets the initial criteria for further assessment under NHS Continuing Healthcare based on the completed checklist.

To ensure that the assessment process aligns with the National Framework for NHS Continuing Healthcare and relevant legislation.

To document the findings and recommendations from the checklist assessment regarding the resident's eligibility for continuing healthcare.

To establish a clear plan for communicating assessment outcomes and next steps to the resident, family members, and care team.

7. Meeting Logistics:

Date: [Scheduled Date of the Meeting]

Time: [Scheduled Time of the Meeting]

Location: [Meeting Venue]

Chairperson: [Name and Role of the Chairperson]

Agenda: A structured agenda will be circulated prior to the meeting, detailing topics for discussion and time allocations.

8. Documentation:

Meeting minutes will be recorded to document discussions, decisions made, and actions agreed upon during the Continuing Healthcare Checklist meeting.

A summary report will be prepared summarizing the findings and recommendations regarding the resident's eligibility for continuing healthcare.

Copies of the minutes and summary report will be distributed to the resident, family members,

Relevant Persons Representative (if applicable), healthcare providers, and maintained in the resident's care records.