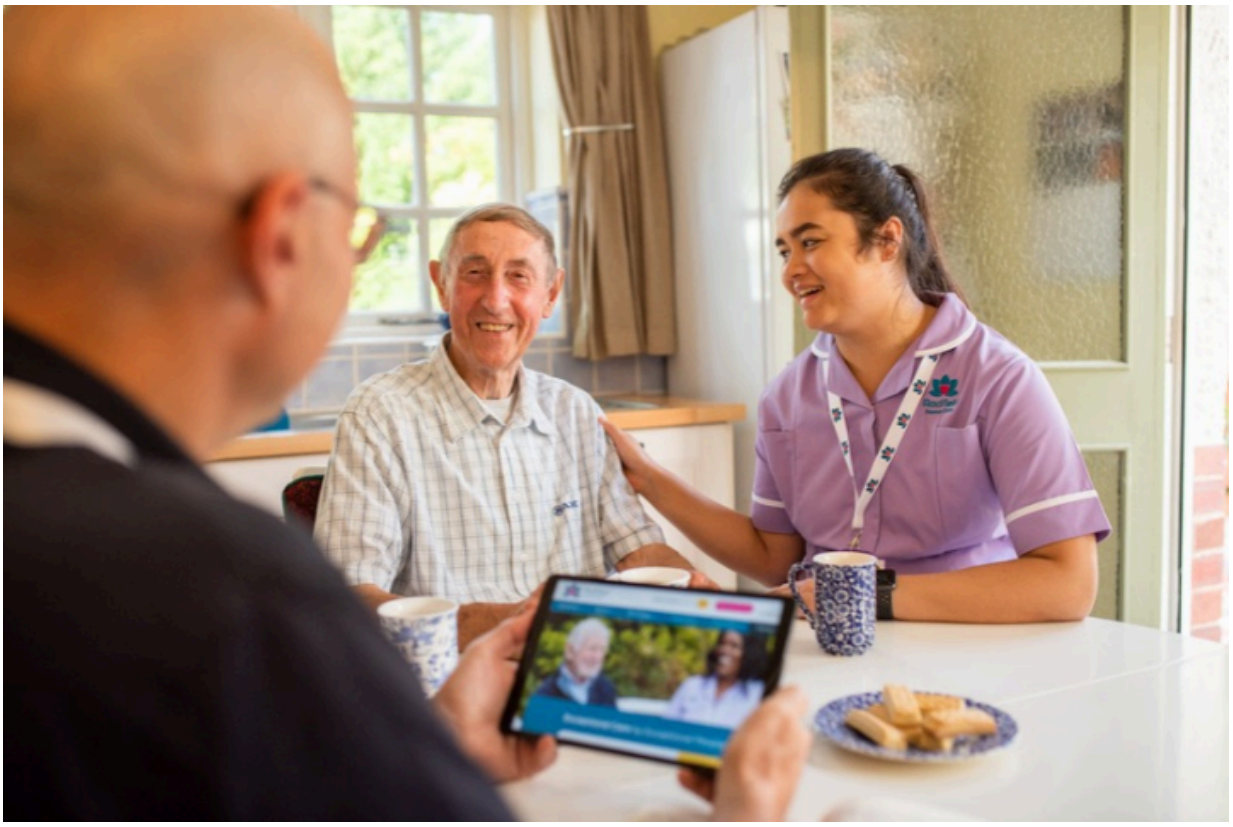
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NHS Continuing Healthcare (CHC) guide: eligibility, scoring & funding



While most adult social care in England is heavily means-tested by local authorities, there is an alternative statutory funding route that covers 100% of care fees regardless of personal wealth or savings. This is known as *NHS continuing healthcare* (often abbreviated as CHC).

Whether you have heard it referred to as NHS CHC, continuing healthcare, or nhs continuous health care, this package of support represents the highest level of state funding available. Unlike local council support, which assesses your property, pensions, and capital, a successful award for chc funding means the **NHS** takes complete financial and legal responsibility for meeting all assessed health and associated social care needs.

In this guide, we will go over understanding how the screening tools operate, how assessors evaluate health needs, and how to prepare your records is essential to ensuring your relative receives the full support they are legally entitled to receive.

What is NHS Continuing Healthcare and how does it work?

Under the Care Act 2014 and the National Framework for NHS Continuing Healthcare, **CHC** is a package of ongoing care arranged and funded entirely by the NHS. It is awarded to individuals aged 18 and over who have been assessed as having a "primary health need".

To understand how chc funding works in practice, you must understand its three core principles:

1. **It is not means-tested:** Eligibility has nothing to do with personal finances, savings, pensions, or home ownership. A multi-millionaire and a person with no savings are evaluated against the exact same clinical standards.

2. **It is delivered anywhere:** You do not have to move into a hospital or nursing home to receive funding. An individual can receive continuing healthcare funding inside a residential care home, a nursing home, or directly in their own house via visiting or live-in home care.
3. **It covers the full care package:** If awarded in a care home, it covers 100% of the care fees, food, and accommodation. If awarded at home, it covers the cost of professional carers, complex clinical supplies, and specialist therapy equipment.

When care is delivered at home, funding is frequently managed through a **Personal Health Budget** (PHB). This provides families with direct choice over which registered home care provider delivers the care visits, ensuring support fits established domestic routines.

What conditions qualify for continuing healthcare?

The short legal answer is that no specific medical diagnosis automatically guarantees eligibility. The NHS does not maintain a list of approved conditions that qualify for funding. Having advanced dementia, experiencing a stroke, or being diagnosed with Parkinson's disease does not trigger an automatic award.

Instead of looking at the medical label, assessors evaluate the *day-to-day care needs* arising from those conditions. So if you're wondering what conditions qualify for continuing healthcare, NHS assessors look at situations where long-term conditions produce complex, intense, or unpredictable symptoms.

Conditions that commonly generate eligible needs include:

- **Advanced dementia and Alzheimer's disease:** Particularly where cognitive decline is accompanied by severe confusion, pacing, wandering, high fall risks, distress, or refusal of essential food and medication.

- **Severe stroke:** When neurological damage results in simultaneous loss of mobility, impaired speech, swallowing difficulties (dysphagia), and incontinence.
- **Progressive neurological conditions:** Advanced stages of Motor Neurone Disease (MND), Multiple Sclerosis (MS), and Parkinson's, where respiratory support, peg feeding, or intensive symptom management is required.
- **Complex respiratory conditions:** Chronic obstructive pulmonary disease (COPD) or throat conditions requiring continuous oxygen therapy, regular suctioning, or tracheostomy management.
- **End-of-life and palliative care:** Rapidly deteriorating conditions where the primary focus is complex pain relief, symptom management, and comfort during the final stages of life.

Whether a condition qualifies for continuing healthcare comes down to whether the overall combination of symptoms creates an ongoing need for skilled healthcare intervention that exceeds the legal limits of what local authority social care can provide.

The four core characteristics of a primary health need

To determine whether an individual's needs constitute a primary health need, the multidisciplinary assessment team evaluates four specific characteristics set out in the National Framework:

- **Nature:** The fundamental type of needs the individual has, and the overall quality and purpose of the required care. This looks at whether managing the condition requires specialist nursing judgement, clinical knowledge, or specific training.
- **Intensity:** The total volume, severity, and frequency of care required across a full 24-hour day. Someone requiring constant one-to-one supervision, frequent physical

repositioning to prevent pressure sores, or sustained daytime and nighttime interventions demonstrates high intensity.

- **Complexity:** How different medical and physical conditions interact with one another. For example, managing diabetes independently is straightforward; managing unstable diabetes in an individual with advanced dementia who forgets when they have eaten and resists blood tests creates severe clinical complexity.
- **Unpredictability:** How quickly, unexpectedly, and drastically a person's health condition changes. If an individual experiences sudden seizures, rapid drops in blood pressure, fluctuating consciousness, or sudden choking risks that require immediate clinical response, their care is highly unpredictable.

If the combination of these four characteristics shows that the main reason for needing support is health-focused, the person has a legal right to receive continuing healthcare.

Step 1: The CHC checklist and how scoring works

The journey to securing state health funding begins with an initial **screening document** called the chc checklist.

The checklist is not a final decision on funding. It is a preliminary triage tool designed to establish whether an individual's health needs are significant enough to warrant a full multidisciplinary assessment. It can be completed in a hospital, a care home, or at home by a social worker, district nurse, hospital discharge coordinator, or GP.

The screening tool evaluates 11 distinct care domains:

1. Behaviour (starred domain)
2. Cognition
3. Psychological and Emotional Needs

4. Communication
5. Mobility
6. Nutrition (Food and Drink)
7. Continence
8. Skin and Tissue Viability
9. Breathing (starred domain)
10. Drug Therapies and Medication (starred domain)
11. Altered States of Consciousness (starred domain)

Understanding CHC checklist scoring rules

Understanding official chc checklist scoring helps families evaluate whether an assessor has scored a relative accurately. In each of the 11 domains, the assessor assigns one of three letter grades:

- **A:** Represents a high, severe, or priority level of need.
- **B:** Represents a moderate level of need.
- **C:** Represents a low need or no need.

To ensure the screening tool acts as an open safety net, the threshold to trigger a full assessment is set deliberately low. A positive screening occurs, and referral for a full assessment is mandated, if the chc checklist scoring produces any of the following outcomes:

- Two or more 'A' scores across any domains.
- Six or more 'B' scores across any domains.
- One 'A' score and four 'B' scores.
- A single 'A' score in any of the four starred domains (Behaviour, Breathing, Drug Therapies, or Altered States of Consciousness).

If your relative meets any of these criteria on the chc checklist, the local **ICB** is legally required to arrange a full assessment.

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Step 2: The full multidisciplinary assessment and the Decision Support Tool

If the screening checklist is positive, the ICB arranges a formal assessment using the Decision Support Tool (DST).

This assessment is carried out by a **Multidisciplinary Team** (MDT) consisting of at least two healthcare professionals: usually a care coordinator from the NHS and a local authority social worker. The DST examines 12 care domains (the original 11 domains from the checklist, plus an additional domain for "Other Significant Care Needs").

Instead of the simple A, B, and C triage, the DST scores each domain across six escalating bands of need:

- No Needs
- Low
- Moderate
- High
- Severe
- Priority (only available in the Breathing, Behaviour, Drug Therapies, and Altered States of Consciousness domains)

While the DST is an evaluative guide rather than a rigid points counter, the National Framework states that an individual has a clear primary health need if they are awarded:

- A **Priority** score in any single domain.
- A **Severe** score in two or more domains.
- A **Severe** score in one domain, combined with a high number of needs across other domains that demonstrate complexity or unpredictability.

Even if an individual does not reach a severe score, an award for continuing healthcare funding can still be recommended if a combination of multiple "High" and "Moderate" needs demonstrates overall intensity, unpredictability, and complexity when viewed as a whole.

A crucial legal rule: well-managed needs still count

One of the most frequent reasons applications for continuing healthcare funding are improperly rejected is the discounting of "**well-managed needs**".

Assessors sometimes argue that because an older person appears calm, has stable skin integrity, or takes their medication reliably, their care needs are low. However, the National Framework is clear: *needs do not disappear simply because they are currently being managed successfully by Care Professionals or dedicated family members.*

When participating in an assessment, you must highlight *what would happen if that care were not present*. For example, if a client with dementia does not experience skin breakdown because care workers reposition them every two hours throughout the night, the underlying high-risk skin need remains. The skill, time, and vigilance required to keep that person stable must be scored as an active clinical need.

What if your relative is refused NHS CHC funding?

NHS England data reveals that only 19% to 22% of completed multidisciplinary assessments result in an initial award of standard NHS CHC. If your relative is turned down, you have clear statutory rights and alternatives:

1. Challenge and appeal the decision

If you believe the DST scoring did not accurately reflect the severity or intensity of your relative's condition, you can lodge a formal dispute with the ICB within six months of receiving the decision letter. If local resolution fails to resolve the issue, you can escalate the case to an Independent Review Panel (IRP) convened by NHS England.

2. NHS-Funded Nursing Care (FNC)

If your relative is residing in a registered nursing home and does not qualify for full chc funding, they may still qualify for **NHS-Funded Nursing Care** (FNC). FNC is a direct, non-means-tested weekly contribution (£235.88 per week in England) paid directly by the NHS to the care home to help cover the cost of registered nursing oversight.

3. Local authority social care support

If an individual does not have a primary health need, their support falls under local council social care legislation. The local council will carry out a financial means test against statutory **capital thresholds.** If the person has capital under £23,250, the council will contribute to care fees; if assets exceed £23,250, they will self-fund their care privately.

4. Claiming non-means-tested Attendance Allowance

Self-funding individuals living with complex health conditions can claim **Attendance Allowance** from the DWP. Paid at either the lower rate (£76.70 per week) or higher rate (£114.60 per week), this allowance provides additional monthly income to help offset the costs of professional home support, regardless of savings or property value.

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How to prepare for an assessment

Securing an accurate result on a CHC checklist or full DST assessment depends on having objective, detailed daily records.

To prepare effectively:

- **Keep a detailed care diary:** Record every night time waking, medication prompt, instance of distress, mobility transfer, and personal care resistance over a minimum two-week period.
- **Gather clinical reports:** Collect recent GP notes, hospital discharge summaries, speech and language therapy (SALT) swallow assessments, and physiotherapy plans.
- **Involve your professional home care team:** Registered home care managers maintain daily care logs, incident reports, and risk assessments that provide factual evidence of intensity and unpredictability.
- **Attend the assessment meeting:** You have a legal right to attend the MDT meeting alongside your relative and be heard as an equal contributor. Never feel pressured into agreeing with an assessment score that contradicts your daily experience.

Navigating NHS continuous health care requires patience and preparation. By understanding the statutory criteria, monitoring the CHC checklist scoring, and building a clear evidence base, families can ensure that an older relative receives the dedicated health funding they deserve.