CHC CLARITY

YOUR DST PREPARATION PACK

A practical, evidence-led checklist for families preparing for an NHS Continuing Healthcare Decision Support Tool assessment

FREE FAMILY RESOURCE

Understand what evidence to gather • pull out stronger examples • identify interactions • prepare for the four key characteristics

Evidence the need. Evidence the intervention. Evidence the risk.

Based on the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (2022) and the 2022 Decision Support Tool.

How to use this pack

The DST brings together evidence about a person's needs across 12 care domains. The MDT then uses that evidence to make a recommendation about whether the person has a primary health need. Domain levels inform the decision, but do not operate as a simple points score. The totality of need and the four key characteristics - nature, intensity, complexity and unpredictability - must be considered.

THE CHC CLARITY RULE

Do not just describe the diagnosis. Describe what happens, how often it happens, the risk it creates, what somebody has to do about it, and what could happen without that intervention.

Build your evidence file

- ☐ Current and previous care plans
- ☐ GP summary and relevant consultant letters
- ☐ Medication list, MAR charts and PRN records
- ☐ Falls records
- ☐ Tissue viability, wound and repositioning records
- ☐ Continence and catheter records
- ☐ Mental capacity assessments and best-interest decisions
- ☐ Family diary or chronology of significant events
- ☐ Daily care records and night records
- ☐ Hospital discharge summaries / emergency attendances
- ☐ Risk assessments and incident reports
- ☐ SALT, dietetic, OT and physiotherapy assessments
- ☐ Behaviour / ABC / PBS records
- ☐ Seizure or altered-consciousness records
- ☐ Relevant specialist nursing / mental health records

QUALITY OVER QUANTITY

A huge bundle of records is not automatically strong evidence. Prioritise records that show frequency, risk, intervention, fluctuation, deterioration and the consequences if care is delayed or withdrawn.

1 BREATHING

Respiratory function, monitoring and intervention

EVIDENCE TO GATHER

- ☐ Respiratory care plan
- ☐ Oxygen prescription / saturation records
- ☐ CPAP, BiPAP, ventilation or suction records
- ☐ Breathlessness episodes and triggers
- ☐ Chest infection / antibiotic history
- ☐ Aspiration-related respiratory concerns
- ☐ Emergency or hospital attendance

QUESTIONS TO ASK

- What triggers breathlessness?
- Does it respond consistently to management?
- What monitoring or equipment is needed?
- How quickly could deterioration occur?

TOO VAGUE	*"Dad has COPD."*
PULL THIS OUT	*"During washing and transfers Dad becomes markedly breathless. Staff stop the activity, reposition him and allow recovery before care continues. He has also required repeated treatment for chest infections."*

NATIONAL FRAMEWORK LENS

The DST requires the MDT to record the extent and type of the actual need and match it to the descriptor that most closely reflects the person's needs and support required. Evidence should be measurable where possible.

INTERACTIONS TO NOTICE Nutrition / aspiration • Mobility • Medication

2 NUTRITION - FOOD AND DRINK

Swallowing, intake, hydration and feeding support

EVIDENCE TO GATHER

- ☐ SALT / swallowing assessment
- ☐ IDDSI / modified diet and fluid plan
- ☐ Food and fluid charts
- ☐ Weight / MUST / dietitian records
- ☐ Choking, coughing or wet-voice episodes
- ☐ Prompting, feeding or supervision required

QUESTIONS TO ASK

- Can the person swallow safely?
- Is supervision continuous or occasional?
- What happens without prompting or positioning?
- Is weight stable because of active intervention?

• ☐ PEG / enteral feeding records where relevant	

TOO VAGUE	*“Mum needs help eating.”*
PULL THIS OUT	*“Mum requires one-to-one supervision throughout meals because she eats rapidly and does not recognise swallowing risk. Staff follow her SALT plan, prompt pacing and monitor for coughing and wet voice.”*

NATIONAL FRAMEWORK LENS

Current presentation matters, but so does the support required to achieve it. A stable weight or absence of choking does not by itself describe the underlying need or management required.

INTERACTIONS TO NOTICE Breathing / aspiration • Cognition • Communication

3 CONTINENCE

Bladder, bowel, infection and associated complications

EVIDENCE TO GATHER

- ☐ Continence assessment
- ☐ Bladder / bowel charts
- ☐ Catheter or stoma care records
- ☐ UTI / retention / constipation history
- ☐ Continence-related skin damage
- ☐ Medication or clinical intervention
- ☐ Distress or resistance during care

QUESTIONS TO ASK

- Is management routine or complicated?
- Are infections recurrent?
- Does the person communicate the need?
- Does continence affect skin, behaviour or cognition?

TOO VAGUE	*"Dad is doubly incontinent."*
PULL THIS OUT	*"Dad is doubly incontinent and cannot recognise or communicate when care is required. Frequent checks and prompt cleansing are needed because moisture exposure contributes to skin damage."*

NATIONAL FRAMEWORK LENS

The MDT should consider the need as it presents, including associated risks and interactions. Avoid describing one domain in isolation where another need changes how continence care must be delivered.

INTERACTIONS TO NOTICE Skin • Cognition • Behaviour • Communication

4 SKIN AND TISSUE VIABILITY

Prevention, wounds, healing and deterioration risk

EVIDENCE TO GATHER

- ☐ Skin / pressure-risk assessment
- ☐ Wound charts and photographs where appropriate
- ☐ Tissue viability records
- ☐ Dressing regime
- ☐ Repositioning charts

QUESTIONS TO ASK

- What happens without the preventative regime?
- How often is intervention required?
- Has deterioration occurred despite care?
- What other needs increase skin risk?

- ☐ Pressure-relieving mattress / cushions
- ☐ Infection / antibiotic records
- ☐ Evidence of delayed healing

TOO VAGUE	*"Mum is at risk of pressure sores."*
PULL THIS OUT	*"Mum cannot reposition herself and requires two-hourly repositioning day and night, pressure-relieving equipment and daily skin monitoring. She has previously developed pressure damage despite preventative care."*

NATIONAL FRAMEWORK LENS

The DST guidance states that needs should not be marginalised simply because they are successfully managed. The active management that prevents deterioration remains relevant evidence.

INTERACTIONS TO NOTICE Mobility • Continence • Nutrition • Medication

5 MOBILITY

Transfers, falls, positioning and moving-and-handling risk

EVIDENCE TO GATHER

- ☐ Physio / OT assessment
- ☐ Moving and handling plan
- ☐ Falls and near-miss records
- ☐ Hoist / transfer requirements
- ☐ Number of staff required
- ☐ Wheelchair / specialist seating
- ☐ Contractures, spasticity or pain
- ☐ Ability to understand / cooperate with transfers

QUESTIONS TO ASK

- How many staff are needed?
- Can the person cooperate consistently?
- Are falls or movements unpredictable?
- Is movement painful or clinically risky?

TOO VAGUE	*"Dad needs a hoist."*
PULL THIS OUT	*"Dad requires two carers and a full-body hoist for every transfer. Because he cannot reliably follow instructions and may become distressed, staff must adapt the transfer and manage additional moving-and-handling risk."*

NATIONAL FRAMEWORK LENS

A diagnosis, equipment item or statement such as "high falls risk" does not automatically determine the domain level. The MDT should match the actual needs and support required to the descriptor.

INTERACTIONS TO NOTICE Cognition • Behaviour • Skin • Pain

6 COMMUNICATION

Ability to reliably express needs, symptoms and distress

EVIDENCE TO GATHER

- ☐ SALT / communication assessment
- ☐ Communication passport / aids
- ☐ Hearing / visual impairment evidence
- ☐ Ability to report pain or symptoms

QUESTIONS TO ASK

- Can the person reliably express a need?
- Can they report pain or deterioration?
- Do staff need to interpret behaviour?
- What could happen if signs are missed?

• ☐ Ability to summon assistance • ☐ Non-verbal indicators used by staff • ☐ Examples where signs were missed or misinterpreted	

TOO VAGUE	*"Mum does not communicate very well."*
PULL THIS OUT	*"Mum cannot reliably verbalise pain, thirst or physical deterioration. Familiar staff identify possible discomfort through changes in facial expression, vocalisation, behaviour and withdrawal."*

NATIONAL FRAMEWORK LENS

The DST focuses on the extent and type of need. The important question is not simply whether somebody can speak, but whether they can reliably communicate their needs and whether others must interpret them.

INTERACTIONS TO NOTICE Cognition • Behaviour • Pain • Medication

7 PSYCHOLOGICAL AND EMOTIONAL NEEDS

Distress, anxiety, mood and impact on care

EVIDENCE TO GATHER

- ☐ Mental health / psychological assessments
- ☐ Records of anxiety, distress or low mood
- ☐ Hallucinations / paranoia where relevant
- ☐ Sleep disturbance
- ☐ Reassurance / support required
- ☐ Medication and specialist input
- ☐ Refusal of care linked to distress

QUESTIONS TO ASK

- How often and how long does distress last?
- What intervention is required?
- Does distress prevent other care?
- Does it fluctuate or escalate?

TOO VAGUE	*"Dad gets anxious."*
PULL THIS OUT	*"Dad experiences significant anxiety several times each day. During episodes he refuses medication and personal care and requires prolonged reassurance from familiar staff before care can continue."*

NATIONAL FRAMEWORK LENS

The recommendation should explain how needs in one domain interrelate with others to create additional complexity, intensity or unpredictability. Capture the impact of psychological needs on the wider care picture.

INTERACTIONS TO NOTICE Behaviour • Medication • Nutrition • Cognition

8 COGNITION

Understanding, memory, insight, decision-making and risk

EVIDENCE TO GATHER

- ☐ Cognitive assessment / diagnosis evidence
- ☐ Mental capacity assessments
- ☐ Best-interest decisions
- ☐ Orientation and memory records
- ☐ Unsafe decisions / lack of insight
- ☐ Supervision required

QUESTIONS TO ASK

- What risks can the person not recognise?
- Can information be understood and retained?
- Can the person make everyday decisions safely?
- What supervision results from the

• ☐ Fluctuating cognition / delirium evidence	impairment?

TOO VAGUE	*“Mum has severe dementia.”*
PULL THIS OUT	*“Mum does not recognise that she cannot mobilise independently and repeatedly attempts to stand without assistance. She cannot retain safety advice, so staff must provide ongoing supervision and intervention.”*

NATIONAL FRAMEWORK LENS

Terminology such as “severe dementia” does not automatically equal a severe DST level. The descriptor must be selected according to the person’s actual needs and support required.

INTERACTIONS TO NOTICE Mobility • Communication • Medication • Behaviour

9 BEHAVIOUR

Risk, frequency, severity and skilled management

EVIDENCE TO GATHER

- ☐ ABC / behaviour charts
- ☐ Incident reports
- ☐ PBS / behaviour support plan
- ☐ Aggression / self-injury / absconding records
- ☐ Resistance to essential care
- ☐ Known triggers and de-escalation strategies
- ☐ PRN medication
- ☐ Staffing levels and injuries

QUESTIONS TO ASK

- How frequent and severe are incidents?
- Can triggers always be identified?
- What skill or staffing is required?
- What happens if intervention fails?

TOO VAGUE	*"Dad can be aggressive."*
PULL THIS OUT	*"During personal care Dad may suddenly strike, kick or push staff. Five incidents were recorded in the last fortnight. Staff use an agreed de-escalation approach and two carers are required for higher-risk interventions."*

NATIONAL FRAMEWORK LENS

The DST specifically recognises that successful behavioural management may reduce incidents while the underlying need remains. Consider the present-day need and the support required to manage risk.

INTERACTIONS TO NOTICE Cognition • Psychological needs • Communication • Medication

10 DRUG THERAPIES AND MEDICATION: SYMPTOM CONTROL

Medication complexity, monitoring, response and risk

EVIDENCE TO GATHER

- ☐ Current medication list / MAR
- ☐ PRN protocols and usage
- ☐ Controlled drugs / insulin / anticoagulants
- ☐ Rescue medication

QUESTIONS TO ASK

- What monitoring is required?
- Are doses or PRNs adjusted according to presentation?
- What happens if medication is missed or

- ☐ Covert medication / refusal
- ☐ Blood or glucose monitoring
- ☐ Side effects / adverse events
- ☐ Pain and symptom-control records
- ☐ Frequent dose changes / specialist oversight

delayed?
- Can the person report side effects?

TOO VAGUE	*"Dad takes twelve medications."*
PULL THIS OUT	*"Dad requires blood glucose monitoring, insulin administration and PRN medication. Because he cannot recognise hypoglycaemic symptoms or reliably communicate deterioration, staff must monitor clinical signs and respond."*

NATIONAL FRAMEWORK LENS

The number of medicines alone is not the test. Describe the management, monitoring, symptom control, skill and risk associated with the medication regime.

INTERACTIONS TO NOTICE Cognition • Communication • Behaviour • Altered consciousness

11 ALTERED STATES OF CONSCIOUSNESS

Seizures, collapses, episodes and emergency response

EVIDENCE TO GATHER

- ☐ Seizure / episode diary
- ☐ Epilepsy care plan
- ☐ Type, frequency and duration
- ☐ Rescue medication protocol
- ☐ Post-ictal monitoring
- ☐ Falls / injuries linked to episodes
- ☐ Hypoglycaemic or fainting episodes
- ☐ Emergency / hospital attendance

QUESTIONS TO ASK

- Is there a warning pattern?
- How frequent / severe are episodes?
- What intervention is required?
- What happens during recovery?

TOO VAGUE	*"Mum has epilepsy."*
PULL THIS OUT	*"Mum experiences seizures without a consistent warning pattern. Staff must protect her from injury, time the episode, monitor recovery and decide whether rescue medication or emergency escalation is required."*

NATIONAL FRAMEWORK LENS

The MDT should consider not only frequency but also severity, risk, response and unpredictability. The four key characteristics are applied to the totality of need.

INTERACTIONS TO NOTICE Medication • Mobility • Cognition • Breathing

12 OTHER SIGNIFICANT CARE NEEDS

Important needs not adequately captured in domains 1-11

EVIDENCE TO GATHER

- ☐ Specialist care plans
- ☐ Complex pain records
- ☐ Specialist nursing interventions
- ☐ Palliative / symptom-control records
- ☐ Unusual clinical risks
- ☐ Specialist equipment

QUESTIONS TO ASK

- Is this genuinely additional?
- Is it already captured elsewhere?
- What level would be consistent with comparable DST domains?
- How does it affect the totality of need?

• ☐ Relevant professional assessments	

TOO VAGUE	*"There are other health problems too."*
PULL THIS OUT	*"The person has a significant additional clinical need requiring regular specialist intervention that is not adequately represented in the first eleven domains; the records show the intervention, frequency and associated risk."*

NATIONAL FRAMEWORK LENS

The DST provides this domain for significant needs not covered by the first 11 domains. It should be weighted consistently using professional judgement and should not simply duplicate another domain.

INTERACTIONS TO NOTICE Consider all relevant domains without double-counting

Join the evidence together

The National Framework and DST require the MDT to consider the totality of need and interactions between domains. A need may look less significant when viewed alone but become more complex, intense or unpredictable when combined with other needs.

EXAMPLE INTERACTION

Cognition → cannot recognise swallowing risk • Nutrition → requires modified diet and supervision • Communication → cannot reliably report choking or discomfort • Breathing → aspiration may lead to respiratory deterioration

The four key characteristics

NATURE	**What are the characteristics of the needs and what type of intervention is required?** *What causes the need? • What care is required? • What are the consequences if it is not provided?*
INTENSITY	**How much care is required and how sustained or repeated is it?** *How often? • How long? • Day and night? • How many staff?*
COMPLEXITY	**How do needs interact and make care more difficult to manage?** *Does one need affect another? • Are competing risks present? • Is skilled judgement required?*
UNPREDICTABILITY	**How much do needs fluctuate and how quickly can risk change?** *Can deterioration occur without warning? • Is urgent response sometimes required? • Is the response to intervention variable?*

IMPORTANT

The DST guidance states that any one of the four characteristics, alone or in combination with others, could be sufficient to indicate a primary health need. The recommendation should explain interactions between domains.

Well-managed needs

The DST guidance is explicit: “Well managed needs are still needs.” It also cautions against pretending routine care or medication is absent. The practical question is what active management is required now, and whether that management has permanently reduced or removed the ongoing need.

OUTCOME ONLY	*“Her skin is fine now.”*
EVIDENCE THE MANAGEMENT	*“Her skin remains intact because staff reposition her every two hours, use pressure-relieving equipment and monitor her skin daily.”*

Your Evidence Detective

For each significant need, answer these six questions. This turns a general concern into usable DST evidence.

1. WHAT HAPPENS?

2. HOW OFTEN?

3. WHAT IS THE RISK?

4. WHAT DOES SOMEBODY HAVE TO DO?

5. WHAT COULD HAPPEN IF THAT INTERVENTION IS NOT PROVIDED?

6. WHICH OTHER NEEDS DOES THIS INTERACT WITH?

DST meeting checklist

- ☐ I have identified the person's main needs and strongest evidence.
- ☐ I have specific examples, dates and frequencies where possible.
- ☐ I can explain the risk and intervention required.
- ☐ I have considered day and night needs.
- ☐ I have considered interactions between domains.
- ☐ I have considered nature, intensity, complexity and unpredictability.
- ☐ I have noted anything in the records that understates or omits the need.
- ☐ I will ask what evidence supports any descriptor I disagree with.
- ☐ I will ask for significant disagreements and rationale to be recorded.
- ☐ I will ask how the totality of need has been considered.

Five questions worth asking

1. **What evidence supports that descriptor?**
2. **Has the level of intervention required to manage this need been taken into account?**
3. **How has this need been considered alongside the other domains?**
4. **How has the evidence been considered under nature, intensity, complexity and unpredictability?**
5. **If I disagree, can my disagreement and rationale please be recorded?**

Your one-page DST summary

THE PERSON'S THREE MOST SIGNIFICANT NEEDS

THE GREATEST RISKS

THE MOST IMPORTANT INTERVENTIONS

THE NEEDS THAT INTERACT MOST SIGNIFICANTLY

THE MOST UNPREDICTABLE ASPECT OF CARE

THE STRONGEST EVIDENCE I WANT THE MDT TO CONSIDER

Final CHC Clarity check

- ☐ What are the actual needs?
- ☐ How frequently do they occur?
- ☐ What risks do they create?
- ☐ What intervention is required?
- ☐ What skill or judgement is required?
- ☐ What could happen without that intervention?
- ☐ How do the needs interact?
- ☐ Which needs fluctuate or change unexpectedly?
- ☐ What evidence supports each statement?

REMEMBER

Diagnosis does not determine eligibility • the DST is not a simple points exercise • well-managed needs remain relevant needs • evidence the intervention, not only the outcome • specific examples are stronger than general statements

Official sources

- Department of Health and Social Care, National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (2022).
- Department of Health and Social Care, NHS Continuing Healthcare Decision Support Tool guidance (2022), especially guidance on the 12 domains, professional judgement, well-managed needs, interactions and the four key characteristics.

This pack is an educational preparation resource. It does not guarantee NHS Continuing Healthcare eligibility and is not a substitute for individual legal, clinical or professional advice.

CHC CLARITY • Where Local Authority meets the boundary of Health.

CHC CLARITY

YOU'RE PREPARED.
WANT TO GO DEEPER?

This free pack helps you organise the evidence. The next step is learning how that evidence is analysed within the DST.

FREE: DST PREPARATION PACK

- ✓ Gather the right records
- ✓ Identify risks, interventions and fluctuations
- ✓ Prepare examples for all 12 domains
- ✓ Think through Nature, Intensity, Complexity and Unpredictability

COMING NEXT FROM CHC CLARITY

DST Evidence Builder

Go beyond collecting records: learn how to map evidence to descriptor wording, identify gaps, test interactions between domains and build a clear evidence position.

DST Masterclass

A deeper guide to all 12 domains, descriptor reasoning, the four key characteristics, MDT decision-making, worked cases and common challenge points.

Keep learning with CHC Clarity

www.chcclarity.co.uk

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