

Individual's Name Unique Identifier No.

Date of Assessment / Review * (please delete as appropriate)

NURSING NEEDS ASSESSMENT

DECISION RECORD

Guidance for using this Decision Record

This form is a decision record that records the outcome of a nursing needs assessment and does not replace any fully documented assessment that may be completed by members of the multi-disciplinary team. It is to be used within the context of the Unified Assessment process and documentation and with particular reference to the document 'Assessment, Decision making, Eligibility and Completion of the Nursing Needs Assessment Decision Record' (The Workbook), which sets out more fully advice for using this decision record (NNADR). A copy should be attached to the completed assessment and/or the Summary Record of the Unified Assessment.

This decision record must be used following a nursing assessment, to record the decision that an individual:-

- A. Has health care needs which may give rise to eligibility for Continuing NHS Healthcare and requires further multi-disciplinary assessment.
- B. The individual has nursing needs and is eligible for NHS Funded Nursing Care.
- C. Has health care needs, which through accessing other assessments or care options (e.g. intermediate care, rehabilitation, mental health) will minimise the risk to independence (local provision will apply)
- D. The individual has nursing needs, which may be managed in a community setting or a residential care home.
- E. The individual has no nursing needs

It should be completed and retained in the care record for all individuals who have received a nursing assessment, and record which options for care are being considered. Also, it should be retained for those individuals who are found not to be eligible for NHS Funded Nursing Care in the event of appeal.

In undertaking an assessment, or re-assessment, the first consideration must always be the extent to which the individual has health care needs which may give rise to eligibility for Continuing NHS Healthcare (for further advice on this, see the Workbook). In such circumstances, the matter must be referred to the appropriate persons for multi-disciplinary assessment, according to local arrangements, and actions recorded under 'A' on page 4 of this form.

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Indicators for eligibility for NHS Funded Nursing Care:

NHS Funded Nursing Care refers to the funding by the NHS of the element of care by a registered nurse, in a care home providing nursing. Nursing care in these circumstances includes only nursing services which need to be provided either by, or under the supervision of, registered nurses or otherwise in accordance with section 49 of the Health and Social Care Act 2001, are incidental or ancillary to the person's need for accommodation, in accordance with section 21 of the National Assistance Act 1948, and are of a nature which a Social Services authority could be expected to provide¹. The nature and limits of this nursing care are explained further in the Workbook.

The following indicators relate to the need for nursing by a registered nurse. They must be considered during the assessment process solely in relation to nursing needs only, particularly when part of a multi-disciplinary assessment, taking into account the intensity of need identified, in order to inform the decision-making process.

1. **Unpredictability:** The unpredictability of the individual's clinical condition, disease process or behaviour requires **monitoring** by a registered nurse. (***Monitoring** - When changes to the individual's condition cannot be anticipated with certainty, requiring ongoing assessment or review by a registered nurse.*)
2. **Complexity:** The particular combination or complexity of the individual's physical and/or mental health needs require the **clinical judgement** of a registered nurse in the reassessment or adjustment of nursing interventions. (***Clinical judgement** - A registered nurse's decision about an individual's condition and the required resulting action, based on their observation, knowledge and experience, and any relevant information or advice from others.*)
3. **Stability:** The individual's unstable/fluctuating disease process (alternating or irregular) may require **monitoring and/or prompt intervention or treatment** from a registered nurse. (***Intervention by a registered nurse** - The actions undertaken by a registered nurse based on their clinical judgement of an individual's needs.*)
4. **Risk:** The risk of harm to the individual or others may require the **availability and prompt intervention** of a registered nurse or makes the placement in a care home with nursing otherwise appropriate.

The first consideration must be whether the individual has health care needs which may give rise to eligibility for Continuing NHS Healthcare. If so, you will need to tick A on page 4, and refer to the appropriate persons for multi-disciplinary assessment, according to local arrangements. If the indicators lead you to decide that an individual may be eligible for NHS Funded Nursing Care (e.g. at least one YES answer) you must tick B on page 4, and (once eligibility for Continuing NHS Healthcare has been eliminated) forward the decision record to the relevant manager in the appropriate LHB. The form does not have to be forwarded to the LHB if you tick either C, D, or E.

It may be appropriate to tick both A and B (i.e. the person is eligible for NHS Funded Nursing Care, but also requires to be assessed for continuing NHS health care).

¹ (or could have been expected to provide before the coming into force of section 49 of the Health and Social Care Act 2001)

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DECISION PROCESS

Please complete the indicators below.

Please tick and comment on each indicator in all cases.

1. Unpredictability

The unpredictability of the individual's clinical condition, disease process or behaviour requires monitoring by a registered nurse. YES ☐ NO ☐

Explanation

2. Complexity

The particular combination or complexity of the individual's physical and/or mental health needs require the **clinical judgement** of a registered nurse in the reassessment or adjustment of nursing interventions. YES ☐ NO ☐

Explanation

3. Stability

The individual's unstable/fluctuating disease process may require **monitoring and/or prompt intervention or treatment** from a registered nurse. YES ☐ NO ☐

Explanation

4. Risk

The risk of harm to the individual or others may require the **availability and prompt intervention** of a registered nurse, or makes the placement in a care home with nursing otherwise appropriate. YES ☐ NO ☐

Explanation

Name of individual:.....

Date of Birth / /

Address.....

.....

Current location (if different)

Unique identifier number (at least one) e.g.:

NHS / Hospital / NI Number / LHB Number

(Indicate which)

.....

.....

.....

On the basis of the judgement made on the previous page, please tick A, B, C, D, E as appropriate (tick both A and B where appropriate).

A. The individual has health care needs which may give rise to eligibility for Continuing NHS Healthcare and requires further multi-disciplinary assessment. ☐

(Referred to..... on (date))

B. The individual has nursing needs and is eligible for NHS Funded Nursing Care. ☐

C. The individual has health care needs which, through accessing other assessments or care options (e.g. intermediate care, rehabilitation, mental health) will minimise the risk to independence. ☐

D. The individual has nursing needs which may be managed in a community setting or residential care home. ☐

E. The individual has no nursing needs. ☐

I confirm that the individual and / or (where applicable) their representative has been involved in the assessment and will be informed of this decision, and also about the decision / appeals process, if appropriate. (please tick) YES ☐ NO ☐

ASSESSOR

Name **Signature**

Post **Date** / /

Should the individual be eligible for NHS Funded Nursing Care, this decision record should now be forwarded to the relevant manager in your LHB.

ASSESSMENT CERTIFIED BY (assessing LHB for NHS Funded Nursing Care):

Name..... **Signature**.....

Post..... **Date** / /

A copy of this completed form, and the assessment, will be passed to the individual (or representative) and the care co-ordinator. Also, with the agreement of the individual (or representative), those indicated below (where applicable) may receive a copy upon request (please tick)

Social worker ☐

Next of Kin ☐

Care Home Manager ☐

Person with Registered Power of Attorney ☐

Public Guardianship ☐

Person with Registered Enduring Power of Attorney ☐