

Assessment standards and national guidance

Independent standards report on NHS Continuing Healthcare in England

watkin.care

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This report develops the project's practice-standards note of 8 October 2026. It identifies the main national and professional benchmarks and proposes questions for examining how they operate in practice.

The central distinction

Published guidance establishes expectations. Whether those expectations were met requires examination of the actual assessment, underlying evidence, professional contributions and decision record.

Three levels to keep clear

Source or proposal	Status
National Framework	National policy guidance underpinned by the Standing Rules. Legal requirements, policy expectations and best practice must be distinguished. [1]
Decision Support Tool guidance	National instructions for using the DST and producing a multidisciplinary recommendation. [2]
NMC Code and assessor guidance	Professional obligations relevant to registered nurse assessors; other professions have their own regulatory standards. [3,4]
Assurance questions in this report	Suggested ways to examine implementation. They are not additional legal requirements or eligibility criteria.

Scope

The focus is adult CHC assessment in England, particularly Standard CHC. Fast Track has its own tool and should not be treated as requiring a routine DST. This is a focused standards summary, not a finding about an individual case or a legal opinion.

No personal case records or local competency documents were examined. The report does not establish that all ICBs implement the same assurance arrangements. It is an independent publication, not an NHS document or a peer-reviewed study.

1. Core national benchmarks

Assessment and participation: DST guidance [2]

The DST should follow a comprehensive current needs assessment, using specialist input where appropriate. It is not the needs assessment itself. Users should understand the Framework and receive appropriate training. Individuals or representatives should be supported to contribute; their involvement, or reasons for absence, should be recorded. Reasons should be clear, and the completed DST provided with the decision.

Multidisciplinary composition: DST paragraphs 16-17 [2]

The minimum is either two professionals from different healthcare professions, or a healthcare professional plus a person responsible for assessing care-and-support needs under Part 1 of the Care Act. Different nursing specialties alone do not constitute different healthcare professions. Family attendance does not replace the required professionals. Meeting the individual is described as best practice.

Recommendation and reasoning: DST paragraphs 22-23, 34-43 [2]

The recommendation considers domain evidence, interactions and nature, intensity, complexity and unpredictability. Domain levels cannot be converted through a simple points formula. The rationale should explain the overall conclusion and differing professional views.

Managed needs, resources and participation: Framework [1]

Ongoing needs should not be discounted because care manages them successfully. The Framework also recognises genuinely reduced needs and qualifications for well-controlled conditions (paragraphs 162-166 and Practice Guidance 23). Eligibility is needs-based, independent of financial constraints. Local-authority participation in joint assessment should not depend on the individual's financial circumstances (assessment section, printed page 46).

Authority and wording

The Standing Rules require ICBs to have regard to the Framework. That does not make every statement of best practice a separate statutory duty. In examining a concern, identify the exact provision and whether it expresses a requirement, expectation or recommendation. [1]

How to use these benchmarks

Read the cited provisions in full when applying them to a case. Record the document version, the relevant assessment date and the evidence needed to examine compliance. A checklist of headings cannot replace that examination.

2. Professional accountability and assurance

Registered nurse assessors [3,4]

NMC guidance emphasises individual accountability, relevant knowledge and skills, practice within competence, accurate assessment and records, collaboration and transparent reasons. Financial or commercial interests must not influence professional decisions. Nurses should address misunderstandings openly and respond to concerns. The Code adds specific requirements on evidence, cooperation, record keeping and recognising limits of competence.

The NMC also recognises that most professionals assess safely and effectively. Disagreement with an outcome alone does not demonstrate wrongdoing. A concern about an entry should identify the discrepancy and evidence; deliberate falsification requires evidence beyond the existence of an error. [3]

Proposed questions for ICB assurance

The questions below are this report's suggested approach to examining implementation. They do not establish that each named mechanism is nationally mandated.

Area	Evidence to request or examine
Competence	How is ability to apply the Framework assessed in real cases? What supports initial sign-off, continuing development and access to specialist advice?
MDT membership	Who formed the team? What professional roles did they hold? How did members contribute to the recommendation?
Participation	What opportunity did the individual or representative have to contribute, check the record and raise discrepancies?
Reasoning	How do the final domain levels and four-characteristic analysis follow from the available evidence?
Disagreement	Are distinct professional opinions identifiable? Is it clear what was agreed, what remained disputed and how it was handled?
Record integrity	Who made material changes, when, why and on what evidence? Does the final version preserve an accurate account?
Quality review	What did assurance examine? What concerns were found? What corrections or learning followed?

Training and demonstrated application

A training certificate records an educational activity. Case review can examine how knowledge was applied, including evidence selection, professional reasoning and communication. Local training and supervision records would be needed to assess a particular service; none were examined here.

3. Applying the standards and locating sources

A proportionate way to examine a concern

Start with a precise issue, such as a changed domain level or an omitted professional view. Identify the source record, the relevant date and the national or professional provision. Ask for an explanation of the discrepancy and how it affected the recommendation. Distinguish correction of the record, reconsideration of eligibility and investigation of professional conduct: they address different questions.

This is a proposed review method. It is not a validated assessment instrument, a substitute for the Framework or a claim that a particular discrepancy changes eligibility.

Important limitations

The existence of guidance does not establish consistent implementation. This report has not audited ICB practice, assessor qualifications or individual decision records. It does not quantify compliance, determine misconduct or establish the sensitivity and specificity of the DST. Source wording and applicable versions should be checked when examining a particular assessment.

References and source locations

[1] Department of Health and Social Care. National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care. July 2022 revised; corrected July 2023 file. Key locations: executive summary; assessment section; paragraphs 162-166; Practice Guidance 23 and 40-41.

<https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care>

[2] Department of Health and Social Care. NHS continuing healthcare decision support tool guidance. Key paragraphs: 1-5, 16-23 and 34-43.

<https://www.gov.uk/government/publications/nhs-continuing-healthcare-decision-support-tool/nhs-continuing-healthcare-decision-support-tool-guidance>

[3] Nursing and Midwifery Council. Supporting information for nurse assessors. Key points and transparency guidance.

<https://www.nmc.org.uk/standards/guidance/supporting-information-for-nurse-assessors/>

[4] Nursing and Midwifery Council. The Code. Particularly sections 6, 8, 10, 13 and 20-21.

<https://www.nmc.org.uk/standards/code/>

Primary national guidance, the Framework PDF and NMC assessor information were checked online on 15 October 2026. The original project note supplied the initial source map; this report separates those benchmarks from its own assurance proposals.

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Preparation: retrieval and drafting used ChatGPT assistance. No external legal review or independent academic peer review was undertaken. The project has a family advocacy perspective. No personal case evidence is included.