

— PAYING FOR CARE

NHS Continuing Healthcare: A Guide for London Families

Who qualifies for NHS continuing healthcare, how the checklist and DST work, which London ICB decides, how to appeal, and using CHC to pay for care at home.

By the JNP Sidona team · 13 October 2026 · 11 min read

NHS continuing healthcare (CHC) is care the NHS arranges and pays for in full when an adult's main need is for health care, in their own home or in a care home, with no means test. Your parent's integrated care board (ICB) decides, after a screening checklist and a full assessment. Only a minority qualify: 18% of people given a full standard assessment in England between April and June 2026 were found eligible.

KEY POINTS

- Eligibility depends on your parent's needs, not their diagnosis. A well-managed need still counts as a need.
- Ask for a checklist if your parent's health needs are complex, intense or unpredictable. A GP, nurse, other health professional or social worker can complete one.
- Ask to be present at the checklist and the full assessment, and bring written evidence of what a typical day and night involve.
- The ICB should normally decide within 28 days of receiving a positive checklist. If the ICB takes longer without good reason and your parent is then found eligible, it should refund care costs from day 29 until the decision.
- If the answer is no, you can challenge it. South East and South West London set a six-month limit; elsewhere, ask the ICB for its deadline in writing straight away.
- If your parent is eligible, they have a right to a personal health budget, which can pay for care at home.

What is NHS continuing healthcare?

CHC is for adults aged 18 and over in England whose main need is for health care. Professionals call this a "primary health need". Wales, Scotland and Northern Ireland run their own systems.

If your parent is eligible, the NHS becomes responsible for all of their assessed health and associated social care needs. In a care home, that includes the accommodation. At home, the National Framework says this could include equipment, routine and incontinence laundry, and daily domestic tasks such as food preparation and shopping. It does not cover rent, food or normal utility bills. Standard equipment still usually comes through the local joint equipment service.

Three things set CHC apart from council-funded care:

- **It is not means-tested.** Savings, income and the family home play no part in the decision.
- **The NHS pays the whole bill.** With council care, you may have to contribute after a financial assessment.
- **Families cannot pay a top-up.** Extra private services must be bought separately.

Who is eligible for NHS continuing healthcare?

The test is whether your parent has a primary health need. A team of at least two professionals from different disciplines looks at all of their needs together and asks four questions about them:

- **Nature:** what kind of needs they are, and what effect they have.
- **Intensity:** how severe the needs are, and how much ongoing care they take.
- **Complexity:** how the needs interact, and how much skill it takes to manage them.
- **Unpredictability:** how much the needs fluctuate, and the risk if care comes late.

Under the National Framework, which every ICB must follow, the decision must not rest on:

- the diagnosis. Dementia, Parkinson's or a stroke does not qualify or disqualify anyone on its own.
- where the care is given, who gives it, or whether they are NHS or specialist staff.
- the fact that a need is well managed. It counts unless good care has permanently reduced or removed it.
- money.

The well-managed need rule matters most for families. Suppose your mother has no falls or aggressive episodes because carers watch her around the clock. She has not stopped needing that care. The care is working. Say so plainly at the assessment, and bring the care records that show the work behind it.

What are the chances of getting CHC?

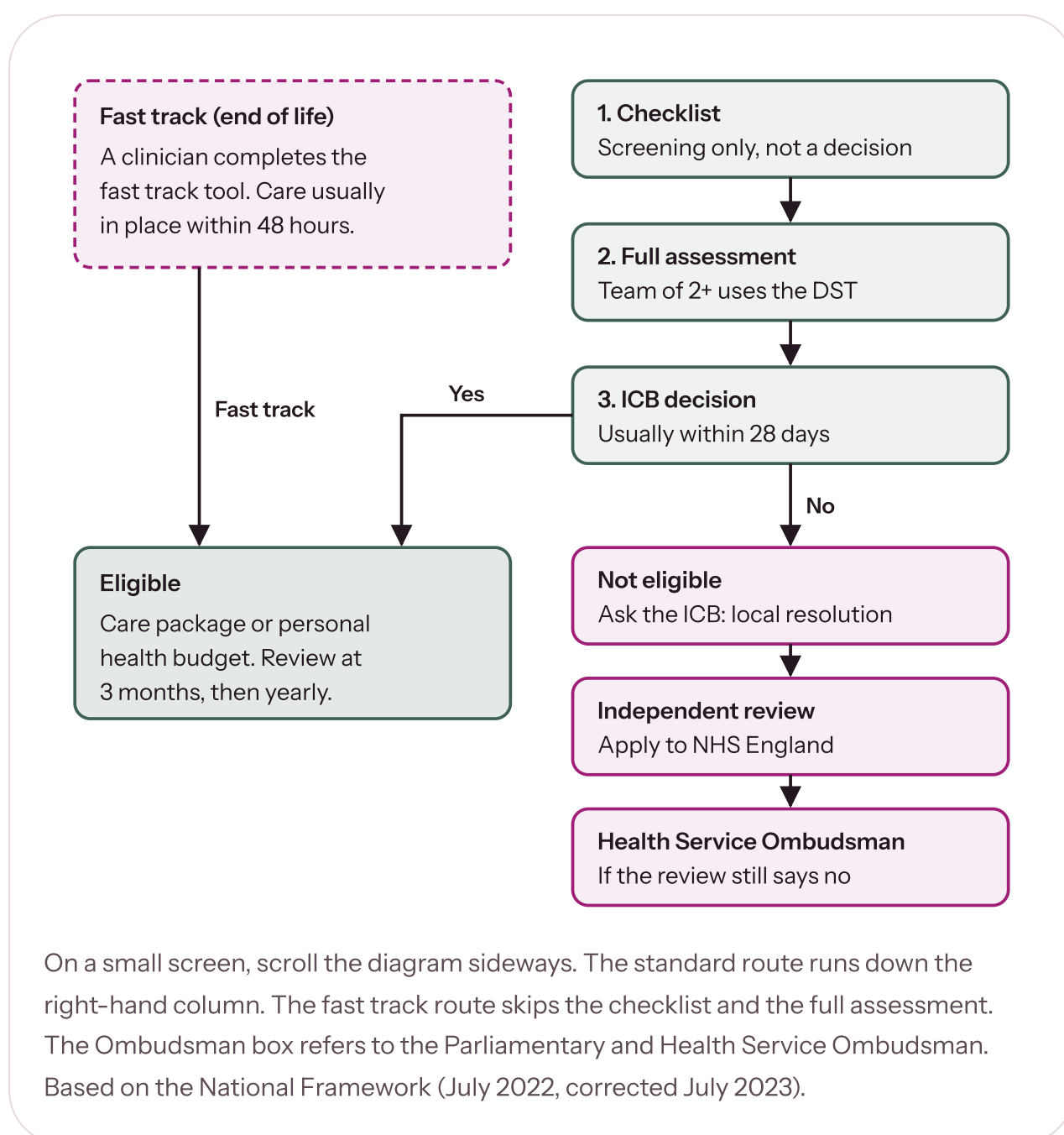
Most people who are screened in are not found eligible, and it is better to know that before you start. NHS England's figures for April to June 2026 (published 13 August 2026) show:

- 14% of completed standard referrals ended in eligibility. On full assessment, the rate was 18% (2,295 of 13,001).
- Fast track referrals for people nearing the end of life were approved at 95%.
- 67% of standard referrals were completed within 28 days, down from 77% in October to December 2025. One in three took longer.
- Of 666 local resolution reviews completed that quarter, 92 (14%) ended in the person being found eligible.

These are England-wide figures, not London ones. NHS England publishes newer quarterly figures on its [CHC statistics page](https://www.england.nhs.uk/statistics/statistical-work-areas/nhs-chc-fnc/) (<https://www.england.nhs.uk/statistics/statistical-work-areas/nhs-chc-fnc/>).

A no can still lead to some NHS money. If your parent still has health needs, the NHS may fund part of the care in a joint package with the council. The NHS part stays free; the council can assess the rest and means-test it. If they live in a nursing home and need a registered nurse, they may get NHS-funded nursing care, which in 2026/27 is [£267.68 a week at the standard rate](https://www.gov.uk/government/news/better-community-care-thanks-to-nursing-funding-boost) (<https://www.gov.uk/government/news/better-community-care-thanks-to-nursing-funding-boost>) (from 1 April 2026), paid straight to the home.

How does the CHC assessment process work?



Step 1: the checklist

The checklist is a quick screening tool. A nurse, doctor, other health professional or social worker can complete it. It scores 11 areas of need as A (highest), B or C, and the result is positive, so a full assessment follows, if any of these applies:

- two or more A scores
- five or more B scores, or one A and four B
- one A in any of the four areas that can reach "priority" level in the full assessment: breathing, behaviour, drug therapies and medication, and altered states of consciousness

Your parent, and you as their representative, should normally be offered the chance to be there. You should get the result in writing with reasons, usually as a copy of the checklist. A positive checklist means "assess properly". It does not mean "eligible". If the checklist is negative, you can ask the ICB to reconsider it, especially if you have information the assessor did not see. Our guide to the CHC checklist goes through each area in detail.

A checklist is not usually needed while someone is still recovering, for example in the weeks after a hospital stay, because their needs have not settled yet.

Step 2: the full assessment and the Decision Support Tool

A multidisciplinary team (MDT) of at least two professionals from different professions, usually including people who already know your parent, completes the Decision Support Tool (DST). It covers 12 areas: breathing, nutrition, continence, skin, mobility, communication, psychological and emotional needs, cognition, behaviour, drug therapies and medication, altered states of consciousness, and other significant care needs.

Each area is rated from "no needs" upwards. Three areas stop at "high": continence, communication, and psychological and emotional needs. Altered states of consciousness goes from "high" straight to "priority". The other eight can reach "severe", and three of them (breathing, behaviour, and drug therapies and medication) can also reach "priority".

A clear recommendation of eligibility is expected if there is one priority need, or two or more severe needs. One severe need with needs in several other areas, or a number of high and moderate needs, may also show a primary health need. That depends on their nature, intensity, complexity and unpredictability. The ICB should normally accept the team's recommendation.

Step 3: the decision

The ICB should normally make its decision within 28 calendar days of receiving the positive checklist. If it delays without good reason and your parent is then found eligible, it should

refund care costs from day 29 until the decision. Keep invoices and dates from the start. The decision should come in writing with clear reasons.

The fast track route

If your parent's condition is deteriorating quickly and they may be entering the last stage of life, a clinician can complete a fast track tool instead. There is no checklist and no DST, and the aim is to have care in place usually within 48 hours. Our fast track CHC guide explains who can complete it and how to arrange care at home quickly. If your parent wants to be cared for at home, see our [palliative care at home \(/palliative-care-london\)](/palliative-care-london) page.

CHC after a hospital stay

National guidance says most CHC assessments should take place outside acute hospitals, in line with the "discharge to assess" model. Between April and June 2026, just 45 of 12,587 standard DSTs in England (0.4%) were completed in an acute hospital. So, unless your parent is on the fast track route, expect the full assessment to happen after discharge, once needs are clearer. Ask the ward or discharge team, in writing, whether a CHC checklist is planned and when. Our guide to discharge to assess explains what to expect in the weeks after leaving hospital.

Which ICB decides in London?

The ICB that decides is the one linked to your parent's GP practice, not the one where you live. If your parent is not registered with a GP, it is the ICB where they usually live. There is one main exception: if your parent's ICB has placed them in a care home in another area, the original ICB usually stays responsible for that placement, whichever GP they then register with. These rules come from NHS England's "Who Pays?" guidance. London's NHS organisations changed in 2026. NHS North Central London and NHS North West London merged on 1 April 2026 to form NHS West and North London. South East London and South West London are still separate ICBs with their own CHC teams.

London ICBs and the boroughs their CHC teams cover (checked 9 October 2026)	
ICB	Boroughs
NHS West and North London (https://www.westandnorthlondon.icb.nhs	Barnet, Brent, Camden, Ealing, Enfield, Hammersmith and Fulham, Haringey, Harrow,

ICB	Boroughs
uk/your-health/health-services/continuing-healthcare-chc/	Hillingdon, Hounslow, Islington, Kensington and Chelsea, Westminster
NHS North East London (https://north-east-london.icb.nhs.uk/service/continuing-health-care/)	Barking and Dagenham, City of London, Hackney, Havering, Newham, Redbridge, Tower Hamlets, Waltham Forest
NHS South East London (https://www.south-east-london.icb.nhs.uk/our-residents/your-health/care-and-support/continuing-healthcare/)	Bexley, Bromley, Greenwich, Lambeth, Lewisham, Southwark
NHS South West London (https://www.south-west-london.icb.nhs.uk/what-we-do/funding-requests/continuing-healthcare/)	Croydon, Kingston, Merton, Richmond, Sutton, Wandsworth

Each ICB's CHC page tells you how to reach the team for your borough. Check the page before you write, because contact details change.

How to prepare for a CHC assessment

An assessment is a snapshot of an hour or two. Your job is to show the team the whole week, nights included.

- 1 Ask for the checklist in writing.** Write to your parent's GP, the community nursing team, their social worker or the borough CHC team. Say why you think the needs may be complex, intense or unpredictable.
- 2 Keep a diary in the weeks before.** Note falls, choking, night waking, distress, aggression, missed medicines, pressure sores, and how many people each task takes. The National Framework says an assessor may ask a care provider to keep this kind of record.
- 3 Gather the records.** Bring care notes, medication charts, recent discharge letters and letters from specialists. Ask the care agency for its daily notes.
- 4 Sort out consent.** The NHS needs your parent's consent, or a best-interests decision if they lack capacity, before it shares their information with family. A health and

welfare lasting power of attorney makes this simpler.

- 5 **Attend and speak up.** Describe the worst days as well as the average ones, and explain what it takes to keep a well-managed need under control. Check each area's score against your evidence and record any disagreement on the day.

How to appeal a CHC decision

There are three stages:

- 1 **Local resolution with the ICB.** Write to the ICB saying you disagree, and explain why, area by area, with evidence. South East London expects requests within six months of receiving the decision, acknowledges them within two working days, and aims to finish within three months. South West London also states a six-month limit. In South East and South West London, the original decision stands while the review runs. These South East London timescales come from its local resolution policy (latest published version, checked October 2026). Every ICB must publish a local resolution process with timescales, but West and North London and North East London give no deadline on their CHC pages. If your parent is in one of their boroughs, ask the ICB for its deadline in writing straight away.
- 2 **Independent review by NHS England.** If local resolution fails, you can ask NHS England to review the decision or the way the ICB reached it. A panel with an independent chair hears the case. You do not need a lawyer, and NHS England's own guide says the process typically takes three to six months.
- 3 **The Parliamentary and Health Service Ombudsman.** If the decision is upheld and you still disagree, you can complain to the Ombudsman.

Free, independent CHC advice is available from Beacon, which the NHS website points to (beaconchc.co.uk, 0345 548 0300). If your parent's needs have changed since the decision, ask for a new checklist as well. The National Framework says a change in needs can justify a new checklist, or going straight to a full assessment if the change clearly warrants it.

If your parent paid for care during a period when they may have been eligible but were never assessed, you can ask the ICB to look at that "previously unassessed period of care". These requests are usually only considered for periods after April 2012. Write to the ICB's CHC team asking for an assessment of that period, and include care invoices and care records for it.

[Government guidance](https://www.gov.uk/government/publications/continuing-healthcare-previously-unassessed-periods-of-care/dealing-with-requests-for-assessments-of-previously-unassessed-periods-of-care-from-1-april-2012) (<https://www.gov.uk/government/publications/continuing-healthcare-previously-unassessed-periods-of-care/dealing-with-requests-for-assessments-of-previously-unassessed-periods-of-care-from-1-april-2012>) says evidence you supply may speed up the process.

Can NHS continuing healthcare pay for care at home?

Yes. CHC is not limited to care homes. Since October 2014, people eligible for CHC have had a right to a personal health budget. The ICB can hold the budget for you, a third party can manage it, or it can be paid to you as a direct payment. You can use it to arrange visiting care or a live-in carer through a regulated agency, or, with a direct payment, to employ personal assistants.

The ICB will weigh cost against value for money. South East London's choice and equity policy (approved December 2025; latest published version, checked October 2026) says that if care at home costs more than the average cost of a suitable setting such as a nursing home, the ICB may recommend that setting instead, and that there is "no automatic right" to 24-hour funded care at home.

The National Framework sets a limit on this: ICBs can weigh comparative costs, but must not set arbitrary limits on care at home based purely on the notional cost of a care home. If you are offered a setting you think is wrong, ask for the reasons in writing and ask how the ICB reviews disputes about care settings. South East London's policy sets up a choice and equity panel for this.

CHC is not permanent. The ICB reviews the package within three months, then at least once a year. Funding can stop if needs reduce, so keep your diary going (see the question on this below).

Questions families ask

Do we need consent to request an assessment for a parent with dementia?



Does Attendance Allowance stop if CHC pays?



Can a personal health budget pay a family member?



How we can help

We cannot assess CHC or tell you whether your parent will qualify. That decision belongs to the ICB. What we can do is provide the care, once you know who is paying. JNP Sidona is a homecare agency based in Lewisham, registered with CQC but not yet inspected or rated. We provide [complex care at home in London](/complex-care-london) (/complex-care-london): [live-in care](/live-in-care-london) (/live-in-care-london) anywhere in the capital, and visiting care where we have carers nearby, so ask. We support families who are paying privately, waiting for a decision, or using a personal health budget for agency care where their ICB agrees. Jackie, our registered manager, offers a free home assessment and a written care plan. If you are still working out who pays for care, start with our [guide to paying for care in London](/paying-for-care-london) (/paying-for-care-london).

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About this guide

Written by the JNP Sidona team using the official sources listed above, which we checked on 9 October 2026. Rules, rates and thresholds change, usually each April, so always confirm the current position with the source or your council. This guide is general information, not medical, legal or financial advice. If you spot something out of date, email info@jnpsidonasupportservices.co.uk (<mailto:info@jnpsidonasupportservices.co.uk>) and we will correct it.