NEEDS PORTRAYAL DOCUMENT

Primary Care Trust	NHS CCG
Individual's Name	
NHS Number	

Date of birth:		**Date of death (if applicable):**		**Age:**		**Ethnicity:**	
Applicant's Name:			**Period(s) under Consideration:**		**Period of review requested by claimant:**		
Relationship to the Person:					**Period of review agreed by CCG:**		
					Period identified by the reviewer:		
Home address (prior to admission)		**Residential address** (Type of Home if known – including dates)	**Residential address** (Type of Home if known – including dates)		**GP details**		
Prepared by:				**Signature:**			
Professional qualifications of assessor(s)/clinical validator:				**Date:**			

PLEASE ENSURE THIS DOCUMENT IS SIGNED & DATED BY THE AUTHOR(S)
Refer to back page for guidance notes prior to completion.

SUMMARY OF EVIDENCE USED	Please tick if used to inform this document (If evidence is not available please state the reason, e.g. care home closed; notes destroyed etc.)
Care Home records	
Hospital records	
GP records	
Social Care Services records/assessments	
District Nursing records/Community records	
Mental Health records	
Funded Nursing Care Assessments	
CCG Assessments	
CCG Local Review Panels	
Other specialist records - (e.g. dietician, physiotherapy, SALT, tissue viability). Please specify below:	

Name:		DOB:		Period of Enquiry:	

Medical History

DIAGNOSIS		
MEDICAL HISTORY in date order (High Level Overview) If RIP - Include, cause of death if known		
DATE	**FINDINGS**	**SOURCE OF INFORMATION** e.g. Care Home records, GP records

Name:		DOB:		Period of Enquiry:	

SOCIAL HISTORY/ BACKGROUND • Relevant personal details • What is relevant to this claim period • Advocacy • Awareness of needs & problems • Level of insight • Decision making processes	
FINDINGS	**SOURCE OF INFORMATION** e.g. Care Home records, GP records

Name:		DOB:		Period of Enquiry:	

Chronology

CHRONOLOGY (What we need to know)

- Events leading up to this needs portrayal
- Patients pathway
- Hospital admissions & dates
- Relevant Assessments & dates
- Previous Panels if applicable

DATE	FINDINGS	SOURCE OF INFORMATION e.g. Care Home records, GP records

Name:		DOB:		Period of Enquiry:	

Behaviour

Behaviour: Triggers for Assessment Information (what we need to know)

Challenging behaviour in this domain includes but is not limited to:

- **Persistent noisiness;**
- **Persistent restlessness;**
- **Inappropriate interference with others;**
- **Inappropriate sexual behaviour;**
- **Inappropriate urination;**
- **Faecal Smearing;**
- **Severe disinhibition;**
- **Wandering;**
- **Physical violence;**
- **Threatening violence;**
- **Verbal abuse;**
- **Extreme frustration associated with communication difficulties;**
- **Resistance to necessary care and treatment (this may therefore include non-concordance and non-compliance);**
- **Risk to self and/or others**
- **Identified high risk of suicide**

DATE OF RECORD	FINDINGS - (including frequency, intensity, involvement of other health care professionals, number of people required – list events in date order)	SOURCE OF INFORMATION (to include full referencing back to original material)

Assessors Summary:

Name:		DOB:		Period of Enquiry:	

Cognition

Cognition: Triggers for Assessment Information (what we need to know)

- **Cognitive function – Memory / decisions and choices**
- **Awareness of needs and basic risks**
- **Orientation – time/place/person**
- **Confusion**
- **Delusions / preoccupations / paranoia / hallucinations**
- **Specialist intervention**
- **Assessment tools/Mini Mental state examination undertaken**

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Assessors Summary:

Name:		DOB:		Period of Enquiry:	

Psychological and Emotional

Psychological and Emotional Needs: Triggers for Assessment Information (what we need to know)

- **Mood Disturbance and anxiety symptoms – predictable/unpredictable**
- **Withdrawn? Do they participate in activities of Daily Living and care planning?**
- **Do they respond to prompts and reassurance?**
- **Specialist intervention/ needs input**

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Assessors Summary:

Name:		DOB:		Period of Enquiry:	

Communication

Communication: Triggers for Assessment Information (what we need to know)

- **Verbal & non-verbal abilities**
- **Comprehension**
- **Can they understand instructions?**
- **Can they make their needs known?**
- **Aids used/needed**
- **Specialist input**
- **Sensory deficits**
- **Extreme frustration associated with communication difficulties**
- **Hazards – insights into, are they able to request help?**

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Assessors Summary:

Name:		DOB:		Period of Enquiry:	

Mobility

Mobility : Triggers for Assessment Information (what we need to know)

- **Level of independence/ dependence**
- **Level of supervision –number of staff required**
- **Aids & equipment needed**
- **Moving and handling assessment**
- **Maintaining a safe environment**
- **Risk Assessments – are they needed?**
- **Specialist intervention/ needs input**

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Nutrition

Nutrition – Food and Drink : Triggers for Assessment Information (what we need to know)

- **Nutritional status including weight, BMI, food & fluid type – intervention times**
- **Assessment tools**
- **Can they eat and drink independently or require assistance?**
- **Aids & adaptations**
- **Alternative feeding methods (please specify)**
- **Likes/dislikes**
- **Problems, e.g. swallow, aspiration**
- **Specialist intervention/needs input**

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Continence

Continence : Triggers for Assessment Information (what we need to know)

- **Level of continence**
- **Level of dependence**
- **Aids & equipment required, e.g. stoma**
- **Recurrent UTIs**
- **Specialist interventions/ needs input**

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Skin including Tissue Viability

Skin including Tissue Viability : Triggers for Assessment Information (what we need to know)

- **Actual & potential problems**
- **Risk assessment, e.g. Waterlow**
- **Details of wounds & treatments, pressure sore gradings, healing**
- **Skin conditions**
- **Aids & equipment needs**
- **Related medical conditions**
- **Positioning/turning**
- **Specialist intervention/needs input**

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Breathing

Breathing: Triggers for Assessment Information (what we need to know)

- **Breathlessness due to Respitory/Cardiac /Other condition**
- **Smoking history**
- **Disease history**
- **Exacerbation or COPD**
- **Medications – need for oxygen, inhalers, nebulisers**
- **Specialist intervention/equipment needs input**
  Airway clearance techniques/ BiPAP CPAP/Trache/ Ventilation

DATE OF RECORD	**FINDINGS - (Including frequency, intensity, involvement of other health care professionals, number of people required – list events in date order)**	**SOURCE OF INFORMATION** (to include full referencing back to original material)

Assessors Summary:

Name:		**DOB:**		**Period of Enquiry:**	

Name:		DOB:		Period of Enquiry:	

Medication – reference only

Name of Drug /used for	Dose	Frequency	Route	Compliance	Frequency of Review

Name:		DOB:		Period of Enquiry:	

Medication

Medication/ Symptom control: Triggers for Assessment Information (what we need to know) *please comment on the following triggers unless otherwise recorded in alternative domain (i.e. behaviour)*

- **Administration / compliance**
- **Aids & equipment**
- **Qualified input e.g. PRN medication**
- **Monitoring of medication in relation to fluctuating physical/mental conditions**
- **Level of dependency, educational needs, physical abilities**
- **Ability of understanding**
- **Allergies**
- **Levels and location of pain**
- **Pain assessment tools/assessment**
- **Equipment**
- **Communication abilities**
- **Compliance**
- **Specialist intervention needs input, .e.g Macmillan**

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Assessors Summary:

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Altered States of Consciousness

Altered States of Consciousness : Triggers for Assessment Information (what we need to know)

- **Any evidence of altered states of consciousness**
- **Epilepsy**
- **Brain injury/ stroke**
- **Transient Ischaemic Attacks**
- **Diabetic coma**

DATE OF RECORD	**FINDINGS - (Including frequency, intensity, involvement of other health care professionals, number of people required – list events in date order)**	**SOURCE OF INFORMATION** (to include full referencing back to original material)

Assessors Summary:

Name:		DOB:		Period of Enquiry:	

Hygiene & Dressing

Hygiene & Dressing: Triggers for Assessment Information (what we need to know)

- Level of input, e.g. number of staff, prompts, supervision
- Abilities & skills
- Adaptations & equipment
- Behaviours & attitudes
- Specialist interventions
- Personal Image
- Controlling body temperature
- Individual ability to control environment
- Other influences, e.g. illness, level of comprehension
- Inappropriate behaviours
- Infections or disease

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Assessors Summary:

Name:		DOB:		Period of Enquiry:	

Sleeping

Sleeping: Triggers for Assessment Information (what we need to know)

- Actual sleep pattern
- Identifying any sleep deficits
- Need for intervention, e.g. continence needs, safety issues, moving & handling, feeding
- Mental function
- Equipment needs.
- Medication issue needs

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Assessors Summary:

Name:		DOB:		Period of Enquiry:	

SUMMARY OF NEEDS:						
Section of the Mental Health Act 1983	Section			Date		
RNCC History	Date of RNCC	Band	Date of RNCC	Band	Date of RNCC	Date

Name:		DOB:		Period of Enquiry:	

CONTACT WITH THE APPLICANT				
Has the draft needs portrayal been sent to the applicant?	Yes	☐	No	☐
Was the applicant invited to attend a meeting to discuss the needs portrayal?	Yes	☐	No	☐
If yes, on what date did this take place?				
If a meeting took place, are the minutes attached?	Yes	☐	No	☐
Additional comments:				

Name:		**DOB:**		**Period of Enquiry:**	

Signature of person preparing the report:		Date:	
Signature of Clinical validator:		Date:	

Name:		DOB:		Period of Enquiry:	

APPLICANT'S COMMENTS ON THE NEEDS PORTRAYAL:			
Signature of applicant:		Date:	

NEEDS PORTRAYAL DOCUMENT

Strategic Health Authorities
Appendix 5

GUIDANCE NOTES

- To be completed by an individual(s) with the appropriate skills/qualifications to pick out the relevant information as required. The needs should be drawn from all the available sources of evidence, including that from the applicant.
- As far as possible, your findings should be in chronological order.
- Remember to reference the source of information on the form (e.g. care home records) and to identify the point in the records. This will make it easier to refer back if necessary at Panel.
- Where information is not available or there is no supporting evidence, state this clearly.
- Endeavour to concisely capture as much information as appropriate – certainly everything that could influence a decision regarding the provision of Continuing Healthcare.
- Nature or complexity or intensity or unpredictability of an individual's needs (and any combination of these) will be crucial to inform decision-making. Therefore comprehensive details of care needs and significant events are very important.
- Detail the involvement of all Health Care Professionals and members of the Multi Disciplinary Team (MDT) under the appropriate heading, e.g. Dietetic input under nutrition, etc.
- The boxes in the document will expand as you complete them. Alternatively to insert an extra row, place the cursor in the last column of the last row and press TAB
- When completing electronically, enter the required information into the header/footer on page 3 and it will continue through the document.
- Before finalising this report it should be shared with the applicant. The form should be sent to the applicant for comment, prior to it being considered as evidence by the MDT. If there is no evidence to support a significant event raised by the applicant, it can be reflected in the document as 'according to the family/applicant's oral evidence'.