Fast Track Pathway Tool for NHS Continuing Healthcare

Published December 2018

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| DH ID box |
| Title: Fast Track Pathway Tool for NHS Continuing Healthcare |
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| Document Purpose:  Guidance |
| Publication date:  December 2018 |
| Target audience:  Health and social care professionals  Public |
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[www.gov.uk/dh](http://www.gov.uk/dh)

1. This revised tool accompanies the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care 2018 (the National Framework) and the NHS Continuing Healthcare Checklist (the Checklist) and the Decision Support Tool for NHS Continuing Healthcare (DST). This is the version that Clinical Commissioning Groups (CCGs) and NHS England[[1]](#footnote-2) should use from 1st October 2018. Please use the tool in conjunction with the National Framework, with particular reference to paragraphs 216-245.
2. Standing Rules Regulations[[2]](#footnote-3) have been issued under the National Health Service Act 2006[[3]](#footnote-4) and directions are issued under the Local Authority Social Services Act 1970 in relation to the National Framework.

## What is the Fast Track Pathway Tool?

1. Individuals with a rapidly deteriorating condition that may be entering a terminal phase, may require ‘fast tracking’ for immediate provision of NHS Continuing Healthcare.
2. The intention of the Fast Track Pathway is that it should identify individuals who need to access NHS Continuing Healthcare quickly, with minimum delay, and with no requirement to complete the Checklist or the Decision Support Tool (DST). Therefore, the completed Fast Track Pathway Tool, which clearly evidences that an individual is both rapidly deteriorating and may be entering terminal phase, is in itself sufficient to establish eligibility.

## Who can complete the Fast Track Pathway Tool?

1. In Fast Track cases, the Standing Rules state that it is an ‘appropriate clinician’ who determines that the individual has a primary health need. The CCG must therefore determine that the individual is eligible for NHS Continuing Healthcare and should respond promptly and positively to ensure that the appropriate funding and care arrangements are in place without delay.
2. An ‘appropriate clinician’ is defined as a person who is:

a) responsible for the diagnosis, treatment or care of the individual under the 2006 Act in respect of whom a Fast Track Pathway Tool is being completed; and

b) a registered nurse or a registered medical practitioner.

1. The ‘appropriate clinician’ should be knowledgeable about the individual’s health needs, diagnosis, treatment or care and be able to provide an assessment of why the individual meets the Fast Track Pathway Tool criteria.
2. An ‘appropriate clinician’ can include clinicians employed in voluntary and independent sector organisations that have a specialist role in end of life needs (for example, hospices), provided they are offering services pursuant to the 2006 Act.
3. Others, who are not approved clinicians as defined above, but are involved in supporting those with end of life needs, (including those in wider voluntary and independent sector organisations) may identify the fact that the individual has needs for which use of the Fast Track Pathway Tool might be appropriate. They should contact the appropriate clinician who is responsible for the diagnosis, care or treatment of the individual and ask for consideration to be given to completion of the Fast Track Pathway Tool.

## When should the Fast Track Pathway Tool be used?

1. The Fast Track Pathway Tool must only be used when the individual has a rapidly deteriorating condition and may be entering a terminal phase.
2. The Fast Track Pathway Tool replaces the need for the Checklist and the Decision Support Tool (DST) to be completed. However, a Fast Track Pathway Tool can also be completed after the Checklist if it becomes apparent at that point that the Fast Track criteria are met.
3. The Fast Track Pathway Tool can be used in any setting. This includes where such support is required for individuals who are already in their own home or are in a care home and wish to remain there. It could also be used in other settings, such as hospices.
4. If an individual meets the criteria for the use of the Fast Track Pathway Tool then the Tool should be completed even if an individual is already receiving a care package (other than one already fully funded by the NHS) which could still meet their needs. This is important because the individual may at present be funding their own care or the local authority may be funding (and/or charging) when the NHS should now be funding the care in full.
5. The completed Fast Track Pathway Tool should be supported by a prognosis, where available. However, strict time limits that base eligibility on a specified expected length of life remaining should not be imposed:

a) ‘rapidly deteriorating' should not be interpreted narrowly as only meaning an anticipated specific or short time frame of life remaining; and

b) ‘may be entering a terminal phase’ is not intended to be restrictive to only those situations where death is imminent.

It is the responsibility of the appropriate clinician to make a decision based on whether the individual’s needs meet the Fast Track criteria.

1. An individual may at the time of consideration be demonstrating few symptoms yet the nature of the condition is such that it is clear that rapid deterioration is to be expected in the near future. In these cases it may be appropriate to use the Fast Track Pathway Tool in anticipation of those needs arising and agreeing the responsibilities and actions to be taken once they arise, or to plan an early review date to reconsider the situation. It is the responsibility of the appropriate clinician to base their decision on the facts of the individual’s case and healthcare needs at the time.

## How should the Fast Track Pathway Tool be used?

1. Appropriate clinicians should complete the attached fast-track documentation and set out how their knowledge, and evidence about the patient’s needs, leads them to conclude that the patient has a rapidly deteriorating condition and that the condition may be entering a terminal phase.
2. It is helpful if an indication of how the individual presents in the current setting is included with the Fast Track Pathway Tool, along with the likely progression of the individual’s condition, including anticipated deterioration and how and when this may occur. However, CCGs should not require this information to be provided as a prerequisite for establishing entitlement to NHS Continuing Healthcare.
3. Whilst the completed Fast Track Pathway Tool itself is sufficient to demonstrate eligibility, a care plan will be required which describes the immediate needs to be met and the patient’s preferences. This care plan should be provided with the Fast Track documentation, or as soon as practicable thereafter, in order for a CCG to commission appropriate care.
4. The setting where an individual wishes to be supported as they approach the end of their life may be different to their current arrangements (e.g. even though they are currently in a care home setting they may wish to be supported in their family environment).The important issue is that (wherever possible) the individual concerned receives the support they need in their preferred place as soon as reasonably practicable, without having to go through the full process for consideration of NHS Continuing Healthcare eligibility.

## How should the individual/representative be involved?

1. The overall Fast Track process should be carefully and sensitively explained to the individual and (where appropriate) their representative.
2. It is also important for the CCG to know what the individual or their representative have been advised about their condition and prognosis and how they have been involved in agreeing the end of life care pathway.
3. Clinicians completing the Fast Track Pathway Tool should make the individual aware that their needs may be subject to a review, and accordingly that the funding stream may change subject to the outcome of the review.

**Careful decision-making is essential in order to avoid the undue distress that might result from changes in NHS Continuing Healthcare eligibility within a very short period of time**

Please ensure all parts of this form are completed including the equality monitoring form at the end of the Fast Track Pathway Tool is completed

## Part A - Fast Track Pathway Tool for NHS Continuing Healthcare

To enable immediate provision of a package of NHS Continuing Healthcare

Date of completion of the Fast Track Pathway Tool \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name D.O.B.

NHS number:

Date of Admission to Hospital:

Expected Date of Discharge:

Date Discharged:

Permanent address and Current location (i.e. name of  
telephone number hospital ward etc.)

|  |  |
| --- | --- |
|  |  |
|  |  |

Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details of appropriate clinician**[[4]](#footnote-5)** (name, role, organisation, telephone number, email address)

|  |
| --- |
|  |

Name and contact details of Next of Kin / Representative

|  |
| --- |
|  |

Name and contact details of GP on admission to hospital:

|  |
| --- |
|  |

Current Package of Care Details:

|  |
| --- |
| Is there a current package of care in place: Yes  No |
| How is the package of care currently funded?  Self-funder  Local Authority  If Local Authority, is this:  Dorset  Bournemouth, Poole & Christchurch  Other LA    Direct Payment |
| Current Care Provider Details: |
| Cost per Week (if known): £ |
| Has the care been cancelled: Yes  No |

## Part B - Fast Track Pathway Tool for NHS Continuing Healthcare

To enable immediate provision of a package of NHS Continuing Healthcare

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| --- |
| The individual fulfils the following criterion:  He or she has a rapidly deteriorating condition and the condition may be entering a terminal phase. For the purposes of Fast Track eligibility this constitutes a primary health need. No other test is required. |
| Brief outline of reasons for the fast-tracking recommendation:  Please set out below the details of how your knowledge and evidence of the patient’s needs mean that you consider that they fulfil the above criterion. This may include evidence from assessments, diagnosis, prognosis where these are available, together with details of both immediate and anticipated future needs and any deterioration that is present or expected. |
| Please continue on separate sheet where needed. This should include the patient’s name and NHS number, and also be signed and dated by the referring clinician. |

## Part C - Care Needs Assessment

To enable the appropriate care to be sourced to meet needs please complete the following (please note if N/A):

Waterlow Score and Risk (include Date)

MUST Score and Risk (include Date)

Details of other risk assessments in place (include date)

|  |
| --- |
|  |

Is there an ABC behaviour chart in place?

Any safeguarding issues (give brief details):

|  |
| --- |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Tick Relevant Box | No Needs | Monitoring Required | HCA intervention with registered nurse oversight | Registered Nurse intervention | Please describe intervention and care required |
| Breathing  Include: inhalers/chest infections/respiratory condition |  |  |  |  |  |
| Nutrition – Food and Drink  Include:  Details of SALT Safe Swallow plan/assistance needed. |  |  |  |  |  |
| Continence  Include:  Catheter care and prevention/constipation/pads |  |  |  |  |  |
| Skin  Include:  Details of prevention and wound dressings |  |  |  |  |  |
| Mobility  Include: Equipment/number of staff/contractures/barriers/pain. |  |  |  |  |  |
| Communication  Include:  Ability reliability to make needs known/sight and hearing. |  |  |  |  |  |
| Psychological and Emotional Needs  Include:  Level of reassurance/medications taken/activities attended/anxiety levels. |  |  |  |  |  |
| Cognition  Include: Orientation to time, place, person, dementia diagnosis, ability to make simple choices/basic risk assess. |  |  |  |  |  |
| Behaviour  Include: Can care needs be met/risks to self, property and others. Impact of behaviours. CMHT/medications. |  |  |  |  |  |
| Drug Therapies and Medication  Include:  List of medications  Frequency and dosage. Covert Policy/compliance issues/end of life meds/Diabetes management/stable BMs |  |  |  |  | JIC medications will be dispensed on discharge |
| Altered States of Consciousness  History of Stroke/fits/faints etc.  Medication taken.  List ASC during admission dates and details: |  |  |  |  |  |

Additional Information and risks

To ensure care is provided safely and in line with the individual’s wishes

Does the patient live alone? Yes No

If No, Who does the individual live with?\_\_\_

Is there a prescription chart in the home or will one be completed upon discharge?Yes No

Are anticipatory medications being prescribed for discharge? Yes No

Is there a syringe driver being prescribed for discharge? Yes No

Is the patient on a syringe driver? Yes No

Is there a DNAR recorded? Yes No

Is the patient for resuscitation?---------------------------------------------------- Yes No

Does the patient have a personalised care plan for end of life? Yes No

Are there any advance care plans in place? Yes No

Deprivation of Liberty in Place? Yes No

If Yes Date Authorised:

Is the patient aware of diagnosis? Yes No

What diagnosis is given? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the patient aware of prognosis? Yes No

Is the carer aware of diagnosis? Yes No

Is the carer aware of prognosis? Yes No

Are there any risks/safeguarding concerns regarding environment or social Yes No

circumstances?

Are there smokers in the home? Yes No

Are there pets in the home? Yes No

Are there any social/complex/family circumstances? Yes No

Is there any significant ill health within the family? Yes No

Please provide further information if yes answered to any of the above.

--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Equipment needed to support discharge:

Hoist In situ On Order N/A

Slide sheet In situ On Order N/A

Pressure relieving mattress In situ On Order N/A

Hospital bed In situ On Order N/A

Commode In situ On Order N/A

Bed rails In situ On Order N/A

Other (please state): In situ On Order N/A

What care package is being requested?

|  |  |
| --- | --- |
| **Type of Care** | Care Home with Nursing  Domiciliary  Other  Please specify…………………………………………….. |

**Care Home with Nursing only**

|  |
| --- |
| If Care Home with Nursing please provide details of any additional care requirements that the home should be aware of eg. Syringe driver trained |
|  |

**Domiciliary Care Only**

Environmental assessment completed

Are there any factors that pose a risk? If yes, please specify……………………………………………………………………….

If Live In care requested, has it been confirmed that a dedicated space and bed are available?

|  |
| --- |
| If ***Domiciliary*** please describe the support the family will provide, including sleep-ins (where appropriate) For example, will the family provide respite sit? If ***Live In care*** please provide rationale for this. |
|  |

**Day Care**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **How many days a week is care required?** | **Number of Daily Visits** | **Preferred Visit Times & Length** | **Level of Input** HCA 2x HCA  1x HCA  2 X HCA |
| **For Example**  7 | 3 | 9-11am (45mins); 3-5pm (30mins);  7-9pm (45mins) | 1 x HCA |
|  |  |  |  |

**Type of Care**

Meet personal hygiene and toileting needs. Wash, freshen up or wash hands before eating

Check pressure areas and apply creams as prescribed

Change pad and clothes/bedding as required.

Prompt medication

Offer food and assist to eat if required

Clean teeth/assist with mouth care

Change position/assist to sit in chair/assist to go to bed

**Night Care**

|  |  |
| --- | --- |
| **How many nights are required** | 1-2 nights  2-3 nights  3 – 4 nights |
| **Type of Visit** | Waking Night  Drop-in  Sleeping Night |
| **Level of Input** | 1 HCA  1 RN |

|  |
| --- |
| If a registered nurse needed, waking night / sleeping night or more than 4 nights are required, please provide a full rationale for the request including the health needs that are required to be met. |
|  |

**Type of Care**

Meet personal hygiene and toileting needs. Wash, freshen up or wash hands before eating.

Check pressure areas and apply creams as prescribed.

Change pad and clothes/bedding as required.

Prompt medication.

Offer food and assist to eat if required

## Part D - Declaration

I, an appropriate clinician, confirm that I have explained to the individual/their representative (tick as appropriate):

the reasons why a Fast Track application for NHS Continuing Healthcare has been made to the CCG.

that the purpose of this is to enable the individual’s needs to be urgently met as they have a rapidly deteriorating condition which may be entering a terminal phase.

that their needs may be subject to a review, and accordingly that the funding stream may change subject to the outcome of the review

Please ensure this form is sent directly to the discharge team without delay who will forward to the CCG

Name and signature of referring clinician Date

|  |  |
| --- | --- |
|  |  |

Name and signature confirming approval by CCG Date

|  |  |
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**About you — equality monitoring**

Please provide us with some information about yourself. This will help us to understand whether people are receiving fair and equal access to NHS continuing healthcare. All the information you provide will be kept completely confidential by the Clinical Commissioning Group. No identifiable information about you will be passed on to any other bodies, members of the public or press.

1 What is your sex?

Tick one box only

☐ Male

☐ Female

☐ In another way

☐ I prefer not to answer

2 Which age group applies to you?

Tick one box only

☐ 18-24

☐ 25-34

☐ 35-44

☐ 45-54

☐ 55-64

☐ 65-74

☐ 75-84

☐ 85+

☐ I prefer not to answer

3 Do you have a disability as defined by the Equalities Act 2010?

Tick one box only.

The Equalities Act 2010

Defines a person with a disability as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities.

☐ No

☐ Yes

☐ I prefer not to answer

4 What is your ethnic group?

Tick one box only.

**A White**

☐ English / Welsh / Scottish / Northern Irish / British

☐ Irish

☐ Gypsy or Irish Traveller

☐ Any other White background, write below

*Click here to enter text.*

**B Mixed / Multiple ethnic groups**

☐ White and Black Caribbean

☐ White and Black African

☐ White and Asian

☐ Any other Mixed / Multiple ethnic background, write below

Click or tap here to enter text.

**C Asian / Asian British**

☐ Indian

☐ Pakistani

☐ Bangladeshi

☐ Chinese

☐ Any other Asian background, write below

*Click here to enter text.*

**D Black, or Black British**

☐ African

☐ Caribbean

☐ Any other Black / African / Caribbean background, write below

*Click here to enter text.*

**E Other ethnic group**

☐ Arab

☐ Any other ethnic group, write below

*Click here to enter text.*

**Prefer not to say**

☐ I prefer not to answer

5What is your religion or belief?

Tick one box only.

Christian includes Church of England/Wales/

Scotland, Catholic, Protestant and

all other Christian denominations.

☐ None

☐ Christian

☐ Buddhist

☐ Hindu

☐ Jewish

☐ Muslim

☐ Sikh

☐ Prefer not to answer

Any other religion, write below

*Click here to enter text.*

6 Which of the following best describes your

sexual orientation?

Tick one box only.

☐ Heterosexual or Straight

☐ Gay or Lesbian

☐ Bisexual

☐ Prefer not to answer

Other, write below

*Click here to enter text.*

1. For the purposes of this document references to CCGs after this point also include NHS England where it is responsible for commissioning services for an individual for whom a Fast Track Pathway Tool has been completed. [↑](#footnote-ref-2)
2. The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (“the Standing Rules”) [↑](#footnote-ref-3)
3. National Health Service Act 2006 (c.41), (“the 2006 Act”). [↑](#footnote-ref-4)
4. Please see paragraph 5,6,7,8 and 9 on pages 3 &4 of this document for the definition of an appropriate clinician. If an appropriate clinician has not completed this form it will be returned by the CCG. [↑](#footnote-ref-5)