



Department
of Health &
Social Care



Cambridgeshire and
Peterborough
Clinical Commissioning Group

Fast Track Pathway Tool for NHS Continuing Healthcare

October 2018 (*Revised*)

Published March 2018

December 2018

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 England¹ 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 Regulations² have been issued under the National Health Service Act 2006³ 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?

3. Individuals with a rapidly deteriorating condition that may be entering a terminal phase, may require 'fast tracking' for immediate provision of NHS Continuing Healthcare.
4. 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?

5. 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.
6. 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.
7. 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.

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.

² The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 ("the Standing Rules")

³ National Health Service Act 2006 (c.41), ("the 2006 Act").

8. 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.
9. 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?

10. The Fast Track Pathway Tool must only be used when the individual has a rapidly deteriorating condition and may be entering a terminal phase.
11. 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.
12. 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.
13. 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.
14. 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.

15. 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?

16. 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.
17. 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.
18. 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.
19. 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?

20. The overall Fast Track process should be carefully and sensitively explained to the individual and (where appropriate) their representative.
21. 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.
22. 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

Name		DOB		NHS Number	
------	--	-----	--	------------	--

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 Tool

Name D.O.B.

NHS number:

Gender:

Permanent address and telephone number	Current location (i.e. name of hospital ward etc.,)	Next of Kin (name, address, phone number, relation to patient)

GP:

Please ensure that the equality monitoring form at the end of the Fast Track Tool is completed:

Contact details of referring clinician:	
Name:	
Role:	Organisation:
Telephone:	Email address:

Name		DOB		NHS Number	
------	--	-----	--	------------	--

Consent

In accordance with the Mental Capacity Act (2005) principles, an adult is assumed to have mental capacity to make their own decisions unless proven otherwise.

Where the individual is deemed to have capacity to consent to the completion of the assessment and /or the sharing of information please complete this section.

I agree to the completion of this assessment in order to determine eligibility for NHS Continuing Healthcare (CHC) to assist in care and support planning

I understand that NHS Cambridgeshire and Peterborough CCG **and those acting on its behalf** will hold my information securely on paper and on computer in accordance with the Data Protection Act 2018

I agree that the information provided in this assessment may be shared with health and social care staff, service providers who contribute to my care and any agencies acting on behalf of these organisations.

I understand that this information will be used for the purpose of providing a service, or care to me. I also **understand** that agencies may use anonymised information for statistical purposes and that the law may allow in some circumstances for other agencies to be provided with information about me.

I understand that I may withdraw my consent to share information at any time, and this may result in a reduction of services being available.

I understand that I have the right to restrict what information may be shared and with whom, but this may affect the provision of the care I receive.

I have made the following restrictions: (if applicable)

Signature of Patient:	Date:
Name of Assessor:	
Assessor's Signature	Date:

If the professional proposing this assessment is in doubt about the relevant person's ability to consent to this assessment process, then the professional should proceed to page 3 to complete the two-stage formal Mental Capacity Assessment.

Name		DOB		NHS Number	
------	--	-----	--	------------	--

MENTAL CAPACITY ASSESSMENT

What is the specific decision to be made?

Note - If more than one decision needs to be made, you must use a new assessment form for each separate decision.

Completion of an assessment in order to determine eligibility for NHS Continuing Healthcare (CHC) to assist in care and support planning.

Stage One

Is there an impairment of or disturbance in the functioning of the person's mind or brain?

Response			Evidence/Comments and Source
Yes		No	

If you have answered **No**, the person is considered to have Mental Capacity to make their own decision within the meaning of the Mental Capacity Act (2005). You do not need to proceed any further – sign and date the form below.

Stage Two

If you have answered **YES** to Stage One above, please proceed to the functional assessment below.

Does the person understand information relevant to the specific decision to be made?	Yes		No	
Explain your reasons				
Can the person retain relevant information long enough to make the decision?	Yes		No	
Explain your reasons				
Can the person use or weigh up relevant information as part of the decision-making process?	Yes		No	
Explain your reasons				
Can the person reliably communicate their decision?	Yes		No	
Explain your reasons				

Conclusion – Please tick the relevant box below and sign

If you answered YES to ALL questions above, then on the balance of probabilities the person is likely to have capacity to make this particular decision at this time, respect it.	
If you answered NO to ANY of the questions above, then on the balance of probabilities the person is likely to lack capacity to make this decision at this time. Proceed to Decision Making process .	
Name of Assessor	Signature of Assessor
	Date

Name		DOB		NHS Number	
------	--	-----	--	------------	--

--	--	--

Best Interests Decision-Making Process

Is the person likely to regain mental capacity?

Yes/ No - If 'Yes', can the decision be delayed - explain

Is there a valid Advance Decision, Lasting Power of Attorney or Deputy? (relating to health and welfare)

Yes/No - If 'Yes' their decision takes precedence.

What are the views of other relevant people consulted regarding this decision?

What are the person's past and/ or present wishes regarding this decision?

What other relevant information have you considered?

Declaration of the Decision Maker

I believe the assessment to be in the person's best interests. I confirm that this decision is not based on the person's age, appearance, condition or behaviour and I have considered all relevant factors.

Name of Decision-Maker		Date	
------------------------	--	------	--

Signature		Time	
-----------	--	------	--

Name		DOB		NHS Number	
------	--	-----	--	------------	--

Fast Track Pathway Tool for NHS Continuing Healthcare

To enable immediate provision of a package of NHS Continuing Healthcare

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.

Name		DOB		NHS Number	
------	--	-----	--	------------	--

(continue overleaf)

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.

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.

Name		DOB		NHS Number	
------	--	-----	--	------------	--

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 CCG without delay

Name and signature of referring clinician

Date

--	--

Name and signature confirming approval by CCG

Date

--	--

FAST TRACK NURSING ASSESSMENT

Name	DOB	NHS Number
Care Domains:	Clinical Presentation and Evidence	Care Required
Breathing:		

Name		DOB		NHS Number	
------	--	-----	--	------------	--

Nutrition – Food and Drink					
Weight:					
Continence					
Skin (including tissue viability):					
Waterlow Score:					
Mobility:					
Name		DOB		NHS Number	
Communication:					
Psychological and Emotional Needs:					

Name		DOB		NHS Number	
------	--	-----	--	------------	--

Cognition:		
Behaviour:		
Drug Therapies and Medication – Symptom Control (list drugs or attach MARS Chart):		
Altered States of Consciousness:		

Name		DOB		NHS Number	
Summary and any relevant information including care:					

Name		DOB		NHS Number	
------	--	-----	--	------------	--

Please give details of any current care packages in place:

Please give details of proposed care package/ nursing home placement

Date: _____

Name of Nurse Assessor (print name): _____

Signature: _____

Telephone: _____

Email: _____

NB – attach all evidence referred to in this assessment.

Name		DOB		NHS Number	
------	--	-----	--	------------	--

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	<input type="checkbox"/>
Female	<input type="checkbox"/>
In another way	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>

2 Which age group applies to you?

Tick one box only.

18-24	<input type="checkbox"/>
25-34	<input type="checkbox"/>
35-44	<input type="checkbox"/>
45-54	<input type="checkbox"/>
55-64	<input type="checkbox"/>
65-74	<input type="checkbox"/>
75-84	<input type="checkbox"/>
85+	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>

3 Do you have a disability as defined by the Disability Discrimination Act (DDA)?

Tick one box only.

The Disability Discrimination Act (DDA) 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.

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>

4 What is your ethnic group?

Tick one box only.

A White

English/Welsh/Scottish/Northern Irish/British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Gypsy or Irish Traveller	<input type="checkbox"/>
Any other White background, write below	
<input type="text"/>	

B Mixed

White and Black Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
Any other Mixed background, write below	
<input type="text"/>	

C Asian, or Asian British

Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Any other Asian background, write below	
<input type="text"/>	

D Black, or Black British

Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
Any other Black background, write below	
<input type="text"/>	

E Other ethnic group

Arab	<input type="checkbox"/>
Any other ethnic group, write below	
<input type="text"/>	
Prefer not to answer	<input type="checkbox"/>

Name		DOB		NHS Number	
------	--	-----	--	------------	--

5 What 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

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

Name		DOB		NHS Number	
------	--	-----	--	------------	--



Important:

Please ensure the consent form on pages 6, 7 and 8 are signed.

This Fast Track Tool cannot be accepted unless we have signed consent.

Return to:

Please return the completed proforma by email to: capccg.newreferrals@nhs.net

or by post to:

Complex Cases Team – New Referrals

NHS Cambridgeshire and Peterborough Clinical Commissioning Group

Lockton House

Clarendon Road

Cambridge

CB2 8FH

Tel: 01223 725429