

Example B (good example of completed FT)



Fast Track Pathway Tool for NHS Continuing Healthcare

November 2012 (Revised)

Example

DH INFORMATION READER BOX

Policy	Clinical	Estates
HR / Workforce	Commissioner Development	IM & T
Management	Provider Development	Finance
Planning / Performance	Improvement and Efficiency	Social Care / Partnership Working

Document Purpose	Policy
Gateway Reference	18414
Title	Fast Track Pathway Tool for NHS Continuing Healthcare November 2012 (Revised)
Author	Department of Health
Publication Date	28 November 2012
Target Audience	PCT Cluster CEs, NHS Trust CEs, SHA Cluster CEs, Care Trust CEs, Foundation Trust CEs, Medical Directors, Directors of Nursing, Local Authority CEs, Directors of Adult SSs, PCT Cluster Chairs, NHS Trust Board Chairs, Special HA CEs, Directors of Finance, GPs, Emergency Care Leads, Clinical Commissioning Groups, NHS Commissioning Board
Circulation List	Communications Leads
Description	The Fast Track Pathway Tool should be used where an appropriate clinician considers that a person should be fast tracked for NHS Continuing Healthcare because that person has a rapidly deteriorating condition and the condition may be entering a terminal phase. This revised tool accompanies the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care November 2012 (Revised), the NHS Continuing Healthcare Checklist November 2012 (Revised) and Decision Support Tool for NHS Continuing Healthcare November 2012 (Revised).
Cross Ref	National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care November 2012 (Revised), NHS Continuing Healthcare Checklist 2012 November (Revised) and Decision Support Tool for NHS Continuing Healthcare November 2012 (Revised)
Superseded Docs	Fast Track Pathway Tool for NHS Continuing Healthcare July 2009
Action Required	This is the Fast Track Pathway Tool for NHS Continuing Healthcare to be used with immediate effect by PCTs and from 1 April 2013 by CCGs
Timing	With immediate effect
Contact Details	NHS Continuing Healthcare Policy Team Quarry House Quarry Hill Leeds LS2 7UE http://www.dh.gov.uk/health/2012/11/continuing-healthcare-revisions/
For Recipient's Use	

Fast Track Pathway Tool for NHS Continuing Healthcare

November 2012 (Revised)

Example

Contents

Contents.....	4
Notes.....	5
Appropriate clinicians.....	5
Duty of CCGs or the Board.....	6
Fast Track Pathway Tool.....	9
Equality Monitoring Form.....	12

Example

Fast Track Pathway Tool for NHS Continuing Healthcare

November 2012

Notes

1. This revised tool accompanies the National Framework for NHS continuing healthcare and NHS-funded nursing care (the National Framework) and the NHS Continuing Healthcare Checklist and Decision Support Tool. This is the version that CCGs and the Board should use from 1 April 2013, however PCTs should use this version with immediate effect. Please use the tool in conjunction with the National Framework guidance.
2. It reflects the new NHS framework and structures created by the Health and Social Care Act 2012 effective from 1 April 2013. Standing Rules Regulations¹ have been issued under the National Health Service Act 2006² and directions are issued under the Local Authority Social Services Act 1970 in relation to the National Framework.

Appropriate clinicians

3. This tool should be used where an appropriate clinician³ considers that a person should be fast tracked for NHS Continuing Healthcare because that person has a rapidly deteriorating condition and the condition may be entering a terminal phase. The person may need NHS Continuing Healthcare funding to enable their needs to be urgently met (e.g. to enable them to go home to die or to provide appropriate end of life support to be put in place either in their own home or in a care setting).
4. The Fast Track Pathway Tool should be used by an appropriate clinician to outline the reasons for the fast-track decision. Appropriate clinicians are those who are, pursuant to the National Health Service Act 2006, responsible for an individual's diagnosis, treatment or care and are registered medical practitioners (such as consultants, registrars, GPs) or registered nurses. These can include senior clinicians employed in voluntary and independent sector organisations that have a specialist role in end-of-life needs (for example, hospices) where the organisation's services are commissioned by the NHS. Others involved in supporting those with end of life needs, such as in wider voluntary and independent sector organisations, may identify that the individual has needs for which use of the Fast Track Tool would be appropriate. They should contact an appropriate clinician and ask that consideration be given to completion of the tool. In all cases the clinician should have detailed knowledge of the patient's needs. They should also have an

¹ The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (the Standing Rules Regulations)

² National Health Service Act 2006 (c.41), as amended by the Health and Social Care Act 2012 (c. 7)

³ As defined in regulation 23(12) of the Standing Rules Regulations

appropriate level of knowledge and experience in dealing with the individual's health needs, such that they are able to reasonably comment on whether the individual's condition may be entering a terminal phase.

5. The completed tool should be supported by a prognosis, if available, but strict time limits basing eligibility on an individual being considered to have a specified expected length of life remaining should not be imposed: it is the responsibility of the appropriate clinician to make a decision based on the relevant facts of the case.
6. 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 consider that the patient has a rapidly deteriorating condition and that the condition may be entering a terminal phase.
7. Whilst the Fast Track tool itself determines 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 clinical commissioning group (CCG) or the National Health Service Commissioning Board (the Board) to commission appropriate care.

Duty of CCGs or the Board

8. CCGs and the NHS Commissioning Board (the Board) will assume responsibilities for NHS CHC from 1 April 2013.
9. The Board will assume commissioning responsibilities for some specified groups of people (for example, prisoners and military personnel). It therefore follows that the Board will have statutory responsibility for commissioning NHS CHC, where necessary, for those groups for whom it has commissioning responsibility. This will include case co-ordination, arranging completion of the decision support tool, decision-making, arranging appropriate care packages, providing or ensuring the provision of case management support and monitoring and reviewing the needs of individuals. It will also include reviewing decisions with regards to eligibility where an individual wishes to challenge that decision.
10. Where an application is made for a review of a decision made by the Board, it must ensure that in organising a review of that decision, it makes appropriate arrangements to do so, so as to avoid any conflict of interest.
11. Throughout the Fast Track Tool where a CCG is referred to, the responsibilities will also apply to the Board (in these limited circumstances).
12. A CCG upon receipt of a completed Fast Track Pathway Tool, **must** decide that a person is eligible for NHS Continuing Healthcare. Therefore, where a recommendation is made for an urgent package of care via the fast-track process, this should be accepted and actioned immediately by a CCG. It is not appropriate for individuals to experience delay in the delivery of their care package while disputes over recommendations from completed Fast Track Tools are resolved. CCGs should carefully monitor use of the tool and address any specific concerns with clinicians, teams and organisations as a separate matter to arranging the service provision in the individual case.

13. The purpose of the Fast Track Pathway Tool is to ensure that individuals with a rapidly deteriorating condition, which may be entering a terminal phase, are supported in their preferred place of care as quickly as possible. It means that a CCG takes responsibility for commissioning and funding appropriate care. Once this has happened, a CCG, and its partners can proceed, where appropriate, with reaching a decision on longer-term NHS continuing healthcare eligibility. No one who has been identified through the fast-track process as being eligible for NHS continuing healthcare should have this funding or support removed without their eligibility being reviewed in accordance with the review processes set out in the National Framework. The review should include completion of the Decision Support Tool (DST) by a multidisciplinary team, including a recommendation on eligibility. This overall process, including how personal information will be shared between different organisations and healthcare professionals involved in delivering care, should be carefully and sensitively explained to the individual and, where appropriate, their family. Careful decision making is essential to avoid the undue distress that might result from a person moving in and out of NHS continuing healthcare eligibility within a very short period of time. Where an individual receiving services through use of the Fast Track Pathway Tool is expected to die in the very near future, CCGs should continue to take responsibility for the care package until the end of life.
14. It should be noted that this is not the only way that individuals can qualify for NHS continuing healthcare towards the end of their lives. The DST encourages practitioners to document deterioration (this could include both observed and likely deterioration) in a person's condition to allow them to take this into account when determining eligibility using the DST. However, this should not be used as a means of circumventing use of the Fast Track Pathway Tool when individuals satisfy the criteria for its use. Where deterioration can be reasonably anticipated to take place before the next planned review, including where the individual is presently asymptomatic, this should also be taken into account in making a decision on eligibility.
15. There may be some situations where the fast-track process is later found to have been inappropriate, for example because the decision was made after an acute episode of a condition which was subsequently found to be treatable. In such situations the completion of the DST may lead to a decision to cease NHS continuing healthcare funding. However, no one who has been identified through the fast-track process as being eligible for NHS continuing healthcare should have this funding removed without the completion of a full DST, taking account of any deterioration that is present or expected. The National Framework states:

Neither the NHS nor an LA should unilaterally withdraw from an existing funding arrangement without a joint reassessment of the individual, and without first consulting one another and the individual about the proposed change of arrangement. It is essential that alternative funding arrangements are agreed and put into effect before any withdrawal of existing funding, in order to ensure continuity of care. Any proposed change should be put in writing to the individual by the organisation that is proposing to make such a change. If agreement between the LA and NHS cannot be reached on the proposed change, the local disputes procedure should be invoked, and current funding and care management

*responsibilities should remain in place until the dispute has been resolved*⁴.

16. CCGs should audit use of the Fast Track Pathway Tool carefully and discuss any concerns over its use with organisations, clinicians and teams as appropriate. However, this should be carried out separately from decision making in any individual case.
17. CCGs and LAs should operate person-centred commissioning arrangements so that unnecessary changes of provider or of care package do not take place purely because the responsible commissioner has changed from a CCG to a LA or vice versa.
18. NHS continuing healthcare assessments, care planning and commissioning for those with end-of-life needs should be carried out in an integrated manner as part of the individual's overall end-of-life care pathway. They should reflect the approaches set out in the National End of Life Care Strategy⁵ with full account being taken of each patient's preferences through a needs-led approach, including those preferences set out in their advance care plan.
19. The equality monitoring data form should be completed by the patient who is the subject of the Fast Track Pathway Tool. Where the patient needs support to complete the form, this should be offered by the clinician completing the Fast Track Pathway Tool. The clinician should forward the completed data form to the appropriate location, in accordance with the relevant CCG processes for processing equality data. If the form has not been completed, the referring clinician should be asked to arrange with the patient for it to be completed. However, this should not delay consideration of the fast-track recommendation.

⁴ Paragraph 143 of National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care

⁵ <http://www.endoflifecareforadults.nhs.uk/>

NHS Continuing Healthcare Fast Track Tool

*To enable immediate provision of a package
of NHS continuing healthcare*

Date of completion of the Fast Track Tool 1/6/2016

Name D.O.B.

NHS number:

Permanent address and
telephone number

Current location (i.e. name of
hospital ward etc)

6 Wilderness Way North coast X4 67Y	Ward 6 Mainstay Hospital North Coast
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Gender Female

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 number, email address)

SN Smith
Senior staff nurse
Ward 6
Mainstay Hospital
North Coast
01606 555 321 ext 2

(please turn over)

NHS Continuing Healthcare Fast Track Tool

*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.

When outlining reasons why a clinician considers that a person has a rapidly deteriorating condition that may be entering a terminal phase, the clinician should consider the following definition of a primary health need:

Primary health need arises where nursing or other health services required by the person are

- (a) where the person is, or is to be, accommodated in a care home, more than incidental or ancillary to the provision of accommodation which a social services authority is, or would be but for the person's means, under a duty to provide; or
- (b) of a nature beyond which a social services authority whose primary responsibility is to provide social services could be expected to provide.

Mrs December was admitted to hospital following a fall at the nursing home whilst on respite. She has a medical history of Huntington C, Anaemia and Epilepsy.

Mrs December was seen on the ward by the Consultant Mr Smaill today who has discussed with Jane and her husband about her rapidly deteriorating condition and that at this time a fast track document is to be completed. He discussed what a fast track document is and the reason for its completion. Jane has consented for the fast track to be completed.

Jane's condition continues to deteriorate since her admission to hospital from the Stables Nursing Home where she had been on respite for two weeks.

Jane was admitted following a fall and she was diagnosed with a UTI. This was treated with antibiotics and Jane has responded well.

However her general condition and progression of her disease has now entered the terminal phase and she is rapidly deteriorating with poor prognosis.

She is unable to stand or even able to sit in a chair for any period of time therefore she is nursed in bed.

All her non-essential medication has been stopped and a discussion with Jane and her husband regarding Artificial Feeding. Jane has the capacity to make the decision and has decided not to go down this route. She is currently taking sips of thickened fluids and a few teaspoons of diet (soft) but is often refusing this. Her weight is reducing quickly.

Jane has been referred to the Macmillan team and District Nurses. Her husband has now arranged the room to accept the equipment which is being delivered today and the DN are visiting this pm to set up the pressure relieving mattress. A plan of care has been agreed with Jane and her husband and preemptive medication will be in place on discharge. She has a DNACPR in place which has been discussed with Jane.

The care agency has been contacted and will visit this evening to support Jane and the family. Rapid response team is aware of her discharge and will visit this evening to offer her support.

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.

Name and signature of referring clinician

Date

Sheila Smith
SN smith

10/6/16

Name and signature confirming approval by CCG

Date

About you (the patient) – equality monitoring

Please provide us with some information about yourself. This will help us to understand whether everyone is 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
Transgender

2 Which age group applies to you?

Tick one box only.

0-15
16-24
25-34
35-44
45-54
55-64
65-74
75-84
85+

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

Section 6 of the Equality 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 that person's ability to carry out normal day-to-day activities.

Tick one box only.

Yes
No

4 What is your ethnic group?

Tick one box only.

A White

British
Irish
Any other White background, write below

B Mixed

White and Black Caribbean
White and Black African
White and Asian
Any other Mixed background, write below

C Asian, or Asian British

Indian
Pakistani
Bangladeshi
Any other Asian background, write below

D Black, or Black British

Caribbean
African
Any other Black background, write below

E Chinese, or other ethnic group

Chinese
Any other, write below

5 What is your religion or belief?

Tick one box only.

Christian includes Church of Wales, Catholic, Protestant and all other Christian denominations.

None	<input type="checkbox"/>
Christian	<input checked="" type="checkbox"/>
Buddhist	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>

Other, write below

6 Which of the following best describes your sexual orientation?

Tick one box only.

Only answer this question if you are aged **16** years or over.

Heterosexual / Straight	<input checked="" type="checkbox"/>
Lesbian / Gay Woman	<input type="checkbox"/>
Gay Man	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>

Other, write below