



Department  
of Health &  
Social Care

# Fast Track Pathway Tool for NHS Continuing Healthcare

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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 Fast Track (the Checklist) and the Decision Support Tool for NHS Continuing Healthcare (DST). This is the version that Clinical Commissioning Groups (CCGs) and NHS England<sup>1</sup> 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<sup>2</sup> have been issued under the National Health Service Act 2006 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 Fast Track 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.

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<sup>1</sup> 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.

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

<sup>3</sup> 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 Fast Track and the Decision Support Tool (DST) to be completed. However, a Fast Track Pathway Tool can also be completed after the Fast Track 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**

## Fast Track Pathway Tool for NHS Continuing Healthcare

To enable immediate provision of a package of NHS Continuing Healthcare

Date of completion of Fast Track tool \_\_\_\_\_

Name :	<input type="text"/>	D.O.B.	<input type="text"/>
NHS number:	<input type="text"/>	GP :	<input type="text"/>

Permanent address and Phone Number etc)

Current location (e.g. name o hospital ward

<input type="text"/>	<input type="text"/>
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Contact details for who we need to arrange care with and their phone number

<input type="text"/>	<input type="text"/>
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Gender \_\_\_\_\_

Does the person have communication needs  Yes  No  please provide details separately

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

Was the individual involved in the completion of the Fast Track ? Yes/No (please delete Yes/No as appropriate)

Was the individual offered the opportunity to have a representative such as a family member or other advocate present when the Fast Track was completed? Yes/No (please delete as appropriate)

If yes, did the representative attend the completion of the Fast Track ? Yes/No (please delete as appropriate)

Please give the contact details of the representative (name, address and telephone number).

Please explain to the individual how their personal information will be shared with the different organisations involved in their care, and did they consent to this information sharing? Yes/No (please delete as appropriate)

**NHS Continuing Healthcare Checklist**

Under the 2005 Mental Capacity Act (1), a person must be assumed to have capacity unless it is established that they lack capacity

a) Person has capacity:  
*(NB- If a person has capacity, only they can consent)*

The purpose and process Fast track care healthcare has been explained to me PLEASE TICK THIS BOX IF YOU AGREE 

I understand the process will involve the sharing of my health and social care information across the integrated multi-disciplinary health and social care teams that are involved in the assessment process. This will also include providers of my care where applicable.  
 I understand that this consent will remain valid until the conclusion of the assessment process and a final decision made and accepted by the Clinical Commissioning Group. I also understand my information may be used for auditing and learning outcomes (whether external as per the Multi Agency Case File Audit or internally by the CCG and the CCG's auditors)  
 (If applicable) I do not want information shared with (please specify who).....  
 .....

I understand I can withdraw consent at any time  
 Date withdrawn \_\_\_\_\_ Signature \_\_\_\_\_

I would like the following person / representative involved in the assessment:

Name:	Relationship:	Contact No:
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Signature of patient:	Date:
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b) Where person has capacity but can only give verbal consent, this must be witnessed by 2 people:

Witnessed by	Signature:	Designation/relationship:	Date:

**Patient does not have capacity – best interest’s route**

Does the patient have a LPA for Health and Welfare or Deputy (registered with the Court of Protection) Y/N  
 If Yes, only the LPA can give consent to the assessment process  
 If No, move to best interest Fast Track below which can be completed by 2 Professionals

Copy of LPA seen (Copy to be attached to form, if not available consult with the Court of Protection)

Signature of LPA:

Date:

Print Name :

Best interests checklist	Yes	No
I have done whatever is possible to permit and encourage the person to take part		
I have tried to identify all the things that the person would take into account if they were making the decision or acting for themselves		
I have tried to find out the views of the person who lacks capacity, including: Past and present wishes and feelings, any beliefs and values (e.g. religious, cultural, moral or political), any other factors the person themselves would be likely to consider if they were making the decision or acting for themselves.		
I confirm I have not made assumptions about their best interests on the basis of the person’s age, appearance, condition or behaviour		
I have considered whether the person is likely to regain capacity (e.g. after receiving medical treatment)		
If so, can the decision wait until then? If yes wait until capacity is regained		
I have avoided restricting the person’s rights		
If it is practical and appropriate to do so, consult other people for their views about the person’s best interests and to see if they have any information about the person’s wishes and feelings, beliefs and values. This may include: -anyone engaged in caring for the person -close relatives, friends or others who take an interest in the person’s welfare		
Where the patient has no one to act for them and change of living arrangements is being considered, (i.e. care home admission) referral to IMCA must be made		

Date of referral:

Made by:

People consulted: Minimum of 2 Professionals if LPA for Health and Welfare/Deputy not in place/registered

Name:	Designation:	Name:	Designation:
Name:	Designation:	Name:	Designation:

Taking all of this into account, we confirm proceeding with the assessment is in the best interests of:  
 (name of patient)\_\_\_\_\_

## 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.

**Where a person lacks capacity to make a decision regarding their future placement and a recommendation has been made to move the person into a nursing or residential placement please ensure a copy of the best interests decision is attached .**

**Fast Track Pathway Tool for NHS Continuing Healthcare**

**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 CCG without delay**

**Name and signature of referring clinician**

**Date**

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**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	<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

**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

**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

**D Black, or Black British**

Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>

Any other Black background, write below

**E Other ethnic group**

Arab	<input type="checkbox"/>
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Any other ethnic group, write below

<b>Prefer not to answer</b>	<input type="checkbox"/>
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**Fast Track Pathway Tool for NHS Continuing Healthcare**

**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