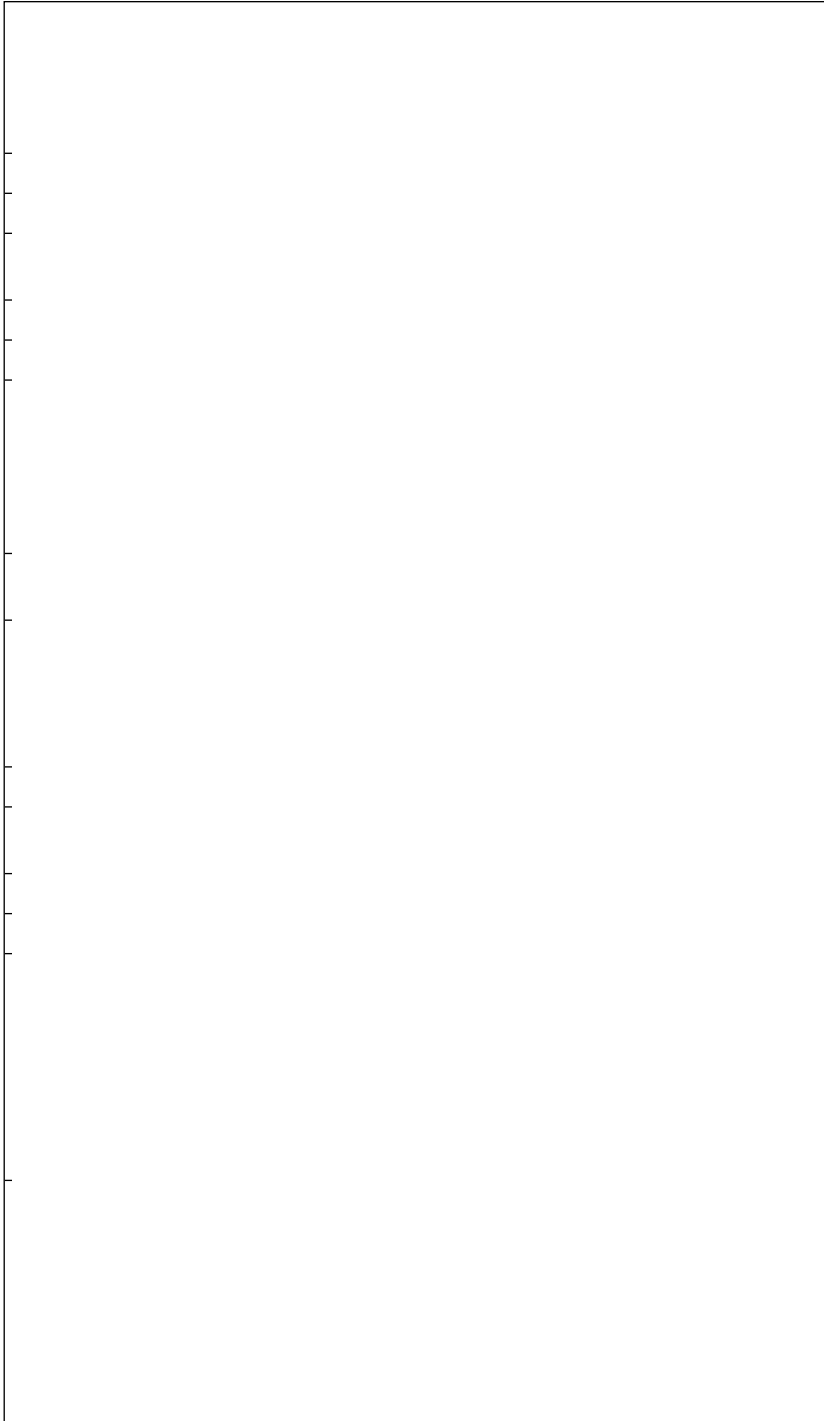


Fast Track Pathway Tool for NHS Continuing Healthcare

July 2009

DH INFORMATION READER BOX



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Fast Track Pathway Tool for NHS Continuing Healthcare

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Notes

1. This tool accompanies the revised National Framework guidance and the revised NHS continuing healthcare Checklist and Decision Support Tool. This is the version to use from the implementation date of the revised National Framework. Please use the tool in conjunction with the revised National Framework guidance.

Appropriate clinicians

2. Where an appropriate clinician (see below) considers that a person has a primary health need arising from a rapidly deteriorating condition, which may be entering a terminal phase, with an increasing level of dependency and so should be fast tracked for NHS continuing healthcare, this tool enables the decision to be recorded. The patient may need NHS continuing healthcare funding to enable their needs to be urgently met (e.g. to allow them to go home to die or to allow appropriate end of life support to be put in place).
3. 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 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.
4. 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 assessor to make a decision based on the relevant facts of the case.

5. 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) a rapidly deteriorating condition, which
 - (b) may be in a terminal phase with an increasing level of dependency.
6. Any necessary evidence should be included, together with a care plan developed as part of the individual's end of life care pathway that describes the immediate needs to be met and the patient's preferences, including those set out in any advance care plan.

Primary Care Trusts

7. Where a recommendation is made for an urgent package of care via the fast-track process, this should be accepted and actioned immediately by Primary Care Trusts (PCTs). 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. PCTs 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.
8. 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 to be in their preferred place of care as quickly as possible, without encountering delay while waiting for the full NHS continuing healthcare eligibility process to be completed. It means that the PCT takes responsibility for the care package in order to get the individual to their preferred place as quickly as possible. Once this has happened, the PCT 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 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 future eligibility. This overall process 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, PCTs should take particular care to consider whether it is appropriate for them to continue to take responsibility for the care package until the end of life.

9. 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.
10. 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 LAs 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. Any proposed change should be put in writing to the individual by the organisation that is proposing to make such a change. If joint agreement between the NHS and the LA cannot be reached upon the proposed change, the appropriate disputes processes should be invoked and current funding arrangements remain in place until the dispute has been resolved.'
11. PCTs 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.
12. PCTs 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 PCT to a LA or vice versa.
13. 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 Strategy 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.

14. 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 PCT's 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.

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 _____

Name D.O.B.

NHS number:

Permanent address and
telephone number

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

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Gender _____

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)

(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:

A primary health need arising from a rapidly deteriorating condition which may be entering a terminal phase, with an increasing level of dependency.

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 together with triggers such as diagnosis, prognosis where this is available, together with details of both immediate and 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.

(continue overleaf)

<p><i>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></p>	
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Name and signature of referring clinician

Date

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Name and signature confirming approval by PCT

Date

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About you – 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. 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 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
- 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
- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh

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
- Lesbian/Gay Woman
- Gay man
- Bisexual
- Prefer not to answer

Other, write below



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