



# Fast Track Pathway Tool for NHS Continuing Healthcare

*November 2012 (Revised)*

Fast Track Pathway Tool for NHS Continuing Healthcare  
November 2012 (Revised)

**DH INFORMATION READER BOX**

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

<b>Document Purpose</b>	Policy
<b>Gateway Reference</b>	18414
<b>Title</b>	Fast Track Pathway Tool for NHS Continuing Healthcare November 2012 (Revised)
<b>Author</b>	Department of Health
<b>Publication Date</b>	<b>28 November 2012</b>
<b>Target Audience</b>	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
<b>Circulation List</b>	Communications Leads
<b>Description</b>	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).
<b>Cross Ref</b>	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)
<b>Superseded Docs</b>	Fast Track Pathway Tool for NHS Continuing Healthcare July 2009
<b>Action Required</b>	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
<b>Timing</b>	<b>With immediate effect</b>
<b>Contact Details</b>	NHS Continuing Healthcare Policy Team Quarry House Quarry Hill Leeds LS2 7UE  <a href="http://www.dh.gov.uk/health/2012/11/continuing-healthcare-revisions/">http://www.dh.gov.uk/health/2012/11/continuing-healthcare-revisions/</a>
<b>For Recipient's Use</b>	

Fast Track Pathway Tool for NHS Continuing Healthcare  
November 2012 (Revised)

# Fast Track Pathway Tool for NHS Continuing Healthcare

*November 2012 (Revised)*

# Contents

Contents.....	4
Notes.....	5
Appropriate clinicians.....	5
Duty of CCGs or the Board.....	6

# 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 Regulations<sup>1</sup> have been issued under the National Health Service Act 2006<sup>2</sup> 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 clinician<sup>3</sup> 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 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.

---

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

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

<sup>3</sup> As defined in regulation 23(12) of the Standing Rules Regulations

Fast Track Pathway Tool for NHS Continuing Healthcare  
November 2012 (Revised)

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

Fast Track Pathway Tool for NHS Continuing Healthcare  
November 2012 (Revised)

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<sup>4</sup>.*

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

---

<sup>4</sup> Paragraph 143 of National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care

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 Strategy<sup>5</sup> 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.

---

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