

NHS Continuing Healthcare Fast Track Pathway Tool – accessible form for completion by referring clinician

Fast Track Pathway Tool for NHS Continuing Healthcare – form for completion by referring clinician

To enable immediate provision of a package of NHS Continuing Healthcare.

Date of completion of the Fast Track Pathway Tool

Enter the date here.

Contact details of the individual who is being fast-tracked

Name

Enter the name of the individual here.

Date of birth

Enter the individual's date of birth here.

NHS number

Enter the individual's NHS number here.

Address

Enter the individual's permanent address here.

Current location (if different from permanent address)

Enter the individual's current location here.

Telephone number

Enter the individual's telephone number here.

Gender

Enter the individual's gender here.

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

Contact details of the referring clinician

Name

Enter your name here.

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Role

Enter your role here.

Organisation

Enter your organisation here.

Telephone number

Enter your telephone number here.

Email address

Enter your email address here.

Reasons for referral

The individual fulfils the following criterion:

They have 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.

Enter your response here.

Declaration

I, an appropriate clinician, confirm:

- the reasons why a Fast Track application for NHS Continuing Healthcare has been made to the ICB
- 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 and the effectiveness of their care arrangements may need to be reviewed. There may be certain situations where a change in needs indicates that it is appropriate to review eligibility for NHS Continuing Healthcare, which could potentially affect the funding stream depending on the outcome of the review

I have explained the above to (delete as appropriate):

the individual

their representative

Please ensure this form is sent directly to the ICB without delay

Name of referring clinician

Enter the referring clinician's name here.

Signature of referring clinician

Enter the referring clinician's signature here.

Date signed by referring clinician

Enter the date here.

Name confirming approval by ICB

Enter ICB representative's name here.

Signature confirming approval by ICB

Enter ICB representative's signature here.

Date approved by ICB

Enter the date here.

About you — equality monitoring

We collect equalities information to meet our duties under the Equality Act 2010 and develop our insights into CHC patients and ensure we provide appropriate care. The categories included in the questions may not be exhaustive or reflect how you feel or identify. We will be reviewing these to align with approaches across Government. Filling these in is optional, and you do not have to provide an answer if you do not wish to do so.

Please provide us with some information about yourself. We collect information to help us understand whether people are receiving fair and equal access to NHS Continuing Healthcare (CHC) via the [NHS CHC Patient Level Data Set \(PLDS\)](#) which is used to help achieve better patient outcomes, better experiences and better use of resources in CHC. The lawful basis for collecting this information is Article 6 (1) (c) of the GDPR enacted by the Data Protection Act 2018. Please note that NHS CHC PLDS data is pseudonymised for analysis purposes. This means that identifiers such as names, NHS numbers and dates of birth are removed. Detailed information about the use of individual's identifiable data is publicly available at <https://digital.nhs.uk/about-nhs-digital/our-work/keeping-patient-data-safe/gdpr/gdpr-register>

1 What is your gender? (delete as appropriate)

Male

Female

Indeterminate (unable to be classified as either male or female)

Prefer not to answer

2 Which age group applies to you? (delete as appropriate)

18-24

25-34

35-44

45-54

55-64

65-74

75-84

85+

Prefer not to answer

3 Do you have a disability as defined by the Equality Act 2010? (delete as appropriate)

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 his or her ability to carry out normal day-to-day activities.

Yes

No

Prefer not to answer

4 What is your ethnic group? (delete or enter as appropriate)

A White

British

Irish

Other White background – enter here

B Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background – enter here

C Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian or Asian British background – enter here

D Black or Black British

African

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Caribbean

Any other Black or Black British background – enter here

E Other ethnic group

Chinese

Any other ethnic group – enter here

Prefer not to say

Prefer not to answer

5 What is your religion or belief system? (delete or enter as appropriate)

Baha'i

Buddhist

Christian

Hindu

Jewish

Muslim

Pagan

Sikh

Zoroastrian

Other – enter here

None

Prefer not to answer

Unknown

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6 Which of the following best describes your sexual orientation? (delete or enter as appropriate)

Heterosexual or Straight

Gay or Lesbian

Bisexual

Other sexual orientation

Prefer not to answer

Other – enter here