

## Fast Track Pathway Tool for NHS Continuing Healthcare

To enable immediate provision of a package of NHS Continuing Healthcare

Date of completion of the Fast Track Pathway Tool \_\_\_\_\_

Name

D.O.B.

NHS number:

**Permanent address and telephone number**

**Current location (if different from permanent address)**

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Gender \_\_\_\_\_

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

**Contact details of referring clinician (name, role, organisation, telephone number, email address)**

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## Fast Track Pathway Tool for NHS Continuing Healthcare

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**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.

(continue overleaf)

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, 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 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.

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

**Name and signature of referring clinician**

**Date**

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**Name and signature confirming approval by ICB**

**Date**

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## 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?

Tick one box only

- Male
- Female
- Indeterminate (unable to be classified as either male or female)
- I prefer not to answer

### 2 Which age group applies to you?

Tick one box only

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+
- I prefer not to answer

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

Tick one box only.

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.

- No
- Yes
- I prefer not to answer

### 4 What is your ethnic group?

Tick one box only.

#### A White

- British
- Irish
- Any other White background, write below

[Click here to enter text.](#)

**B Mixed**

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

Click or tap here to enter text.

**C Asian or Asian British**

- Indian
  - Pakistani
  - Bangladeshi
  
  - Any other Asian background, write below
- Click here to enter text.

**D Black, or Black British**

- African
  - Caribbean
  - Any other Black background, write below
- Click here to enter text.

**E Other ethnic group**

- Chinese
  - Any other ethnic group, write below
- Click here to enter text.
- Prefer not to say
- I prefer not to answer

**5 What is your religious or belief system affiliation?**

Tick one box only.

- Baha'i
- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Pagan
- Sikh
- Zoroastrian
- Other
- None
- Prefer not to answer
- Unknown