

NHS Continuing Healthcare Fast Track Tool Revised April 2013

*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

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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.

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)

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.

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 (the patient) – 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 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

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 Equality Act 2010?

Section 6 of 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 that person's ability to carry out normal day-to-day activities.

Tick one box only.

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