



England

# NHS Continuing Healthcare (NHS CHC):

## Fast Track Pathway Tool Training Material

Presenter: Mara Santos

V1.0 – June 2024

# Aims of Presentation:

*The following slides have been developed by CHC health and social care colleagues to support a consistent approach for training.*

- What is Fast Track Pathway Tool for NHS CHC.
- Who is an "Appropriate Clinician."
- Considering the Fast Track Pathway Tool.
- Completing the Fast Track Pathway Tool.
- Role of the Integrated Care Board (ICB).
- Review of NHS Continuing Healthcare - Fast Track eligibility
- Link: [NHS CHC fast-track pathway tool](#)





# Training Resources:

---

[e-LfH](#) Introduction to NHS Continuing Healthcare.

---

[e-LfH](#): Core Values and Principles of NHS Continuing Healthcare.

---

[e-LfH](#): NHS Continuing Healthcare a Person-centred Approach.

---

[e-LfH](#): Referral for NHS Continuing Healthcare: Fast Track Pathway Tool.

---

[e-LfH](#): Referral for NHS Continuing Healthcare: Checklist.

---

[e-LfH](#): Assessing Mental Capacity

---

**Any Local Training Offered?**

**Training needs identified?**

# What is the Fast Track Pathway Tool for NHS Continuing Healthcare?



# Fast Track Pathway Tool for NHS Continuing Healthcare.

- Is only applicable to those situations where an individual has: “***a rapidly deteriorating condition that may be entering a terminal phase.***”

**Rapidly deteriorating** – *encompasses more than consideration of anticipated or expected length of life.*

**Terminal phase** – *encompasses day to day deterioration and irreversible decline of the Individual and is not restricted to imminent death.*

- Is used to enable the immediate provision of NHS Continuing Healthcare.
- In Summary: The Fast Track Pathway Tool is used to deliver NHS Continuing Healthcare, with minimum delay, for those individuals with a Primary Health Need arising from a “*rapidly deteriorating condition that may be entering a terminal phase*”
- The Fast Track Pathway Tool should be used in its published format and not altered in anyway.
- Packages/placements are prioritised by commissioners.
- The frequency of reviews should be proportionate to the needs of the individual
- ICBs should monitor care packages to consider when and whether a reassessment of eligibility is appropriate. Where it is apparent that the individual is rapidly deteriorating and may be entering a terminal phase and the original eligibility decision was appropriate, it is unlikely that a review of eligibility will be necessary.

# Who determines the Primary Health Need?

*“In fast-track cases, the [National Health Service Commissioning Board and Clinical Commissioning Groups \(Responsibilities and Standing Rules\) Regulations 2012](#) (‘the standing rules’) state that:*

*It is an “appropriate clinician” who determines that the individual has a primary health need. The ICB must therefore determine that the individual is eligible for NHS continuing healthcare and should respond promptly and positively to ensure that the appropriate funding and care arrangements are in place without delay”*

Where such a recommendation is received.

**NF Paragraph 243**

**And:**

*“ In order to comply with standing rules an ICB must accept and immediately action a Fast Track Pathway Tool where the Tool has been properly completed”.*

**NF Paragraph 260**

[National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care](#)

# Who is an Appropriate Clinician?

Department of Health & Social Care

## Fast Track Pathway Tool for NHS Continuing Healthcare

July 2022  
Published May 2022

**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

NHS number:  DOB

Permanent address and telephone number

Current location (if different from permanent address)

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)

# The “Appropriate Clinician” is defined as:



*The Appropriate clinician should be aware of the local processes for Fast Track Referrals.*

## An Appropriate Clinician is:

A registered nurse or registered medical practitioner.

## Responsible For:

The diagnosis, treatment or care of the person being assessed for NHS Continuing Healthcare Fast Track eligibility.

## Knowledgeable about:

The individual’s health needs, diagnosis, treatment or care.

## Includes:

Clinicians in voluntary and independent organisations with specialist roles in end-of-life needs. (as long as they are responsible for the individuals under the NHS Act 2006).



# NHS Continuing Healthcare:

Considering the Fast Track Pathway Tool for NHS Continuing Healthcare.



# Considering the Fast Track Pathway Tool for NHS Continuing Healthcare (NHS CHC):

## End of life Pathways:

There are many of end-of-life pathways within health and social care and not everyone will be eligible for or require NHS Continuing Healthcare.

## The intention of the Fast Track Pathway Tool:

The intention of the Fast Track Pathway is to identify individuals who need access to NHS Continuing Healthcare quickly in any setting. It is not an alternative discharge pathway.

## Eligibility for NHS CHC:

via the Fast Track Pathway is for *"individuals with a rapidly deteriorating condition and the condition may be entering terminal phase"*.

## Clinicians should sensitively explain:

The ICB is responsible for the provision and review of the individual's care needs. This may require a further assessment for NHS CHC as needs change.

## Clinicians should consider:

Any undue distress to the Individual that may be caused if NHS Continuing Healthcare eligibility changes within a short period of time, as part of their person-centred care planning.

## Sharing information with third parties?

Complete NHS Continuing Healthcare Consent template or your local, agreed, consent form.

[NHS CHC Consent](#)

# NHS Continuing Healthcare:

Completing the Fast Track Pathway Tool for NHS Continuing Healthcare.

Department of Health & Social Care

## Fast Track Pathway Tool for NHS Continuing Healthcare

July 2022  
Published May 2022

**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

NHS number:  DOB

Permanent address and telephone number

Current location (if different from permanent address)

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)

# Completing the Fast Track Pathway Tool.

## The appropriate clinician should:

- Be familiar with the principles of the National Framework and have received appropriate training.
- Be responsible for and knowledgeable about the individual's health needs, diagnosis, treatment or care.
- Provide a prognosis, where available (not diagnosis based)
- Provide the advice given to the individual or their family (as appropriate) about their condition and prognosis.
- Support the individual or their family/representative, with the appropriate consent, in planning their end-of-life care pathway. [NHS CHC Consent](#)
- Provide clear reasons to evidence a rapidly deteriorating condition which may be entering a terminal phase.
- Provide details of the individual's preferred place of care, consider if a care plan may be helpful in describing the immediate needs to be met and the individuals' preferences.
- Fully complete documentation and send to ICB, including clinical information to support arranging the package of care or placement.
- Ensure that requests from the ICB for further information are completed and the ICB receives the appropriate updates.

# Fast Track Pathway Tool: “Rapidly deteriorating”

*“A rapidly deteriorating condition that may be entering a terminal phase”*

**Rapidly**

*“In a fast or sudden way”*  
**Cambridge Dictionary**

**Deteriorating**

*“To become worse”*  
**Cambridge Dictionary**

*“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 conclude that the patient has a rapidly deteriorating condition and that the condition may be entering a terminal phase”*

**NHS CHC Fast Track Pathway Tool Paragraph 16 (also refer to paragraphs 13-15).**

[NHS continuing healthcare fast-track pathway tool](#)

# A Primary Health Need - a rapidly deteriorating condition:

## Considerations:

- How did the person present in the last few days?
- How are they presenting today?
- How do you anticipate they will present over the coming days?
- What are the changing needs that indicate a rapidly deteriorating condition that may be entering a terminal phase?
- What clinical input is required and being adjusted ? (GP visit, JICCD'S, DNACPR, palliative terminal measures, treatment discontinued, ...)
- You may find it helpful to consider the needs in relation to the Decision Support Tool domains including Breathing, Nutrition, Skin, Mobility, Drug therapies and Medication and Altered states of consciousness, to support understanding of whether or not the condition is rapid deteriorating.
- What pathway I identified – example GSF code Red
- You may find it helpful to consider the NF: Practice Guidance 3: paragraph 3.6 "unpredictability" questions to support completion of the NHS Continuing Healthcare Fast Track Pathway Tool.

# NHS Continuing Healthcare via the Fast Track Pathway Tool: **Summary:**

## Eligibility Criteria

*"The intention of the Fast Track Pathway is that it should identify individuals who need to access NHS Continuing Healthcare quickly, with minimum delay, and with no requirement to complete the Checklist or the Decision Support Tool (DST). Therefore, the completed Fast Track Pathway Tool, which clearly evidences that the person has a primary health need arising from a rapidly deteriorating condition and the condition may be entering a terminal phase, is in itself sufficient to establish eligibility."*

NHS CHC Fast Track Pathway Tool: Paragraph 3

## Establishing Eligibility

*"...the completed Fast Track Pathway Tool, with clear reasons why the individual fulfils the criteria and which clearly evidences that an individual has a rapidly deteriorating condition and the condition may be entering terminal phase, is in itself sufficient to establish eligibility."*

National Framework: Paragraph 242

## Making the Decision

*"...It is the responsibility of the appropriate clinician to make a decision based on whether the individual's needs meet the Fast Track criteria"*

National Framework: Paragraph 251

*"appropriate clinician" is*

*responsible for the diagnosis, treatment or care of the person for whom the Fast Track Pathway Tool is being completed, and a registered nurse or a registered medical practitioner.*

Refer to Standing Rule 21(8) and 21(13)

# The ICB is responsible for:

## Accepting

- the decision by the “appropriate clinician” and immediately action a properly completed Fast Track Pathway Tool.
- (21(8) and (9) of the Standing Rules sets out that the NHS CHC eligibility decision in Fast Track cases is made by the 'appropriate clinician'.  
[The Standing Rules](#)

## Informing

- communicate with the individual and/or representative once they have received the Fast Track referral.
- update them on the status of their referral and care package.
- Inform the individual, once eligible, in writing as soon as possible, this could be preceded by verbal confirmation where appropriate.

## Urgently

- acting and agreeing care packages to be commissioned within 48 hours.
- When setting up the care package the ICB should ensure that the individual receives the support they need in their preferred place, as soon as reasonably practicable.
- This may include the use of a [Personal Health Budget \(PHB\)](#).

## Ensuring

- that they have commissioned sufficient capacity in the care system to ensure that delays in the delivery of care packages are minimal.
- eligibility for NHS CHC via the Fast Track Pathway tool should only be removed if reconsidered by completion of a DST by an MDT.

## Including

- reviewing the individuals care needs and effectiveness of the care package/arrangements.
- consideration of when and whether a reassessment of eligibility is appropriate, following the principles in paragraphs 264 – 269 of the National Framework.

## Monitoring

- case management. Best practice is for ICBs to assign a named case manager or a named point of contact.
- systems are in place to audit and monitor use of the Tool, supporting the use of the Tool appropriately and for the genuine purpose for which it is intended.





# The Integrated Care Board's (ICB) Responsibilities.

## The ICB should in exceptional circumstances:

**Where the completed Tool appears to show that it is not related to the Fast Track Pathway criteria, urgently request clarification from the Clinician and consider the National Framework:**

*“Exceptionally, there may be circumstances where ICBs receive a completed Tool which appears to show that the individual’s condition is not related to the above criteria at all. For example, if a completed Fast Track Pathway Tool states that the person has mental health needs and challenging behaviour but makes no reference to them having a rapidly deteriorating condition which may be entering a terminal phase. In these circumstances, the ICB should urgently ask the relevant clinician to clarify the nature of the person’s needs and the reason for the use of the Fast Track Pathway Tool. Where it then becomes clear that the use of the Fast Track Pathway Tool was not appropriate, the clinician should be asked to submit a completed Checklist (if required) for assessment of eligibility through the process outlined in this National Framework”.*

**NF: Paragraph 261**

# The Integrated Care Board's (ICB) Responsibilities.

## Other Services:

*“There are a number of end-of-life pathways which may be appropriate within local health and care systems and therefore not everyone at the end of their life will be eligible for, or require, NHS Continuing Healthcare. 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 and taking into account individual preferences. The Government’s End of Life Care Choice Commitment sets out what everyone should expect from their care at the end of life, and the action being taken to make high quality and personalisation a reality for all.”*

### NF: Paragraph 240

#### This may Include:

- End of life pathways commissioned by ICBs including with hospices and charitable organisations.
- Forward planning, which may include a Treatment Escalation Plan, for Individuals towards the end of their life, reducing the need for a fast-track referral and providing a clear support pathway for the Individual. Many people will be supported by universal health services at the end of their life.
- Individuals with a palliative diagnosis must be equally offered the opportunity for rehabilitation and reablement, including on discharge from an acute admission.

# The Integrated Care Board's (ICB) Wider Responsibilities.

ICBs are responsible and accountable for system leadership for NHS Continuing Healthcare within their local health and social care economy. This includes promoting awareness of NHS Continuing Healthcare as part of their wider responsibilities within their local system. Refer to NF: paragraph 22

**This may be achieved, for example, through:**

- Ensuring that public information is available in appropriate formats and languages at key locations.
- Providing up to date information on the ICB and LA websites.
- Providing awareness-raising sessions for staff.
- Using existing networks to promote better understanding of NHS Continuing Healthcare
- Working with independent and/or voluntary organisations to promote awareness.

In terms of the NHS Continuing Healthcare Fast Track process, it is expected that ICBs have local policies and procedures in place setting out how they fulfil this duty regarding how different practitioners (including GPs) are made aware of the NHS CHC Fast Track pathway and the ICBs processes. ICBs should have arrangements in place to train practitioners on NHS Continuing Healthcare, including the Fast Track Pathway tool. These slides can be used to support this.

# The Fast Track Pathway Tool: **Summary.**



Eligibility criteria is determined by: identifying a **primary health need** for an Individual arising from a rapidly deteriorating condition, whose condition may be entering a terminal phase.

[National Framework for CHC and FNC](#)



It is used to assess individuals who need access to NHS Continuing Healthcare quickly. This is the only tool that can be used for NHS CHC Fast Track.

[Fast-track pathway tool](#)



The Standing Rules confirm an ICB must accept and immediately action a fast-track pathway tool where the Tool has been properly completed.

[The "Standing Rules"](#)



Once Eligible: Packages of care should be commissioned within 48 hours. Protocols should be in place for urgent provision of equipment.



ICBs should monitor care packages to consider when and whether a reassessment of eligibility is appropriate. An Individual's eligibility for NHS CHC via the Fast Track Pathway Tool, can only be removed if eligibility is reconsidered by completion of a DST by an MDT.

# Fast Track Pathway Tool for NHS Continuing Healthcare:

Consider the following applications and information provided:

The image shows two overlapping pages of a form. The top page is the cover, and the bottom page is the main form.

**Cover Page:**

- Department of Health & Social Care logo
- Fast Track Pathway Tool for NHS Continuing Healthcare**
- July 2022
- Published May 2022

**Main Form Page:**

- 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
- NHS number:
- DOB
- Permanent address and telephone number
- Current location (if different from permanent address)
- 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)

# What information would support this Fast Track Pathway Tool?

## Fast Track Pathway Tool for NHS Continuing Healthcare

To enable immediate provision of a package of NHS Continuing Healthcare



**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.

---

Mr X is a chronically ill man.

---

He now has pneumonia and sepsis.

---

Assessed by GP, has declined hospital admission and further treatment.

---

Wishes to have EOL care at home

# Further Information provided to support the Fast Track Pathway Tool for Mr X:

## Fast Track Pathway Tool for NHS Continuing Healthcare

To enable immediate provision of a package of NHS Continuing Healthcare



**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.

- Mr X has a diagnosis of renal and prostate cancer with liver and bone metastases and following a recent hospital admission for anaemia and dehydration, GP and frailty nurse have previously agreed with pt that further hospital admission would be detrimental. His condition is terminal.
- Mr X has vascular dementia, recently progressing with the family reporting that he is becoming increasingly vacant, confused and unable to continue a conversation. Increasingly dependent on others for his care needs.
- Mr X was mobilising independently 2 weeks ago, and was driving last month, His mobility was initially supported by a Zimmer frame, for the last 2 days he has been too weak to transfer and is mainly nursed in bed.
- Mr X has deteriorated physically & mentally over last 2 weeks particularly in last few days. Mr X has been prescribed end of life medication, and regular medications are now in liquid form. His oral intake is minimal with sips of water and small amounts of pureed diet.

# Additional Information (In red) provided to support the Fast Track Pathway Tool for Mr X

## Fast Track Pathway Tool for NHS Continuing Healthcare

To enable immediate provision of a package of NHS Continuing Healthcare

### 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.

- Mr X has a diagnosis of renal and prostate cancer with liver and bone metastases and following a recent hospital admission for anaemia and dehydration, GP and frailty nurse have previously agreed with pt that further hospital admission would be detrimental. His condition is terminal.
- Mr X has vascular dementia, recently progressing with the family reporting that he is becoming increasingly vacant, confused and unable to continue a conversation. Increasingly dependent on others for his care needs.
- Mr X was mobilising independently 2 weeks ago, and was driving last month, His mobility was initially supported by a Zimmer frame, for the last 2 days he has been too weak to transfer and is mainly nursed in bed.
- Pressure areas currently intact but at risk of breakdown due to deteriorating condition & reduced mobility.
- Mr X has deteriorated physically & mentally over last 2 weeks particularly in last few days. Mr X has been prescribed end of life medication, and regular medications are now in liquid form. His oral intake is minimal with sips of water and small amounts of pureed diet. Pain controlled currently with codeine & oral morphine; pain is intermittent & this is anticipated to increase as his condition deteriorates. Anticipatory medications in place.
- Fully continent until last 2 days, is now incontinent of urine, pads provided. Prone to constipation, anticipating issues with faecal incontinence due to commencement of oral aperients and reduced mobility/dementia.
- Enjoyed a light diet until 2 weeks ago, vomiting occasionally, now eating and drinking very small amounts.
- Mr X has deteriorated rapidly in the last 2 weeks, he is anticipated to continue to deteriorate, becoming totally bed bound and fully dependant for all ADLs within the next days.



# Fast Track Pathway Tool for NHS Continuing Healthcare: Care Plan



# Care Plan:

A Care Plan can be helpful, along with the fast-track pathway tool, describing the immediate needs to be met and the individual's preferences.

**Integrated Care Boards (ICBs) should not require this information to be provided as a prerequisite for establishing entitlement to NHS Continuing Healthcare using the Fast Track Pathway Tool.**

- Identify the care required to enable the ICB to source and ensure care providers can adequately meet the individuals' immediate needs including their reasonable preferences.
- This will support the ICB to commission a package of care or placement quickly.
- Add details of any existing care package/provider to signpost and support the possibility of increasing care with an existing provider, therefore reducing the impact on the individual.
- Include contact details of health care professionals involved in the support to the Individual.
- Include contact details of Individual and family members, following NHS CHC consent to share, to discuss and provide updates.

# Fast Track Pathway Tool for NHS Continuing Healthcare: Reviews

The image displays two overlapping documents. The top document is the cover page, and the bottom document is the form page.

**Cover Page:**

- Department of Health & Social Care logo
- Fast Track Pathway Tool for NHS Continuing Healthcare**
- July 2022
- Published May 2022

**Form Page:**

**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

NHS number:  DOB

Permanent address and telephone number

Current location (if different from permanent address)

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)

# NHS CHC Fast Track Pathway Reviews:

## Ensure:

The appropriate care package has been commissioned and care arrangements are in place.

## Review:

The Individual's care needs and the effectiveness of the care arrangements on a regular basis.

## Prognosis:

Where the Individual is expected to die in the very near future the ICB should continue to take responsibility for the care package until the end of life.

## Monitoring:

ICBs should continue to regularly monitor care packages to ensure the care arrangements continue to meet the needs of the individual.

## Eligibility:

ICBs should monitor care packages to consider when and whether a reassessment of eligibility is appropriate, any review should be undertaken sensitively.

## MDT/DST:

Any review of eligibility for NHS Continuing Healthcare should be undertaken by an MDT completing a Decision Support Tool.

**Fast Track Pathway  
Tool for NHS  
Continuing  
Healthcare:**

**Quiz:**

Myth Busters  
and  
Knowledge Check



**Are you  
automatically  
eligible for NHS  
Continuing  
Healthcare via the  
Fast Track pathway  
Tool if you have a  
palliative diagnosis?**



# Answer:

**Having a palliative diagnosis does not make someone NHS CHC Fast Track eligible. Someone may be treated as “palliative” for a considerable period.**

*“The intention of the Fast Track Pathway is that it should identify individuals who need to access NHS Continuing Healthcare quickly, with minimum delay, and with no requirement to complete the Checklist or the Decision Support Tool (DST). Therefore, the completed Fast Track Pathway Tool, which clearly evidences that the person has a primary health need arising from a rapidly deteriorating condition and the condition may be entering a terminal phase, is in itself sufficient to establish eligibility”.*

**National Framework: Paragraph 242**

## **Also consider:**

- Forward planning, which may include a Treatment Escalation Plan, for Individuals towards the end of their life, reducing the need for a fast-track referral and providing a clear support pathway for the individual. Many people will be supported by universal health services at the end of their life.
- Individuals with a palliative diagnosis must be offered the opportunity for rehabilitation and reablement, as appropriate, including on discharge from an acute admission.

**As an ICB do we  
have to accept a  
properly completed  
Fast Track Pathway  
Tool?**







# Answer:

**Yes, in fast-track cases the NHS CHC eligibility decision is made by the “appropriate clinician”.**

“21(8) and (9) of the Standing Rules sets out that the NHS CHC eligibility decision in Fast Track cases is made by the 'appropriate clinician'.

[The National Health Service Commissioning Board and Clinical Commissioning Groups \(Responsibilities and Standing Rules\) Regulations 2012 \(legislation.gov.uk\)](#)

**Also refer to NF: Paragraphs 261 and 263.**

**Making a Fast Track Referral takes too long.**



# Answer:

**The aim is to respond to all NHS Continuing Healthcare Fast-Track applications quickly. Commissioning of care should not usually exceed 48 hours from receipt of referral.**

## **Ensure the Fast Track Pathway Tool:**

- Is fully complete and appropriate.
- Confirms the care required: using a care plan can support timely commissioning.
- The Integrated Care Board is expected to accept and action an appropriately completed Fast Track Pathway Tool without delay
- Communicate updates to the Individual and “appropriate clinician” as to the commencement of placement or care package; using a care plan can support timely commissioning.
- Remember delays can be avoided by completing the above.

**Only the Doctor can  
complete the Fast  
Track Referral.**



# Answer:

The National Framework states that it is an appropriate clinician ( a registered medical practitioner or registered nurse) who is responsible for the diagnosis, treatment or care under the NHS Act 2006 and can determine that the individual has a “primary health need” should complete the CHC Fast Track Pathway tool.

An appropriate clinician should be knowledgeable about the individual's needs, treatment and care.

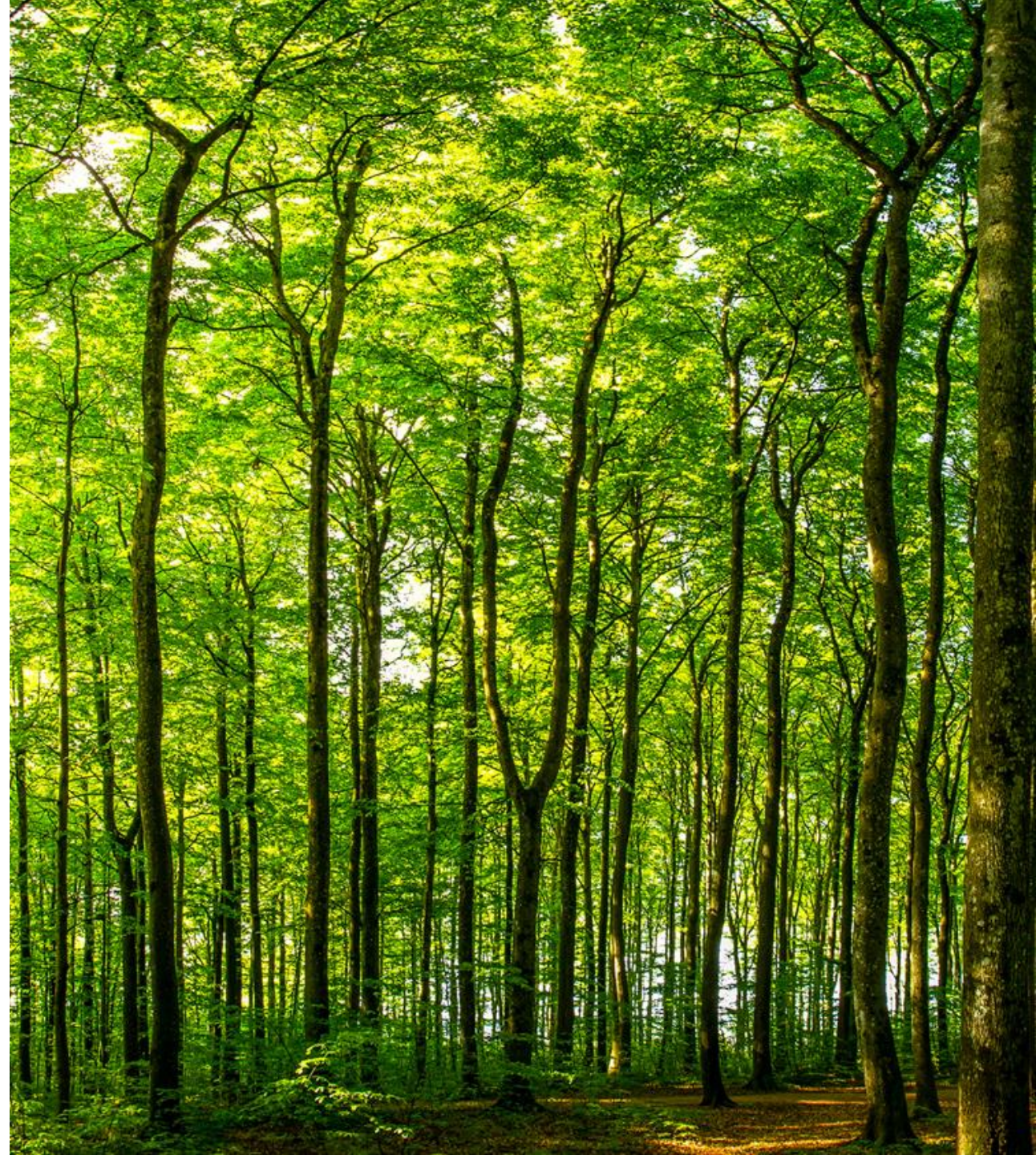
An “appropriate clinician” may have a specialist role in end-of-life needs, for example in hospices.

*“An ‘appropriate clinician’ can include clinicians employed in voluntary and independent sector organisations that have a specialist role in end of life needs (for example, hospices), provided they are offering services pursuant to the 2006 Act”*

Refer to National Framework: Paragraphs 243 to 247.

[National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care](#)  
[National Health Service Act 2006 \(legislation.gov.uk\)](#)

**Once the funding  
has been agreed, the  
funding is in place  
“life long”.**



# Answer:

- **All individuals who are eligible for NHS Continuing Healthcare are required to be reviewed at regular intervals.**
- **NHS Continuing Healthcare requires reviews primarily focused on whether the care is meeting the identified needs. These should be proportionate to the individual's needs; as a minimum within 3 months or sooner in fast-track cases.**
- ICBs should monitor care packages to consider when and whether a reassessment of eligibility is appropriate. Where it is apparent that the individual is rapidly deteriorating and may be entering a terminal phase and the original eligibility decision was appropriate, it is unlikely that a review of eligibility will be necessary.

*“No individual identified through the Fast Track Pathway Tool who is eligible for NHS Continuing Healthcare should have this funding removed without their eligibility being re-considered through the completion of a DST by a multidisciplinary team (MDT), including this MDT making a recommendation on eligibility for NHS Continuing Healthcare”*

**NF: Paragraph 268.**

**Please also refer to NF: Paragraphs 243 to 247**

- The individual affected should be notified in writing of any proposed change in funding responsibility. They should be given details of their right to request a review of the decision. Such communications should be conducted in a sensitive, timely and person-centred manner.

**Any Questions?**





# References:

## National Framework:

[NHS-Continuing-Healthcare-and-NHS-funded-Nursing-Care](#)

## National Framework – Easy Read:

[NHS care for people with long term health needs](#)

## NHS CHC Fast Track Pathway Tool:

[NHS continuing healthcare fast-track pathway tool](#)

## NHS CHC Fast Track Pathway – Guidance:

[Fast-track pathway tool for NHS continuing healthcare guidance](#)

## FutureNHS – Platform CHC Workforce Development:

[Continuing Healthcare Workforce Development](#)

## NHS CHC Consent:

[NHS CHC Consent](#)

# Other Resources:

## NICE Guidance.

[Care of dying adults in the last days of life](#)

## NHS Information.

[End of life care](#)

## NHS Information.

[Changes in the last hours and days](#)

## National Palliative and End of Life Care Partnership.

[ambitions-for-palliative-and-end-of-life-care-2nd-edition.pdf](#)

## Department of Health and Social Care.

[Our commitment to you for end of life care](#)

## FutureNHS – Platform.

[Palliative and End of Life Care Network - Collaboration](#)

---

## Thank You



**@nhsengland**



**company/nhsengland**



**england.nhs.uk**