

Fast Track Continuing Healthcare

1.0 Purpose

1.1 This guidance sets out the process to be followed when determining whether a person is eligible for continuing healthcare on the Fast Track. It applies to all people with a GP whose practice is a member of Sheffield Clinical Commissioning Group (CCG). It also applies to any other person for whom Sheffield CCG is the responsible commissioner.

1.2 By following this guidance, clinicians will help to ensure that eligibility decisions are made quickly. This will also help to ensure that care services are put in place quickly for those individuals who are eligible.

1.3 A copy of the Fast Track Tool can be found on the Department of Health's website at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127202/NHS-CHC-Fast-Track-Pathway-tool.pdf

2.0 Background

2.1 The Health and Social Care Act established new structures and a framework for the NHS, with effect from 1 April 2013. Regulations¹ issued under the Act set out the Standing Rules to be followed when determining eligibility for continuing healthcare. This includes eligibility for continuing healthcare for patients who should be 'fast-tracked'.

2.2 The Regulations are supported by the National Framework for Continuing Healthcare, which was revised in 2012². The Framework and the associated Practice Guidance assist with the application of the Standing Rules.

2.3 Sheffield CCG's CHC Policy on the Commissioning of Care applies to all patients eligible for continuing healthcare, including those who are fast-tracked.

2.4 Decisions taken on the care to offer to patients who are fast-tracked are informed by the national End of Life Strategy. In particular, the strategy notes that for many people, a 'good death' involves:

- Being treated as an individual, with dignity and respect;

¹ The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012

² <https://www.wp.dh.gov.uk/publications/files/2012/11/National-Framework-for-NHS-CHC-NHS-FNC-Nov-2012.pdf>

- Being without pain and other symptoms;
- Being in familiar surroundings; and
- Being in the company of close family and/or friends.

3.0 Purpose of the Fast Track

3.1 The Fast Track is a means of quickly determining eligibility for continuing healthcare in specific circumstances. The Fast Track should only be used where the person:

- has a primary health need; and
- the cause of the primary health need is a rapidly deteriorating condition; and
- they may be entering a terminal phase.

3.2 The intention of the Fast Track Pathway is that it should enable individuals who meet these criteria to access NHS continuing healthcare quickly. A DST is not required for individuals who are fast-tracked for continuing healthcare. Where a properly completed Fast Track Tool is submitted to Sheffield CCG, the CCG will accept the person as eligible for continuing healthcare. The CCG will also arrange for a package of care to meet their reasonable requirements as quickly as practicable.

3.3 Eligibility for continuing healthcare arises when a patient has a primary health need, caused by a rapidly deteriorating condition that may be entering a terminal phase. Eligibility for continuing healthcare on the fast track is no different to eligibility for continuing healthcare through the regular assessment process. Fast Track Tools should not be completed for individuals who do not meet the criteria at paragraph 3.1.

4.0 Completing the Fast Track Tool

4.1 In order for eligibility for continuing healthcare on the fast track to be established, a Fast Track Tool should be properly completed. Sheffield CCG defines a 'properly completed' Fast Track Tool as one that contains the information specified in paragraphs 4.7-4.9 inclusive of this policy.

Who can complete a Fast Track Tool?

4.2 The Fast Track Tool can only be completed by an "Appropriate Clinician"³. An Appropriate Clinician must be either a registered nurse or a registered medical practitioner. The Appropriate Clinician may work for the NHS or independent and voluntary sector organisations, if their organisation is commissioned by Sheffield CCG to provide a service for the patient concerned.

4.3 In addition the Appropriate Clinician must be responsible for the diagnosis, treatment or care of the person concerned. The Appropriate Clinician completing the Fast Track Tool should be knowledgeable about the individual's health needs,

³ 'The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 - regulation 21(13).

diagnosis, treatment or care and be able to provide reasons why the individual meets the conditions required for the fast-tracking decision.

4.4 Where any other individual believes that a person they are supporting meets the criteria for continuing healthcare on the fast track, they should contact an Appropriate Clinician and ask them to complete the Fast Track Pathway Tool. Alternatively they could approach the Sheffield CCG and make the request. Such a request should not be made without the consent of the person in need of the care.

4.5 The Appropriate Clinician should consider whether the person concerned has capacity to give consent to be assessed for eligibility for continuing healthcare on the fast track. If the Appropriate Clinician has concerns that the person concerned may not have capacity to give consent, this should be determined in accordance with the Mental Capacity Act 2005. If the person lacks the mental capacity to either give or refuse consent to the use of the Checklist, a 'best interests' decision should be taken (and recorded) as to whether or not to proceed with assessment.

4.6 The Appropriate Clinician completing the Fast Track Tool should sensitively inform the patient that funding for care may be reviewed and that the review may lead to a change in eligibility status. They should ensure that the patient understands that such a change may have an impact on the funding of their care. If the patient was assessed not having capacity to assent to the assessment, this should be explained to those involved in making the best interest decision.

What information should be recorded on the Fast Track Tool?

4.7 The Fast Track Tool must be properly completed for it to be accepted by Sheffield CCG. This means that the Appropriate Clinician completing the tool must state:

- the reasons why the person has a "primary health need"; and
- the terminal condition that the primary health need arises from; and
- that the condition may be entering a terminal phase.

4.8 The following sections of the Fast Track Tool must also be completed in full:

- the personal information specified on page one of the Fast Track Tool; and
- the equality monitoring specified towards the end of the tool.

4.9 In addition, one of the following must be provided with the Fast Track Tool, in the format specified by Sheffield CCG:

- confirmation of the person's consent to complete a Fast Track Tool; or
- confirmation that a Mental Capacity Act (2005) assessment has been carried out, that a decision-maker has been identified and a Best Interest decision made to complete the Fast Track Tool on the person's behalf.

4.10 A properly completed Fast Track Tool is in itself sufficient evidence to establish eligibility for continuing healthcare. Those completing Fast Track Tools

should note that they will be shared with the individuals concerned or their representatives.

Eligibility

4.11 In order for a person to be eligible for continuing healthcare they must have a primary health need. This applies to all patients assessed for continuing healthcare, including on the Fast Track. The definition of primary health need is set out in the Standing Rules and also on the Fast Track Tool

4.12 Eligibility for NHS continuing healthcare, including on the Fast Track, is not determined by specific health conditions, illness or diagnosis. It is also not determined by who provides the care or where care is provided.

4.13 The CCG reviews whether people remain eligible for continuing healthcare within three months of the initial eligibility decision. This includes those people eligible for continuing healthcare on the fast track. However, the CCG can exercise flexibility when deterioration in a person's health can reasonably be anticipated to take place before the next review. In this circumstance the CCG may decide to postpone the review, in order to avoid the need for unnecessary or repeat assessments.

Additional Information

4.14 The Appropriate Clinician completing the form is not required to provide any further information. However, it will assist with planning appropriate care if they state the following:

- what information the person or their family have been told about their condition, prognosis and how they have been involved in agreeing the end of life care pathway;
- how the person presents in the current setting;
- the person's preferences as to the services to be delivered; and
- a prognosis and/or diagnosis if known, to help enable staff managing the individual's future care needs to plan the care/support that is likely to be required

5.0 Processing Fast Track Tools

5.1 All properly completed Fast Track Tools should be sent to Sheffield CCG by secure email. The email should include the information specified at paragraph 4.9. Fast Track Tools may also be faxed to 305137. The CCG strongly recommends the use of secure email, to avoid the risk of delay and to ensure confidential transfer of information about patients.

5.2 The email address to send them to at September 2013 is wsybcsu.continuingcaresheffield@nhs.net . When this email address changes, partner agencies will be informed via the Sheffield CCG CHC Operations Group. The subject header of the email should clearly state "Fast Track Tool" and give the patient's name.

5.3 The Fast Track Tool will be logged and reviewed by a clinician at Sheffield CCG to ensure that it is properly completed. This review will take place within one working day of the Fast Track Tool arriving in the CCG's email in-box.

What happens once a properly completed Fast Track Tool has been sent to Sheffield CCG?

5.4 Once a Sheffield CCG clinician has reviewed a Fast Track Tool and confirmed that it has been properly completed, the CCG will arrange a package of care for the individual. The CCG will also write to the individual to confirm that they are eligible for continuing healthcare, using one of its standard eligibility letters, and enclosing a copy of the Fast Track Tool.

5.5 Where the individual does not have capacity to make decisions about their care, this letter will be sent to their representative and enclosing a copy of the Fast Track Tool. A letter will also be sent to a representative if the CCG has been asked to do so.

What happens if a Fast Track Tool has not been properly completed?

5.6 Where either the information required in paragraph 4.7 or 4.9, or both, is not provided Sheffield CCG will not accept that the patient is eligible for continuing healthcare. In such a case the CCG will urgently ask the Appropriate Clinician who completed it to clarify the nature of the person's needs and the reason for the use of the Fast Track Pathway Tool.

5.7 Where the information required in paragraph 4.7 and 4.9 has been provided, but the information in paragraph 4.8 has not been provided, the Fast Track Tool will not have been properly completed. However, should this arise, it will be likely that the patient will be eligible for continuing healthcare on the fast track. Therefore Sheffield CCG will use its discretion as to whether to begin providing care for the patient, pending the proper completion of the Fast Track Tool.

5.8 Where the Appropriate Clinician has had a Fast Track Tool returned to them for proper completion, they should complete the Fast Track Tool properly and resubmit to Sheffield CCG. The properly completed Fast Track Tool should then be resubmitted to Sheffield CCG using the process set out in paragraph 5.2. The resubmitted Fast Track Tool will then be reviewed again, as set out in paragraph 5.3.

What happens if the patient is in hospital?

5.9 Where a patient is in hospital, the Appropriate Clinician should complete the Fast Track Tool, as set out in this guidance. Sheffield Clinical Commissioning Group may agree with the hospital that the discharge should be made, prior to the Fast Track Tool being completed, to avoid unnecessary delays. However, it will remain the responsibility of the Appropriate Clinician to properly complete the Fast Track Tool as set out in this guidance.

6.0 Packages of care

6.1 Packages of care for all patients are subject to the CCG's CHC Policy on the Commissioning of Care, including the description in the policy of exceptional circumstances. For patients eligible for CHC having been fast-tracked, this policy will be applied in the context of the national End of Life Strategy.

6.2 The CCG aims to offer packages of care to such individuals, so that care can begin within 1 working day. The CCG has commissioned care from providers to ensure that packages can start as quickly as possible. The CCG will usually use these providers to deliver care for individuals fast-tracked for continuing healthcare. Where necessary an interim package may be offered, to ensure continuity of care and that a patient is not left without essential care provision.

6.3 Where an individual is fast-tracked for continuing healthcare and is in an acute hospital, date that the care will begin will be agreed with the ward.

6.4 Individuals living in a nursing home or residential care home, and who are fast-tracked for continuing healthcare, will already be receiving a package of care. The CCG will accept responsibility for funding this care on the same working day as their eligibility is established. The CCG will review with the patient whether the current setting can meet their needs, including any anticipated increase in needs.

6.5 Some individuals will become eligible for continuing healthcare on the fast track, whilst living in their own home and receiving care funded by the Local Authority. The CCG will accept responsibility for funding this care on the same working day as their eligibility is established. The CCG will urgently review whether the current care packages meet the patient's needs or whether it should be altered.

6.6 Some individuals living in their own home may not be receiving any care or who are arranging care privately. In such cases the CCG will urgently arrange for a package of care to meet the individual's needs.

6.7 Where individuals are receiving care provided voluntarily by family or friends, and they wish to continue to do so, the CCG will design a care package to support this. This may include providing training or respite care.

6.8 Where Sheffield CCG is notified of the contents of an advanced care plan, this will be taken into account when planning care for the individual concerned.

6.9 Sheffield CCG is developing processes for delivering care through greater use of personal health budgets. At February 2013, personal health budgets are subject to testing by the CCG. In due course, personal budgets will be offered to patients fast-tracked for eligibility for continuing healthcare.

6.10 Sheffield CCG and its partners are developing alternative end of life care models. The application of these may supersede this guidance in due course.

7.0 Care Management

7.1 The care procured for individuals who are eligible for continuing healthcare on the fast track will be managed by clinicians from Sheffield CCG. However, where the patient has a learning disability, it may be appropriate for them to have care management services from Sheffield's Joint Learning Disability Service. Sheffield CCG and the Joint Learning Disability Service will agree who should care manage any individual patient on a case-by-case basis.

7.2 The CCG care manager will work with other staff providing or supervising care, to ensure that all services are jointly planned. This will include reviewing whether any changes are required to the procured care, to reflect the individual's changing needs and to ensure that these are met.

7.3 Where a patient was receiving care funded by the Local Authority, a conversation will be arranged urgently between care managers from the LA and CCG, to hand over responsibility.

7.4 Where a patient ceases to be eligible for continuing healthcare after having been fast-tracked, and they become eligible for care funded by the Local Authority, a conversation will be arranged urgently between care managers from the LA and CCG, to hand over responsibility.

8.0 Eligibility Review

8.1 Individuals who are eligible for continuing healthcare should have an eligibility review, no later than three months after the initial eligibility decision. This requirement applies equally to patients fast tracked for eligibility for continuing healthcare.

8.2 At the eligibility review individuals will have their care needs reassessed using the Decision Support Tool. The Local Authority will be invited to participate in the multidisciplinary team undertaking the review, along with other professionals involved in the individual's care. The individual and family members will also be consulted for their views, although they will not be members of the multidisciplinary team.

8.3 The scheduling of reviews after an initial eligibility decision is not fixed. The CCG has discretion to determine when an eligibility review should be arranged. This discretion will be applied to ensure that any patient, who does not appear to meet the criteria for continuing healthcare, has an early review. Similarly, where it is apparent that the individual is nearing the end of their life, and the original eligibility decision was appropriate, the CCG may determine not to proceed with an eligibility review.

8.4 Reviews of individuals who had been fast-tracked will be subject to the same quality assurance, oversight and processes as for all other people who are eligible for continuing healthcare.

9.0 Feedback and Learning

9.1 The CCG will monitor use of the Fast Track Tool with the aim of ensuring:

- the Tool is completed properly on every occasion;
- the person assessed receives a decision and, where appropriate, a service as quickly as possible;
- the Tool is not used inappropriately, such as to secure services for patients who do not have a primary health need.

9.2 Where a Tool is not completed properly on one occasion, this will be fed back direct to the Appropriate Clinician, as set out in paragraph 5.8. Where more than one Fast Track Tool is not completed properly by the same clinician within a 6 month period, a meeting will be held with them and a clinical manager responsible for continuing healthcare, to discuss appropriate use of the Tool. Where the CCG has concerns that a clinician continues to complete inappropriate Tools this will be raised with their Clinical Director, by the Head of Clinical Services at the CCG.

10.0 Governance

10.1 This guidance is issued to support Sheffield CCG to meet its commitments under the Standing Rules for continuing healthcare.

10.2 This guidance will be consulted on through the Sheffield CCG Operational Group. The guidance will take effect once authorised by the Chief Nurse for Sheffield CCG.

10.3 The responsibilities of Sheffield CCG under this guidance may be discharged on its behalf by a Commissioning Support Unit

10.4 This guidance will be due for review on 31 May 2014.

Version Control

Version	Date	Author	Status	Notes
0.1	12 February 2013	E Harrigan	Draft	First version circulated internally for consultation and legal advice.
0.2	12 April 2013	E Harrigan	Draft	Circulated to Operational Group for consultation.
0.3	25 April 2013	E Harrigan	Draft	Following Operational Group discussion
0.4	21 May 2013	E Harrigan	Approved	Typographical changes and email address at 5.2 amended.
0.4b	30 September 2013	E Harrigan	Further approval not required for this update.	Email address at 5.2 updated. NO other changes made.