

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/GP Practice:

Permanent address and
telephone number

Current location (i.e. name of
hospital ward etc.)

	Overgate Hospice (in-patient) Hullenedge Road Elland HX5 0QY
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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)

Dr Eilidh Gunson Hospice Doctor – Overgate Hospice 01422 379151

(please turn over)

Fast Track Pathway Tool for NHS Continuing Healthcare

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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.

(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 CCG.

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 may be subject to a review, and accordingly that the funding stream may change subject to the outcome of the review

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

Name and signature of referring clinician

Date

Dr Eilidh Gunson	
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Name and signature confirming approval by CCG

Date

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About you – equality monitoring

Please provide us with some information about yourself. This will help us to understand whether people are 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
- In another way
- 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+
- Prefer not to answer

3 Do you have a disability as defined by the Disability Discrimination Act (DDA)?

Tick one box only.

The Disability Discrimination Act (DDA) 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?

Tick one box only.

A White

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller

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
- Chinese

Any other Asian background, write below

D Black, or Black British

- Caribbean
- African

Any other Black background, write below

E Other ethnic group

- Arab

Any other ethnic group, write below

- Prefer not to answer

5 What is your religion or belief?
Tick one box only.

Christian includes Church of England/Wales/
Scotland, Catholic, Protestant and
all other Christian denominations.

- None
- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Prefer not to answer

Any other religion, write below

6 Which of the following best describes your
sexual orientation?

Tick one box only.

- Heterosexual or Straight
- Gay or Lesbian
- Bisexual
- Prefer not to answer

Other, write below