North Yorkshire
Clinical Commissioning Group

Continuing Healthcare Fast Track Policy

June 2022

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POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet
0.1	Rachel Morgan – Head of Continuing Healthcare	New Policy	N/A	N/A
2.0	Rachel Morgan – Head of Continuing Healthcare	Updates to wording of documents	Rachel Morgan 17.10.2022	17.10.2022

Contents

This policy has been assessed using an Equality Impact Assessment and Sustainability Impact Assessment. These assessments are recorded in the relevant registers and available to view on the CCG website.

1.0 Introduction

The aim of the Fast Track pathway is to ensure individuals with a rapidly deteriorating condition, that may be entering a terminal phase of life, are supported in the preferred place of care as quickly as possible (Department of Health 2012). The eligibility criteria for NHS Continuing Health Care (CHC) for Fast Track applications are defined within the National Framework for NHS Continuing Healthcare and NHS-Funded Nursing Care 2018. Care provision for individuals assessed as eligible for the Fast Track pathway will be subject to the principles as set out in the relevant sections of the NY-132 CHC Choice Policy, dependant on the individuals assessed needs.

In urgent situations however, where services may need to be commissioned very quickly, the NHS CHC team will take reasonable steps to work in partnership with the eligible individual and their family / representative in all cases. Unfortunately, on occasion, due to the need to avoid delay, the ability to provide the level of choice anticipated by the Choice Policy may be compromised in order to ensure that the individuals' needs are met immediately.

As "Fast Tracked" individuals are deemed to be near End of Life (EOL), North Yorkshire Clinical Commissioning Group is committed to supporting the principle of the right to choose your end-of-life setting, whilst ensuring that the care meets the needs of the individual and is equitable.The completed Fast Track Pathway Tool itself is sufficient to demonstrate eligibility. Where a patient is to be cared for in their own home a care plan will be required which describes the immediate needs to be met and the patient's preferences. This care plan should be provided with the Fast Track documentation or as soon as practicable thereafter in order for a CCG to commission appropriate care. - Appendix 5. For GP referrals please see appendix 6.

Following a review (See 6.7), if the individual is deemed no longer eligible for NHS Fast Track funding the offer of care may be amended and / or referred to the Local Authority in line with this Policy.

If following a review, the individual no longer meets the Fast Track criteria, the CCG will undertake a multidisciplinary team meeting and complete a Decision Support Tool to determine whether the individual remains eligible for NHS Continuing Healthcare.

The Fast Track application is there to ensure that individuals who have a *"rapidly deteriorating condition, which may be entering a terminal phase"*[1] get the care they require as quickly as possible. This funding cannot be applied for retrospectively.

If it appears that there may have been a need for such care and this may have resulted in eligibility for NHS Continuing Healthcare, a request should be made for an assessment of needs and a determination of the individual's eligibility for NHS continuing healthcare to be carried out by contacting the NYCCG CHC Team.

[1] Department of Health 2012

2.0 Purpose

The aim of the Fast Track pathway is to ensure individuals with a rapidly deteriorating condition, that may be entering a terminal phase of life, are supported in the preferred place of care as quickly as possible (Department of Health 2012). It is anticipated that the individual will already be identified on the GP practice End of Life register.

The CCG has responsibility for the commissioning and funding of appropriate care until a decision on longer term NHS CHC eligibility can be assessed. This care at the end of life often requires care to be implemented rapidly to support an individual so a more detailed assessment may be required to clarify ongoing needs.

Approved Fast Track applications will be funded from the introduction of the agreed package of care.

This policy provides guidance on how the Fast Track process will be managed to meet the expectations of patients, relatives and carers.

NHS North Yorkshire Clinical Commissioning Group (NYCCG) fully acknowledges their responsibilities regarding the Fast Track pathway as set out in the Standing Rules[2].

3.0 Definitions / Explanation of Terms

Clinical Commissioning Groups' (CCGs) were created following the Health and Social Care Act in 2012 and replaced Primary Care Trusts on 1 April 2013. They are clinically led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

'Continuing Care' - refers to care provided over an extended period to a person aged 18 or over, to meet physical and/or mental health needs which have arisen as a result of disability, accident or illness.[3]

'Eligible Individual' - shall within this Policy refer to an individual who has been assessed by the CCG under The National Framework as having health and social care needs which should be met by the NHS.

[2] The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012, Part 6, Regulations (8)-(13)

[3] The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012, Schedule 1, Paragraph 1

'Funded Nursing Care' (or "FNC") - NHS-funded nursing care (FNC) is when the NHS pays for the nursing care component of nursing home fees. The NHS pays a flat rate directly to the care home towards the cost of this nursing care.

'NHS Continuing Healthcare (or "CHC")' - refers to a package of care that is commissioned (arranged and funded) solely by the NHS as defined by Regulation 20 of The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (as amended).

'The National Framework' – refers to The National Framework for NHS Continuing Healthcare and NHS funded Nursing Care (published by the Department of Health 2018) which provides the context for the commissioning of NHS Continuing Healthcare, providing clarity and consistency of decision making in respect of eligibility, and setting out the systems and processes to be used by the NHS.

4.0 Scope of the Policy

The policy applies to NHS North Yorkshire CCG and all its employees and must be followed by all those who work for the organisation, including the Governing Body, those on temporary or honorary contracts, secondments, pool staff, contractors, and students.

5.0 Duties, Accountabilities and Responsibilities

The following gives an overview of the duties of individuals, departments, and committees, including levels of responsibility for the development of this policy:

5.1 Accountable Officer

Procedural documents are vital to the organisation for effective management, service delivery and the management of associated risks. It is therefore essential that responsibility is placed at the highest level. The Accountable Officer is responsible for ensuring there is a structured approach in place for procedural document development and management.

5.2 Directors

Responsibility for this procedural document is delegated to the Director of Corporate Services, Governance and Performance; however, accountability remains with the Accountable Officer.

5.3 Head of Continuing Healthcare

The Head of Continuing Healthcare is the responsible officer for the day-to-day implementation, development, and review of this policy, and in consultation with the Senior Governance Manager and Corporate Services and Emergency Preparedness Resilience and Response (EPRR) Manager is responsible for ensuring that this policy is reviewed in line with the policy review date.

They must also ensure that, through management lines, all CHC staff have an awareness of this policy and must ensure employees are aware that wilful or negligent disregard of any policy will be investigated and potentially treated as a disciplinary offence.

5.4 Managers

Managers should identify arrangements for any training support for the policy.

5.5 Senior Governance Manager

The Senior Governance Manager will support the development of this policy and will assist in ensuring policies are quality assured to ensure that when presented for final approval it meets NHS North Yorkshire CCGs requirements.

The Senior Governance Manager is responsible for confirming the process and timescale for approval.

5.6 Corporate Services and EPRR Manager

The Corporate Services and EPRR Manager will support the development of this policy and will assist in ensuring policies are quality assured against the criteria of this document to ensure that when presented for final approval it meets NHS North Yorkshire CCGs requirements.

The Corporate Services and EPRR will maintain a central database of policies with review dates and contact the responsible officer prior to the policy review date to highlight that the policy is due for review.

5.7 All Employees

All staff have a responsibility to work in line with NHS North Yorkshire CCGs approved procedural documents and should:

- be aware of how to access them
- be aware of those which are relevant to their area of work
- act in accordance with them
- attend any relevant training which is offered in relation to them
- report any issues affecting compliance with them to their line manager, in order that these can be taken account of and acted upon

All staff need to ensure they are aware of the system for policy dissemination (section 11.0). This includes a requirement on receipt of new policies to review their contents and assess the relevance to their role.

All staff must be aware that wilful or negligent disregard of any policy will be investigated and potentially treated as a disciplinary offence.

Heads of Service must also ensure that, through management lines, all staff have an awareness of all policies, with emphasis given to those that are specifically relevant to their area of work.

5.8 Responsibilities for Approval

As per the CCG's Scheme of Delegation and Reservation, the Quality and Clinical Governance Committee are required to approve all policies with the exception of those reserved to the Governing Body or an individual Committee.

The Governing Body will receive formal notification from the relevant committees of policies that have been approved via minutes or through key messages reports.

The NHS North Yorkshire CCG Governing Body will be responsible for the formal approval of policies that sub-committees deem require Governing Body approval.

6.0 Policy Procedural Requirements

6.1 Fast Track Referral Criteria

Clinicians should make a referral if they decide that the person meets the following criteria:

- The person has a rapidly deteriorating condition **AND**
- Their condition may be entering a terminal phase **AND**
- They have health care needs as a result which constitute a Primary Health Need.

A Primary Health Need arises where the nursing or other health services required 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.

ALL of the above criteria must be met for the person to be eligible for the Fast Track Pathway.

Before making a referral, consideration should be given to whether or not the person's needs can be met by core health services (e.g., community/ palliative care services).

In order to ensure that referrals are processed quickly clinicians should seek to provide the following information in order to allow the CCG to determine a Primary Health Need.

- Diagnosis/ Prognosis (include stage on End of Life Pathway).
- Evidence that the person is deteriorating rapidly.
- Evidence that the condition may be entering a terminal phase.
- The care needs required by the person and in particular those that are over and above needs that could reasonably be met by social services.

6.2 Referral Process

The National Framework for NHS Continuing Healthcare & NHS funded-nursing care (2018)) provides the Fast Track Tool for use in these circumstances. The Fast Track Tool needs to be completed by an 'appropriate clinician' as described in the National Framework:

"An 'appropriate clinician' is defined as a person who is:

• responsible for the diagnosis, treatment or care of the individual under the 2006 Act in respect of whom a Fast Track Pathway Tool is being completed

• a registered nurse or a registered medical practitioner.

The 'appropriate clinician' should be knowledgeable about the individual's health needs, diagnosis, treatment or care and be able to provide an assessment of why the individual meets the Fast Track criteria.

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.

Others who are not approved clinicians as defined above, but involved in supporting those with end of life needs, (including those in wider voluntary and independent sector organisations) may identify the fact that the individual has needs for which use of the Fast Track Pathway Tool might be appropriate. They should contact the appropriate clinician who is responsible for the diagnosis, care or treatment of the individual and ask for consideration to be given to completion of the Fast Track Pathway Tool."

NYCCG supports the direct involvement of hospital staff in this process to ensure the timely discharge for these patients, supporting end of life care decisions and providing clear accountability for decision making.

The NHS Continuing Healthcare Team currently operates Monday to Friday only. The procedure for Fast Track applications covering Monday to Friday is set out in Appendix 1 and ensures that same day decisions about eligibility for NHS funded continuing healthcare can be made to support the preferred priorities of the individual for their end of life care.

A referral for Fast Track can be made by an appropriate clinician.

Examples of an Appropriate Clinician are:

- GP
- Specialist Nurses
- Hospital Consultant
- District Nurse

The process for referrals is described in Appendix 1.

6.3 Fast Track Provision

Care Homes – when a patient is Fast Tracked who is currently living in a nursing or residential placement the following needs to be considered:

- Is this the patient's choice for EOL care?
- Is the current care home placement able to meet the individual's needs?
- If needs cannot be met where does the individual want to move to?
- Can a new placement meet their needs?
- Is it in the best interest of the individual to move to another home?
- Do the invoicing arrangements need to change?
- For care in residential homes; how often a co-ordinated overview by Community services will be undertaken
- Will the District Nurse team be able to support if living in a residential home/Supported Living placement?

Homecare – Where an individual is eligible for Fast Track funding and wishes to be cared for in their own home the following needs to be considered:

- The home circumstances i.e., who they live with and whether the environment has the potential to accommodate extra equipment and staff to provide the care needed.
- What equipment will be required to support them at home, can this be obtained and is there storage space?
- What care are family and friends wishing to provide and for how long?
- What care will be provided by Universal Services?
- What are their immediate needs as the Fast track care package commences?
- How often a co-ordinated overview by Community services will be undertaken.
- What might their ongoing needs as their condition deteriorates?

The process for care provision is described in appendix 2.

6.4 Care Packages

Where an eligible individual has been assessed as requiring placement within a care home, NHS North Yorkshire CCG operates an Approved Provider List via a brokerage service commissioned externally; the expectation is that eligible individuals requiring placement will have their needs met in one of these homes. NHS North Yorkshire CCG will endeavour to provide a reasonable choice of placements (maximum of three placements) and discuss the placements with the eligible individual and their family, such proposals/discussions will be in line with the CCG's Choice Policy.

https://northyorkshireccg.nhs.uk/wp-content/uploads/2021/12/NY-132-CHC-Choice-Equity-Policy-V1.0.pdf#:~:text=The%20policy%20describes%20the%20way%20in%20which%20NHS,to%20fulfilling%20their%20NHS%20Continuing%20Healthcare%20commissioning%20responsibilities.

Where an individual wishes to be cared for in their own home:

A person-centred view will be taken by the CCG and consideration will be given to individual wishes and circumstances.

The care package could consist of day and night care or a combination of both based on **need** and whether any risks in delivery can be managed safely and cost effectively in the home.

Depending on the presenting condition it is anticipated that the initial home care package procured will be regular but less intensive, however it is anticipated that the package will increase as the patient's health needs increase during the End of Life process.

The CCG will, on consideration of the above initially commission

- 2 day visits per day for up to 45 minutes **and** up to
- 2 waking nights up to a maximum of 3 per week which may be complemented by the Marie Curie night service.

NB. This is flexible and additional visits will be provided if needs are clearly identified through universal services assessment and can include a second carer if required.

6.5 Requests for additional ad hoc Support

There may be occasions when a single episode of additional support is required to enable a carer to attend an appointment or to respond to other commitments. These requests will be considered on an individual basis however one episode of care will not exceed a 3-hour time frame per person. In addition, requests for respite care whilst on the Fast Track pathway will be considered on an individual basis. Respite care must be provided in a placement registered to provide nursing care. If out of area the out of area conditions will apply.

6.6 Universal Services

Universal services are services that are commissioned from NHS providers on a block contract basis and usually are considered to be community-based services.

All patients eligible for Fast Track funding should have clinical oversight of their package by an appropriate healthcare professional, this includes individuals that are at home or in a Hospice.

Fast Track Patients who move Out of Area

It is recognised that some patients on the Fast Track pathway will move outside of the North Yorkshire area either due to clinical need or due to family/patient choice. When the move out of area is due to clinical need the clinician recommending the placement should demonstrate that there is no other service available locally to meet that need; appropriate evidence should be presented to the CCG for confirmation of funding for the out of area placement.

The individual may wish to move into a home which is not on the Approved Provider List, or their family/representative may wish to place the eligible individual in a home outside of the Approved Provider List. As long as the fee for the bed is comparable to the fee agreed with the CCG's preferred provider's and the CCG is satisfied with the Care Quality Commission (CQC) inspection reports, their own CCG internal Quality contract monitoring of the care home and that the home can meet the eligible individual's assessed care needs, the CCG will consider this option.

If the provider refuses to provide appropriate clarification as to the basis upon which their fees are charged, or to contract on this basis, NHS North Yorkshire CCG is unlikely to purchase the care at this home and the eligible individual will be advised that they will need to consider choosing a home from those commissioned within the CCG locality.

Where there is a conflict between a high-cost placement outside of the fee agreed with the local commissioned providers and personal choice the case will be referred and discussed through the CCGs Funding panel.

If the eligible individual is unwilling to accept any of the offers made by the CCG, the CCG will have fulfilled its statutory duties to the eligible individual and is not required to take further steps to provide services to him or her.

If the eligible individual's representatives are delaying placement in a care setting due to non-availability of their first choice, and the individual does not have the mental capacity

to make decisions themselves, the CCG reserves the right to work with the multi-disciplinary team involved in the eligible individual's care and to make a best interest decision on behalf of the individual to secure a prompt discharge.

6.7 Review of Fast Track Pathway

The Fast Track Pathway for each individual should be reviewed at 10 weeks by the NHS CHC Team. There will be no option to submit a second Fast Track. As per DH Guidance a review should be completed using the Decision Support Tool (DST) and a multi-disciplinary approach taken to review eligibility.

See appendix 3

The Review DST will follow the CCG CHC process as per the National Framework. An individual's needs and prognosis can change and as such eligibility for health funding may also change.

Any changes to eligibility for funding will be advised in writing to the patient and family along with a 28-day notice period. This notice period will allow for any changes to be made in relation to the arrangements for future care at which point the CHC Fast Track funding will cease. The individuals G.P will also receive notification of the changes.

See appendix 4.

If it is deemed that End of Life is imminent, the review may be delayed and as such they would meet some or all of the criteria below and be deemed to have a Primary Health Need (PHN).

- Have a syringe driver in place to manage symptoms of end of life
- No longer eating or drinking or taking very minimal amounts of fluids
- Are under the care of the community Specialist palliative care team and receiving regular visits
- Life expectancy can be measured in days

Under these circumstances the completion of a full DST would not be unnecessary and for those individuals a shortened review would be more appropriate. A Nurse from the CHC Team will complete a shortened review (see Appendix 5 and 6) for submission to the CCG eligibility panel for continued funding as CHC.

7.0 Public Sector Equality Duty

The Equality Act 2010 includes a general legal duty to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act.
- advance equality of opportunity between people who share a protected characteristic and people who do not share it.
- foster good relations between people who share a protected characteristic and people who do not share it.

As a public body NHS North Yorkshire CCG must demonstrate due regard to the general duty. This means active consideration of equality must influence the decision/s reached that will impact on patients, carers, communities, and staff.

In developing this policy, a Quality and Equality Impact Assessment has been undertaken. As a result of the analysis, it was concluded that positive impacts would result in all domains with the exception of equality which would be neutral, no negative impacts have been identified.

8.0 Consultation/Engagement

The Draft Policy was shared with all North Yorkshire Hospitals, Hospices, key community staff, charities, CCG staff, GPs, and stakeholders, for comments. **Comments were taken reviewed and updated where felt necessary.**

9.0 Monitoring Compliance with the Document

The responsible officer will monitor compliance with this policy, supported by the Senior Governance Manager and Corporate Services and EPRR Manager, who will highlight any issues of non-compliance to the Executive Directors.

10.0 Arrangements for Review

This policy will undergo a full review every two years. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation/guidance, as instructed by the senior manager responsible for this policy.

11.0 Dissemination

The Head of Continuing Healthcare will ensure that all appropriate staff are directed to this policy which will be available on the CCG website.

12.0 References

Department of Health (2018) Fast Track Pathway tool for NHS Continuing Healthcare.

Department of Health (2018) National framework for NHS continuing healthcare and NHS-funded nursing care.

Department of Health (2020) Who Pays? Determining which NHS commissioner is responsible for making payment to a provider.

13.0 Appendices

Appendix 1: The Fast Track Referral Process

Appendix 2: Process for Care Provision for a Fast Track

Appendix 3: Process for Review of a Fast Track

Appendix 4: Discontinuation of a Fast Track

Appendix 5: Fast Track Referral Document

Appendix 6: Quality & Equality Impact Assessment

Appendix 1: The Fast Track Referral Process

Step 1	Identify the patient meets the following referral criteria and check the process for the different areas: • The individual has a rapidly deteriorating condition and may be entering a terminal phase. • The only referrals for Fast Track that should be received for the Harrogate and Rural Area (HARA) area should be those from Nursing Homes in CCG GP location. • Individuals in the HARA area who require domiciliary care are referred directly to the End of Life Co-Ordination Service; if a referral is received into the mailbox, please contact the referrer and ask them to phone End of Life Co-Ordination on 01423 554617. • Herriott Hospice is the commissioned service provider for the majority of care in the Hambleton and Richmond area **apart from** individuals who are registered with a GP in Whitby and those who need transfer to a Nursing Home. • The service in Hambleton and Richmond is termed 'End of Life Co Ordination'. Flow charts relating to this process can be requested from the Fast Track administration team. • 'End of life Co Ordination' can be contacted on 01609 786568 or email ste-tr.FastResponse@nhs.net
Step 2	Complete the Fast Track Referral ensuring: • Clinician provides the information clarifying why this individual is deemed to have a rapidly deteriorating condition and entering the terminal phase • Clinician has indicated the prognosis of the individual • Clinician has indicated that the patient/family are aware and have consented to information sharing with a third party such as a family member, friend, advocate and/or other representative if appropriate. It is not necessary to seek consent from an individual in order to share their personal data as part of their NHS Continuing Healthcare assessment (and subsequent reviews) between health and social care professionals. • Clinician has advised the patient/family of the review which will take place within 10 weeks • Clinician has identified the person's preferred place of care • Clinician has completed all of the form including equality monitoring • Clinician has provided your name and contact details • Completed the Healthcare Prescription as soon as practicable to enable the CCG to commission an appropriate package of care. If the individual is currently in a Nursing Home and wishes to remain there this is not required.
Step 3	Email the FastTrack referral documents (Fast Track tool, application form & Consent if information is to be shared with family/3rd party) to the CCG Continuing Healthcare Team on hnyicb-ny.fasttrack@nhs.net

The Fast-Track Referral Process for nursing home placement - Flow chart

It is identified the individual has a rapidly deteriorating condition and may be entering a terminal phase. Paragraph 6.1 as above

Nursing home – SCA or Family, request responsible GP complete a referral for FT into Continuing Health Care

GP checks SystemOne to ascertain if Clinical Nurse Specialist (CNS) is involved in care, knowledgeable about the individual' s health need and is able to provide an assessment of why the individual meets the Fast Track Pathway Tool criteria

Yes CNS involved

No CNS involvement

GP requests CNS to complete a FT referral and send to CHC.

CNS discusses with patient and gains consent to refer, it should be documented on the tool that consent has been understood and accepted

GP addressees FT referral into CHC.

GP discusses with patient and gains consent to refer, it should be documented on the tool that consent has been understood and accepted

Referral into CHC FT is made: hnyicb-ny.fasttrack@nhs.net

Documents to submit:

Fast Track Tool

Application form

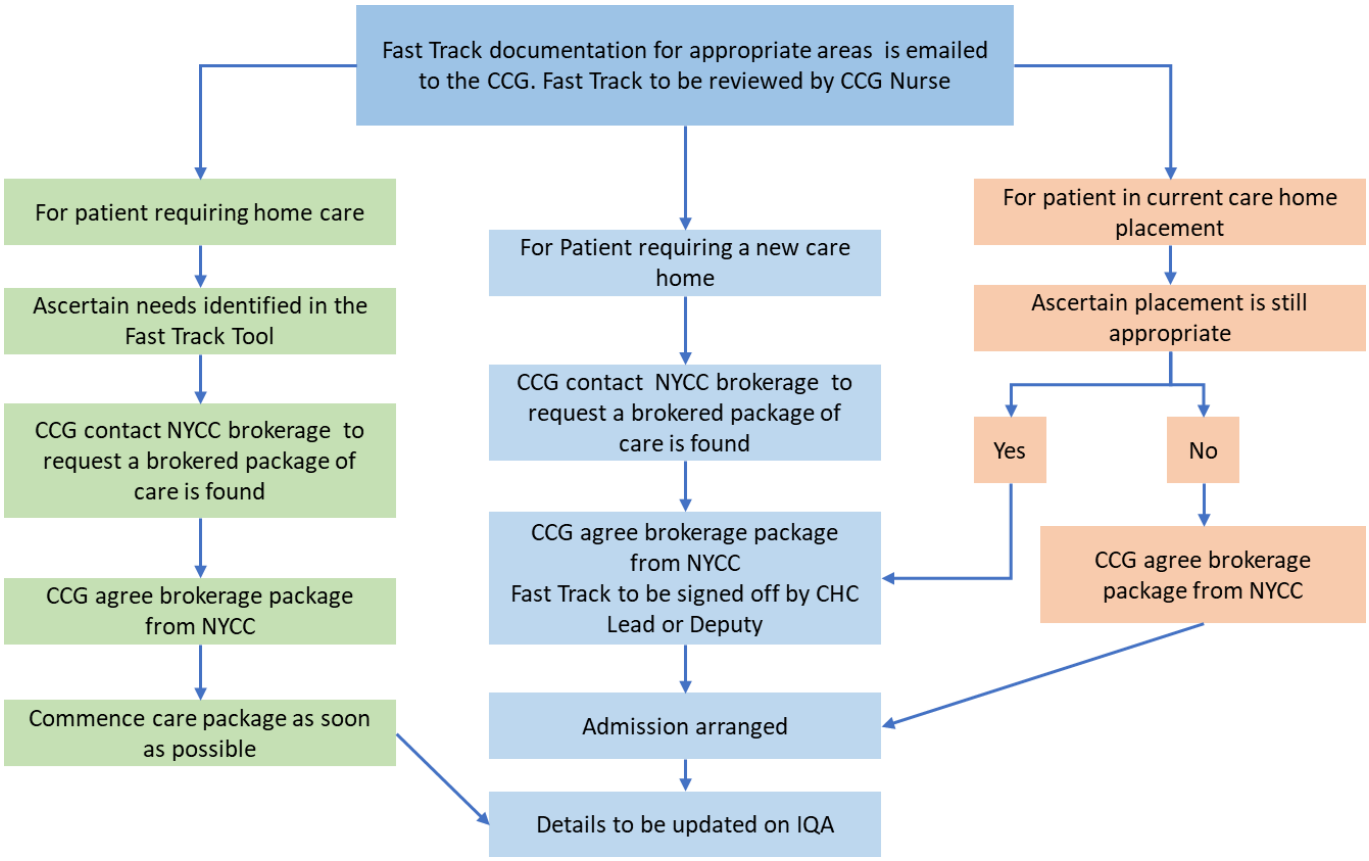
Care plan is not required if patient in a nursing home.

FT funding can't be applied for retrospectively, if timely referral is not addressed this will have a financial impact on families.

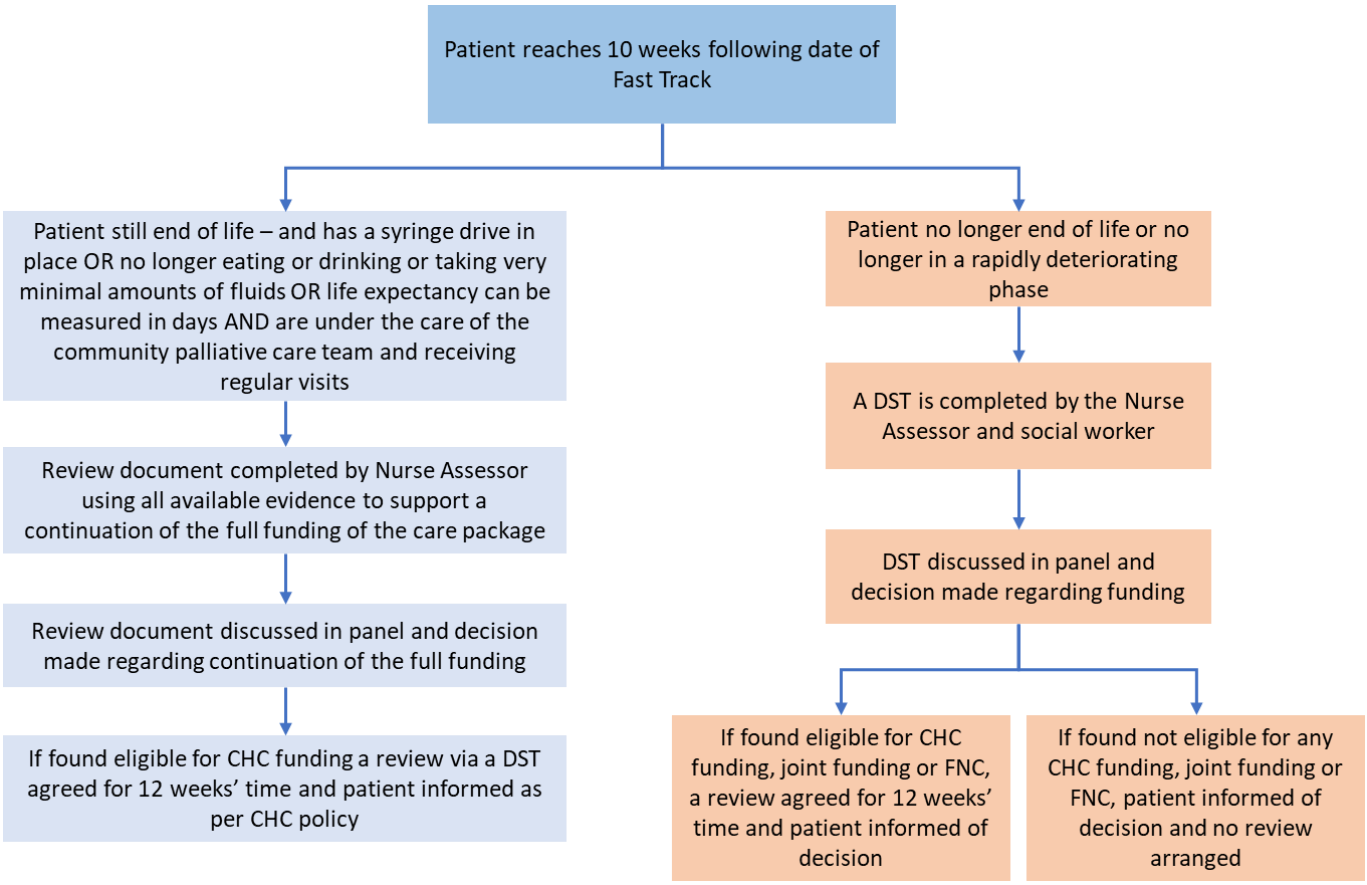
Consent:

5.4 ICBs have a statutory duty to share information with other health or social care professionals when sharing the information is likely to facilitate the provision of care, and is in the individual's best interests. This duty includes information about an individual's NHS Continuing Healthcare assessment. It is therefore not necessary to seek an individual's consent to share data in relation to NHS Continuing Healthcare between health and social care professionals. This duty is set out in section 251B of the Health and Social Care Act 2012 (as amended by section 3 of the Health and Social Care (Safety and Quality) Act 2015

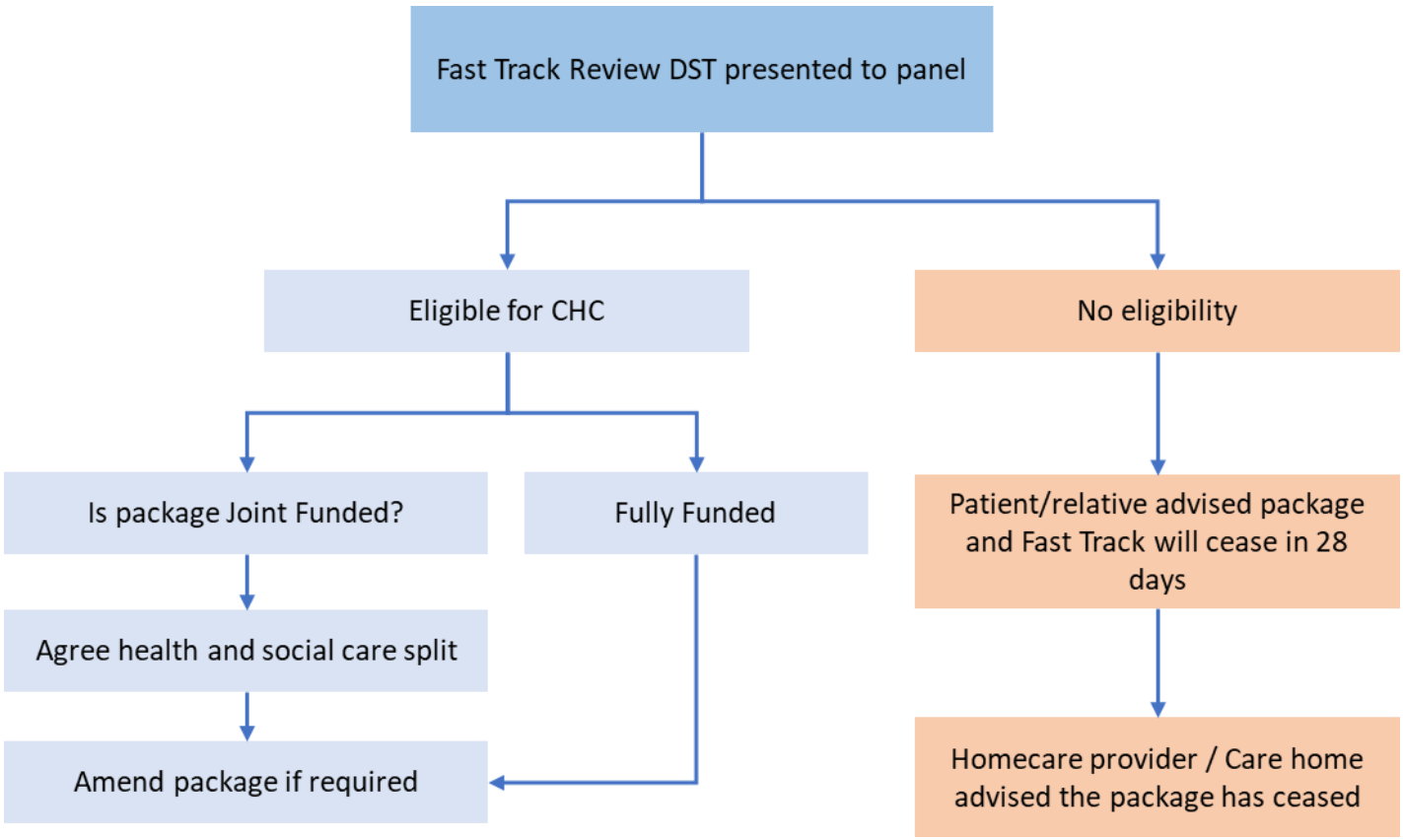
Appendix 2: Process for Care Provision for a Fast Track



Appendix 3: Fast Track Review Flowchart



Appendix 4: Discontinuation of a Fast Track



Appendix 5: Fast Track Referral Form – for EOL Coordination service only.

Fast Track Referral Form
Strictly Confidential

Fast Track Referral sent to CHC		Date	
Reason (Coordination Service Only)	☐ Provider no capacity ☐ Existing Package of Care in place		

Coordination Service Only			
Name of person taking the referral			
Designation			
Date and time of call			
To be completed by all EOL referrers with the exception of continuation in a Nursing/Residential Home placement.			
Diagnosis:			
Prognosis: Hours/Days/Weeks/Months			
Is the patient aware of the diagnosis/prognosis? Is the main carer aware of the diagnosis/ prognosis?			
Past medical history			
Patient information			
Surname		Date of birth	
First name & Title		Age	
Preferred Name		NHS Number	
Gender		Language	

Marital Status		Interpreter needed	
Religion		Ethnic Status	
Address		Contact number	
Postcode		Key safe Number	

Referrers Details	
Name	
Designation	
Telephone Numbers: Office & Mobile	

Next of Kin / Carers Details		
Name		
Relationship to patient		Address: ***Mandatory***
Tel No: Home		
Tel No: Mobile		
Tel No: Work		
Any other family involved – names and contact numbers		

GP Details	
GP Name	
GP Surgery & GP code (if known)	
Address	
Telephone Number	

Any other Professionals involved in patients care?		
Name	Designation	Contact Telephone No:

Location / preferred place of care		
Patients current location:	Home:	Hospital Ward/ Address:
	Hospital:	
	Other:	Contact No:
Priority of care needs: Stable: Y/N Changing: Y/N Urgent: Y/N		

Care Requirements – what is needed as a minimum to keep the patient safe at home?					
Reason for referral: (detail of what is expected from the provider).					
Start date/time for care					
Frequency of visits: Initially 2 visits per day		Length of visit: initially up to 45 minutes each		Number of carers (1 or 2)	
Marie Curie service required? Is there a Marie Curie care plan in the home?					
Other agency required?					
Number of nights required per week: initially 2 waking night visits per week			Start Date		
Preferred pattern e.g. specifics (Mon/Wed) or Flexible (any)					

Has the patient any of the following: Catheter Oxygen (if so what rate?) Pressure Ulcer (please give details)
Is the patient eating or drinking? (if the patient has a peg please give details of regime)
Mobility Status:
Does the patient have Subcutaneous Fluids?

Does the patient have any mouth problems?
Does the patient have any sensory or communication needs?

Advance Care Planning	
CPR status	Note whether the patient and carer aware:
Is there an Advance Decision to Refuse Treatment (ADRT)?	
Is there an Emergency Care Plan in place?	Record details of plan recorded:
Are anticipatory medications in place?	Record whether this includes a syringe driver and that the Community Prescription Chart is in use:

Allergies and sensitivities					
Symptoms					
	Pain		Nausea		Vomiting
	Breathlessness		Depression		Constipation
	Incontinent bowels		Incontinent bladder		Alert
	Unconscious		Confusion		Agitation
Other/Comments:					

Environment/Risk Assessment
Does the patient live alone? How will the provider gain access?

Any history of violence or aggression in the home? (details please) Any other safety concerns – e.g., history of falls Any risk? i.e., pets/access/Phone signal situation. Are there any children in the home? Are the patient/family members smokers?

Appendix 6: Quality and Equality Impact Assessment

Copy of Fast Track
QEIA CHC Choice Poli