Appendix 5a

NHS Continuing Healthcare Fast Track Tool

*To enable immediate provision of a package
of NHS continuing healthcare*

Date of completion of the Fast Track Tool \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name D.O.B.

NHS number:

Permanent address and Current location (i.e. name of
telephone number hospital ward etc)

|  |  |
| --- | --- |
|  |  |

Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please ensure that the equality monitoring form at the end of the Fast Track Tool is completed

Contact details of referring clinician (name, role, organisation, telephone number, email address)

|  |
| --- |
|  |

(please turn over)

Fax to Hospital Discharge Team 01722 425148

NHS Continuing Healthcare Fast Track Tool

*To enable immediate provision of a package
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|  |
| --- |
| The individual fulfils the following criterion:A primary health need arising from a rapidly deteriorating condition which may be entering a terminal phase, with an increasing level of dependency. |
| 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 together with triggers such as diagnosis, prognosis where this is available, together with details of both immediate and future needs and any deterioration that is present or expected.When outlining reasons why a clinician considers that a person has a rapidly deteriorating condition that may be entering a terminal phase, the clinician should consider the following definition of a primary health need:Primary health need arises where nursing or other health services required by the person are(a) where the person is, or is to be, accommodated in a care home, more than incidental or ancillary to the provision of accommodation which a social services authority is, or would be but for the person’s means, under a duty to provide; or(b) of a nature beyond which a social services authority whose primary responsibility is to provide social services could be expected to provide. |
| (continue overleaf) |
| Please continue on separate sheet where needed. This should include the patient’s name and NHS number, and also be signed and dated by the referring clinician. |

Name and signature of referring clinician Date

|  |  |
| --- | --- |
|  |  |

Name and signature confirming approval by PCT Date

|  |  |
| --- | --- |
|  |  |

About you – equality monitoring

Please provide us with some information about yourself. This will help us to understand whether everyone is receiving fair and equal access to NHS continuing healthcare. All the information you provide will be kept completely confidential. No identifiable information about you will be passed on to any other bodies. members of the public or press.

 1 What is your sex?

Tick one box only.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Male |  |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |  |
| Transgender |  |  |  |  |  |  |  |

 2 Which age group applies to you?

Tick one box only.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0-15 |  |  |  |  |  |  |  |
| 16-24 |  |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |  |
| 45-54 |  |  |  |  |  |  |  |
| 55-64 |  |  |  |  |  |  |  |
| 65-74 |  |  |  |  |  |  |  |
| 75-84 |  |  |  |  |  |  |  |
| 85+ |  |  |  |  |  |  |  |

 3 Do you have a disability as defined by the 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 |  |

 4 What is your ethnic group?

 Tick one box only.

|  |
| --- |
| **A White** |
| British |  |  |
| Irish |  |  |
| Any other White background, write below |
|  |
| **B Mixed** |
| White and Black Caribbean |  |  |
| White and Black African |  |  |
| White and Asian |  |  |
| Any other Mixed background, write below |
|  |
| **C Asian, or Asian British** |
| Indian |  |  |
| Pakistani |  |  |
| Bangladeshi |  |  |
| Any other Asian background, write below |
|  |
| **D Black, or Black British** |
| Caribbean |  |  |
| African |  |  |
| Any other Black background, write below |
|  |
| **E Chinese, or other ethnic group** |
| Chinese |  |  |
| Any other, write below |
|  |

 5What is your religion or belief?

Tick one box only.

Christian includes Church of Wales, Catholic,

Protestant and all other Christian

denominations.

|  |  |
| --- | --- |
| None |  |
| Christian |  |
| Buddhist |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |
| Other, write below |
|  |

 6 Which of the following best describes your

sexual orientation?

Tick one box only.

Only answer this question if you are aged **16**

years or over.

|  |  |
| --- | --- |
| Heterosexual / Straight |  |
| Lesbian / Gay Woman |  |
| Gay Man |  |
| Bisexual |  |
| Prefer not to answer |  |
| Other, write below |
|  |