

Reassessment of your needs

Your care will be funded by the NHS. Your need for this funding will be reviewed within 8 weeks of our agreement date to fund.

This review will determine eligibility for ongoing Continuing Healthcare funding. You and your family will be fully involved in this assessment process.

What if I am no longer eligible for NHS funding?

Following the assessment process, if you are no longer eligible for Fast Track or ongoing NHS Continuing Healthcare funding, the funding will be withdrawn.

If this happens, alternative funding will need to be found to pay for your care. We will advise you of the process you need to follow in this case.

Please note this does not mean that the care you are currently receiving will stop. It means that it will not be funded by the NHS. Depending on your circumstances it may be funded by Adult Social Care or yourself.

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Fast Track Funding

Information for patients



Information about NHS funded care in the last days or weeks of life

This leaflet can be provided in other formats or languages on request

November 2019

What is Fast Track funding?

NHS Continuing Healthcare Fast Track funding provides an urgent package of care in the last days or weeks of life.

This funding will provide access to either:

- **a care home placement**
- **care at home** (to meet the care needs of a person who has been assessed by a doctor or specialist nurse as having a rapidly deteriorating condition)

A healthcare professional will assess your care needs and identify, with you and your family, the immediate level of care you require within your own home or in a care home or other setting.

It is not possible to replicate support services that are available within in-patient NHS settings or nursing home facilities, (e.g. 24 hour nursing care) and if this level of support is required it would usually not be possible to care for the individual at home.

Choosing to be cared for at home

If the decision is that you wish to be cared for at home, we will request a package of care to meet your assessed care needs. We will organise any equipment required and deliver this to your home.

However, you should be aware that the NHS cannot always guarantee that the assessed package of care required will be available to meet your needs. If this is the case, your healthcare team will discuss other options with you and your family.

Your healthcare team will monitor your care needs and liaise with the Continuing Healthcare Team if the package of care needs to be altered.

If your care needs can no longer be met at home, we will discuss with you and your family the option of moving to an alternative place for care.

Your healthcare team will support you and your family with this.

Choosing to be cared for in a care home

If you choose to be cared for in a care home, your healthcare team will support you and your family to find an appropriate home to meet your needs.

Please be aware that Somerset Clinical Commissioning Group will have to approve the choice of care home as they will be the commissioners of your care.

Considerations for family

Family must make provision if they are planning to take a holiday from their care commitments and not expect the funded care package to be increased during their time away.

If you are admitted to a nursing home for respite care the package of care will be cancelled and may not be immediately available when you are discharged back home – this is to be considered by you and your family before planning respite care.