

Reference: FOI.ICB-2627/006

Subject: Fast-Track CHC

I can confirm that the ICB does hold the information requested; please see responses below:

QUESTION	RESPONSE
<p>If data for calendar years cannot be provided, please instead give the average timeframe for the most relevant period for which data can be compiled (for example, December 2025).</p>	
<p>1. In 2025, how many referrals of any form were made to the ICB for Fast-Track Continuing Healthcare (CHC)?</p>	<p>For the financial year of 2025/26 a total of 2878 referrals were made to the CHC team.</p>
<p>2. How many of the referrals in question 1 were rejected as inappropriate by the ICB?</p>	<p>344 discounted in year due to being an inappropriate referral.</p>
<p>3. Please explain, in general terms, the main reasons for which referrals were deemed inappropriate</p>	<p>Referrals are deemed as inappropriate for the following reasons:</p> <ul style="list-style-type: none"> • Inappropriate referral request. This includes where insufficient evidence of rapid deterioration is found, where Bristol, North Somerset and South Gloucestershire (BNSSG) are not the responsible commissioner, where the patient is already CHC funded, and where documentation is incomplete. • Other reasons deemed as inappropriate would be where the patient passed away and was in hospital at time of death ahead of funding approval, patient passed away before

	<p>funding approved but was on a Decision To Assess (D2A) pathway at time of death, patient passed away before funding request was received or passed away during the processing, patient requires further acute treatment or Patient was admitted to hospital or patient deemed not medically fit for assessment.</p> <ul style="list-style-type: none"> Request for funding was withdrawn/cancelled by the referrer
4. How many of the referrals in question 1 were withdrawn/closed by a) The referrer, or b) The patient/their family.	For the financial year of 2025/26 1 was withdrawn as per family request.
5. How many of the referrals in question 1 were withdrawn/closed as a result of the patient dying before any funding was put in place?	For the financial year of 2025/26 91 fast track referrals were closed ahead of decision/funding due to patient dying.
6. In 2025, how many referrals were accepted for Fast-Track Continuing Healthcare?	For the financial year of 2025/26 2509 referrals were accepted for Fast Track Continuing Healthcare.
7. In 2025, what was the average timeframe - for Fast-Track CHC referrals that were accepted - between receipt of the completed Fast Track Pathway Tool and the care package being commissioned. Please provide the answer in hours where possible, or otherwise in days.	The ICB CHC teams from receipt of the referral request to a package of care being brokered was on average 10 days.
8. In 2025, what was the average timeframe - for Fast-Track CHC referrals that were accepted - between receipt of the completed Fast Track Pathway Tool and the funding for the care package being put in place. Please provide the answer in days.	The ICB CHC teams from receipt of the referral request to funding agreement of the care package for the patient was on average 12 days.

9. Please can you explain the decision-making process for Fast-Track Continuing Healthcare referrals, giving details of all criteria involved in the process between receiving the referral and commissioning support?

As part of this, please could you explain:

- a. The criteria you use for who can make a Fast-Track CHC referral (for example, are non-NHS medical professionals, care home nurses and/or GPs able to do this?)
- b. Whether Fast-Track Continuing Healthcare referrals made by an appropriate clinician are subject to further checks by professionals working for, or on behalf of, the ICB before being granted? Please explain this process if so.
- c. Whether a patient referred by an appropriate clinician is required to meet further criteria, such as having a primary health need, in order to qualify for Fast-Track support?

The BNSSG referral process is followed in adherence to guidelines from the National Framework for Continuing Healthcare.

ICB training is delivered regularly to both acute trusts and community organisations to ensure clinicians can both appropriately identify patient's who may meet the criteria and can effectively refer for this funding route. As part of this, the BNSSG Funded Care Team have an active presence within the acute hospitals and in-reach into the units to support referrals where additional support is indicated.

A referral for fast-track can be made by an appropriate clinician—such as a GP, hospital consultant, or registered nurse involved in the patient's care using the national fast-track pathway tool if they identify that their patient is rapidly deteriorating and may be entering end of life. Within BNSSG, registered nurses within care homes can refer for fast-track consideration but should have received the training to enable them to complete this effectively.

BNSSG ICB request this application is accompanied by consent documentation (Mental Capacity Act and Best Interest Decision, if appropriate), supporting information and confirmation the patient / patient's representatives are aware of the referral and consent has been given to be contacted. The ICB expects this application should demonstrate that the individual is rapidly deteriorating and may be entering end of life which mirrors the wording in the Framework. The application should demonstrate the patient's needs, care requirements, choice in care and that discharge planning has taken place (if appropriate to environment initiating referral) in order to meet criteria and expedite the process.

On receipt, the ICB Funded Care Team review the application to ensure this is appropriately consented, has all required evidence of

	<p>health diagnosis, prognosis, needs arising from this and choices regarding onward care, and that this information is contemporaneous to time of referral (recognising the rapid change in need of individuals referred for fast-track consideration).</p> <p>If the referral appears to indicate the individual has ongoing therapy needs which are expected to change their health presentation, the team will discuss with the referrer if the individual meets the criteria or should be considered for CHC or other funding stream. If these interventions are for symptom control as part of palliation, then this would not impact on the approval of fast-track funding.</p> <p>If the individual has identified health needs, but no evidence of a rapid deterioration, the referrer is asked to comment on why they feel the individual meets the fast-track criteria and provide evidence as to how this is identified in their care needs. If this is not evidenced, and on discussion, the referrer states they are not rapidly deteriorating, then a checklist may be considered more appropriate for a 28-day assessment under Continuing Healthcare.</p> <p>A primary health need is found due to the rapid change in need under fast-track, there is no requirement to separately apply the primary health needs test and look for nature, intensity, complexity or unpredictability that are considered within a full CHC assessment.</p>
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The information provided in this response is accurate as of 17 April 2026 and has been approved for release by Rosi Shepherd, Chief Clinical Leadership and Delivery Officer (Nursing) for NHS Bristol, North Somerset and South Gloucestershire ICB.