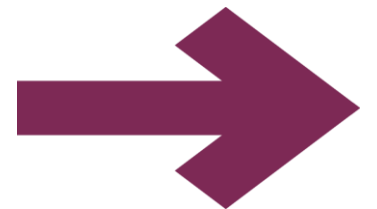


NHS Continuing Healthcare and Hospital Discharge

9th October 2018



The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care 2018

- NHS Continuing Healthcare (NHS CHC) is a package of care for adults aged 18 or over which is arranged and funded solely by the NHS. In order to receive NHS CHC funding individuals have to be assessed by Clinical Commissioning Groups (CCGs) according to a legally prescribed decision making process to determine whether the individual has a 'primary health need'
- This process is set out in the National Framework for NHS Continuing Healthcare and NHS funded Nursing Care (Revised 2012). The Department of Health and Social Care have published a further revision of the National Framework (2018) which became operational on 1 October 2018

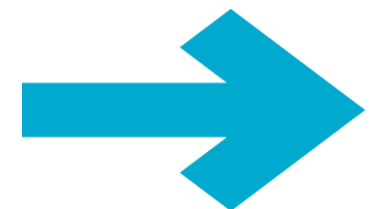
<https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care>



NHS Continuing Healthcare and Intermediate care

NHS Continuing Healthcare means a package of **ongoing care** that is arranged and funded solely by the National Health Service (NHS) where the individual has been assessed and found to have a 'primary health need' as set out in the National Framework.

Intermediate care is a programme of care provided for a **limited period of time** to assist a person to maintain or regain the ability to live independently. Intermediate care is aimed at individuals who would otherwise face unnecessarily prolonged hospital stays or inappropriate admission to acute or longer-term in-patient care or long-term residential care. It can be health, social care or joint funded and includes reablement and rehabilitation.



NHS Continuing Healthcare and Hospital Discharge

- The revised National Framework contains a strong message – to assess for NHS CHC at the right time and in the right place. NHS CHC is only used to fund long term care and should never be provided for any interim arrangements whilst waiting for a full NHS CHC assessment
- Additional guidance relating to the interaction between CHC and hospital discharge (paragraphs 109-115):

“109. In the majority of cases, it is preferable for eligibility for NHS Continuing Healthcare to be considered after discharge from hospital when the person’s ongoing needs should be clearer. The aim in most cases will be for the individual to return to the place from which they were admitted to hospital, preferably their own home. It should always be borne in mind that an assessment of eligibility for NHS Continuing Healthcare that takes place in an acute hospital might not accurately reflect an individual’s longer-term needs. This could be because, with appropriate support, the individual has the potential to recover further in the near future. It could also be because it is difficult to make an accurate assessment of an individual’s needs while they are in an acute services environment.”



NHS Continuing Healthcare and Hospital Discharge

- CCGs and partner organisations should have the right processes/pathways in place for individuals who may have a need for CHC – need to develop local protocols to support this (paragraph 110)

“110. CCGs should ensure that local protocols are developed between themselves, other NHS bodies, local authorities and other relevant partners. These should set out each organisation’s role and how responsibilities are to be exercised in relation to hospital discharge, including intermediate or interim arrangements for step down or sub-acute care. In particular, CCGs should ensure (i.e. through contractual arrangements) that discharge policies with providers who are not NHS Trusts are clear. Where appropriate, the CCG may wish to make provisions in its contract with the provider. There should be processes in place to identify those individuals for whom it is appropriate to undertake a screening for NHS Continuing Healthcare using the Checklist and, where the Checklist is positive, for full assessment of eligibility to be undertaken at the appropriate time and place.”

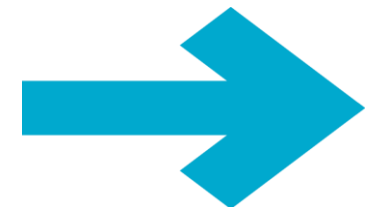


NHS Continuing Healthcare and Hospital Discharge

“111. Where an individual is ready to be safely discharged from acute hospital it is very important that this should happen without delay. Therefore the assessment process for NHS Continuing Healthcare should not be allowed to delay hospital discharge.

112. In order to ensure that unnecessary stays on acute wards are avoided, there should be consideration of whether the provision of further NHS-funded services is appropriate. This might include therapy and/or rehabilitation, if that could make a difference to the potential of the individual in the following few weeks or months. It might also include intermediate care or an interim package of support, preferably in an individual’s own home. In such situations, assessment of eligibility for NHS Continuing Healthcare, if still required, should be undertaken when an accurate assessment of ongoing needs can be made. The interim services should continue until it has been decided whether or not the individual has a need for NHS Continuing Healthcare (refer to paragraph 114). There must be no gap in the provision of appropriate support to meet the individual’s needs.

113. Where an NHS body is considering issuing an Assessment Notice to a local authority under the provisions of the Care & Support (Discharge of Hospital Patients) Regulations, the responsible NHS body is required to consider whether or not to provide the individual with NHS Continuing Healthcare before issuing such a notice. This does not necessarily mean a Checklist needs to be completed if it is clear to the professionals involved that there is no need for NHS Continuing Healthcare.”



NHS Continuing Healthcare and Hospital Discharge

- Some examples of processes and pathways given – these are to support more accurate assessment of need and reduce unnecessary stays in hospital (paragraph 114)

“114. CCGs and their partner organisations should ensure appropriate processes and pathways exist for individuals who may have a need for NHS Continuing Healthcare, for example:

a) rather than completing a Checklist in hospital a decision is made to provide interim NHS-funded services to support the individual after discharge. In such a case, before the interim NHS-funded services come to an end, screening, if required, for NHS Continuing Healthcare should take place through use of the Checklist and, where appropriate, the full MDT process using the DST (i.e. an assessment of eligibility); or

b) a ‘negative’ Checklist is completed in an acute hospital (i.e. the person does not have a need for NHS Continuing Healthcare) in which case, where appropriate, an Assessment Notice may be issued to the local authority; or

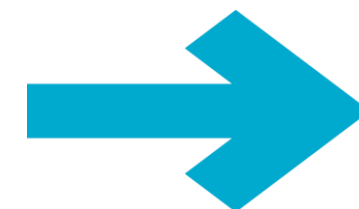
c) a ‘positive’ Checklist is completed in an acute hospital and interim NHS-funded services are put in place to support the individual after discharge until it is either determined that they no longer require a full assessment (because a further Checklist has been completed which is now negative) or a full assessment of eligibility for NHS Continuing Healthcare is completed; or



NHS Continuing Healthcare and Hospital Discharge

d) a 'positive' Checklist is completed in acute hospital and (exceptionally and for clear reasons) a full assessment of eligibility for NHS Continuing Healthcare takes place before discharge. In a small number of circumstances it may be decided to go directly to a full assessment within the acute hospital, without the need for a Checklist. If the full assessment does not result in eligibility for NHS Continuing Healthcare then, where appropriate, an Assessment Notice may be issued to the local authority; or,

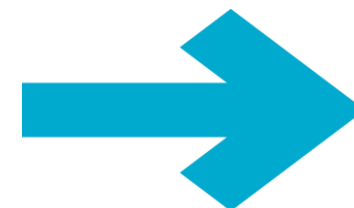
e) where the individual has an existing package or placement which all relevant parties agree can still safely and appropriately meet their needs without any changes, then they should be discharged back to this placement and/or package under existing funding arrangements. In such circumstances any screening for NHS Continuing Healthcare, if required, should take place within six weeks of the individual returning to the place from which they were admitted to hospital. If this screening results in a full assessment of eligibility and the individual is found eligible for NHS Continuing Healthcare through this particular assessment, then re-imburement will apply back to the date of discharge.”



NHS Continuing Healthcare Checklist

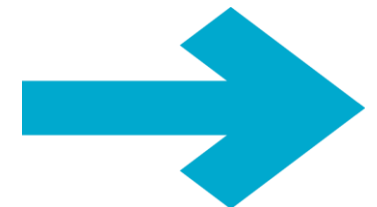
Paragraph 91 of the 2018 revised National Framework contains examples of situations where it is not necessary to complete a checklist:

- It is clear to practitioners working in the health and care system that there is no need for NHS Continuing Healthcare at this point in time. Where appropriate/relevant this decision and its reasons should be recorded. If there is doubt between practitioners a Checklist should be undertaken.
- The individual has short-term health care needs or is recovering from a temporary condition and has not yet reached their optimum potential (if there is doubt between practitioners about the short-term nature of the needs it may be necessary to complete a Checklist). See paragraphs 109-117 in the National Framework for how NHS Continuing Healthcare may interact with hospital discharge.
- It has been agreed by the CCG that the individual should be referred directly for full assessment of eligibility for NHS Continuing Healthcare.
- The individual has a rapidly deteriorating condition and may be entering a terminal phase – in these situations the Fast Track Pathway Tool should be used instead of the Checklist.
- An individual is receiving services under Section 117 of the Mental Health Act that are meeting all of their assessed needs.
- It has previously been decided that the individual is not eligible for NHS Continuing Healthcare and it is clear that there has been no change in needs.



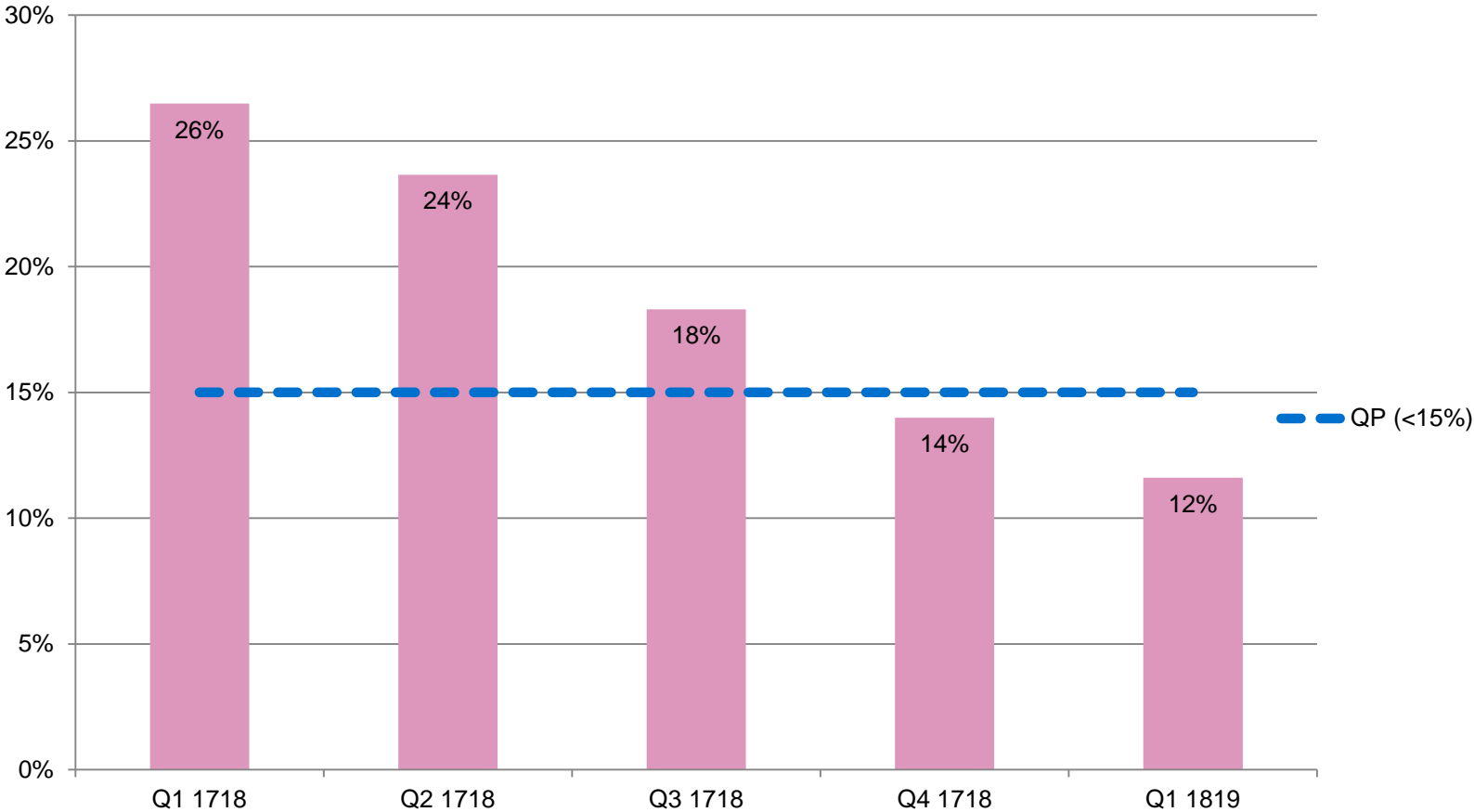
CCG Quality Premium for NHS Continuing Healthcare

- The Quality Premium (QP) scheme is about rewarding clinical commissioning groups (CCGs) for improvements in the quality of the services they commission. The scheme also incentivises CCGs to improve patient health outcomes and reduce inequalities in health outcomes and improve access to services.
- For NHS CHC part of the Quality Premium relates to Hospital Discharge - ***CCGs must ensure that less than 15% of all full NHS CHC assessments take place in an acute hospital setting***
- In Q1 2017/18 when the scheme started, nationally, 26% of full NHS CHC assessments were being carried out in an acute setting
- **Latest data for Q1 2018/19 sees this percentage reduced to 12%**
- More CCGs are now meeting the standard in Q1 18/19 with 69% of CCGs (134) now delivering
- Every region has continued to improve their performance



CCG Quality Premium for NHS Continuing Healthcare

% DSTs carried out in an acute setting
England

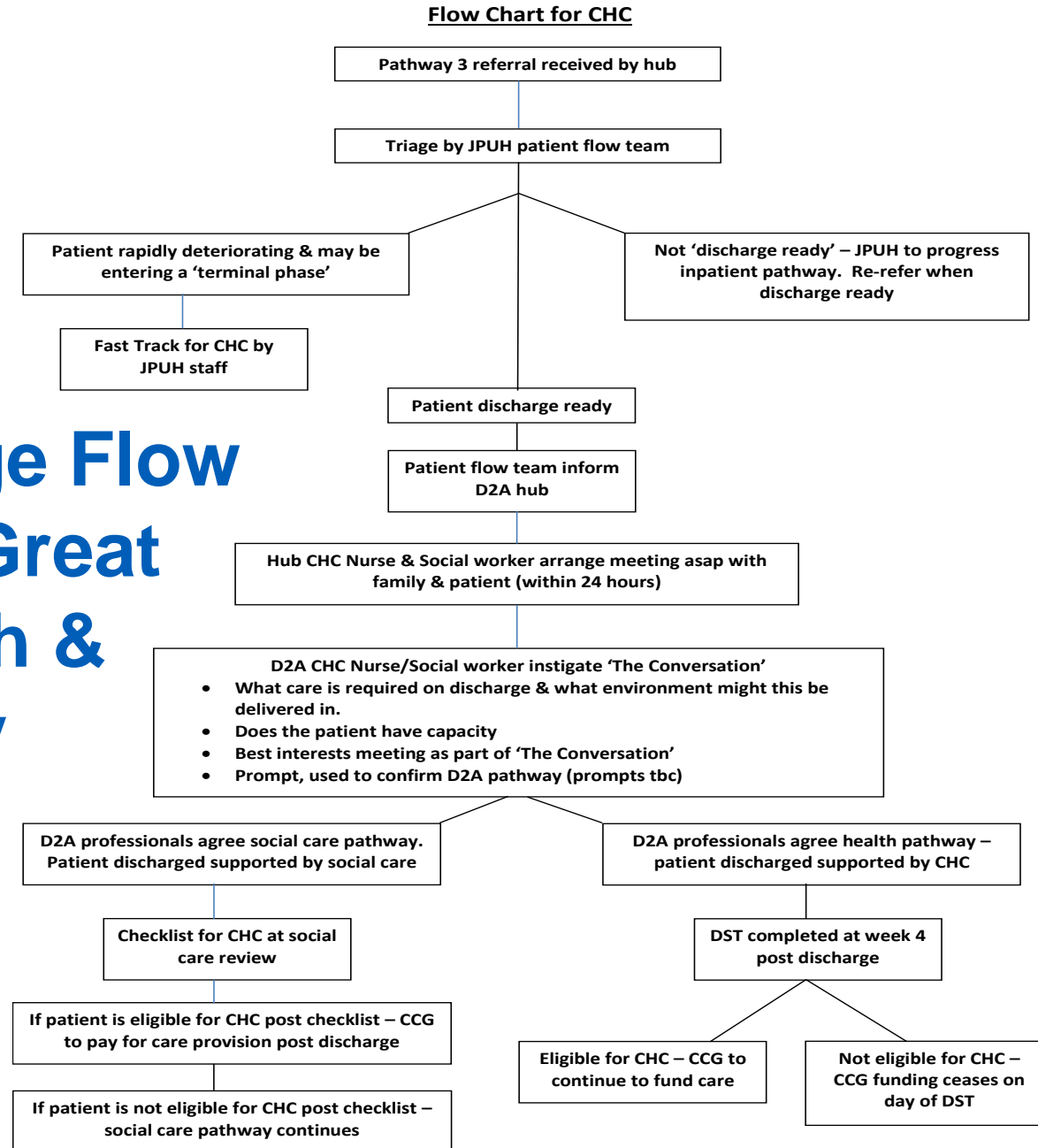


Best practice CCGs and their Quality Premium

| Best practice CCGs | % of LOA in Acute Settings |
|--------------------------|----------------------------|
| Great Yarmouth & Waveney | 0% |
| Telford & Wrekin | 0% |
| South Cheshire | 2% |
| Vale Royal | 3% |
| St Helens & Knowsley | 0% |
| Oldham | 0% |
| Milton Keynes | 0% |
| West Norfolk | 0% |
| Wolverhampton | 4% |
| East Riding of Yorkshire | 0% |



Example Hospital Discharge Flow Chart – Great Yarmouth & Waveney CCG

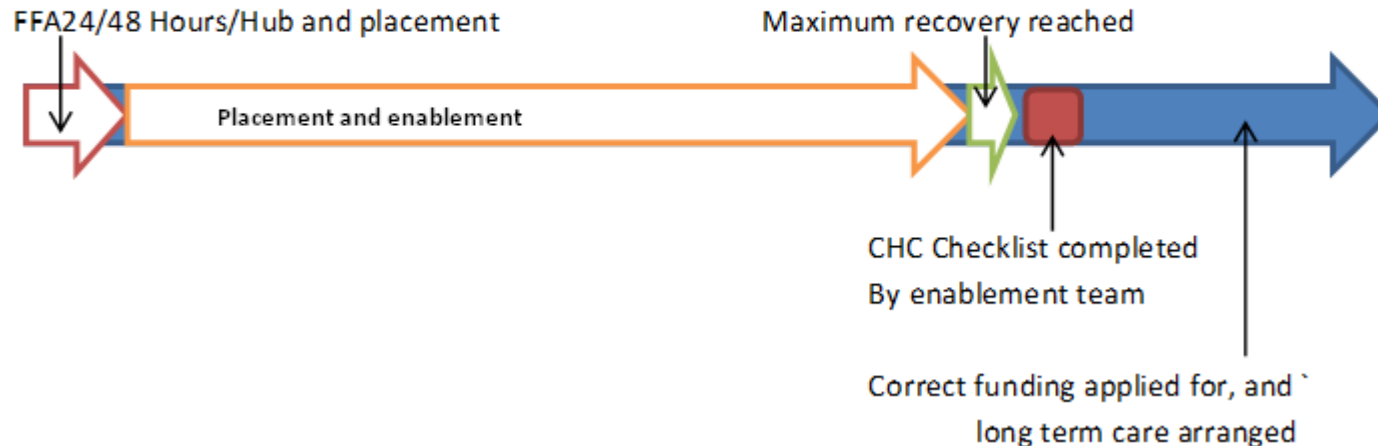


Case Study – Telford & Wrekin

- Within 24 (48) hours of becoming Medically Fit For Discharge (MFFD) the patient has a Fact Finding Assessment (FFA) completed. This is a short assessment setting out the patients rehab needs, it is completed by the acute hospital team including : Nursing, OT, Physio, SALT, Dietician, Mental Health and Social Worker .
- The FFA will determine which discharge pathway should be followed.
- Daily hub meetings take place between CCG, acute hospital discharge team and Local Authority. The Hub meeting discusses each patient to ensure patient transfer occurs ASAP.
- Patients are not kept in hospital for CHC assessments.

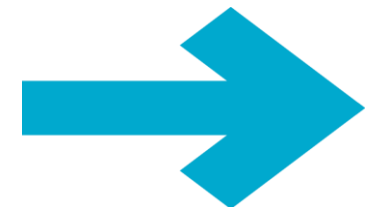
Hospital

Long term support



Key Dependencies

- Lack of bed capacity and care home closures mean that Discharge to Assess programmes have limited success in some parts of the country however good practice examples shows CCGs have carried out market management exercises to overcome this challenge
- The high cost of Discharge to Assess models have been cited as a reason that some CCGs still carry out some assessments in hospital however good practice examples shows CCGs have worked with their Local Authorities to establish new discharge pathways to overcome this challenge
- Workforce models meant that implementing change would be difficult and take a long time to increase community staff to carry out assessments
- Example on next slide of good practice CCGs CHC assessments relating to hospital discharge



NHS England support

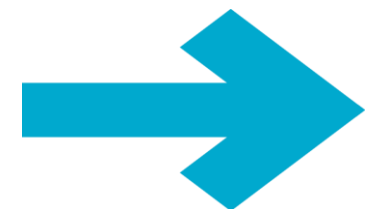
- NHS England National team has a quarterly assurance process in place to monitor the location of assessment standard. CCGs submit data on a quarterly basis which the NHS CHC Data team use to produce regional quarterly assurance reports. CCGs not meeting the <15% standard are then triggered for further assurance. Regions then report on their progress in meeting the standard to the NHS England Quarterly Assurance Board
- NHS England Regional/STP teams are assisting CCGs by carrying out weekly assurance calls, sharing good practice, setting up CHC networks and establishing STP SROs
- The NHS CHC Strategic Improvement Programme is assisting by supporting CCGs to develop their understanding of CHC for the individual and to ensure there is a strategic commissioning focus. Enabling CCGs to consider the adoption of best practice materials that have been co-produced and are accessible as of October 2018 via the web based CHC Delivery Model.

The overall aim of the programme to provide fair access to NHS CHC in a way which ensures:

1. Better outcomes

2. Better Experience

3. Better use of resources



Thank You!

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