HM Government

NHS

Hospital Discharge Service Requirements

This document outlines how your role will alter in line with the overarching discharge framework. These changes will ensure that people who need care receive it in the right setting.

Key messages for all staff

- Once someone no longer meets the clinical criteria to require inpatient care in an acute hospital, they will be discharged **as soon as possible today**, and any further assessment required will be done in a community setting. Discharge to assess will be the default for all people who require assessment of their care needs. Community health providers and adult social care will operate with a single co-ordinator in each acute centre, accountable to a named Executive Board director.
- You will prioritise time to identify and agree which people can be discharged home or transferred to a non-acute setting.
- Transfer from the ward to a designated discharge area should happen promptly; for persons on pathway 0 this should be within one hour of that decision being made, and the same day for people on all other pathways. Discharge from the discharge area should happen as soon as possible and appropriate, preferably before 5pm.
- Due to COVID-19, everyone being discharged to a care home must be tested for Coronavirus and, irrespective of test result, will need to be isolated in that setting.

MEDICAL STAFF (DOCTORS)

What will I be able to stop doing?

- **Detailed functional inpatient assessments prior to discharge (describe need not provision)**
- **Making decisions about the care people will need after discharge**

All people who no longer meet the criteria to reside for inpatient care in acute hospitals should be discharged home or to a non-acute setting.

Reviews and discharge co-ordination

- At least twice daily multi-disciplinary review (consultant review at least daily) of all people in acute beds to agree who no longer meets the clinical criteria to require inpatient care and will therefore be discharged.
- Ensure clear clinical plans in medical notes to enable criteria-led discharge.
- Request immediate arrangements for discharge with a plan for virtual follow up where needed.
- Limited functional assessments should take place in an acute setting once people no longer have a medical need for inpatient care. People requiring on-going support will be discharged to assess.
- The multi-disciplinary team need to clearly describe the support people will require when they are discharged or transferred.
- Ensure that the discharge summary includes the date that COVID-19 testing was conducted and the results, if known.

Safety netting

- Patient initiated follow up. Give people the direct number of the ward they are discharged from to call back for advice. Do not suggest going back to their GP or going to the emergency department.
- If required, telephone people the following day after discharge to check on them for reassurance.
- If required, call people after discharge with the results of investigations and their management plan.
- Manage people virtually in outpatient clinics care under the same team/ speciality.
- Request community nursing follow up where appropriate.
- Request GPs to follow up in some selected cases.

Criteria led discharge

- Document clear clinical criteria for discharge that can be enacted by the appropriate junior doctor, qualified nurse or allied health professional without further consultant review.
- Ensure arrangements are in place to contact the consultant directly for clarification about small variances from the documented clinical criteria.

HM Government

NHS

Hospital Discharge Service Requirements

This document outlines how your role will alter in line with the overarching discharge framework. These changes will ensure that people who need care receive it in the right setting.

Key messages for all staff

- Once someone no longer meets the clinical criteria to require inpatient care in an acute hospital, they will be discharged **as soon as possible today**, and any further assessment required will be done in a community setting. Discharge to assess will be the default for all people who require assessment of their care needs. Community health providers and social care will operate with a single co-ordinator in each acute centre, accountable to a named Executive Board director.
- You will prioritise time to identify and agree which people can be discharged home or transferred to a non-acute setting.
- People on pathway 0 will be discharged from the ward / unit within 1 hour after a medical decision to discharge has been confirmed. Discharge home should be the default pathway. If people are not able to go home immediately, they will be transferred to a safe place to await discharge, which should happen as soon as possible.
- Due to COVID-19, everyone being discharged to a care home must be tested for Coronavirus and, irrespective of test result, will need to be isolated in that setting.

MATRON, WARD MANAGER (NURSE IN CHARGE)

What will I be able to stop doing?

- **Detailed functional inpatient assessments prior to discharge (describe need not provision)**

All people who no longer meet the criteria to reside for inpatient care in acute hospitals should be discharged home or to a non-acute setting.

What do I need to do?

- Ensure at least twice daily multi-disciplinary review (consultant review at least daily) of all people in acute beds to agree who no longer meets the clinical criteria to require inpatient care in an acute hospital and will therefore be discharged.
- Ensure every person has a clearly written plan which includes clinical and functional criteria for discharge. Make sure the plan is communicated to all multi-disciplinary team members, the person and their loved ones.
- Limited functional assessments should take place in an acute setting once people no longer meet the criteria to reside in an acute hospital. People requiring on-going support will be discharged to assess. The multi-disciplinary team need to clearly describe the support, i.e. the discharge to assess pathway, people will require when they are discharged or transferred.
- Liaise with managers of the discharge team for pathway 0 (where the person is discharged home without any support needs/requirements).
- Ensure that testing follows the latest national infection control and testing guidance and is planned in advance so that, where possible, results are available before discharge.
- Follow the system to share testing results with individuals and receiving care homes where applicable.
- During every ward round, board round or case discussion ensure the following questions are asked:
  - Does the person require the level of care that they are receiving, or can it be provided in another setting?
  - What value are we adding for the person staying in an acute hospital balanced against the risks of them being discharged home or to a non-acute setting?
  - What do they need next and what action is required?
  - ‘Why not home, why not today?’ for those who have not reached a point where long-term 24-hour care is required.
  - If not for discharge today, then when? Ensure there is an expected date of discharge.
  - Can a nurse or allied healthcare professional discharge the person without a further review if documented clinical criteria are met?

HM Government

NHS

Hospital Discharge Service Requirements

This document outlines how your role will alter in line with the overarching discharge framework. These changes will ensure that people who need care receive it in the right setting.

Key messages for all staff

- Once someone no longer meets the clinical criteria to require inpatient care in an acute hospital, they will be discharged **as soon as possible today**, and any further assessment required will be done in a community setting. Discharge to assess will be the default for all people who require assessment of their care needs. Community health providers and social care will operate with a single co-ordinator in each acute centre, accountable to a named Executive Board director.
- You will prioritise time to identify and agree which people can be discharged home or transferred to a non-acute setting.
- People on pathway 0 will be discharged from the ward / unit within 1 hour after a medical decision to discharge has been confirmed. Discharge home should be the default pathway. If people are not able to go home immediately, they will be transferred to a safe place to await discharge, which should happen as soon as possible.

ACUTE THERAPY TEAMS

What will I be able to stop doing?

- **Detailed functional assessments for discharge**
- **Equipment ordering for anyone requiring ongoing input**

A significant part of your work will now be in non-acute settings (mainly in people's homes)

What will I do differently?

- Limited assessments for discharge will be undertaken within a ward or other hospital environments/designated therapy assessment areas.

Roles could include (this is not an exhaustive list and will depend on individual skillsets):

- A single coordinator role will direct (for each person) who will take on the case management role and undertake the first assessment at home.
- Acute therapists will assess people in their own home/usual place of residence at the request of the single coordinator and agree a recovery and support plan with the person including reablement support and/or equipment.
- This will be a trusted assessment which will be accepted by the receiving care provider (agreement as to universal document to be used across acute and community services).

When and where will I do my work?

- You will work much more fluidly between community settings, people's homes and within the acute trust, depending on the capacity demands and learning from the COVID-19 Level 4 emergency.
- Cover will continue to be required over 7 days so you may find your hours of work are adjusted.

HM Government

NHS

Hospital Discharge Service Requirements

This document outlines how your role will alter in line with the overarching discharge framework. These changes will ensure that people who need care receive it in the right setting.

Key messages for all staff

- Once someone no longer meets the clinical criteria to require inpatient care in an acute hospital, they will be discharged **as soon as possible today**, and any further assessment required will be done in a community setting. Discharge to assess will be the default for all people who require assessment of their care needs. Community health providers and social care will operate with a single co-ordinator in each acute centre, accountable to a named Executive Board director.
- You will prioritise time to identify and agree which people can be discharged home or transferred to a non-acute setting.
- People on pathway 0 will be discharged from the ward / unit within 1 hour after a medical decision to discharge has been confirmed. Discharge home should be the default pathway. If people are not able to go home immediately, they will be transferred to a safe place to await discharge, which should happen as soon as possible.

BEDDED REHABILITATION (THERAPIES)

What will I be able to stop doing?

- **Assessments on the acute wards**
- **Detailed functional assessments for discharge**
- **Equipment ordering for anyone requiring ongoing input**
- **Assessment and discharge notification processes**

You will need to decrease the overall length of stay to create more capacity and allow more people to benefit from rehabilitation.

How will I need to work differently with colleagues?

- There will be a case manager based in the acute hospital who will be liaising directly with your unit to facilitate the transfer.
- There will be an increase in the availability of recovery and support services within the community. They will start quicker and help people to regain autonomy at home.
- The national Capacity Tracker Tool needs to be updated with your bed status to help manage overall NHS bed capacity.

What will I do differently?

- Start a daily clinical review (10-20 mins) of the plan for every person. Focussing on the key questions; Why not home? What needs to be different? Why not today?
- You will use discharge to assess pathways as a discharge route from community rehabilitation beds.
- You will act as trusted assessor for onward referrals. You should not expect to have to re-do assessments, or to use lengthy referral forms.
- You may need to use technology for outreach and follow up to reduce travel time.
- All equipment and care needs will be assessed within the person's home using the locally agreed routes.

When and where will I do my work?

- Cover will continue to be required over 7 days so you may find your hours of work are adjusted.
- You may be required to outreach to support your patient home. The single co-ordinator will direct the process.

HM Government

NHS

Hospital Discharge Service Requirements

This document outlines how your role will alter in line with the overarching discharge framework. These changes will ensure that people who need care receive it in the right setting.

Key messages for all staff

- Once someone no longer meets the clinical criteria to require inpatient care in an acute hospital, they will be discharged **as soon as possible today**, and any further assessment required will be done in a community setting. Discharge to assess will be the default for all people who require assessment of their care needs. Community health providers and social care will operate with a single co-ordinator in each acute centre, accountable to a named Executive Board director.
- You will prioritise time to identify and agree which people can be discharged home or transferred to a non-acute setting.
- People on pathway 0 will be discharged from the ward / unit within 1 hour after a medical decision to discharge has been confirmed. Discharge home should be the default pathway. If people are not able to go home immediately, they will be transferred to a safe place to await discharge, which should happen as soon as possible.
- Due to COVID-19, everyone being discharged to a care home must be tested for Coronavirus and, irrespective of test result, will need to be isolated in that setting. If their destination cannot do so, the local authority is responsible for providing suitable alternative accommodation.

SOCIAL CARE

A significant part of your work will now be in non-acute settings (mainly in people's homes).

What will I be able to stop doing?

- **Assessment and discharge notification processes**
- **Assessment of needs in the acute setting**
- **Funding panel requests**
- **Attendance at board rounds**

How will I need to work differently with colleagues?

- In general, no social care or funding assessments will be undertaken in hospital.
- Safeguarding investigations should continue to take place in a hospital setting if necessary.
- People will be discharged from hospital as soon as possible after the decision to discharge has been made.
- Most people will be discharged home or to the place they lived prior to hospital admission.
- Align with reablement/ intermediate care services to ensure that the support provided within the initial recovery period is reviewed as soon as practical, continually adjusting as the individual progresses.
- Conduct Care Act assessments, if appropriate, within the 6-week period as the need for a long-term package becomes clear.
- No one will be discharged to a care home without local authority involvement.

HM Government

NHS

Hospital Discharge Service Requirements

This document outlines how your role will alter in line with the overarching discharge framework. These changes will ensure that people who need care receive it in the right setting.

Key messages for all staff

- Once someone no longer meets the clinical criteria to require inpatient care in an acute hospital, they will be discharged **as soon as possible today**, and any further assessment required will be done in a community setting. Discharge to assess will be the default for all people who require assessment of their care needs. Community health providers and social care will operate with a single co-ordinator in each acute centre, accountable to a named Executive Board director.
- You will prioritise time to identify and agree which people can be discharged home or transferred to a non-acute setting.
- People on pathway 0 will be discharged from the ward / unit within 1 hour after a medical decision to discharge has been confirmed. Discharge home should be the default pathway. If people are not able to go home immediately, they will be transferred to a safe place to await discharge, which should happen as soon as possible.

CCGs & LOCAL SYSTEM COMMISSIONERS

What will I be able to stop doing?

- **Intensive contract monitoring**

If your CCG and local authority currently commission domiciliary care and care homes in relation to discharge in your locality separately you will establish a single commissioning route with one accountable lead organisation, and share performance and other data with regard to your local care providers single relationship management routes.

How will I need to work differently with colleagues?

- You will determine a lead commissioning organisation and lead commissioner.
- Ordinary financial controls are to be maintained with respect to invoicing, raising of purchase orders and authorising payments.
- The lead commissioner will work closely with the single discharge co-ordinator to ensure that issues in relation to flow through commissioned services are promptly addressed.

What will I do differently?

- You will expand the use of telecare and telehealth where possible.
- Support greater use of personal health budgets and individual service funds to support mainstream care at home, provided by directly employed carers.
- Establish contractual options to maintain continuity of care from providers supporting pathway 1 people at home when the discharge to assess period of free care is completed.

When and where will I do my work?

- You are likely to work much more closely with people engaged in different elements of the commissioning process from other organisations.
- You are likely to need to work more flexibly to support requirements. Cover will continue to be required over 7 days, so you may find your hours of work are adjusted.

HM Government

NHS

Hospital Discharge Service Requirements

This document outlines how your role will alter in line with the overarching discharge framework. These changes will ensure that people who need care receive it in the right setting.

Key messages for all staff

- Once someone no longer meets the clinical criteria to require inpatient care in an acute hospital, they will be discharged **as soon as possible today**, and any further assessment required will be done in a community setting. Discharge to assess will be the default for all people who require assessment of their care needs. Community health providers and social care will operate with a single co-ordinator in each acute centre, accountable to a named Executive Board director.
- You will prioritise time to identify and agree which people can be discharged home or transferred to a non-acute setting.
- People on pathway 0 will be discharged from the ward / unit within 1 hour after a medical decision to discharge has been confirmed. Discharge home should be the default pathway. If people are not able to go home immediately, they will be transferred to a safe place to await discharge, which should happen as soon as possible.

MANAGERS OF THE DISCHARGE TEAM

A significant part of your work will now be co-ordinating care input and oversight in non-acute settings (mainly in people's homes).

What will I be able to stop doing?

- **The guidance reduces current requirements to collect and report various forms of activity**

How will I need to work differently with colleagues?

- Effective liaison with wards for pathway 0 (where the person is discharged home without any support needs / requirements).
- Close collaboration with the role of single co-ordinator for pathways 1,2 and 3.

What will I do differently?

- Ensuring that people are assessed for short term care needs as they arrive home.
- Ensuring assessment and tracking capacity for pathways 1, 2 and 3 to ensure people are tracked and followed up to assess for long term needs at the end of the period of recovery.
- Arranging dedicated staff to support and manage people on pathway 0.

When and where will I do my work?

- You will work much more fluidly between community settings, and within the acute trust, depending on the capacity demands and learning from during the COVID-19 emergency period.
- Cover will continue to be required over 7 days, so you may find your hours of work are adjusted.

HM Government

NHS

Hospital Discharge Service Requirements

This document outlines how your role will alter in line with the overarching discharge framework. These changes will ensure that people who need care receive it in the right setting.

Key messages for all staff

- Once someone no longer meets the clinical criteria to require inpatient care in an acute hospital, they will be discharged **as soon as possible today**, and any further assessment required will be done in a community setting. Discharge to assess will be the default for all people who require assessment of their care needs. Community health providers and social care will operate with a single co-ordinator in each acute centre, accountable to a named Executive Board director.
- You will prioritise time to identify and agree which people can be discharged home or transferred to a non-acute setting.
- People on pathway 0 will be discharged from the ward / unit within 1 hour after a medical decision to discharge has been confirmed. Discharge home should be the default pathway. If people are not able to go home immediately, they will be transferred to a safe place to await discharge, which should happen as soon as possible.

MEMBERS OF THE DISCHARGE TEAM

You will continue discharging people on pathway 0 (straight home with no required support) and a significant part of your work will be focused on pathways 1-3, in partnership with reablement and intermediate care services.

What will I be able to stop doing?

- **Processing assessment and discharge notices because there will be none**
- **Arranging discharges of people on pathways 1-3**

How will I need to work differently with colleagues?

Staff from discharge teams will be using their skills to supplement capacity in the discharge to assess service and will be directed by the single co-ordinator role and supported by their line manager.

What will I do differently?

Roles could include (this is not exhaustive and will depend on individual skillsets):

- Case manager in the acute trust (every person will be allocated a case manager as soon as the decision to discharge is made by the consultant).
- Accompanying people to the discharge lounge.
- Accompanying people home or to another setting when discharged.
- Carrying out reviews and assessments of people who are on the discharge to assess pathways.
- Acting as trusted assessor for care homes and community beds.
- Other non-clinical roles within the hospital and community as required to support effective flow of patients.

When and where will I do my work?

- You will work much more fluidly between community settings, people's homes and within the acute trust, depending on the capacity demands and learning during the COVID-19 emergency period.
- Cover will continue to be required over 7 days, so you may find your hours of work are adjusted.