



**Oxfordshire Clinical Commissioning Group
Board Meeting**

Date of Meeting: 26 May 2016	Paper No: 16/36
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Title of Presentation: Review of Choice policy for patients who are awaiting discharge from hospital

Is this paper for	Discussion	✓	Decision		Information	✓
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Purpose and Executive Summary (if paper longer than 3 pages):

This paper updates the Board on

- The impact of the current Oxfordshire Choice policy approved by Board at its meeting on 28 May 2015.
- The new Choice protocol which has been proposed by Oxford University Hospitals NHS FT (OUHFT) and is being agreed by Oxford Health NHS FT (OHFT) and Oxfordshire County Council (OCC).

Choice remains a significant reason for delayed discharge in the Oxfordshire system. The Command and Control centre established as part of the *Balancing the System* initiative has identified a number of changes to the current policy that will improve the management of Choice issues. This is to ensure that the numbers of patients unnecessarily delayed in our system is reduced and support the trajectory of a reduced number of bed days lost to delays agreed as part of the Oxfordshire Better Care Fund plan for 2016-17. The proposed new Choice protocol has been agreed in outline but still requires some detailed work before it is formally adopted as an operational document by OUHFT and OHFT.

National comparators suggest that Oxfordshire has opportunities particularly in respect of delays attributed to choice.

Financial Implications of Paper:
Nil.

Action Required:

The Board is asked to

- Note development of a new Choice protocol
- Note the views of Locality Forum Chairs and how these will be accommodated
- Approve the direction of travel set out in this paper

NHS Outcomes Framework Domains Supported (please delete tick as appropriate)	
✓	Preventing People from Dying Prematurely
✓	Enhancing Quality of Life for People with Long Term Conditions
✓	Helping People to Recover from Episodes of Ill Health or Following Injury
✓	Ensuring that People have a Positive Experience of Care
✓	Treating and Caring for People in a Safe Environment and Protecting them from Avoidable harm

Equality Analysis completed	Yes ✓	No	Not applicable
Outcome of Equality Analysis	<p>The Equality Assessment highlighted that there could be a risk of potential negative impacts on:</p> <ul style="list-style-type: none"> • BME Groups who do not speak and read English • Patients who may have severe mental incapacity, dementia or learning disability and difficulty with written and verbal communication • Married / Civil Partnerships of those who are hospitalised together and require discharge to a care home • The frail elderly who are alone and have no family / friends to act as an advocate • Carers who may have to travel great distances <p>Our next stage will be to ensure we mitigate or can justify impacts on these patient groups.</p>		

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Review of Choice Policy for patients who are awaiting discharge from hospital

1. Purpose of this Paper

This paper updates the Board on the impact of the revised choice policy adopted in April 2015 on the level of delayed transfers of care within Oxfordshire's acute and community hospitals.

Since the earlier policy was adopted there have been two significant events in the management of delays in our system:

- The *Balancing the System* initiative from December 2015 to March 2016 and
- The development of an Action Plan that will be used to deliver a reduction in the weekly number of delays to 73 by 31/3/2017

This paper sets out the impact of the Choice Policy adopted in April 2015 and how a revised approach to the management of choice delays may support a reduction in the overall number of weekly delays over the next 12 months.

2. Choice delays since April 2015

The overall level of choice delays has fallen over the 12 months to 10 March 2016 (based on a 10 week rolling average) at both Oxford University Hospitals NHS FT (OUHFT) and Oxford Health NHS FT (OHFT). However, the fall has not been substantial and has not been consistent. This data is set out at Appendices 1 and 2. In August 2015 a more detailed approach to the counting of delays was adopted in the attempt to gain greater intelligence over the reasons driving delays. The Choice code "G" was broken down into the following sub-categories:

- i. Choice of Care Home
- ii. Choice of private care agency
- iii. Family issues not domestic
- iv. Awaiting private nursing home placement or availability
- v. Await care package in own home (private)
- vi. Choice of care package
- vii. Choice of community hospital

Of these codes (i), (vi) and (vii) represent cases where the offer to the patient is being made from the Oxfordshire system (social care, continuing healthcare or OHFT hospital bed) whilst (ii), (iv) and (v) are where the patient and his/her family are making arrangements to self-fund the onward care themselves. G (iii) can apply either to public or privately funded arrangements and reflects situations where the decision on onward care has not been finalised by the patient and the family.

Since October 2015 the number of choice delays in both OUHFT and OHFT beds has fluctuated. There was a significant spike in delays at OUHFT in October when the weekly number of delays ran at around 25 for 6 or 7 weeks before reducing to a rate that is currently running at about 10-12 per week.

In OHFT over the same period the level of delay has largely remained static at around 10 per week. Whilst a lower figure than that of OUHFT, this is a much higher

proportion of the overall delays for OHFT, which generally has a total of about 30 patients delayed each week.

The greater detail delivered by the revised codes allows us to understand these figures in much more detail than before. So

- In OUHFT typically the “Choice delay” is someone waiting for a private nursing home or a private home care package (normally 8 or 9 of the weekly 10-12 delays per week) with a few problems relating to family issues and normally only 1 or 2 people delayed owing to Choice issues in relation to a public funded offer of onward care
- In OHFT the profile is very similar. Normally only one or two cases in any one week are disputing an offer of publicly funded care.

It appears that the Choice policy adopted in April 15 may have stabilised the level of choice based delays with some relatively small reductions overall. However, the more detailed analysis of the reasons for delay sets out that very few of the people who are delayed are in dispute in respect of a social care, continuing healthcare or community hospital offer. The far greater impact of “Choice” is amongst people organising their own private care arrangements.

3. Choice as a contributor to our overall levels of delay

There are routinely 20 or so people delayed in our system coded as Choice. This runs at c15% of the total delays in any one week. We do need to construct a “Choice” plan to support the delivery of a reduction to 73 by 31/3/17.

The level of Choice delays as a proportion of our total delays in Oxfordshire is slightly above the national average (13.2% as opposed to 12.7% in 2015) but the bed days attributed to those delays is nearly 3 times the national figure when expressed in terms of the proportionate delay per 100,000 of population.

Delay Reason	Total delay days		Delay Days per 100,000 population		Proportion of total delays	
	Oxon	England	Oxon	England	Oxon	England
G) Patient or family choice	8,197	222,548	1,542.5	520.9	13.2%	12.7%

We know from analysis carried out by OCCG that Choice delays often contribute to some of the longer delayed patients where there are multiple reasons for delay during their time in hospital.

4. The proposed new Choice protocol

The proposed protocol is still undergoing revision and will be adopted by the Trusts who have the legal responsibility for its enactment.. The key changes to the current policy are ones of emphasis, approach and the time lapse between the stages of the Choice policy.

The current policy provides guidance to staff on how to ensure that patients who are ready for discharge do not remain indefinitely in a hospital bed by a patient whilst

choosing a care home or alternative care provider. It also explains that interim accommodation should be secured for patients whose preferred choice of care home or care provider are not available within the discharge planning period.

The overarching aim is to reduce delays in the appropriate transfer of care or discharge of patients, through early engagement and support, and efficient implementation of the Choice Directive.

The proposed protocol has a more assertive approach to the risk posed to the patient of unnecessary delay in a hospital bed and to the necessity of planning for discharge from the moment of admission:

- a) The hospital environment is not designed to meet the needs of people who have reached their potential for discharge. The consequences of remaining in a hospital bed beyond the Estimated Date of Discharge (EDD), or when the individual is deemed 'medically fit for discharge', are:
 - The risk of increasing dependence and greater demand for social care and support in the community
 - Potential for prolonged exposure to an unnecessary risk of hospital-acquired infection
 - Frustration and distress caused by uncertainty during any wait for a preferred choice to become available.
- b) Discharge planning is an integral part of patient care that should start upon admission and be ongoing from that point. This joint protocol of Choice should be explained to the patient and their carer, family or representatives upon admission and at each step in the process to ensure there is a clear understanding and expectation. By the time a patient is ready to leave hospital, consideration will already have been given to their ongoing care provision and they, their carer, family or representative should understand that they cannot continue to occupy the hospital bed.

The proposed protocol confirms the enactment and responsibilities of the various bodies involved in supporting discharge. It describes identification of a "named lead worker" who is responsible for communication with the patient and the patient family, and for co-ordinating the management of the patient's discharge in line with the Choice protocol.

The Control centre that manages discharge planning and co-ordinates the allocation of resources to people to support discharge will oversee the "named lead worker" and thus the operation of the protocol.

The key change from the patient perspective will be the timescale that is applied in the Choice process. The comparison of the current and proposed future process is as follows:

Stage	Current policy	Proposed protocol
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1	<p>Patient given estimated date of discharge within 24 hours of admission</p> <p>Team agree likely discharge date and offer an appropriate care programme “as quickly as possible”</p>	<p>Start discharge planning before or shortly after admission. Discuss discharge with the patient and their carer, family or representative. Identify named lead worker (health or social care professional). Make the patient aware of Protocol. Explain the process for reviewing and revising estimated discharge date</p>
		<p>Refer the patient to required services e.g. another hospital, social services, Continuing Healthcare (CHC) when ready to have their needs assessed for discharge. Ensure assessments to clarify care needs are complete.</p>
2	<p>Patient given 2 choices of care home or care agency within 7 days</p> <p>Patient takes first available from chosen option</p> <p>If choice not available offered interim place</p>	<p>Give letter 1 to the patient. Explain the process to the patient and their carer, family or representative and that they must accept an available discharge option, either as an interim or permanent plan. Inform the patient of at least one option if available. Discuss discharge plans with the patient and their carer, family or representative regularly.</p>
		<p>Allow 7 days for the patient and their carer, family or representative to view a vacancy or service option which is suitable to meet assessed need and available funding. Support the patient and their carer, family or representative and offer advice, information and encouragement.</p>
3	<ul style="list-style-type: none"> • Patient has not identified a care home within 7 days a case conference will be organised within 3 days to agree a plan for discharge. At this meeting patient will be given formal notice that you need to identify a care home within 7 days. • An interim care home/ alternative care programme agreed with patient (not necessarily preferred choice) • Discharge is arranged 	<p>Multi-disciplinary team (MDT) liaise within 2 days, if discharge has not been achieved within 7 days. Clarify the process and explain that the vacancy or service option must be accepted, at least as an interim option. Give information and encouragement to access support. Agree date for transfer to available alternative or interim care. Give letter 2 to the patient confirming the proposed transfer arrangements</p>
4	<p>Where the patient cannot arrange an alternative within the timescales identified in Stage 2 and 3, s/he will be given the second Transfer of Care letter with the name of an available care home or provider that is able to meet the needs with a confirmed date for discharge.</p> <p>Where the patient does not choose</p>	

	a home within this time arrangements will be made to transfer to an interim placement.	
5	Consider legal proceedings	If transfer arrangements are disputed, consult local legal advisors regarding legal proceedings and escalate as required to ensure discharge from hospital to the identified alternative or interim option in line with the Oxfordshire Joint Protocol of Choice

In the current policy the starting point is potentially unclear, and the time taken to work through the policy could be 7 days + 3 days + 7 days + the time taken to issue the second letter with the date of discharge at some point in the future.

In the proposed protocol the patient receives a notification of a 7 days' decision window at the same time that they receive proposal of a future care package. Where the patient does not move the next step takes 2 days and the first proposal is confirmed with a date for transfer.

The new protocol (which has been adapted from another one used in another system) is designed to "set up" the discharge at an earlier point in the patient journey and engage the patient and the family in the process of planning for discharge in a more hands on and supportive but assertive manner. With more steps earlier in the process the protocol can achieve a shorter overall length of time.

There are some issues that will require further clarification for Oxfordshire patients:

- Where offers (in case of public placement) or proposed next steps (in case of self-funder) are made, is it sufficient that this be a single county-wide solution irrespective of geographical preferences?
- How much support and expectation is placed on self-funders to secure their discharge solution.

5. Patient feedback and further developments

The protocol remains in draft. The Patient Locality Forum Chairs have reviewed the protocol and given feedback around the proposed patient letters which are now being adapted to make them more user friendly and to emphasise the support available to enable the patient and their family to make their discharge choice. Age UK have also been asked for comments.

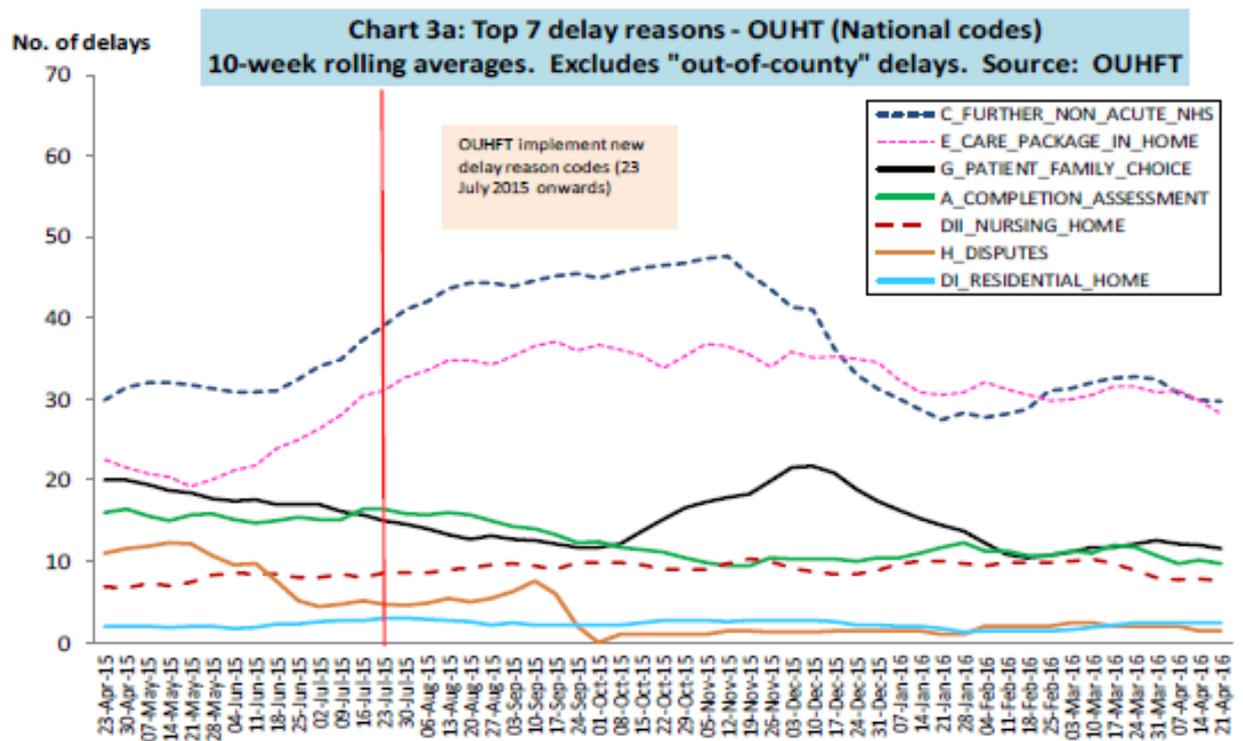
The protocol continues to be tested to understand the impact on self-funding patients as well as those who are receiving an offer of care commissioned by health or social care.

A revised version of the protocol will be finalised by the DTOC Control Group and agreed by OUHFT and OHFT. It is anticipated that the new protocol will be fully enacted from 1 July 2016.

6. Conclusion

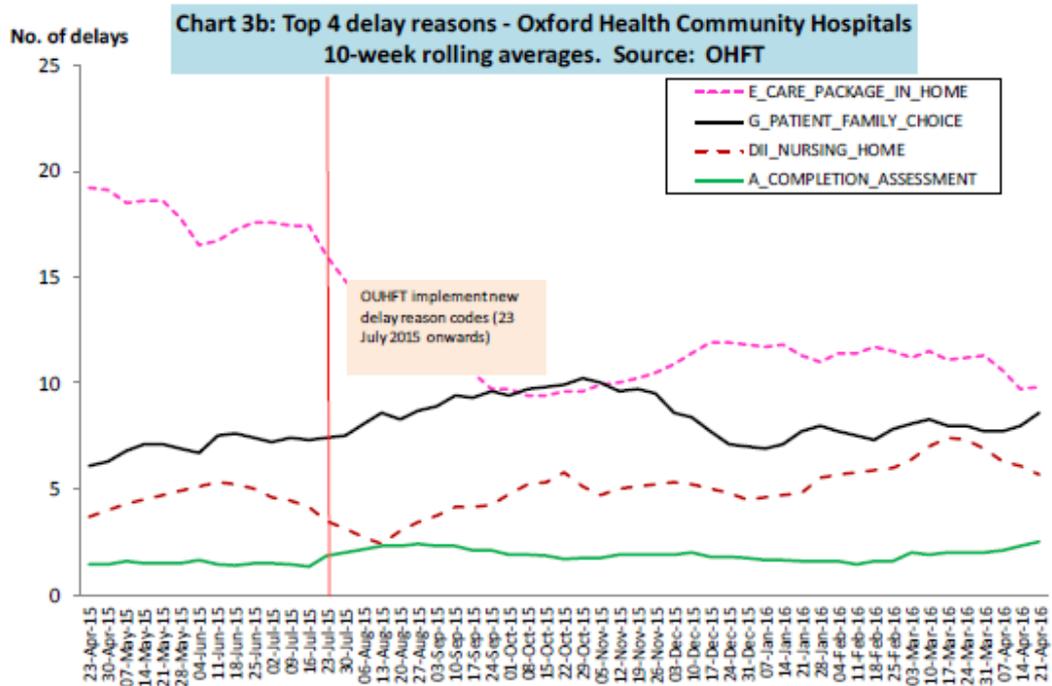
OCCG Board is asked to note development of the proposed Choice protocol and offer consideration to the issues highlighted above.

Appendix 1: Top 7 delay codes (10 week rolling averages)-Oxford University Hospitals NHS Foundation Trust



Choice delays (the black line) have overall reduced over the 12 months to 10 March 2016

Appendix 2: Top 7 delay codes (10 week rolling averages)-Oxford Health NHS Foundation Trust



Oxford Health choice delays have reduced slightly over the 12 months to 10 March 2016