

TOP TIPS FOR HOSPITAL DISCHARGE DURING COVID 19

2 April 2020

Background

In discussion with members and following the hospital discharge guidance (see here: <https://www.nationalcareforum.org.uk/ncf-voice/covid-19-coronavirus/>) and the recent DHSC webinar, we felt it might be helpful to issue some top tips to consider in your discussions with the NHS, CCGs and LAs.

Top tips:

✓ **Being clear about the money – and building in a monthly review of it**

Providers are facing huge increases in their operating costs due to COVID 19. **Accepting new admissions from hospital inevitably brings additional specific operating costs, above and beyond the existing increases in current costs.**

The fee rate agreed must recognise that the cost of any additional provision of equipment or specialist services will need to be covered in full by the health service requesting. This might include specialist palliative care, oxygen supplies or access to health professionals that are not part of the standard care service.

In addition, it will build in an allowance for the recommended approach where providers operate a 'self-isolation' policy for those leaving hospital and coming into care homes or where staffing patterns need to be adjusted to allow for home care to operate a staffing schedule that supports self-isolate.

✓ **Guarantees about local community health support**

Many of the people being discharged from hospital are likely to need timely access to and support from community health services. We know there are significant current pressures across the system and the importance of maintaining clinical care for people outside hospital is essential to continue safe care and to avoid hospital admission; care homes are essential partners here, a key part of the system and need to be supported to be resilient at this time.

There must be a mechanism in place for the local CCG to prioritise the provision of community health services and pharmacy services to ensure ongoing support either within the individuals own home, or the care home.

✓ **Discharge to assess & the trusted assessor model**

Insist that you get the information you need. Despite the urgency of supporting hospital discharge, you are still entitled to receive a decent quality and level of information about the person they are asking you to care for. If you don't, contact the hospital discharge co-ordinator who should, we are advised, resolve this. The [recent guidance](#) issued on Admission and Care of Residents during COVID-19 Incident in a Care Home (02/04/20) states: *We will ensure you have the information and support you need to safely admit and care for patients during the pandemic.*

You will also want assurances about what support you will receive if it turns out that you cannot meet the person's needs, once you have been able to do a full needs and care assessment. In this scenario, either a) the NHS will need to provide additional funding to meet that additional need or b) the person will need to leave your home and the NHS will need to arrange another placement. Each hospital should provide a single point of contact that providers can communicate with and you will want to agree clear defined timescales for this.

✓ **COVID-19 testing – to protect staff and current residents**

It is entirely reasonable to require confirmation of a person's COVID-19 status and any indication of COVID-19 like symptoms before admitting them to a care home. This is essential for managing the safety of care home staff and current residents. All patients leaving hospital need to be discharged with an up to date COVID 19 test and any information about any COVID-19 like symptoms. These measures, whilst not eliminating the future development of the virus, will at least alert care providers to live cases and enable them to provide staff and other residents with appropriate protection.

The [recent guidance](#) issued on Admission and Care of Residents during COVID-19 Incident in a Care Home (02/04/20) says: *The Hospital Discharge Service and staff will clarify with care homes the COVID-19 status of an individual and any COVID-19 symptoms, during the process of transfer from a hospital to the care home.* It also says, rather unhelpfully that: *Negative tests are not required prior to transfers / admissions into the care home.* It is not clear that this can be a unilateral decision by the hospital, and while care providers can have regard to the guidance, they must also have regard to their legal responsibilities to their current residents

✓ **Require sufficient PPE to accompany the person when discharged to you**

Consider making acceptance of new admissions from hospital dependent on the hospital supplying the necessary PPE with the person at the point of discharge to enable effective isolation for 14 days. The importance of PPE should be obvious as it essential for you to protect your staff and the other people you care for. Many hospitals are already doing this, so consider asking for the PPE that you need.

✓ **Complete the Capacity Tracker – and nothing else**

The NHS has decided on the Capacity Tracker as the mechanism for collecting data on suspected COVID cases, bed availability, staffing and PPE pressures. Duplication of this data collection is not helpful, regardless of whom is asking.

Note: The [recent guidance](#) issued on Admission and Care of Residents during COVID-19 Incident in a Care Home (02/04/20) says: *We have established Capacity Tracker as the single mechanism across the country to report bed vacancies and help manage demand during this incident (see Annex I for further details). This must be kept up to date on a daily basis. This information will not be used to drive any regulatory enforcement activity.*

Ensure you complete the Capacity Tracker – other duplicate data collection requests, including the ADASS tracker and LA specific requests can be challenged.