

TO: Gloucestershire Partnership NHS Trust Board

FROM: Ted Quinn, Service Director

DATE: 18th December 2006

SUBJECT: IMPLEMENTATION OF 'DIRECTION OF CHOICE OF ACCOMMODATION'

1. PURPOSE OF REPORT

1.1 This paper provides an opportunity for the Board to consider the implications of implementing 'Direction on Choice of Accommodation', in line with other statutory health and social care organisations in Gloucestershire.

2. RECOMMENDATIONS

2.1 It is recommended that the Board considers the issues raised in this paper and approves the Direction on Choice of Accommodation policy.

3. LINKS TO TRUST OBJECTIVES

3.1 The policy will reduce the number of delayed transfers of care (DTC), shorten length of stay, reduce the negative clinical impact of delayed discharge and increase bed availability for patients who need clinical assessment and treatment in an inpatient environment.

4. STANDARDS FOR BETTER HEALTH

4.1 Implementation of this policy will improve standards relating to patient safety, clinical and cost effectiveness and accessible and responsive care.

5. FINANCIAL IMPLICATIONS

5.1 Minimising DTCs will enable greater efficiency and reduced costs per inpatient stay.

6. RISK MANAGEMENT

6.1 The clinical and financial risks in failing to implement the policy are identified above. There is also a risk that some patients or their carers may be aggrieved when they feel their stay in hospital should be extended, contrary to clinical assessment.

7. EQUALITY ISSUES

7.1 Adopting the policy will ensure that there is fair and equal treatment in respect of choice for all patients in the county and that best use is made of hospital beds for people who are in need of hospital admission and treatment.

8. CONSULTATION

- 8.1 This policy is a development of the processes that are already in place within the county. It is now proposed that patient and public groups are engaged so that implementation is as sensitive as possible.

9. AUDIT/REVIEW

- 9.1 The Choice Project Group is a sub-group of the County Delayed Transfers of Care Group. The County Group will review the implementation of this policy and will provide an update to all Boards in June 2007.

10. BACKGROUND

- 10.1 Discharge from hospital is sometimes delayed because patient's or carer's first choice of Care Home is not immediately available. Similar situations can occur when the required package of home care is not available. In these instances alternative care is offered but is sometimes refused.
- 10.2 Work to address how best to manage this matter has been co-ordinated by the Choice Project Group, which is a multi-agency statutory health and social care group, chaired by Gloucestershire PCT. The Group is a sub-group of the County Delayed Transfers of Care Group.
- 10.3 The proposed policy is designed to:
- Minimise the numbers of such delays.
 - Introduce a consistent and standard approach across all of the statutory partner agencies.
- 10.4 The legal framework for this approach is provided by:
- National Assistance Act 1948 (Choice of Accommodation) Directions 1992, LAC(92)27;
 - Guidance on the National Assistance Act 1948 (Choice of Accommodation) Directions 1992, LAC(2004)20; and,
 - The Community Care (Delayed Discharges) Act 2003 (including Guidance for Implementation).
- 10.5 The policy has been seen and approved by the legal advisers to GHNHSFT. Any future alterations to the operational detail e.g. changes to letters or definition of reasonableness will also need to be agreed with legal advisers.
- 10.6 The policy has recently been accepted by the Gloucestershire Hospitals NHS Foundation Trust Board (GHNHSFT), the Community and Adult Care Directorate (C&ACD) and Gloucestershire PCT. GHNHSFT and C&ACD began implementation in acute hospitals on 13th November 2006.

11. DISCUSSION

- 11.1 A delayed transfer of care (DTC) occurs when a patient is ready for transfer from inpatient care, but remains in hospital. This is inappropriate because prolonged stays make people more dependent, increase the risk of cross-infection and reduces the availability of beds for people who require admission for clinical assessment and treatment.
- 11.2 Readiness for transfer is based on an assessment of clinical need, a decision by the multi-disciplinary team that the person is ready for transfer, and an agreement by that team that the person is safe to discharge / transfer. Trust and Community and Adult Care staff, meet regularly to consider people who are delayed transfers, to decide upon the category of delay for each individual, and agree the action that needs to be taken to facilitate the discharge or transfer of care.
- 11.3 DTCs occur for a variety of reasons. "Delay due to patient or family exercising choice" occurs when a patient's first choice of care is not immediately available and the patient refuses an alternative that is offered. This occurs regularly within the Trust and sometimes results in the patient remaining inappropriately in hospital for extended periods of time.
- 11.4 The Gloucestershire Health Community is advised that the legal framework identified in Section 10 above does not allow a patient to continue to occupy an NHS bed until the patient's first choice of care becomes available. The use of interim (or transitional) care is consistent with the Directions and Guidance provided in LAC(92)27 and LAC(2004)20.
- 11.5 The aim of the policy is to keep patients and their families fully informed about the discharge planning process so that delays are kept to a minimum and beds are managed in the best interests of other people who require admission.
- 11.6 The Choice Project Group will work with a variety of voluntary groups representing patients and the public, to ensure that implementation is as sensitive as possible. This will inform future changes to the detail of the process e.g. the content of the letters and a definition of reasonableness when offering alternatives.
- 11.7 Nonetheless, there remains a risk that individual patients or their families may approach the media when they feel that their stay in hospital should be extended until the care of their choice is available. The Choice Project Group is linking with the County Communications Group so that key messages are agreed and conveyed via patient leaflets, routine media releases or in response to media queries.
- 11.8 The Choice Project Group will co-ordinate training for staff in all agencies. This will be particularly important for staff who may be less conversant with the process.

11.9 Commissioners are also leading work to build additional capacity in the community. In Older People's services, for instance, additional EMI beds are being commissioned; the Order of St. John is consulting on estates strategy which proposes a substantial increase in the number of EMI beds; and the county has this month been awarded £2.5m to improve the quality and robustness of community services.