Publications approval reference: 001599

NHS England and NHS Improvement
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To:
CEOs of NHS Trusts and Foundation Trusts
CEOs of Clinical Commissioning Groups
CEOs of Community Health Providers
CEOs of private, not-for-profit community providers and community interest companies
Chief Executives of Councils

Cc:
NHS England and NHS Improvement Regional Directors

23 December 2020

Dear colleague,

COVID-19 Hospital discharge and recovery services

This letter sets out measures to support improvements in the performance and oversight of the discharge to assess services across England. All systems are asked to prioritise these actions.

1. Using all available hospice capacity

Hospices have played an important part in the response to COVID-19. They provide vital care to patients of all ages through both inpatient and community provision.

The NHS should use all available hospice capacity, including re-purposing existing provision either in beds or home services, for both COVID and non-COVID patients. Hospices are required to submit data on their hospice beds and community capacity onto the National Capacity Tracker daily, including weekends and bank holidays, with non-compliance affecting funding.

Up to £125m extra funding has been made available for the period 1 November 2020 until 31 March 2021. Payments will be made by NHS England and NHS Improvement nationally, working with Hospice UK, on the basis of capacity used. CCGs should honour existing agreements and continue to pay any funding agreed with hospices – including business-as-usual and local agreements for COVID-19, both of which will be funded from resources already allocated to local systems.

2. Designated facilities for people who are COVID+ being discharged from hospital into a care home

Some systems have yet to agree designated care settings. Where that remains the case, we are asking local NHS leaders to engage with the Director of Adult Social Services (DASS) in the Local Authority and care provider organisations to explore whether NHS community hospital sites could provide a solution for that area. It would of course need to meet the infection prevention and control standards stipulated by the CQC.

To maintain existing capacity and support patient flow from acute hospitals, it is essential that local systems replace the number of beds that are used in NHS rehabilitation units for designation purposes with the comparable number of

rehabilitation beds commissioned from vacant units/beds in care homes. Therapists and other specialists would be transferred to work in the care home rehabilitation beds.

Where Council owned and operated care home beds are used as a designated facility, CCGs / LAs would commission the comparable number of beds in vacant care homes in the private sector.

The cost of the designated facilities would be met by the COVID discharge funding. Where this is not necessary because already commissioned beds are being used, the replacement care capacity commissioned can instead be charged to the COVID discharge fund.

3. Strengthening leadership and oversight of discharge arrangements in acute hospitals

Systems that have fully implemented the 'home first' approach successfully cite a range of factors that have helped their hospital and discharge teams with the discharge to assess approach. The seven actions below are key issues that each acute hospital and discharge system is asked to prioritise implementing, where they are not already in place.

Action
1. Clinical champions are identified in each trust to support the implementation of the discharge to assess approach.
2. As early as possible, daily ward rounds/reviews are undertaken, including the comprehensive use of the reasons to reside criteria.
3. Achieve 100% data completeness of discharge and daily patient information, by no later than 31 January 2021.
4. Instil the culture and processes of 'home first' ethos across hospital wards and discharge teams- fully implementing the hospital discharge guidance. This includes continuing to discharge people using 'without prejudice' funding arrangements between health and social care.
5. Maintain the Government policy on the choice of care home at the point of discharge.
6. Maximise the number of support packages of care and rehabilitation at home using the £588m COVID discharge funding.
7. Set improvement targets (from November baseline) for each acute hospital site: ➢ for 14+ and 21+ length of stay categories; ➢ % of people not meeting the 'reasons to reside criteria', discharged each day by 5pm

The actions above will be overseen by leads at a system and regional level, who will support discharge systems to learn from and adopt best practice approaches over the remainder of the winter period.

Yours faithfully

Matthew Winn
NHS England and NHS Improvement

Dr Cliff Mann
NHS England and NHS Improvement