CATEGORISATION OF REASON CODES TO SUPPORT CUR MINIMUM DATA SET (MDS) & REPORTING FRAMEWORK

As part of the NHS England CUR CQUIN (2017/18) Providers will be required to produce regular reports for commissioners and submit a (mandated) monthly CUR CQUIN Minimum Data Set (MDS) which has been included in the NHS Standard Contract Information Schedule (see published CQUIN document and accompanying CUR Dataset for further information).

Regardless as to the CUR software used, all providers will be required to categorise and report the reasons (reason codes[1]) for assessments 'Not Meeting' CUR Criteria[2] under the following headings:

- (A) Internal Provider Operational based Reasons
- (B) External Reasons: NHS Funded Alternative Level of Care (ALoC) Unavailable
- (C) External Reasons: Non NHS Funded ALoC Unavailable
- (D) External Reasons: ALoC does Not Exist

  (E) External Reasons: Other.

The software solutions provided by the suppliers are customisable so that `reason codes' can reflect local requirements – this is important to support local adoption by clinicians and key stakeholders. As part of the implementation of CUR software and agreeing the benefits to be realised Providers will be required to agree with Commissioners how local CUR Reason Codes fall into each of the above categories. Whilst local design is fully supported, to allow consistent analysis by NHS England and local CCG commissioners (where they have invested in a joint CQUIN) providers are required to use a set of guiding principles (see overleaf) when agreeing which Reason Codes are allocated to which categories.

The four suppliers on the national framework have agreed to support the production of reports and data sets that enable the reporting of reason codes under the above high level categories.

It is recognised that Providers cannot be held responsible for reducing the number of patient bed day assessments/ admissions where the CUR criteria are not met for external based reasons. In many cases this will require collaborative action across the 'whole system' including by CCG commissioners and community/ social/ primary care providers. As well enabling the production of the CUR MDS suppliers of CUR software will also support the production of CUR Commissioning reports. The reports using CUR data should focus on where their patients' needs are not being met due to:

- Restricted/ poor access to existing community, primary care and social services
- Gaps in service provision.

(Continued Overleaf)

[1] The fields available to CUR software users which describe why CUR criteria may not be met.
[2] Or where the level of care is class as 'Non-Qualified' using CUR Criteria

A. Internal Provider Operational based Reasons

The following reasons (or similar descriptions) should be included under this category.

- Discharge process incomplete – CUR software systems will be able to define in further detail
- Insufficient discharge documentation
- Treatment/ procedure not completed e.g. PEG insertion/ fitting, inhalation/ respiratory related, medication treatment, anticoagulation therapy
- Test not completed e.g. Diagnostic radiology not completed
- Test/ procedure results not available
- Awaiting discharge assessment
- Discharged ordered - awaiting medicines
- Discharge ordered - awaiting equipment
- Alternate level of care not available (where provided by Trust)
- Physiotherapy not completed.
- Speech Therapy not completed.
- Occupational Therapy not completed.
- Consultant or other Physician orders continued stay when an alternative lower Level of Care provided by the Trust was available (i.e. sub-acute, rehabilitation, medical or rehab intermediate care, hospital at home, etc.
- Consultant or other Physician orders/ ordered admission when an alternative lower Level of Care provided by the Trust was available (i.e. sub-acute, rehabilitation, medical or rehab intermediate care, hospital at home, etc.
- Consultant or other Physician orders continued stay when routine follow-up care required or where care could be provided as an outpatient
- Consultant or other Physician orders/ ordered admission when routine follow-up care required or care could have been provided as an outpatient
- No Consultant or Physician provided orders for supporting clinical staff (continued stay or at point of admission) so that decisions on provision of care based on orders for similar situations or best judgement
- No notation on why admission/ continued stay was required
- Required Specialty assessment not undertaken
- Incomplete or no physician discharge plan.

(Continued Overleaf)

B. External Reasons (NHS Funded Alternative Level of Care (ALoC) Unavailable)

The following reasons (or similar descriptions) should be included under this category.

- Appropriate NHS Funded Alternate Level of Care not available.

  Note: Usually this is because the service/ beds are unavailable, there is a lack of service capacity to accept patients or the service is not available in a timely way. However, it could also include services not accepting this type of patient, services not able to accept patient during evenings or at weekends or no nearby service availability.

  CUR software systems can be customised to identify the (local) externally provided Alternative Levels of Care, including the following non acute services which may apply to Categories A and or B depending on funding arrangements:
    - Medical Intermediate Care
    - Rehab Intermediate Care
    - Home with Support Services e.g. domestic support
    - Home with Clinical Community services e.g. nursing-IV, physiotherapy, occupational therapy, nursing nebulisation, nursing monitoring, nursing-wound care, IV fluid admin/ IV diuretics, nursing glucose monitoring
    - Home with Consultant Follow-up
    - Home with Primary Care/ GP Follow-up
    - Nursing Home
    - Residential Care
    - Social Care
    - Domiciliary Care
    - Other.

C. External Reasons: Non-NHS Funded Alternative Level of Care (ALoC) Unavailable

The following reasons (or similar descriptions) should be included under this category.

- Appropriate Non-NHS Funded Alternate Level of Care not available.

  Note: Usually this is because the service/ beds are unavailable, there is a lack of service capacity to accept patients or the service is not available in a timely way. However, it could also include services not accepting this type of patient, services not able to accept patient during evenings or at weekends or no nearby service availability.

  A list of potential non acute Alternative Levels of Care regularly used by suppliers is provided in (B) above.

D. External Reasons: ALoC Does Not Exist

The following reasons (or similar descriptions) should be included under this category.

- Appropriate Alternative Level of Care (service) does not exist.

E. External Reasons: Other

The following reasons (or similar descriptions) should be included under this category.

- Patient or carer refuses treatment or discharge options or is unable to cope.
- Awaiting family decision.
- Funding for Alternative Level of Care not agreed e.g. CHC for nursing home, residential care or non-medical domiciliary support.
- Required assessment for transfer to Alternative Level of Care not undertaken.
- Waiting for Social Service package of care to be agreed.
- Home assessment not undertaken.
- Home equipment not available.
- Equipment to support discharge not available.