

# **Patient Discharge Services Framework for Reablement/ Rehabilitation Services to immediately increase capacity in local providers**

## **Questions and answers**

**20 December 2021**



## Introduction

NHS England's Chief Executive Amanda Pritchard and NHS Improvement's Chief Executive, Professor Steve Powis National Medical Director [wrote to local systems on 13 December 2021](#), calling on them to make use of independent sector capacity in the community using the [Patient Discharge Services Framework](#). This is managed by NHS SBS as a means of sourcing additional independent sector capacity which should be commissioned in a complimentary and interdependent way with existing services and providers.

We recognise that several local systems will have joint commissioning arrangements already in place as well as excellent local provision. Recognising the current pressures services are under and families are unable to support as they usually would, the Framework provides one option to help fast track procurement of additional capacity for existing services and/or services not available locally which need to be in place to support people leaving hospital with COVID-19 related support needs'

As with any discharge services, commissioning decisions should be jointly made by health and social care colleagues with involvement of the single discharge co-ordinator and lead commissioner. It is important that these are joint decisions, taken with a view to making optimum use of market capacity and achieving value for money.

While this guidance focusses on P1 or rehabilitation and care at home in line with the 'Home first' policy and approach, the Patient Discharge framework can be used to deliver P2 and P3 services, i.e. services within a bedded unit in community and care home settings<sup>1</sup>.

## What services fall under the Framework?

### **LOT 1: Discharge to Assess Services (HomeFirst)**

LOT 1 can be used to enable additional capacity to be accessed, to support people discharged to Pathway 1 who will receive up to four weeks of reablement or rehabilitation in their own home for any new or additional care needs.

---

<sup>1</sup> For definitions of P2 and P3, see [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1026672/hospital-discharge-and-community-support-policy-and-operating-model-oct-2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1026672/hospital-discharge-and-community-support-policy-and-operating-model-oct-2021.pdf)

There is no 'one' model that will deliver discharge to assess and is better described as a 'complex adaptive system' which involves the application of a set principles to allow people to recover and make long term decisions about their lives or indeed how they wish to die in their own home. There is no cost to the individual whilst on this pathway.

Services supporting Pathway 1 may include but are not limited to a range of personal care, clinical and therapy reassessment, treatment, rehabilitation and reablement.

*Additional capacity could be purchased to support or provide the following core services:*

Assisted Discharge – Support to safely transport frail older people and vulnerable patients from hospital and to provide initial support to help them settle back in at home and ensure their safety.

Processes for transfer – To ensure that the assessment is rapid, effective and able to mobilise the required services.

Assessment of long-term care needs.

Reablement Services – Provision of short-term practical and emotional support to assist patients to recover, build resilience and independence at home. This may include (but not limited to) getting out of, or going to, bed; transfers between bed, chair and toilet as appropriate (with consideration for the appropriate equipment), washing, bathing, denture and mouth care, hand, foot and skin care, dressing and undressing.

Clinical Input - Access to qualified clinicians to provide oversight of service delivery and undertake nursing assessments.

Care Co-Ordination – Development of a care plan with the patient and their family and/or representative to monitor and report patient progress for discharge home with a multidisciplinary team.

Full time care – 24 hour personalised live in-home care with a focus on support for people with dementia and delirium.

Access to assistive technology, and digital solutions to support rehabilitation and reablement in own home.

Therapy led support which may be offered through experienced physiotherapists, occupational therapists, nurses, dietitians, Speech and Language Therapists (SALT) and rehabilitation support workers.

*Non-core services:*

Patient Transport – Can include patient transport, outpatient clinical appointments, urgent patient transport, and blue light emergency response.

Mobility Aids – Support to patients with short-term illnesses that can access mobility aids the NHS does not provide.

### **LOT 3: Medical Care at Home**

Lot 3 of the Framework can be used to purchase a range of sub-acute health services in peoples' homes. CCGs and local authority partners should review whether these services could be used to enable earlier discharge from hospital to home along with existing reablement and social care support.

Health at home services that could be purchased to assist a discharge to a person's own home include but are not limited to:

- Suctioning oral and tracheal
- Oxygen therapy
- Home enteral feeding
- Epilepsy rescue medication – Buccal Midazolam and Rectal Diazepam
- Chemotherapy
- Intravenous antibiotics
- Blood transfusions

- PEG (Percutaneous endoscopic gastrostomy) and JEJ (Jejunostomy)
- NG (Nasogastric)
- Ileostomy (Stoma/Colostomy)
- Complex bowel management
- Cough assist and assisted cough
- Ventilation
- Wound care
- BPAP (Bilevel Positive Airway Pressure)
- NIPPY (Non-Invasive Positive Pressure Ventilation)
- Drain care post elective or trauma surgery
- Catheter care and bladder scanning
- Phlebotomy services
- COVID-19 swabbing
- IV home therapy
- Home oxygen or administration of Nebulisers and COPD patient monitoring linking this with local Primary Care pulse oximetry at home services
- Medicines support and administration
- Medicine reconciliation at transfer of care
- Therapy that requires significant clinical support or diagnostic testing such as blood level monitoring as part of the homecare service intravenous infusion
- Deep vein thrombosis blood test review and monitoring
- Recovery at home support for resolving delirium including waking service

### **Why use the Framework?**

The Framework provides quick and relatively simple means for ICS, CCGs, Trusts and local authorities to purchase additional services by placing new local contracts with Framework suppliers, on a consistent set of terms and conditions, without the need for contracting authorities to run their own procurement exercise.

### **Which organisations can buy services through the Framework?**

The Framework can be used by NHS Trusts and Foundation Trusts, ICS, CCGs and local authorities to purchase services.

### **How do I commission additional capacity?**

It will be for contracting authorities to determine which services/ interventions they wish to purchase based on local need and market conditions. You should ensure that the processes for jointly agreeing discharge plans through the existing [Hospital Discharge Service: Policy and Operating Model](#) are used and that decisions are made in collaboration with the lead commissioners for discharge services. This is most usually the local authority. **If you are accessing the framework via this route, please use the reference NHSSBS2020 in the SLA.**

### **Can I use the Framework to issue a Direct Award?**

Yes. Direct awards are possible. A Service Level Agreement template must be completed and signed by both the supplier and contracting authority and returned to the Category Manager; Jess Cope [jessica.cope@nhs.net](mailto:jessica.cope@nhs.net) before the start of the contract. Amendments can be made to the template to suit the needs of the contracting authority and specifics would need to be written into the SLA such as breach of contract, liability etc.

### **Can purchasers collaborate to purchase services under the Framework?**

Yes, the Framework can be used to collaborate and purchase collectively. This has been found to drive better pricing models.

### **Are Framework providers required to reserve capacity for NHS patients and how can we find out Framework providers' available capacity?**

The Framework is for purchase of activity rather than capacity. It is up to Framework providers to decide how much capacity they make available, and to purchasers how much they offer to buy.

NHS England have recently undertaken a mapping exercise to understand Framework providers' current capacity based upon service line and geography. This information has already been shared via the guidance letter. Contracting authorities, however, will

need to contact identified Framework suppliers to confirm up to date information concerning capacity for relevant services.

### **Is there further information available on the suppliers and what they can offer under this Framework?**

All NHS Shared Business Services Frameworks have a Buying Guide which gives an overview of the Framework, suppliers and their capabilities and is available via the NHS SBS website: <https://www.sbs.nhs.uk/fas-patient-discharge-services>

However, for specific terms/demands these will need to be discussed directly with the suppliers and written into the Service Level Agreement (SLA).

### **Sub-contracting of non-Framework suppliers**

Framework suppliers can subcontract services to non-Framework suppliers and will be responsible for managing the relationship for the duration of the contract. A Service Level Agreement (SLA) will need to be completed with the 'Subcontracting Box' filled out.

### **How will funding flow in the context of the Framework?**

Any contracts placed using the Framework to support discharge from hospital are subject to the funding arrangements set out in section 6 of the [Hospital Discharge Service: Policy and Operating Model](#).

### **Can local government commissioners purchase health related services?**

Under a Section 75 pooling arrangement, local authority commissioners can purchase health related services on behalf of a CCG or ICS.

### **What if these services are more expensive?**

Commissioning routes are for local determination and should be made in a way that achieves best value, as well as based on joint decisions made in line with the Hospital Discharge Service Policy. The Framework is a tool that is available and may be useful in discharging people with sub-acute health needs to their own homes, or where there are capacity issues locally.

## What support is available?

Practical guidance is available on [Futures NHS Platform](#) This includes resources and FAQs.

Support is available for case queries, support with planning and any other queries.  
Please email: [england.covid-discharge@nhs.net](mailto:england.covid-discharge@nhs.net)

For access to this framework please contact NHS Shared Business  
Services: [NSBS.contractenquiries@nhs.net](mailto:NSBS.contractenquiries@nhs.net)

Tel: 0161 212 3940.

Further information can be found through the website: <https://www.sbs.nhs.uk/fas-patient-discharge-services>



Supplier	Lot Awarded	Regions Covered
British Red Cross	1	All regions
Carebridge Staffing	1 & 3	All regions, except Scotland, Wales and Northern Ireland
Carehome Selection Limited trading as CHS Healthcare	2	All regions
Central and North West London NHS FT	1 & 3	South Central, London and East England
Cera Care	1	London and East Midlands



Emergency Personnel Ltd	1 & 3	All regions, except Scotland, Wales and Northern Ireland
Healthcare at Home	1 & 3	All regions
Homelink Healthcare	3	All regions, except Scotland, Wales and Northern Ireland
Interserve Healthcare	1, 2 & 3	All regions except Northern Ireland
Lincolnshire Community NHS FT	1 & 3	East England, East Midlands and Yorks and North Lincs
Medway Community Healthcare	1 & 3	South East and London

My Care My Home Limited	1 & 2	South West, North West, North East and Wales
Provide	1 & 3	South East, South Central, East of England
SELDOC Healthcare Limited	3	All regions, except Scotland, Wales and Northern Ireland
Villa Care Ltd	1 & 3	All regions, except Scotland, Wales and Northern Ireland
Whittington Health NHS	1 & 3	London