**Appendix C: OPEL 2024 to 2026 Community health service parameters V1.0**

Community Health Service OPEL parameters:

This document serves as a comprehensive guide to the Community Health Service-(CHS) OPEL Parameters, providing clear definitions for each parameter within this pillar of the OPEL framework. It is designed to ensure a consistent understanding and application of these parameters across all relevant processes and activities.

Please note that this document must be read in conjunction with the Integrated OPEL Framework 2024-2026. The integrated framework provides the overarching structure and context within which these parameters operate, ensuring alignment with the framework’s strategic goals and objectives.

For queries relating to this document please contact the iUEC National Team at NHS England: **England.uec-operations@nhs.net**

**CHS OPEL parameter and scoring thresholds table**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parameter** | **0 points** | **1 point** | **2 points** | **3 points** |
| 1. Community bed occupancy (percentage)
 | ≤85% | >85-92% | >92-98% | >98% |
| 1. No longer meeting criteria to reside (percentage)
 | 0-5% | >5-15% | >15-25% | >25% |
| 1. Virtual ward occupancy (percentage)
 | <80% | ≥80-90% | >90-95% | >95% |
| 1. Pathway-2 capacity and flow (percentage)
 | >100% | >90-100% | >80-90% | ≤80% |
| 1. Community nursing caseload vs scheduled (percentage)
 | >95-100% | >85-95% OR >100-105% | >75-85% OR >105-110% | ≤75% OR >110% |
| 1. Intermediate care contacts vs scheduled (percentage)
 | >95-100% | >85-95% OR >100-105% | >75-85% OR >105-110% | ≤75% OR >110% |
| 1. UCR 2-Hour response (percentage)
 | >80% | >70-80% | >60-70% | ≤60% |

**CHS OPEL normalised score thresholds**

|  |  |
| --- | --- |
| **CHS OPEL** | **CHS normalised OPEL score** |
| OPEL 1 | 0 – 15 |
| OPEL 2 | >15 – 40 |
| OPEL 3 | >40–70 |
| OPEL 4 | >70-100 |

1. Community bed occupancy (percentage)

This is the percentage occupancy of all CHS beds, including those the NHS jointly commissions and Better Care Fund (BCF)-funded beds used for intermediate care purposes

**Numerator:** Number of beds, including escalation beds which are occupied, at 23:59 the previous day OR the latest available calculation which should be no longer than 24 hours ago.

**Denominator:** Number of core community beds that are open as of 23:59 the previous day **or** the latest available calculation from the previous day; no more than 24 hours ago.

The definition for a CHS bed in both the numerator and denominator mirrors that fore the [Intermediate Care data collection](https://future.nhs.uk/IntermediateCareProgramme/view?objectID=211801125) submitted via SDCS. For both include intermediate care, pathway 2 (P2), transition, step-down, step-up, discharge-to-access (D2A), rehabilitation, community beds for short-term services such as stroke, neuro rehabilitation and spinal recovery where they are not part of specialist funded rehabilitation.

For both numerator and denominator Exclude the following bed types: pathway 3, palliative and end of life care with no short-term rehab or reablement, respite, virtual ward beds, delirium and hospice. The range of nomenclature for these types of beds and variation in what they are called is extensive therefore this list is not exhaustive for specific queries please seek clarification.

* ≤85% 0 points
* >85–92% 1 point
* >92–98% 2 points
* >98% 3 points
1. No longer meeting criteria to reside (percentage)

This is the percentage at time of OPEL assessment of patients occupying a bed who no longer meet the requirements to remain within an intermediate care bedded service (criteria to reside). An individual’s need to be in an intermediate care bed is based on clinical assessment of their rehabilitation, reablement and recovery needs. Once they no longer meet the criteria to reside (or requirements to be in the service), they are ready to be discharged.

**Numerator:** Number of people residing in a community bed who no longer meet the criteria to reside at 23:59 on the day before the OPEL assessment **or** the latest available calculation, which should be no longer than 24 hours ago.

**Denominator:** Number of occupied community beds at 23:59 on the day before the OPEL assessment **or** the latest available calculation, which should be no longer than 24 hours ago.

The same exclusions and inclusions for numerator and denominator within parameter 1 should apply.

* 0-5% 0 points
* >5-15% 1 point
* >15-25% 2 points
* >25% 3 points
1. Virtual ward occupancy (percentage)

This is the percentage occupancy of virtual ward capacity at time of OPEL assessment. The cadence of OPEL assessment depends on the OPEL. The minimum timescale and frequency of assessment are given in the Integrated OPEL framework 2024 to 2026, and the frequency of submissions in the acute OPEL actions.

**Numerator:** At the time of OPEL assessment, number of patients admitted to virtual wards across the integrated care system (ICS) who have yet to be discharged.

**Denominator:** number of patients who can be managed by in virtual wards across the ICS.

Virtual wards, also known as hospital at home, allow patients to safely and conveniently receive the care they need at home, rather than in a hospital. As a metric in virtual wards, occupancy gives an indication of how much capacity there is to take referrals as opposed to a measure of how well that capacity is utilised. We recognise that virtual ward occupancy depends on many factors that are fluid in this context because there are no physical beds acting as a constraint or denominator. Therefore, the virtual ward occupancy may vary from that at arbitrary assessment time(s) and the most up-to-date data is for this parameter needs to be carefully considered.

* <80% 0 points
* ≥80%-90% 1 point
* >90%-95% 2 points
* >95% 3 points
1. Pathway 2 capacity and flow (percentage)

This is the anticipated flow expressed as the percentage of expected transfers into a pathway 2 bed (P2) that do flow through a P2 bed in a rolling 7-day period.

**Numerator:** Number of completed transfers into a pathway 2 bed (care home, community hospital or other bed-based rehabilitation facility, for example a hospice) in a rolling 7-day period.

**Denominator:** Number of expected transfers into a pathway 2 bed in a rolling 7-day period – value as per system operating plan and BCF submission, which must be derived locally and agreed with the ICS.

* >100% 0 points
* >90%-100% 1 point
* >80%-90% 2 points
* ≤80% 3 points
1. Community nursing caseload vs scheduled (percentage)

This is the percentage of scheduled visits that were completed the previous day. The parameter reflects the capacity within the community nursing teams to deliver ‘patient contacts’ at home or in usual place of residence.

**Numerator:** Number of community nursing patient contacts recorded as completed between 00:00 and 23:59 on the day before the OPEL assessment, excluding urgent community response (UCR) contacts.

**Denominator:** Total number of community nursing patient contacts that were scheduled, excluding scheduled UCR contacts, between 00:00 and 23:59 on the day before the OPEL assessment.

* >95-100% 0 points
* >85-95% **or** >100-105% 1 point
* >75-85% **or** >105-110% 2 points
* ≤75% **or** >110% 3 points

Note: these scores are measured against 2 ranges. The lower scores represent the inability of services to meet the anticipated demand, and scores >100% represent services flexing to accommodate additional demand and therefore these are under more pressure.

1. Intermediate Care contacts vs scheduled (percentage)

This is the percentage of scheduled visits for patients receiving non-bedded care that were be completed at time of OPEL assessment. This parameter reflects the capacity within the integrated community teams to deliver ‘patient contacts’ at home or in usual place of residence. Home-based intermediate care is a short-term recovery service that includes rehabilitation or reablement.

**Numerator:** Number of intermediate care team ‘patient contacts’ recorded as completed between 00:00 and 23:59 on the day before the OPEL assessment, excluding UCR contacts.

**Denominator:** Number of intermediate care team ‘patient contacts’ recorded as scheduled for delivery between 00:00 and 23:59 on the day before the OPEL assessment, excluding UCR contacts.

* >95-100% 0 points
* >85-95% **or** >100-105% 1 point
* >75-85% **or** >105-110% 2 points
* ≤75% **or** >110% 3 points

Note: these scores are measured against 2 ranges. The lower scores represent the inability of services to meet the anticipated demand, and scores >100% represent services flexing to accommodate additional demand and therefore these are under more pressure.

1. UCR 2-hour response (percentage)

This is the percentage of UCR responses achieved within 2 hours since midnight at time of OPEL assessment. At a local level, colleagues should be monitoring volume of referrals, whether the system can deliver the accepted referrals and where extra support is located. If there have been no referrals, this should be score as 0.

**Numerator:** Number of UCR first care contacts delivered within 2 hours + those referrals pending for <2 hours since acceptance at time of OPEL assessment. Clock start and stop times and definitions of UCR care episodes should be in line with community services dataset technical guidance for the 2-hour UCR standard. Where there have been no referrals accepted this parameter should score 100%.

**Denominator:** Number of UCR first care referrals accepted.

A 2-hour UCR is delivered by a community-based service, typically by a multidisciplinary team, to adults at home or in their usual place of residence with an urgent care need (required within 2 hours). It involves an assessment and short-term intervention(s) (typically lasting up to 48 hours). This is a national standard.

There may be other urgent care services (for example, GP out of hours) or other planned care teams (for example, district nursing services, mental health services or hospice at home services) that are not part of a UCR service but may refer into a UCR service where other support is unable to prevent a patient’s further deterioration. There may also be planned care teams that work in an interdisciplinary way to deliver care that meets the requirements of 2-hour UCR, but do not constitute a standalone service and are not called a UCR service.

* >80% 0 points
* >70-80% 1 point
* >60-70% 2 points
* ≤60% 3 points