Hospital Choice Policy

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Document Control / History	
Revision No	**Reason for change**
1	Created
2	Updated following review
3	Rewritten to reflect current discharge arrangements and renamed to 'patient choice directive policy'. To be reviewed in six months' time.
4	Rewritten to bring on line with National Choice Guidance
5	Rewritten with updated job titles and choice letters to ensure use of these is compliant ahead of date for review

Consultation

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Hospital Choice Policy

To be read in conjunction with any policies listed in Trust Associated Documents.

1 Introduction

1.1 This policy provides guidance to those staff with responsibility for arranging the discharge of patients from hospital.

1.2 This policy supports people's timely, effective discharge from an NHS inpatient setting, to a setting which meets their diverse particular needs and is their preferred choice amongst available options. It applies to all adult inpatients in Medway Foundation Trust, and needs to be utilised before and during admission to ensure that those who are assessed as no longer requiring an Acute Hospital bed (commonly referred to those patients who are Medically Optimised, Medically Fit for Discharge-MFFD, or ready for transfer and will be referred to as MFFD through this policy)

1.3 This policy supports existing guidance on effective discharge, such as the 2015 NICE guidance 'Transition between inpatient hospital settings and community or care home settings for adults with social care needs' , and is based on existing good practice.

1.4 The consequences of a patient who is ready for discharge remaining in a hospital bed might include:

- Exposure to an unnecessary risk of hospital acquired infection;
- Physical decline and loss of mobility / muscle use;
- Frustration and distress to the patient and relatives due to uncertainty during any wait for a preferred choice to become available;
- Increased patient dependence, as the hospital environment is not designed to meet the needs of people who are medically fit for discharge ;
- Severely ill patients being unable to access services due to beds being occupied by patients who are medically fit for discharge.

1.5 Patients and families can find it difficult to make decisions and/or make the practical arrangements for a range of reasons, such as:

- A lack of knowledge about the options and how services and systems work;
- Concerns about either the quality or the cost of care;
- Feeling that they have insufficient information and support;
- There is uncertainty or conflict about who will cover costs of care;
- Concerns about moving into interim accommodation and then moving again at a later stage
- The choices available do not meet the patient's preferences
- Concerns that their existing home is unsuitable, cold or needs work done to ensure a safe environment for discharge

- Worry about expectations of what family and carers can and will do to support them.

1.6 The principles of the 6Cs should be applied to this process – care, compassion, competence, communication, courage and commitment.

2 Purpose / Aim and Objective

2.1 The purpose of this policy is to ensure that choice is managed sensitively and consistently throughout the discharge planning process, and people are provided with effective information and support to make a choice.

2.2 This policy sets out a framework to ensure that NHS inpatient beds will be used appropriately and efficiently for those people who require inpatient care, and that a clear process is in place for when patients remain in hospital longer than is clinically required.

2.3 Where the patient lacks capacity to make decisions about discharge from hospital, then the application of the policy should be adapted as explained in section 5, following the Mental Capacity Act 2005.

2.4 When implemented consistently, this policy should reduce the number and length of delayed discharges and result in patients being successfully transferred to services or support arrangements where their needs for health and care support can be met. Ultimately it aims to improve outcomes for patients.

2.5 This policy includes patients with very complex care needs, who may have been in hospital for many months or years, and people at the end of life.

3 Definitions

3.1 **Advocacy**: a service to help people be involved in decisions, explore choices and options, defend their rights & responsibilities, and speak out about issues that matter to them.

3.2 **CHC:** NHS Continuing Healthcare is defined as a package of ongoing care for an individual aged 18 or over which is arranged and funded solely by the NHS where the individual has been found to have a 'primary health need'.

3.3 **Deprivation of liberty**: when an individual without mental capacity to consent is under continuous supervision and control and is not free to leave, and this is imputable to the state. See section 5.

3.4 **Discharge coordinator**: the named individual responsible for coordinating a patient's discharge. This could be a named nurse from the ward, a named social care professional from the local authority, an appropriate person from a voluntary sector organisation contracted to co-ordinate statutory services and act as patient advocate, or a named CHC health professional.

3.5 **EDD: Estimated or expected date of discharge**. This means when the patient is clinically assessed as ready for discharge. The EDD is initially based on average length-of-stay.

3.6 **Independent Mental Capacity Advocate (IMCA):** will represent patients assessed as lacking capacity under the Mental Capacity Act 2005 to make important decisions, such as change of accommodation, and who have no family and friends to consult.

3.7 **Interim care**: A provisional placement that is suitable and able to meet the patient's assessed needs whilst they wait for their preferred option.

3.8 **Intermediate care**: Short-term care provided free of charge by the NHS for people who no longer need to be in hospital but may need extra support to help them recover. It lasts for a maximum of six weeks and can be in the patient's home or in a residential setting.

3.9 **MDT**: Multidisciplinary team of health and social care professionals involved in the care and assessment of patients.

3.10 **Medically fit for discharge (MFFD**): Further inpatient medical care or treatment is no longer necessary, appropriate or offered. Any further care needs can more appropriately be met in other settings, without the need for an acute inpatient hospital bed.

3.11 **Mental capacity**: Being able to make a specific decision at a specific time (see Appendix 2).

3.12 **Patient**: The individual receiving treatment in hospital.

3.13 **Reablement**: Reablement services are meant to help people adapt to a recent illness or disability by learning or relearning the skills necessary for independent daily living at home. Reablement should be provided free of charge by the local authority for up to six weeks. It can be extended at the local authority's discretion.

3.14 **Self-funder:** A person who financially meets the full cost of their social care needs (apart from reablement care and the 12-week property disregard), because their financial capital exceeds the threshold for adult services funding, their level of need is not deemed to be high enough for local authority funding, or because they or a representative choose to pay for their care.

4 Principles

4.1 SUPPORTING PEOPLE TO MAKE DECISIONS

4.1.1 Patients should not be expected to make decisions about their long-term future while in hospital; home care, reablement or intermediate care or other supportive options should be explored first, where that is appropriate to their needs.

4.1.2 Where it is what the patient wants and where appropriate, all possible efforts should be made to support people to return to their homes instead of residential placements, with options around home care packages and housing adaptations considered.

4.1.3 People should be provided with high quality information, advice and support in a form that is accessible to them, as early as possible before or on

admission and throughout their stay, to enable effective participation in the discharge process and in making an informed choice.

4.1.4 Patients should be involved in all decisions about their care, as per the NHS Constitution, and should be provided with high quality support and information in order to participate, where possible. In the context of a discharge decision, the information relevant to the decision will include an understanding of their care needs on discharge, the process and outcome of the assessment of needs, offers of care and options available.

4.1.5 Where it is identified that the patient requires a needs assessment under the Care Act 2014, but would have substantial difficulty in engaging in the assessment and care planning process, the local authority must consider whether there is anyone appropriate who can support the individual to be fully involved. If there is not then the local authority must arrange for an independent advocate.

4.1.6 Many patients will want to involve others to support them, such as family or friends, carers or others. Where the patient has capacity to make their own decisions about confidentiality and information sharing, confidential information about the patient should only be shared with those others with the patient's consent.

4.1.7 Where the patient has been assessed as lacking capacity in this respect, information may be shared in his or her best interests in accordance with requirements set out in the Mental Capacity Act 2005 Code of Practice and see section 5 of this document.

4.1.8 Where someone is providing care or considering providing care post-discharge, unpaid as a carer, they must be informed and invited to be involved in the discharge process and informed about their rights and sources of support. People have a choice about whether or not to provide care for other adults and people must be informed about their choices when establishing whether they are willing and able to provide care.

4.1.9 Carers must be offered the information, training and support they need to provide care following discharge , including a carer's assessment.

4.1.10 The process of offering choice of care provider and/or discharge destination will be followed in a fair and consistent way and there will be an audit trail of choices offered to people.

4.1.11 Interactions with patients will acknowledge and offer support to address any concerns.

4.1.12 If a patient is not willing to accept any of the available, appropriate alternatives, then it may be that they are discharged, after having had appropriate warning of the risks and consequences of doing so. This option would only be pursued following the offer and rejection of available, appropriate options of care and appropriate safeguards and risk assessments (see section 5.50). For patients who may lack capacity to make their own discharge decisions, see Appendix 2.

4.2 TIMELY DISCHARGE FROM ACUTE CARE

4.2.1 If a patient is medically fit for discharge, it is not suitable that they remain in hospital due to the negative impact this can have on their health outcomes.

4.2.2 Patients do not have the right to remain in hospital longer than required.

4.2.3 Except where a patient with the relevant capacity has made an informed decision to discharge himself/herself against the advice of health or social care professionals, the discharge process must not put the patient or their carers at risk of harm or that could breach their right to respect for private life. It should not create a situation whereby the independence of the carer or the sustainability of their caring role is jeopardised.

4.2.4 Planning for effective transfer of care, in collaboration with the patient and/or representatives and all Multi-Disciplinary Team (MDT) members, should be commenced at or before admission, or as soon as possible after an emergency admission. The SAFER patient flow bundle should be applied to support timely discharge.

4.2.5 The process and timelines within this policy should be clearly communicated to the patient so that by the time a patient is medically fit for discharge they are aware of and understand the discharge process, the decisions and actions that they may need to undertake and the support they will receive.

4.2.6 If a patient's preferred care placement or package on discharge is not available when they become medically fit for discharge, an available alternative which is appropriate to their health and care needs will be offered on an interim basis, whilst they await availability of their preferred choice.

4.3 FUNDING ARRANGEMENTS

4.3.1 This policy applies equally to people regardless of the funding arrangements and the nature of their ongoing care.

4.3.2 Those that are self-funding their care will be offered the same level of advice, guidance and assistance regarding choice as those fully or partly funded by their local authority or NHS Continuing Healthcare (CHC), although it is likely that some of the content will need to differ.

4.3.3 A full assessment for NHS CHC should only be undertaken where the longer-term needs of the individual are clear. In the majority of cases, these assessments should be conducted outside of hospital within a reasonable time frame and should not be a reason for delaying discharge to care outside of hospital. However, if (and only if) the individual has a 'rapidly deteriorating condition which may be entering a terminal phase' the NHS CHC Fast Track Pathway should be considered.

5 Mental Capacity

5.1 All patients should be assumed to have mental capacity to make a decision about their ongoing care, including as regards discharge. A capacity assessment should be

undertaken at any point during the process if their capacity, in relation to the discussions and decisions on discharge, is in doubt.

5.2 The next section sets out in detail how the application of this policy should be adapted for cases where the patient may lack capacity to make the relevant decisions at the appropriate time.

6 SUMMARY OF LEGAL RESPONSIBILITIES AND RIGHTS

6.1 This includes a brief summary of selected key legal responsibilities held by participating organisations and the rights that patients have in relation to the specific topic of this policy, with references to specific legislation and case law.

6.2 This list does not cover all of the legal complexities in relation to this issue – it is only provided as a guide to the people reading this policy and should not be used in place of legal advice.

	Responsibility or right in relation to choice at discharge	Relevant legislation / case law
Hospital (NHS Trust)	No clinician or Trust is obliged to offer anything which is not clinically indicated. This includes provision of an acute inpatient bed.	R (Burke) v GMC [2005] EWCA Civ 1003; Aintree University Hospitals NHS FT v James [2013] UKSC 67
	A Trust is obliged to carry out its functions "effectively, efficiently and economically", which is not consistent with prolonged occupation of inpatient beds by patients who are medically fit for discharge	NHS Act 2006 (as amended) s26, 63
	In some cases, where the patient's refusal to leave hospital when medically fit for discharge constitutes a nuisance or disturbance, an offence may be committed and there is a power to remove the patient	Criminal Justice and Immigration Act 2008, ss119-121 [and see NHS Protect guidance]
	Alternatively, other remedies may be available to Trusts under property law	Barnet PCT v X [2006] EWHC 787
	Where appropriate, where the Trust considers it will not be safe to discharge a patient unless arrangements for care and support are in place it must give notice to local authority, including provision in some circumstances for a financial remedy against the local authority where discharge is delayed as a result of failure	Care Act 2014, Schedule 3, Care and Support (Discharge of Hospital Patients) Regulations 2012, and Delayed Discharge (Continuing Healthcare) Directions 2013

	Responsibility or right in relation to choice at discharge	Relevant legislation / case law
	to meet needs Responsibility to seek authorisation for any deprivation of liberty occurring in the hospital	MCA Schedule A1, paras 1-3 , 24 and 76
Local Authority	Responsibility to assess a patient's needs for care and support where it appears to the local authority that the patient may have such needs	Care Act 2014 s9
	Responsibility to assess a carer's needs for support and choice about caring	Care Act 2014 s10
	Responsibility to provide patient's choice of accommodation in care home / shared lives / supported living, where this is to be arranged by the local authority, in some circumstances	Care Act 2014 s30, Care and Support and After-care (Choice of Accommodation) Regulations 2014
	Responsibility to provide information and support on choices	Care Act 2014 s4
	Responsibility to offer choices / involve the patient in preparation of a care and support plan	Care Act 2014 s25
	Responsibility to provide a Care Act advocate if a patient would experience substantial difficulty in participating in the assessment of need or care planning process unless there is another (unpaid) appropriate person to fill this role	Care Act 2014, s67
	Responsibility to authorise deprivation of liberty in care homes and hospitals	MCA Schedule A1 paras 21, 50
Clinical Commissioning Group [and NHS England]	Responsibility to ensure an assessment for eligibility for NHS funded Continuing Healthcare where it appears that there may be a need for such care. [This is the responsibility for NHS England for military personnel and prisoners]	NHS Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012, reg 21
Patient	Right to assessment for care and support by local authority and for NHS Continuing Healthcare as appropriate	Care Act 2014, s9 and NHS Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing

	Responsibility or right in relation to choice at discharge	Relevant legislation / case law
		Rules) Regulations 2012, reg 21
	No right to insist on particular treatment which is not clinically indicated, including provision of an acute inpatient bed when medically fit for discharge	Barnet PCT v X [2006] EWHC 787; R (Burke) v GMC [2005] EWCA Civ 1003
	Right to be involved in decision making about care	NHS Constitution
	Right to choice of accommodation in care home / shared lives / supported living, where this is to be arranged by the local authority, in some circumstances (but no right to remain in hospital when medically fit for discharge while preferred choice is awaited)	Care Act 2014 s30, Care and Support and After-care (Choice of Accommodation) Regulations 2014
	Right to respect for family life and to not be treated in an 'inhuman or degrading' way	Human Rights Act 1998 s6 in relation to Articles 3 and 8 of the European Convention of Human Rights
Carer	Right to carer's assessment / support and choice about caring i.e. willingness to provide care	Care Act 2014 s10

7 (Duties) Roles & Responsibilities

7.1 Chief Operating Officer

7.1.1 It is the responsibility of the COO to ensure that there are adequate policies; procedures and systems in place to manage discharge safely and effectively across the Trust.

7.2 Chief Operating Officers

7.2.1 The COO has responsibility for ensuring that safe discharge and transfer systems are adequately communicated and implemented within the Division.

7.3 Head of Nursing

7.3.1 The Head of Nursing for the Directorate will ensure that Senior Nurses are adequately trained in discharge and are aware of this policy and how to

implement it should the need arise. They will provide support and expertise to the nurses as required.

7.4 Consultants

7.4.1 Have responsibility for planning the patients' treatment and managing the setting and management of EDD's. It is the Consultants responsibility to decide when the patient is clinically 'fit for discharge. They should ensure that their medical teams are aware of the policies and procedures which support discharge.

7.5 Integrated Discharge Team (IDT)

7.5.1 It is the role of the IDT to manage those patients who will require complex discharge management who have been identified to them by the ward teams. They will undertake detailed assessment of need for both Health and Social Care and advise the MDT/Ward teams of the ongoing patients discharge needs and subsequent plans. They will ensure that the appropriate assessments are undertaken in the agreed required timescales, and communicated effectively with the ward nursing teams to ensure they are kept up to date with current discharge arrangements.

7.6 Senior Sisters/Charge Nurses

7.6.1 It is the responsibility of the Senior Sisters/Charge Nurses to ensure that staffs are adequately trained in order to manage patient discharge effectively. They will ensure that all staff are aware of this policy and know how and when to apply the policy for patients under their care.

8 Procedure

Click here to view SOP – Hospital Choice Discharge Procedure

9 Monitoring and Review

What will be monitored	How/Method/ Frequency	Lead	Reporting to	Deficiencies/ gaps Recommendations and actions
Policy review	First review in one year and then every three years	Author		

10 Training and Implementation

10.1 Staff with responsibility for arranging the discharge of patients from hospital will receive training and guidance on how and when to implement this policy and its processes.

10.2 The training will be provided by a Clinical Nurse Specialist for Discharge.

11 Equality Impact Assessment Statement & Tool

All public bodies have a statutory duty under The Equality Act 2010 (Statutory Duties) Regulations 2011 to provide "evidence of analysis it undertook to establish whether its policies and practices would further, or had furthered, the aims set out in section 149(1) of the [Equality Act 2010]"; in effect to undertake equality impact assessments on all procedural documents and practices. Authors should use the Equality Impact Toolkit to assess the impact of the document.
In the first instance this will mean screening the document and, where the screening indicates, completing a full assessment. The Toolkit can be found on the Trust website http://www.medway.nhs.uk/our-foundation-trust/publications/equality-and-diversity/equality-impact-assessments/

A document will not be considered approved until the author has confirmed that the screening process has been carried out and where required a full impact assessment has been completed. Where a full assessment is completed this should be submitted along with the document for approval.

12 References

Document	Ref No
References:	
The Care Act 2014	
Nice Guidance	
NHS England	
Equality Act 2010	
Mental Capacity Act 2005	
Human Rights Act 1998	
Trust Associated Documents:	
Discharge Policy	POLCPCM030
Hospital Choice Procedure	
Patient information leaflet	

END OF DOCUMENT