

POLICY FOR ADULT INPATIENT HOSPITAL BASED COMPLEX CLINICAL CARE (HBCCC)

Including ASSESSMENT TOOLKIT

DEVELOPED IN PARTNERSHIP WITH LOCAL AUTHORITIES ACROSS LOTHIAN

TO BE COMPLETED BY CONSULTANT/GP FOLLOWING MDT ASSESSMENT for:

- Individuals at the point they are referred for a designated HBCCC bed
- Individuals on discharge to a care home – at the time the decision is made
- Individuals living in the community at point of referral

INDIVIDUALS WHO REMAIN IN HOSPITAL WHO ARE NOT DELAYED IN TERMS OF DISCHARGE SHOULD HAVE AN ASSESSMENT OF ONGOING CARE PATHWAY COMPLETED AND RECORDED IN THEIR HEALTH NOTES. THIS MAY BE SUBJECT TO AUDIT.

1.	Guidance including assessment of eligibility	2
2.	Record keeping	4
3.	Summary Assessment Tool (SAT)	6
4.	Guidance for Staff	8
5.	Appeals Pro Forma	10
6.	Flowcharts	12-13

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1 Assessment of eligibility

- 1.1 The aim of this new guidance is to make the clinical decision more transparent with the primary eligibility question: *'can this individual's care needs be properly met in any setting other than a hospital?'*

For some individuals, Hospital Based Complex Clinical Care will be required and this may mean a longer stay in hospital. The key aim for anyone that does need to be in hospital for a longer period of time is to get them well enough to return to whatever setting is most suitable for them in the community whilst ensuring all health or social care needs are supported.

The care people receive should be seamless, with all organisations working together to improve the outcomes of individuals receiving care. Research has consistently shown that people want to live as independently as possible and remain in their own homes for as long as they feel safe. If this is not possible, then they want to be supported in a homely setting where they stay connected with their local community and their social networks.

Refer to the full guidance - Introduction¹

Core principles

- 1.2 This guidance abides by a number of core principles for people:
- As far as possible, hospitals should not be places where people go to live – even people who have ongoing clinical needs. Hospitals are places to go for people who need specialist short-term or episodic care. **Hospitals should focus on improving the health of people with acute conditions before discharging them back into the community.**
 - When someone is living in the community, it is not the role of the NHS to pay for accommodation and living costs (excepting specific short-term, time-limited episodes of care such as NHS respite or intermediate care)².
 - The NHS will build support around you wherever you are.

Refer to the full guidance for all core principles.

Key Requirements

- 1.3 The key requirements for Hospital Based Complex Clinical Care are as follows:
- HBCCC is only provided in facilities wholly funded and managed by the NHS
 - All individuals in NHS hospital care at a point three months (90 days) after admission should be considered under the criterion for HBCCC unless they are a Delayed Discharge. The intention of this requirement is to prompt clinicians to consider an individual's position re care needs and discharge options, and why that person is still in hospital. It is a formalisation of current practice. A record should be kept to explain why the patient is still in hospital and this should be communicated to the patient and their carer/family/advocate. **This applies to all adult Inpatient areas.**

¹ [http://www.sehd.scot.nhs.uk/dl/DL\(2015\)11.pdf](http://www.sehd.scot.nhs.uk/dl/DL(2015)11.pdf)

² *Maximising Recovery, Promoting Independence: an Intermediate Care Framework for Scotland (2012)* describes a continuum of integrated services to prevent unnecessary admission to acute hospital or long-term residential care, promote faster recovery from illness, support timely discharge from hospital and optimise return to independent living.

Refer to Core Principles (1.2) and to full guidance.

Eligibility criteria

- 1.4 The national guidance states that hospital care should be provided when we need specialised investigations and treatment that are best provided there rather than in the community.

The decision that an individual needs to remain in hospital remains a specialist clinical judgement subject to regular review.

This will be decided by the responsible consultant or equivalent specialist informed by the Multi-Disciplinary Team. This will be crucial in establishing the best place for an individual patient to have their **clinical healthcare needs** met. All options should be considered and the outcome of the process explained to the individual, their family and carer.

The decision should be framed around the question: *'can this individual's care needs be properly met in any setting other than a hospital?'* / NHS Facility

In other words, does this person require on-going care and support that can only be provided safely and effectively in a hospital?/ or NHS Facility

If 'YES' then they are eligible for HBCCC; if 'NO', then an alternative care setting needs to be sought.

Reviews of those admitted to HBCCC should occur **at least every three months** and outcome decisions should be recorded in the Health notes and also communicated to the patient, family and carer as laid out in section 1.6.

This new guidance applies to people being considered for this level of care on or after 1st June 2015. Those individuals already receiving this care will continue to receive their complex care as per CEL 6 (2008) criteria (Annex C) and have their needs reviewed on a 6-monthly basis as previously agreed, at which point their ongoing care arrangements may also change as well.

Summary Assessment Tool

- 1.5 The Summary Assessment Tool (SAT) should be used by multi-disciplinary teams in all assessments of and decisions on eligibility for Hospital Based Complex Clinical Care to:-
- Inform the discussion on assessment of eligibility
 - Record key elements of the assessment, including who was involved in the discussion, assessment against the criterion and the overall decision taken, the reason(s) for eligibility, and any immediate feedback from the patient or relatives.

It is recommended that the SAT tool is used for the following individuals:

- individuals at the point they are referred for a designated HBCCC bed
- Individuals on discharge to a care home – at the time the decision is made
- Individuals living in the community – see section 2.4
- After the decision is taken – for patients currently in hospital

Patients and their relatives/carers need to be informed of why this decision has been made and this information must be included in their discharge letter and Social Work assessment.

- 1.6 If, following comprehensive multidisciplinary assessment, the person does not require to remain in hospital, they will be discharged and their post hospital care and support needs will be met at home or in a homely setting by the community health and social care team, with appropriate specialised support.

If the specialist multidisciplinary team, **in consultation with patient, family or carer**, considers that the individual requires care and support that cannot be provided at home or in alternative housing, they will move on to a care home as described in the guidance *Choosing a Care Home on Discharge from Hospital*³.

During the individual's stay in any hospital setting, a decision regarding their ongoing care should be recorded in their Health Notes every three months.

At every stage in this process, this should be communicated to the patient and their family, carer or representative as soon as possible. The rationale for decisions should be fully explained at this time, and it may be appropriate for a copy of the summary assessment tool or other written information to be given to the patient /relative, to help clarify the reasons for recommendations around future care.

When a final decision has been reached that someone is clinically ready for discharge there should be no delay.

No individual has the right to choose to remain in hospital when there is no longer a need for in-patient care.

Refer to the full guidance

Dispute Resolution

- a. If there remains disagreement between professionals⁴, or between professionals and the patient, family or carer, then the dispute should go to local resolution in the first instance.

If the family wish to appeal against the decision, they should be referred to the process (see flowchart pg. 12).

³http://www.sehd.scot.nhs.uk/mels/CEL2013_32.pdf

⁴This refers to a disagreement on eligibility between the initial clinician and the appeal clinician.

2 Record keeping

- 2.1 Key record keeping requirements are set out in the national guidance as follows:
- All stages of decision making, including identification of decision makers, should be appropriately and fully documented with the rationale for decisions clearly explained
 - It should be recorded whether or not the individual was satisfied with the decision and what information they were given, including information on the appeals process
 - It is expected that any part of the decision making process must be recorded in:
 - the patient's clinical records
 - the single shared assessment (or replacement documentation)
 - the formal record of the MDT
 - the Social Work assessment
- 2.2 The Summary Assessment Tool should be used by MDT's to ensure adequate record keeping is in place for all assessments on referral to HBCCC – as per 1.5.
- 2.3 Reviews of patients whose length of stay has reached 90 days and who are not Delayed Discharges must be recorded in patient notes. The information must be of a quality to be auditable.
- 2.4 Where a patient who has been assessed as eligible for HBCCC is being reviewed, the clinician and MDT making that assessment must record the outcome decision. The reason(s) underpinning that decision should be recorded fully in the patient's notes and communicated to the patient and their family, carer or representative as soon as possible. If the decision is that the patient is **no longer eligible** for HBCCC, this should be communicated for clarity and audit and, again, documented fully in their health records.
- 2.4 Where the decision between ongoing care in a community setting as opposed to HBCCC is not clear cut, consultants/GPs must complete a SAT form to ensure that this outcome can be audited as being transparent and equitable. This should be undertaken in conjunction with Social Work colleagues who are involved in the planning of that individual's ongoing care needs.

Summary Assessment Tool

Date of assessment	
Time of assessment	
Consultant/GP	
MDT staff members involved	

CHI Label: Needs CHI number

Summary of Guidance	
A	Provide a summary of the outcome of the assessment which has contributed to your decision regarding this patient's eligibility for adult Hospital Based Complex Clinical Care .
B	Comments are required in <u>all</u> boxes below
C	For an individual to be eligible for care in the hospital setting, the criterion given must be fulfilled
D	Refer to the attached guidance for full guidance on completion

Assessment Summary	Eligible against this criterion	
<p>'Can this individual's care needs be properly met in any setting other than a hospital?' /NHS facility</p> <p><i>The complexity, nature or intensity of the patients health needs (overall medical, nursing, and other clinical needs)</i></p> <p><i>Please specify reason(s) in detail:</i></p>	YES	NO

CHI Label: needs CHI number

Declaration	
In completing this form I confirm that all of the following apply (please tick)	✓
<ul style="list-style-type: none"> This decision is informed by assessment undertaken by the multi-disciplinary team with named consultant/GP 	Y/N
<ul style="list-style-type: none"> I have the relevant knowledge of adult Hospital Based Complex Clinical Care 	
<ul style="list-style-type: none"> The patient /carer /advocate's views were considered and relevant information was provided in an appropriate format 	
<ul style="list-style-type: none"> The patient and /or carer were informed of the outcome of this assessment on/...../..... 	
<ul style="list-style-type: none"> I confirm that the patient, their carer/advocate/relatives have been made aware of the 3 month review process, and that Hospital Based Complex Clinical Care may in future not be the most appropriate placement to meet their ongoing needs. 	
<ul style="list-style-type: none"> The individual is satisfied with the decision and the information given 	
<ul style="list-style-type: none"> The patient/carer wishes to appeal against the decision made; <ul style="list-style-type: none"> - and have been given the appropriate information about how this is done - a second opinion is being arranged (Please see <i>Appeals process pro-forma</i>) 	
<u>General Comments</u>	

It is my professional clinical judgement that the patient's current healthcare needs do / do not (delete as appropriate) require provision of Hospital Based Complex Clinical Care in line with DL (2015) 11 paragraph 14.

Signature Date & Time
(consultant or GP)

Designation.....

Name (Block caps).....

Staff Guidance on use of Summary Assessment Tool

Completion of Hospital Based Complex Clinical Care Assessment Summary
Guidance for Professionals

The summary has been developed from the guidance on Hospital Based Complex Clinical Care DL (2015) 11, published 28th May 2015, and directly refers to the sections in the Guidance.

NHS Lothian will audit the assessment summaries to determine which domains have had the most impact on demand for this level of health care.

1	1	2	Eligibility – section 1 pgs. 2 - 4
1.1		Eligibility for this level of health care is documented in the national guidance DL (2015) 11, found at http://www.sehd.scot.nhs.uk/dl/DL(2015)11.pdf	
1.2		Hospitals are places for the provision of specialised investigations and treatment that can only be provided safely and effectively in that environment.	
1.3		The revised guidance makes no distinction between any client groups	
2		Decision Making	
2.1		The decision of eligibility remains a specialist clinical judgement with the support of the multidisciplinary team, lead clinician, and social worker as required in order to fully inform the process.	
2.2		The summary should be signed and dated by the lead clinician.	
2.3		The summary should also include the evidence for eligibility provided by the lead clinician with the appropriate specialist expertise.	
2.4		All relevant NHS staff should ensure that they are fully conversant with the procedures for assessing and arranging this level of care, including basis for eligibility, the necessary multi-disciplinary assessment and decision making process.	
2.5		The assessment summary is documented evidence of the outcome of that assessment.	
2.6		It is important to note that the tool provides a record of the professional decisions and is not a decision making tool. It will however support and help to inform and give reasons for any decision. The decision itself will remain a matter of professional judgement.	
3		Record Keeping	
3.1		It is essential that comment is documented in all the relevant domains.	
3.2		This summary should be completed as part of the community care assessment process prior to discharge from hospital and admission to HBCCC facility if it is considered that this level of care may be required.	
3.3		The assessment should be shared with the relevant agencies where the patient is deemed fit for discharge to an alternative setting, and agencies should work together to design an appropriate package of care within the resources available.	
3.4		The accurate completion of the assessment summary should assist NHS Boards in the management of appeals around decision-making.	
4		User/Carer Involvement /Patient Information	
4.1		It is essential that the patient/carer/advocate is involved in the process, and the relevant information is provided in an appropriate format. The lead clinician/allocated social worker (where appropriate) would normally provide this information.	

5	Competence to consent
5.1	The individual's informed capacity to consent should be considered before the process of assessment begins.

Contact details for the referral of appeals on Hospital Based Complex Clinical Care decisions

Please refer to the central Appeals Process (see flowchart, pg. 12)

Site	Appropriate individual to refer to	Contact Details
Royal Infirmary of Edinburgh Western General Hospital Royal Victoria Building Liberton Hospital St John's Hospital	Associate Medical Director, UHD	Lauriston Rooms Royal Infirmary 51 Little France Crescent Edinburgh
Astley Ainslie Hospital Ferryfield House Findlay House Ellen's Glen	Clinical Director, Edinburgh HSCP	Waverley Court 4 East Market Street Edinburgh EH8 8BG
Royal Edinburgh Hospital	Clinical Director, REAS	Royal Edinburgh Hospital Morningside Place Edinburgh
Belhaven Edington Herdmanflat Roodlands	Clinical Director, East Lothian HSCP	Esk Centre Ladywell Way Muselburgh
Greenbank Centre William Fraser Centre Midlothian Community Hospital	Clinical Director Midlothian HSCP	Midlothian Community Hospital 70 Eskbank Road Bonnyrigg EH22 3ND
St Michael's Hospital Tippethill Hospital	Clinical Director, West Lothian HSCP	Civic Centre Howden Road South Livingston
Learning Disability Service	Clinical Director, Edinburgh	Astley Ainslie Hospital 133 Grange Loan, Edinburgh, EH9 2HL

In cases where the professional appointed to provide a second opinion returns a conflicting result to the initial assessment, the case should be referred to either the Medical Director or the Nursing Director for arbitration and final decision	
Medical Director	Waverly Gate, 2-4 Waterloo Place, Edinburgh

Proforma for use in responding to appeals against decision

Refer to full policy

CHI label: Needs CHI number

Adult Hospital Based Complex Clinical Care - Appeals Process Proforma

When an individual does not agree with the decision on eligibility for this level of hospital based complex clinical care, he or she, or a carer or an advocate, can appeal against the decision by requesting a second opinion from another appropriate, competent medical professional.

Section 1: To be completed by a member of the team who received the appeal request

Date appeal made	
Name of person appealing	
Patient/ or relationship to patient	
Name of patient's Consultant (normally the professional who made the original decision)	

Has person who is appealing been advised of advocacy provision?	Yes	No
Does the patient have a guardianship order in place?	Yes	No

Section 2: To be completed by professional providing second opinion

Date of Review Request	
Name of Reviewer	
Date of Review (within 2 weeks of request)	

Complete new version of Assessment Summary Tool			
I have reached an independent clinical decision	Yes	No	

The second opinion review has been found evidence to demonstrate that:

				Comments
Refer to original documentation				
1	An appropriate assessment was carried out	Yes	No	
2	Appropriate specialists with the required expertise were involved in the process	Yes	No	
3	A proper record of the decision making process was produced	Yes	No	
4	An independent clinical decision was reached;	Yes	No	
5	Decision the same as original assessment	Yes	No	

If 'no' to number 5 – refer to appropriate NHS Board Associate Medical Director (UHD) or Clinical Director, Integrated Authority, to complete section 3

Advocacy link (if appropriate):
Second Opinion Professional

Signature Date

Name (Block caps).....

Section 3: Contrasting Opinions

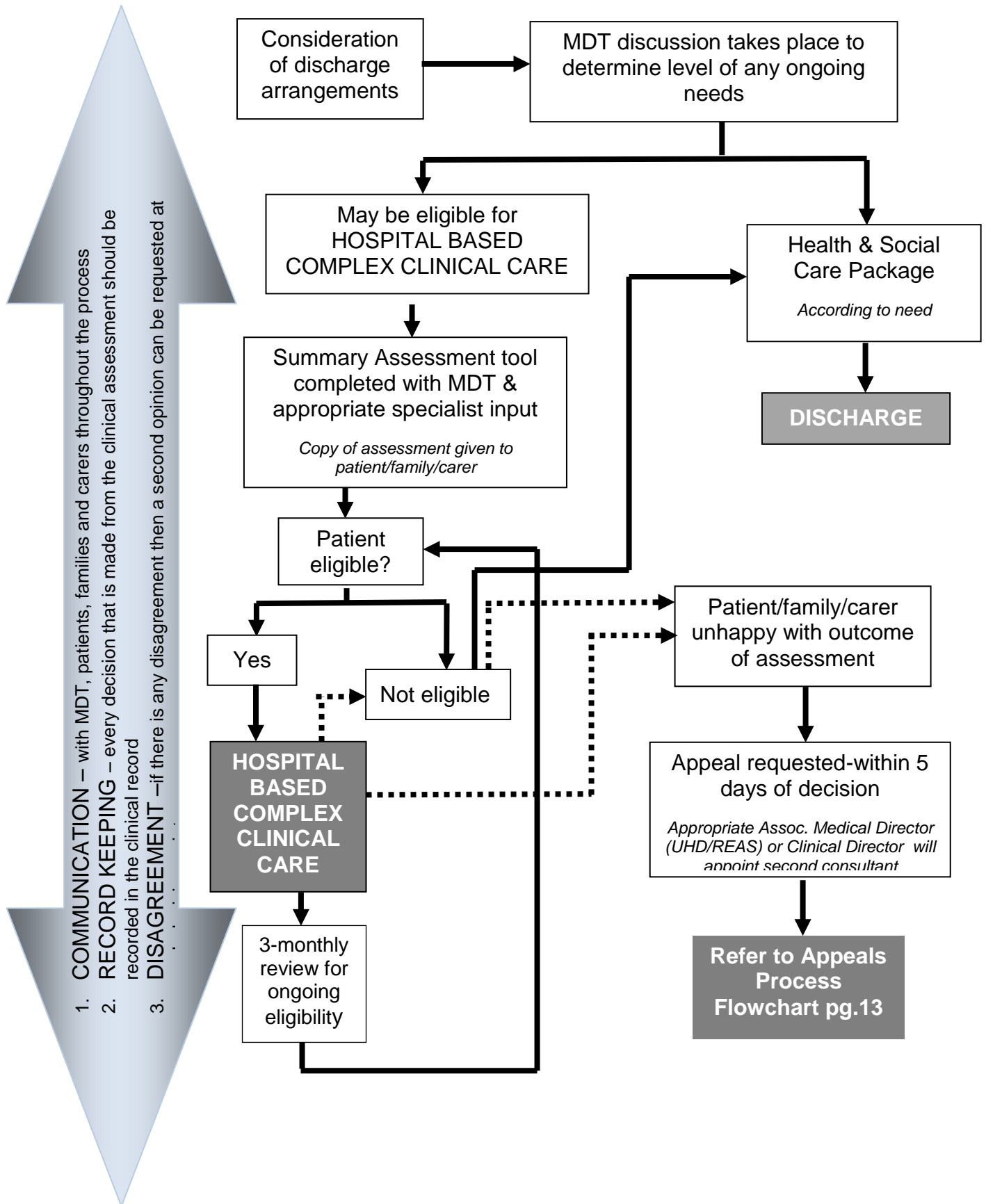
Where the opinion of the second opinion contrasts with the original assessment, a referral will be made to either the Clinical Director or Associate Medical Director at NHS Board;

Date referred to Associate Medical Director/Clinical Director		
Medical Director name		
Date of final outcome from Medical Director (in writing within two weeks of referral)		
Final Outcome	Eligible	Not Eligible
Date final outcome notified to the Consultants conducting original assessment and appeal assessment		
Date original consultant discussed final outcome with patient/carer/advocate who has made appeal		
Patient/carer/advocate Advised of complaints procedure if remains unhappy about process carried out (NB: complaint must be received within 6 months of decision or within 6 months of realising that they had reason to complain)	Yes Date:	No
Filing of Records checklist; <ul style="list-style-type: none"> • Original assessment • Second opinion assessment • Appeals process proforma • Directors final outcome if applicable 		

NHS Lothian Policy for Meeting the Needs of People with Limited English Proficiency

- Where there are communication difficulties patients and staff have a right to communication support
- the responsibility to ensure effective communication lies with healthcare staff
- communication support should be provided using approved interpreters and translators - interpreting and translation services are provided to the patient free of charge
- NHS Lothian has legal, ethical and business responsibilities to provide effective communication support.

Flowcharts describing Hospital Based Complex Clinical Care assessment and appeals process – EXCLUDES PROCESS FOR 90-DAY LENGTH OF STAY ASSESSMENTS



Flowcharts describing Hospital Based Complex Clinical Care appeals process – CO-ORDINATED BY DELAYED DISCHARGE MANAGER

