

How can I help reduce healthcare associated infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming in to or after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

www.buckshealthcare.nhs.uk

Follow us on Twitter @buckshealthcare

Author: TA Joliffe

Issue date: August 2018

Review date: August 2020

Leaflet code: AHP-001

Version: 1

National Spinal Injuries Centre Adult Discharge Process FAQ

Patient information leaflet

If you require a translation or an alternative format of this leaflet please ask a member of staff.

Safe & compassionate care,

every time

This Frequently Asked Questions booklet has been compiled to help answer some of the questions which patients and their families ask about the discharge process. Please do not hesitate to ask your Case Manager should you have any queries about discharge. The name and contact number of your Case Manager can be found below.

If you have particular needs which make it difficult for you to read this booklet your Case Manager may be able to obtain a more suitable format for you.

Your Case Manager

.....

Contact Details

.....

What will happen if I refuse to leave NSIC on my discharge date?

We trust we can resolve concerns or dissatisfaction regarding discharge plans with patients, families and the services responsible for their ongoing care needs in a spirit of partnership and co-operation. We will do everything within our power to try to resolve any difficulties between yourself and the services responsible for your ongoing care. However, as we also have a duty of care to the patient waiting to be admitted, it is imperative you are discharged safely and promptly on the planned discharge date.

To support this objective, Buckinghamshire Healthcare NHS Trust operates a "Choice Directive" policy based on Department of Health guidance. Please speak to a member of the Trust management if you require further information on this policy. The funds from your CCG are unable to provide additional fees to the NSIC beyond your planned stay in a NSIC rehabilitation bed.

Please don't hesitate to ask your Case Manager if you have any further queries or questions about the discharge process – the Case Management Team is here to help you!

Is there anyone that can help me express my views about my discharge plans if I am unhappy?

Please do speak to your Case Manager if you would like him/her to explore options for independent advocacy on your behalf. Please also feel able to contact the NSIC Patient Support Officer for support and representation. There is also a Patient and Liaison Service (PALS) at the hospital which aims to support anyone with questions or queries about health-related issues. You can visit the PALS office from Monday to Friday above the “rotunda” café in the main hospital of the hospital, telephone on 01296 316042 or e-mail PALS@buckshealthcare.nhs.uk.

Why can't my discharge date be extended until my home is ready for me to move into?

Getting prepared for discharge after months of rehabilitation at NSIC can be an exciting but anxious time. If you are not able to return home immediately on discharge, it is understandable that you may prefer to remain here than move temporarily to an interim option. Unfortunately though, the demand for specialist treatment and rehabilitation for spinal cord injury is greater than the resources we have available, and there is always a long waiting list of newly injured individuals waiting to be admitted to the NSIC. It is for this reason that we consider and plan your discharge date with great care according to the time you will need to meet your goals in rehabilitation. We take this duty of care very seriously. Our duty of care is to you, and also to the newly injured individual awaiting admission. For this reason, it is imperative you are discharged safely and promptly on your planned discharge date. We will get you to the point where you are ready for discharge, patients often continue to improve, change and learn more ‘rehabilitation’ after discharge from an inpatient hospital and we will arrange for you to be seen by community services for support if needed.

How is my discharge date decided?

Your discharge date is based upon the length of time that you clinically need to meet your rehabilitation goals. Your discharge date will be discussed with you as part of your Goal Planning meetings, see the “Rehabilitation and Goal Planning at the NISC” leaflet for more information.

Who is involved in setting my discharge date?

Discussion regarding your discharge date will take place between the various members and disciplines of your treating team. You are the key member of this team. The professionals involved in setting your discharge will include your Medical Consultant, Nursing Staff Occupational Therapist, Physiotherapist and Case Manager. There may also be input from other disciplines in setting your discharge date, depending on your individual needs.

A provisional date to discharge will be set at the 2nd goal planning meeting.

Why has my discharge date been ‘reset’?

As Goal Planning progresses, your rehabilitation goals and your expected functional outcomes will become clearer. It may become apparent that your discharge date has been set too early, or too late, depending on the goals you need to work on and achieve. Any episodes of ill health could also have a potential impact on altering the amount of time required for rehabilitation. In these situations, your multi-disciplinary team may consider altering (or ‘resetting’) the existing discharge date, this will be discussed with you at a Goal Planning meeting. 3

Who is responsible for my care when I leave NSIC (National Spinal Injuries Centre)?

When you leave NSIC, the responsibility to meet ongoing assessed care needs falls to your Clinical Commissioning Group or CCG through NHS Continuing Healthcare team or your local authority Social Care team. Your Case Manager will engage with these services on your behalf as early as possible in the rehabilitation process to secure an effective and timely discharge at the appropriate time

What is NHS Continuing Healthcare?

NHS Continuing Healthcare (CHC) is a package of health and social care funded solely by the NHS in England. (Different rules apply in Wales, Scotland and Northern Ireland; please speak to your Case Manager if you need further details). To be eligible for NHS Continuing Healthcare you need to demonstrate a 'primary health need'. This is established through a multi-disciplinary assessment of 12 care domains using the 'Decision Support Tool' (DST). The DST is preceded by a DST checklist to screen whether you should be referred for full assessment. The checklist is often completed by your Case Manager. An Assessor from your home area NHS Continuing Healthcare Team may visit you at NSIC to complete the full assessment. Sometimes your home area Assessors will ask a member of the Case Management team to complete this assessment with you and your multi-disciplinary team on their behalf. In both circumstances, the assessment will be sent to your home area NHS Continuing Healthcare Panel for a judgement on your eligibility.

However, the final decision as to which funding authority will accept responsibility for your care and support will lie between the funding authorities themselves by negotiation which may not be straightforward. Please don't hesitate to speak to your Case Manager if this is an issue or if you have further queries

What is an 'interim'? Why is an 'interim' placement being proposed for me on discharge?

Your Community Occupational Therapist and NSIC Occupational Therapist may agree that a return home is feasible once certain adaptations and equipment have been commissioned and provided by your community services. However it is possible that the time required to complete the necessary works could extend beyond your discharge date. In these circumstances, your Case Manager will work closely with those responsible for your community services to find a suitable discharge destination in the interim that will meet your identified needs. This temporary placement is often referred to as an 'interim' and could include options such as a residential or nursing home placement. There maybe an agreement with the hospital that you were at before the NSIC that you will return back into their care at the completion of your NSIC rehabilitation. Although this may not be ideal, an 'interim' placement is just that – a temporary solution to provide some time until you can get home. There may be other 'interim' options that can be explored such as a private tenancy or a short term let on the Aspire Housing Programme. Talk to your Case Manager if you have any concerns in this area.

What happens if I want to move to a different area when I leave NSIC?

Unfortunately there can be a number of difficulties to navigate if patients decide they wish to move to a different area from their original home area on discharge from NSIC. Whilst you have the right to apply to live wherever you wish, it is important that you understand the associated pitfalls before making this choice. Your health and social care services are commissioned and funded respectively by the Clinical Commissioning Group and local authority Social Care service relating to your GP surgery and home address. It is therefore the Clinical Commissioning Group and/or local authority Social Care service of your home area which will take responsibility for the provision of any required care and equipment, including wheelchair provision.

If you chose to move, for example, to a different county, you would not automatically be entitled to care and support (or housing) from the funding authorities in your new area (as your home address on admission to hospital was in a different area). Equally though, the funding authorities in your original area would not be obligated to fund community care services for you if you were now resident in a different area. (Policy differs in relation to residential placements, where funding can potentially 'follow' the patient to a different area. Talk to your Case Manager if you feel this is relevant to your individual situation).

In addition, if you require local authority housing, most areas have strict rules about who they can accommodate based on how long a person has lived in that area. If you have not resided in that area it is very unlikely that you will be accepted onto the housing register or given any priority for suitable housing. If you are determined that you wish to move, your Case Manager will support you and advocate on your behalf with the respective funding authorities.

Your eligibility for NHS Continuing Healthcare will be reviewed on a regular basis by the Assessors from your home area. The first review will be at 3 months. If you are assessed on review as no longer meeting the threshold for NHS Continuing Healthcare eligibility, it will become the responsibility of social care to meet your ongoing eligible needs.

If your care is funded via Continuing Healthcare, it is usually arranged by your local area CHC team. However many areas are introducing individualized health budgets, through which individuals can organize and employ their own carers.

You will need to discuss with your local CHC team how they operate this scheme if you require further information.

What are Social Care services?

If you are not eligible for NHS Continuing Healthcare, you may be eligible for services from your local authority Social Care team to provide your care and support. Following referral by your Case Manager to your local team, a Care Manager, Social Worker or Care Worker from your area will assess your needs under the NHS and Community Care Act 2014. A Social Worker may visit to discuss your needs with you, or they could ask that you complete and return a form. You will be encouraged to explore the outcomes you hope to achieve by the provision of services, in addition to thinking about the practical care and support you could potentially require on a daily basis.

If your Social Worker assesses that you have eligible needs which may be met by the provision of services, you have a choice of how these services are delivered. One option is to ask your local authority to organise and provide these services for you directly. Another option is for you to organise your care and support through a Direct Payment funded by your local authority. The Social Worker from your area team will be able to tell you more about the options available to you.

Will I have to pay for my services?

Services funded through NHS Continuing Healthcare are free, whilst services funded through local authority Social Care are means-tested. Different local authorities have different financial thresholds, and your individual financial circumstances will be assessed. You could find that you have to pay a full or part contribution towards your services, or you may receive services free of charge. The Social Worker from your area team will be able to provide further details or you may wish to research your local authority's Charging Policy on their website.

Can my Case Manager decide what services I need when I leave NSIC?

No. Your Case Manager and multi-disciplinary team can only make recommendations to the teams who fund and commission your care. Your Case Manager will however support you to think through how you would prefer your future care to be delivered and act as an advocate for you in liaison with relevant agencies.

What is a Discharge Planning Meeting?

Discharge Planning Meetings are facilitated by the Case Management team prior to discharge for patients with complex needs and/or circumstances. Not everyone will need a Discharge Planning Meeting. The Discharge Planning Meeting (DPM) provides a forum for the patient, their family and the treating team to meet with those responsible for their care needs beyond NSIC, share information on needs and co-ordinate services for discharge. If you, your Case Manager and your rehabilitation team agree that a DPM is required, this will be scheduled approximately 2 months before your discharge date.

My home is not wheelchair accessible. Will I be able to return home?

Your NSIC Occupational Therapist will liaise on your behalf with a Community Occupational Therapist from your area team. The Community Occupational Therapist will visit your accommodation with your agreement to assess suitability and accessibility for you on discharge, depending on your needs at that time. The Community OT will provide information on what adaptations can be made, and how these would be funded. There is a means tested grant that can be applied for, but you may be assessed as having to pay some of the costs. There are also occasions where it will not be possible for an individual to return home due to the physical constraints of the property. Your Case Manager, Occupational Therapist and other members of your treating team will support you to think through the options available to you should this be the case in your situation. Your Case Manager is available to support you with any required actions such as applying to your local housing department.