North Central London

Discharge information and pathways

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History of Single NCL Discharge Form

- 2017 NCL STP identified simplifying discharge as key priority
- 2017-2019 Developed NCL wide P0/1 and P2/3 forms with a separate similar format District Nursing form
- 2018-2020 Developed NCL Fast Track Form
- 19th March 2020 Discharge Guidance released
- 23rd March 2020 each NCL IDT had created their own referral form
- 18th May First draft of a single Discharge Referral Form shared
- 7th August 2020 Final draft of referral form shared

Key Features of the Single Referral Form

- Supports Home First mind set
- Allows basic information for supported discharge home
- Allows more complex information to be added where patients have additional needs
- The patients view point on discharge is included within the basic information
- A single tick denotes that there is no additional information for the patient, allowing the triager to focus on the basic information
- The previous work completed with NCL had involved the care homes in agreeing the detail of clinical information in the P2/3 form. This was lifted and shifted to the additional information section to ensure that it contained adequate infection control information which had been particularly significant in reaching the agreement

Next Steps

- Reaching agreement with our surrounding CCGs that the referral form will be accepted
- Incorporating District Nursing and Neurology into the form
- Working with HEI to develop a data transfer of this information between acute and community without the need for a form
- Developing a Discharge risk assessment system to ensure people likely to have complex discharges are detected on admission

Rationale for Covid+ pathway

There are a range of key actions that care providers, local authorities and the NHS are taking to protect vulnerable residents in care settings. These

Changing the pathway to use P2 NHS beds is the one key change we can make to reduce the risk of infection.

Action	Approach in NCL	In place?
Restrict visitors	Guidance in place and implemented by providers	
Measures with staff (work on 1 site; guidance on PPE / IPC training for care and non care staff; access to PPE)	Guidance, monitoring, training and support in place – implementation from providers.	
Regular cleaning and air flow	Guidance in place and implemented by providers	
Ensuring new or returning residents do not bring infection through quarantine of residents with covid + in other facilities	**Varying approaches in place across NCL. No borough stopped discharges of covid-19 positive residents to accommodation based providers.**	From Oct 1 2020
Isolate new / returning admissions that are covid negative	Clear guidance on isolating new admissions in place and implemented by providers.	
Cohorting of staff and residents	Clear guidance in place and implemented by providers	

Rationale for new Covid+ pathway

We recognise that there are risks of covid in hospital, social care and general community settings. However, residents of care providers are at greater risk of infection because:

- Care homes, extra care and supported housing are people's homes – they are therefore not set up as clinical environments – they are much more likely to have carpets, low ceilings, personal possessions, cramped sections – that are less conducive to IPC despite regular cleaning
- There are a range of shared spaces – though these can be closed or social distanced it is likely they carry a residual list
- The residents are in their own homes so by their nature the virus couldn't leave with anyone returning home – it is much more likely to circulate amongst staff and residents
- Care providers have put in place cohorting and quarantining and will continue to do so – and they have skills and experience from seasonal flu – however, there is less resource and process compared to NHS providers
- There remain challenges with care providers accessing regular testing – in NCL we are using local capacity to top up gaps in the national offer – but this remains sub-optimal overall
- Residents in pathway 2 can be frail, but residents in care accommodation are by their nature frailer as they (typically) are not on a pathway back to live in their own home

It is therefore vital that we provide additional protection to residents in these settings.

Covid+ pathway for Nursing, Residential, Extra Care and Supported Housing Facilities

North Central London NHS
Barnet - Camden - Enfield
Haringey - Islington

*Note, **all** residents will be tested for COVID-19 following admission to hospital and / or before a community admission to a bedded care facility*

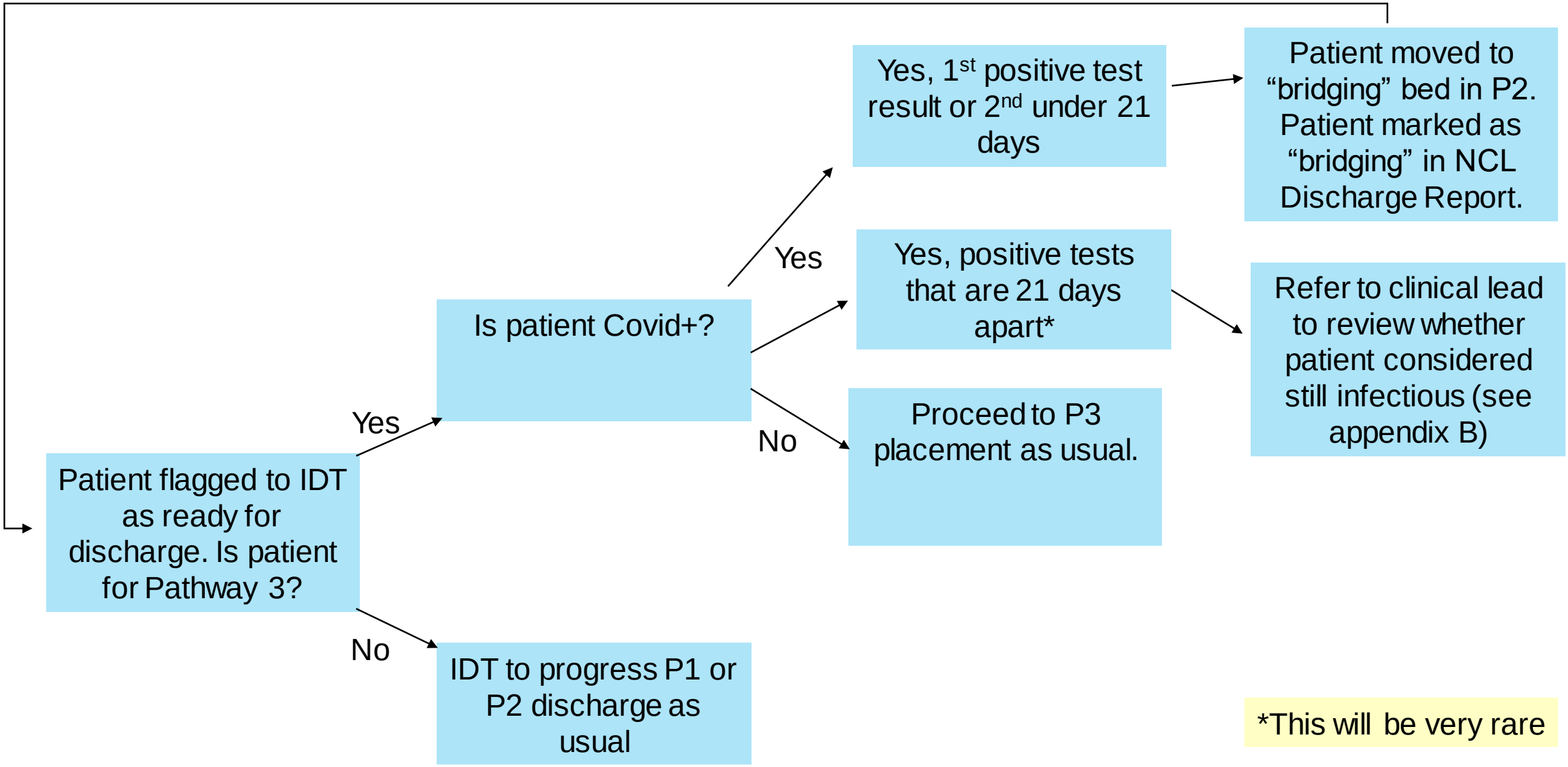
	1. COVID-19 Negative	2. COVID-19 Positive OR Unknown	Exceptions
RECEIVE PATIENT?	Residents can be **safely received** by care facilities. Facilities to use PPE and IPC with all residents as per guidance. 	Residents will not be transferred to care homes until a negative test is received. They will be transferred to an NCL NHS step-down bed with a Care Home identified and a target date with Care Home for transfer. These patients will be counted as P3 for audit purposes. 	1. There are rare cases where an individual is asymptomatic and can repeatedly test positive (up to six weeks from initial diagnosis) beyond an infectious period. Where a senior clinician confirms the resident is medically fit for discharge and highly unlikely to be infectious to others then a discharge to P3 can proceed from acute or P2 (see appendix c clinical guidance). 2. In the event of significant demand for NHS intermediate care beds – for example, due to a 2nd surge of covid-19 – there may be a requirement to change this protocol and to identify some quarantine sites in other settings.
MANAGEMENT?	14 day isolation following admission within their own room	Close working with the care provider to plan for the transfer, including confirmation of negative test result. Close work with the IDT to ensure the future care home move is planned early and P2 LOS is minimised.	 Key questions for hospital, council and community health staff:

When does the resident need a covid test to facilitate admission to care provider?

Do I know how to access tests (e.g. for a community admission) and the turnaround time?

For more information about support and guidance for care provider during covid-19 please refer to
https://northcentrallondonccg.nhs.uk/my-health/covid-19/care-homes-support-and-guidance/

Flow diagram



What's helped

- We have had strong clinical leadership from the NHS, social work and public health to frame this as a population health challenge – and to develop a clinical protocol for people that repeatedly test positive
- To embed this we engaged with all system partners and ensured this was a key part of our winter surge plan. We have mirrored the discharge approach with community admissions also.
- We modelled likely demand (up to 6 people per week across NCL in a 2nd covid peak) and LOS (aim for 7 days)
- We have developed some expectations for all partners (acutes, community trusts, IDTs and care providers), which will help manage these residents, but more importantly will help ensure flow for all of our stepdown beds
- The NCL testing group has helped address concerns and challenges
- NCL has agreed that in the event that local beds are full that we will share beds between boroughs.
- We have agreed an escalation framework around how we would respond as a system if there is unexpectedly high demand