NHS England

NHS Continuing Healthcare

Understanding how NHS Continuing Healthcare interacts with Hospital Discharge

There is growing evidence that the most effective way to support people is to ensure they are discharged safely when they are clinically ready, with timely and appropriate recovery support if needed. An assessment of longer-term or end of life care needs should take place once they have reached a point of recovery, where it is possible to make an accurate assessment of their longer-term needs. This process is set out in the hospital discharge guidance. This may include screening for NHS Continuing Healthcare, depending on the individual's circumstances and the point at which their longer-term needs are clearer. In the vast majority of cases this will be following discharge and after a period of recovery at home.

Multi-disciplinary discharge teams should work together when discharging people to manage risk carefully with the individual, and their unpaid carer, representative or advocate, as there can be negative consequences from decisions that are either too risk averse, or do not sufficiently identify the level of risk. At one end of the scale, people may be discharged onto pathways which result in care being over-prescribed; and at the other end, individuals may not receive the care and support they need to recover. Any onward care providers should be included early in the person's discharge planning. This allows more time for local capacity to be managed and suitable support to be put in place. People's care needs may also change, and there should be processes in place to ensure these needs are regularly reviewed and that the person is receiving appropriate care and support.

ICBs should ensure that local protocols are developed between themselves, other NHS bodies, local authorities and other relevant partners. These should set out each organisation's role and how responsibilities are to be exercised in relation to hospital discharge, including any arrangements for intermediate, reablement, rehabilitation or sub-acute care and arrangements for long-term care assessments including NHS Continuing Healthcare. In particular, ICBs should ensure (i.e. through contractual arrangements) that discharge policies with all providers are clear. Where appropriate, the ICB may wish to make provisions in its contract with the provider. There should be processes in place to identify those individuals for whom it is appropriate to undertake a screening for NHS Continuing Healthcare using the Checklist and, where the Checklist is positive, for full assessment of eligibility to be undertaken at the appropriate time and place.

For individuals leaving the acute hospital environment, it is best practice to screen for NHS Continuing Healthcare at the right time and in the right place for that individual. In the vast majority of cases this will be following discharge and after a period of recovery in a familiar setting or intermediate/rehabilitation placement. It should always be borne in mind that a screening, or an assessment of eligibility for NHS Continuing Healthcare that takes place in an acute hospital setting is unlikely to accurately reflect an individual's longer-term needs. This could be because, with appropriate support and opportunity, the individual has the potential to recover further in the near future. Another reason is that it may be difficult to make an accurate assessment of an individual's needs while they are in an acute services environment.

Where an individual is ready to be safely discharged from acute hospital it is very important that this should happen without delay. Therefore, the assessment process for NHS Continuing Healthcare should not be allowed to delay hospital discharge.

In order to ensure that unnecessary stays on acute wards are avoided, there should be consideration of whether the provision of further NHS-funded services is appropriate. This might include therapy and/or rehabilitation, if that could make a difference to the potential of the individual in the following few weeks or months. It might also include intermediate care or an interim package of support, preferably in an individual's own home. In such situations, assessment of eligibility for NHS Continuing Healthcare, if still required, should be undertaken when an accurate assessment of ongoing needs can be made. The interim services should continue until it has been decided whether or not the individual has a need for NHS Continuing Healthcare (refer to paragraph 107). There must be no gap in the provision of appropriate support to meet the individual's needs. It is important that there are clear local protocols setting out where responsibility for meeting an individual's needs lies, including who is responsible for funding their care and support.

In the vast majority of cases, CHC assessments should take place in community settings. There may be rare circumstances where assessments may take place in an acute hospital environment. In addition, ICBs and their partner organisations should ensure appropriate processes and pathways exist for individuals who may have a need for NHS Continuing Healthcare, for example.

A) where the individual has an existing package or placement which all relevant parties agree can still safely and appropriately meet their needs without any changes, then they should be discharged back to this placement and/or package under existing funding arrangements. In such circumstances any screening for NHS Continuing Healthcare, if required, should take place within six weeks of the individual returning to the place from which they were admitted to hospital. If this screening results in a full assessment of eligibility and the individual is found eligible for NHS Continuing Healthcare through this particular assessment, then any necessary re-imbursement should apply back to the date of discharge;

B) a decision is made to provide interim NHS-funded services to support the individual after discharge. This may allow individuals to reach a better point of recovery and rehabilitation in the community before their longer-term needs are assessed. In such a case, before the interim NHS-funded services come to an end, screening, if required, for NHS Continuing.

   Healthcare should take place through use of the Checklist and, where appropriate, the full MDT process using the DST (i.e., an assessment of eligibility);

C) a 'negative' Checklist is completed in an acute hospital (i.e., the person does not have a need for NHS Continuing Healthcare);

D) a 'positive' Checklist is completed in an acute hospital and interim NHS funded services are put in place to support the individual after discharge until it is either determined that they no longer require a full assessment (because a further Checklist has been completed which is now negative) or a full assessment of eligibility for NHS Continuing Healthcare is completed;

E) a ‘positive’ Checklist is completed in acute hospital and a full assessment of eligibility for NHS Continuing Healthcare takes place before discharge. In a small number of circumstances, it may be decided to go directly to a full assessment within the acute hospital, without the need for a Checklist.

ICBs are reminded that if an individual’s needs change in a short time frame between a positive Checklist and a full assessment of eligibility taking place, it is legitimate to undertake a second Checklist, rather than necessarily proceeding to full assessment of eligibility for NHS Continuing Healthcare. The individual should be kept fully informed of the changed position.

(National Framework 2022: Paragraphs 101-108).

References

National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care - July 2022 (Revised) (publishing.service.gov.uk)