

Introduction to the New Reason to Reside Guidance

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Georgina Butterill Assistant Business Manager Operations Centre

Aims of the session

- 1. Be introduced to the <u>new Reason to Reside codes</u> set by NHS England.
- 2. Know the **provisional launch date** of new codes on PPM+.
- 3. Gain an understanding of the new pathway definitions.
- 4. Gain an understanding of when each new code should be used in a patients' journey.





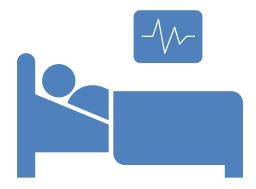
Introduction

- New guidance published by NHS England on 30.04.2024**.
 The aim is that this will lead to <u>better care for patients and service users</u> by <u>increasing understanding</u> of discharge practices, the use of pathways, and <u>demand and capacity availability</u>.
- 37 new codes.
- NHS England expects the guidance to be introduced nationally from June 2024.
- Provisional LTHT PPM+ implementation date is <u>2nd July 2024</u>. (Currently in the testing phase).
- Comms will be sent out with the official launch date soon.

**NHS England » Acute discharge situation report: technical specification



Patients with a Reason to Reside





No changes have been made to the Reason to Reside criteria.

Physiology	 Needs frequent monitoring on a regular basis. NEWS2 greater than 3 (clinical judgement required in patients with AF/Chronic Respiratory Diseases). Requiring HDU/ITU care.
Treatment	 Receiving treatment which cannot be delivered at home or as an outpatient (including ambulatory care). Requiring Oxygen therapy / NIV. Requiring IV fluids. Requiring IV medication (including analgesia). Rehabilitation.
Function	 Diminished level consciousness. Acute functional impairment in excess of home/community care provision. Last 24 hours of life. Urgent investigations to inform management plan.
Recovery	 Major surgery/intervention – elective or emergency. Immediate postoperative care.



Patients with No Reason to Reside





Discharge Pathway Definition:

 Simple discharge home/to usual place of residence (or to temporary accommodation) coordinated by the ward without involvement of TOC.

Discharge Destination:

- Domestic home.
- Hotel.
- Temporary accommodation.
- Original Care Home placement.





- Patient is being discharged home with no or with the same level of care by carers as prior to admission.
- Patient is being discharged to their care home with the same level of care as prior to admission.



<u>Discharge Pathway Definition:</u>

 Discharge home or to a usual place of residence (or to temporary accommodation) with health and/or social care and support coordinated by TOC.

Discharge Destination:

- Domestic home.
- Hotel.
- Temporary accommodation.
- Original Care Home placement.

- Patient is being discharged with NHT PT/OT, Reablement services, CST,
 Active Recovery and home for short-term assessment.
- Patient is being discharged to their own care home with NHT PT/OT, or increased level of support.





Discharge Pathway Definition:

 Discharge coordinated via TOC to a community bedded setting with dedicated health and/or social care and support.

Discharge Destination:

- Community Care Bed (CCB).
- Discharge to Assess Bed (D2A).
- · Hospice.







- Patient is being discharged to a CCB for further short-term rehabilitation prior to discharge to their usual place of residence.
- Patient is being discharged to a hospice for respite or end of life care.



Discharge Pathway Definition:

In rare circumstances, for those with the highest level of complex needs, discharge to a care home placement is coordinated via TOC.

Discharge Destination:

- New Care home.
- New Nursing home.
- New Residential home.





- Patient is being discharged to a care home for assessment of long-term or ongoing needs.
- Patient is being discharged to a care home for end of life care.



Expected Discharge Destinations & Pathways

Home	Pathway 0 – discharge with no or existing POC. Pathway 1 – discharge with new POC, NHT, Reablement or DNs.
New Care Home	Pathway 3 – discharge to a new care home.
Previous Care Home	Pathway 0 – discharge to previous care home with no change in care needs. Pathway 3 – discharge to previous care home with an increase/change in care needs. needs.
Hospice	Pathway 2 – discharge to a designated hospice for palliative support and end of life care.
Rehabilitation bed	Pathway 2 – discharge to a CCB for further rehabilitation.
Hotel	Pathway 0 – discharge to a hotel with no active support. Pathway 1 - discharge to a hotel with active support.
Other	Only use this option if the list above does not cover the discharge destination your patient is being discharged to.



Discharge Delay Code Categories



Hospital Process



Wellbeing Concerns



TOC Process



Interface process



Capacity



PPM+ Code	LTHT Guidance	Example of when to use code
Awaiting therapy review of need for supported discharge	The patient is waiting for therapy teams to start/complete any necessary assessments to identify whether a patient may require discharge supported by new intermediate or community healthcare or social care (pathway 1-3) discharge.	The patient is MOFD and as been referred to an Allied Health Professional but not yet allocated. The patient has been accepted by an AHP e.g. OT, PT. Dietician initial assessment has been completed, however the patient requires ongoing therapeutic assessment to determine support needs and to promote a safe and timely d.c Examples of ongoing assessment may include; functional assessment wash and dress, kitchen assessment, stairs assessment. These ongoing assessments are required to determine care/ rehab needs in the community and determine onward referral. If the patient was d/c prior to therapy assessments being completed they would potentially be unsafe on d/c and not receive the appropriate support leading to increased levels of dependency, over use of services and readmission.



PPM+ Code	LTHT Guidance	Example of when to use code
Awaiting medical review of need for supported discharge	The patient is waiting for medical staff to carry out initial reviews to identify whether a patient may require discharge supported by new intermediate or community healthcare or social care (pathway 1-3) discharge.	The patient is waiting for medical staff to assess them to identify whether they may need support on discharge.
Awaiting referral to be submitted to Transfer of Care Hub	All necessary assessments or reviews have been completed by ward staff (including medical or therapy staff) and the patient is currently waiting for an eDID to be submitted to TOC for a supported discharge.	All necessary assessments completed and agreed with patient needs community support on D/C EDID to be submitted.



PPM+ Code	LTHT Guidance	Example of when to use code
Awaiting transport services	The patient is waiting transport provided by an NHS commissioned transport provider (YAS, PTS) or NOK/carers, and is currently waiting to be collected from hospital.	The patient is being discharged today, has their completed eDAN and is waiting for transport home. The patient requires an assessment by YAS to organise transport.
Infectious unable to discharge	The patient is ready to be discharged from hospital, however they are currently diagnosed with an infection and cannot be discharged due to IPC concerns.	A patient is ready to be discharged to a care home, however has been diagnosed with an infection and the care home is unable to accept the patient due to IPC. Please note this does not include COVID positive patients.



PPM+ Code	LTHT Guidance	Example of when to use code
Awaiting medicines to take home, discharge letter or other discharge documentation.	 The patient is awaiting their eDAN and medications prior to discharge from hospital. This includes, The prescribing of medications. Writing of the clinical summary. Writing of the discharge actions. Waiting for the medications to be dispensed in pharmacy. Waiting for medications to be delivered to the ward. 	The patient is planned for discharge today and is waiting for the eDAN to be completed prior to getting transport home.



PPM+ Code	LTHT Guidance	Example of when to use code
Awaiting formal decision to discharge	The patient is ready to be discharged from hospital, however requires one of the following immediately prior to discharge, • A medical review. • A therapy review. • Additional tests, e.g. bloods.	The patient is planned for discharge today, however ward staff have raised concerns that the patient is no longer medically fit and requires a medical review prior to D/C.
Ongoing safeguarding concern	There is an ongoing safeguarding concern surrounding the patient that has not yet been assessed by the safeguarding teams or is not resolved. **This code also includes delays due to Court of Protection.	There are ongoing safeguarding concerns relating to domestic or financial abuse.



PPM+ Code	LTHT Guidance	Example of when to use code
Patient/family/carer has concerns over patient being ready for discharge	The patient has been deemed medically optimised for discharge, however the patient, their family, or a carer has raised concerns about the patient being ready for discharge and these concerns have not been resolved. **Please note, this is different to patient, their family or carers concerns regarding discharge pathway.	The patient is deemed medically optimised for D/C and family/carers, are not in agreement with the support needs as they are concerend their relative has not had enough therapy prior to D/C or is still unwell/ deconditioned.



PPM+ Code	LTHT Guidance	Example of when to use code
Awaiting mental capacity assessment	The patient is awaiting a mental capacity assessment to be undertaken to determine if they have capacity to consent to any discharge planning.	The patient requires a mental capacity assessment to be carried out to determine if the patient has capacity to determine discharge plans/treatment.
Awaiting confirmation of immediate care needs and discharge pathway	An eDID has been submitted and is waiting to be screened and a discharge pathway to be determined by TOC.	The patient requires support on discharge and an eDID has been submitted and being screened by TOC.



PPM+ Code	LTHT Guidance	Example of when to use code
Discharge destination is not ready for the patient	The patient is medically optimised for discharge, however the patients' home or place of residence on discharge is not yet ready.	 Food or heating needs to be arranged (excluding delays relating to NHS or local authority funded housing adaptations or equipment). The property or room requires a deep clean. Setting up of downstairs living e.g. family brining bed downstairs, de cluttering environment. The property cannot be accessed (for example, keys are not available).



PPM+ Code	LTHT Guidance	Example of when to use code
Awaiting necessary referrals to be forwarded by TOC	An eDID has been screened, a discharge pathway has been identified and the eDID is waiting to be forwarded onto the most appropriate service or provider by TOC.	A patient requires support on discharge and a eDID has been sent to TOC which has been screened and is now waiting to be sent to the most appropriate service or provider.
Awaiting confirmation of funding eligibility	The patient requires a decision on funding eligibility prior to discharge from hospital.	Awaiting confirmation of funding for a nursing home placement



PPM+ Code	LTHT Guidance	Example of when to use code
Awaiting outcome of referral to home based rehabilitation, reablement or recovery services	The patient is being discharged home or to their usual place of residence and an active eDID has been sent to TOC who have determined the patients' discharge pathway was requiring NHT PT, OT or Reablement/Active Recovery services at home. The eDID is with relevant service and are we are now awaiting confirmation of acceptance onto their waiting lists.	Awaiting acceptance by Reablement, active recovery, CST etc



PPM+ Code	LTHT Guidance	Example of when to use code
Awaiting outcome of referral to other home-based social care services including a package of care	The patient has been referred for a new or pre-existing POC sourced by ASC or Local Authorities but has not had an outcome.	Awaiting start date for POC.
Awaiting outcome of referral to other home-based community health services	The patient requires community health services (such as district nursing) and has a referral submitted and forwarded to other community health services via TOC or an external brokerage, sourcing or commissioning teams and is now awaiting confirmation of acceptance to a service.	Awaiting acceptance by OPAT



PPM+ Code	LTHT Guidance	Example of when to use code
Duty to Refer (DTR) completed, awaiting response/outcome (housing options).	A patient requires new housing accommodation upon discharge from hospital.	The patient has no fixed abode prior to admission and requires new housing accommodation on discharge. The patient has become homeless during their hospital admission and requires new housing accommodation on discharge.



PPM+ Code	LTHT Guidance	Example of when to use code
Awaiting outcome of referral to bed-based rehabilitation, reablement or recovery services	The patient requires a time- limited, short-term community bedded setting with health and/or social care and support for rehabilitation and has a referral submitted and forwarded to other community health services via TOC and is now awaiting confirmation of acceptance to a service.	Awaiting acceptance for CCB
Awaiting outcome of referral to permanent residential/nursing home care arrangements	The patient requires a new residential or nursing home placement and has a referral submitted and forwarded to an external brokerage, sourcing or commissioning teams via TOC and is now awaiting confirmation of acceptance to a service.	Awaiting acceptance of new placement



PPM+ Code	LTHT Guidance	Example of when to use code
Awaiting outcome of referral to end-of-life care provision	The patient requires a new nursing home or hospice placement and has a referral submitted and forwarded to an external brokerage, sourcing or commissioning teams or homecare package (fast track) and is now awaiting confirmation of acceptance to a service.	Awaiting acceptance to support end of life care either in own home/ care home or hospice
Awaiting capacity to restart existing social care arrangements	The patient has an existing POC in place prior to admission to hospital, however when the patient is ready to be discharged, the POC does not have capacity to restart the care at the same level.	Current known care providers do not have the capacity to provide same level of care as prior to admission.



PPM+ Code	LTHT Guidance	Example of when to use code
Further action requested by agreed provider	The patient has an agreed POC or placement arranged, but the receiving providers have requested further processes to be completed or information to be provided prior to accepting the patient.	Further info required to support care needs e.g. 48 hour assessment, moving and handling assessment, trusted assessment, behavioural chart.
Patient has no recourse to public funds	The patient has no fixed abode, has been assessed as not having any care needs under the Care Act, and therefore cannot be provided with housing or social care by the local authority.	The patient has no recourse to public funds



PPM+ Code	LTHT Guidance	Example of when to use code
Awaiting of confirmation of self- funded care package at home	The patient or their family/carer are arranging a self-funded package of care, but the arrangements have not yet been completed.	The patient's family are looking for and sourcing a private package of care.
Patient/family/carer not in agreement with discharge pathway	The patient or their family/carer have concerns about the proposed discharge pathway and/or wish to explore alternative care provision options. This requires the patient choice guidance to be followed.	Patient wants to return home and is accepting of community support however family/ carers are requesting 24 hour care.



PPM+ Code	LTHT Guidance	Example of when to use code
Out-of-area referral submitted but not yet confirmed	The patient requires a pathway 1, 2 or 3 discharge and their discharge destination is beyond the routine geographic coverage of the TOC.	Out of area referral sent and awaiting acceptance.
Awaiting capacity for home based rehabilitation, reablement or recovery services	The patient is being discharged home or to their usual place of residence and an active eDID has been accepted by NHT PT or OT or Reablement/Active Recovery services and is currently awaiting availability for those services to commence.	Awaiting start date for community services e.g. active recovery / reablement.



PPM+ Code	LTHT Guidance	Example of when to use code
Awaiting capacity for other home-based social care services including a package of care	The patient has a pre-existing POC sourced by ASC or Local Authorities prior to admission to hospital and require the restarting of this POC at the existing level of care and are currently waiting for the POC to restart.	Awaiting start date from existing provider
Awaiting capacity for other home-based community health services	The patient requires community health services and has an accepted referral and is currently waiting for a service to start.	Awaiting CST start date



PPM+ Code	LTHT Guidance	Example of when to use code
Awaiting capacity for new housing accommodation	The patient is for discharge on Pathway 0 or 1 but requires new accommodation due to, a. The patient was homeless on admission. b. The patients' home has become unsuitable during their hospital admission. And the accommodation is not in place due to, Capacity is not yet available. Suitable accommodation has been sourced but is not immediately available.	The patient is now a full time wheelchair user and the door widths at their current home does not accommodate this, and the patient now requires new accommodation.



PPM+ Code	LTHT Guidance	Example of when to use code
Awaiting capacity for bed-based rehabilitation, reablement or recovery services	The patient requires bed-based rehabilitation, reablement or other recovery services and these are not in place due to a lack of capacity because either, The required care does not exist in the local system. Suitable care providers exist, but do not have any capacity. Suitable care providers exist, and capacity had been sourced but it is not immediately available	On CCB waiting list



PPM+ Code	LTHT Guidance	Example of when to use code
Awaiting capacity for permanent residential/nursing home care	The patient is being discharged to a new residential or nursing home placement and the home cannot receive the patient due to lack of capacity because either, • The required care does not exist in the local system. • Suitable care providers exist, but do not have any capacity. • Suitable care providers exist, and capacity had been sourced but it is not immediately available.	New care home declined transfer at the weekend due to staffing levels but can accept on Monday when manager back in.



PPM+ Code	LTHT Guidance	Example of when to use code
Awaiting capacity of end-of-life care provision	The patient requires end-of-life home-based care or a bedded placement, but remains in hospital due to lack of capacity because either, The required care does not exist in the local system. Suitable care providers exist, but do not have any capacity. Suitable care providers exist, and capacity had been sourced but it is not immediately available.	Awaiting bed in hospice



PPM+ Code	LTHT Guidance	Example of when to use code
Awaiting housing adaptations which are not yet completed	Housing adaptations which have been requested by TOC are required to be in place before the patient can be discharged home.	Leeds City Council housing repairs. The patient requires a gantry hoist or ramp to be fitted in the property.
Awaiting equipment and associated training to be delivered and completed	The patient requires essential equipment in place at their discharge destination to allow them to be safely discharged. This also should be used when equipment is in place, but training is required for family, carers or staff.	The patient requires essential equipment, such as a hoist or suction machine, to be in place and training is required for family, carers or staff prior to the patient being discharged home.



PPM+ Code	LTHT Guidance	Example of when to use code
Awaiting inpatient mental health bed	The patient currently resides in LTHT and requires a mental heath bed.	Awaiting bed at the Mount/ Becklin centre etc



Action for you!

- Please can you print out these slides and ensure they are clearly displayed within your offices and wards.
- Feedback will be provided a month after roll out of the new codes with future opportunities for further training will be made available.



Any questions?

Georgina Butterill

Assistant Business Manager

Email: georgina.butterill@nhs.net

Telephone ext.: 66122

Mobile: 07823516468

