NHS England

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To:
CCG Accountable Officers
CCG Clinical Leaders

17 August 2017

Cc.
Regional Directors
Regional Directors of Operations and Delivery
Regional and DCO Directors of Nursing

Dear Colleague

RE: Plans to improve NHS Continuing Healthcare assessment processes

As you will be aware, the reduction in Delayed Transfers of Care (DTOCs) is a key priority for the NHS, with delays needing to reduce from approximately 6,428 per day to 4,080 per day in order to release the needed bed capacity within health systems. It is estimated that resolution of the factors causing delays due to NHS CHC assessment could help free up to a quarter of the total number of beds the NHS is required to release. These delays are primarily within the remit of health to resolve (in collaboration with Local Authority partners) and we need to ensure that plans to improve NHS CHC pathways and processes are in place in order to achieve the two key standards required for the Quality Premium for 2017/18[1]:

1. CCGs must ensure that less than 15% of all full NHS CHC assessments take place in an acute hospital setting;

2. CCGs must ensure that in more than 80% of cases with a positive NHS CHC Checklist, the NHS CHC eligibility decision is made by the CCG within 28 days from receipt of the Checklist (or other notification of potential eligibility).

For both of these standards, 2017-18 Quarter 1 figures were sent to NHS England CHC assurance leads as assurance packs on 11 August 2017 and will be subsequently published on 14 September, showing performance by CCG.

CCGs are expected to take a number of actions in relation to these standards during the course of 17/18:

[1] https://www.england.nhs.uk/resources/resources-for-ccgs/ccg-out-tool/ccg-ois/qual-prem/

- CCGs are expected to **ensure that full assessments are only undertaken when required**, for example, assessments are not required for people who are going on to NHS rehabilitation services or do not have long-term care needs;

- CCGs are expected to ensure if there is a need for **the screening process** for NHS CHC (i.e. the checklist undertaken to ascertain whether a full assessment for NHS CHC is required) that this **does not cause any delays** in the hospital discharge.

Q1 data indicates that 100 CCGs are currently reporting that more than 30% of full NHS CHC multi-disciplinary assessments are taking place in an acute hospital setting (see appendix A).

- **These CCGs are required to submit a plan for improving this to less than 15% by March 2018**, which should include key milestones, barriers and mitigating actions. These plans should be submitted to the DCO Directors of Nursing by 11 September 2017, and should align with BCF plans being submitted on the same day.

It is important that all NHS CHC assessments are undertaken in a timely manner, including those that are still undertaken in an acute location.

- **CCGs are asked to map and review the assessment process in place** to ensure it is as efficient as possible. NHS CHC assessments should only be undertaken when an individual has recovered after an acute period of care and when their long term care needs can be more clearly identified. In many local health economies, arrangements are in place to pay for a period of interim or intermediate care and then assessment (if required) for long term care is carried out after a period of time, such as six weeks.

- **CCGs should ensure that any verification processes required to make the final decision on a CHC assessment are timely** and do not contribute to any delays in transfer of care. Therefore there needs to be daily verification processes and daily contact with the CCG responsible. For example, CCGs must ensure that decisions can be made swiftly throughout the week, as soon as patients are ready for discharge. **Verification of MDT recommendations should take no more than 2 working days**.

- CCG Boards should publically commit to **reporting on the proportion of assessments in an acute location and to verifying decisions within 2 working days; progress should be monitored at CCG public board meetings.**

Q1 data also indicates there are 84 CCGs who are currently reporting that less than 50% of NHS CHC eligibility decisions are being made within 28 days (see Appendix B).

- These CCGs will be asked to **conduct an audit** to understand the reasons for lengthy delays in NHS CHC eligibility decision-making processes. Further details will be sent separately via regional teams to those CCGs, and these audits are to be completed and submitted to the DCO Directors of Nursing by 11 September 2017 to inform both local plans and national support to be formulated.

The Government confirmed in July 2017 that the reduction in DTOCs should be achieved jointly (i.e. 50:50) between the NHS and local government. It is critical that CCGs take a leading role in the reduction of NHS-attributable DTOC in their local health system, and work in full collaboration with local government colleagues in order to jointly achieve the overall reduction ambitions. The improvement of NHS CHC assessment process will be an important part of the NHS' contribution to this reduction.

Actions requested - summary

To summarise the actions requested within this letter:

- The 100 CCGs listed in Appendix A should submit a plan for improving the number of full NHS CHC assessments taking place in an acute hospital setting to less than 15% by March 2018 to the DCO Directors of Nursing by 11 September 2017;

- The 84 CCGs listed in Appendix B will be asked to conduct an audit to understand the reasons for lengthy delays in NHS CHC eligibility decision-making processes. Further details will be sent separately via regional teams to those CCGs, and these audits are to be completed and submitted to the DCO Directors of Nursing by 11 September 2017.

Thank you for your commitment to our shared priority to improve patient experience and outcomes, and make the best use of NHS resources.

Yours faithfully

Matthew Swindells
National Director: Operations and Information

Professor Jane Cummings
Chief Nursing Officer England

APPENDIX A - LIST OF 100 CCGs currently reporting that over 30% of full NHS CHC assessments are taking place in an acute hospital setting [Data provisional until formal publication in September]

CCG Name	% DST in acute setting Q1 1718
Ashford	44%
Aylesbury Vale	52%
Barking & Dagenham	31%
Barnet	40%
Bedfordshire	52%
Birmingham Crosscity	53%
Birmingham South & Central	42%
Blackburn With Darwen	71%
Blackpool	38%
Bracknell & Ascot	50%
Brighton & Hove	33%
Bromley	77%
Calderdale	33%
Cambridgeshire & Peterborough	41%
Camden	68%
Cannock Chase	65%
Canterbury & Coastal	34%
Chiltern	47%
Chorley & South Ribble	39%
City & Hackney	51%
Coastal West Sussex	66%
Crawley	40%
Croydon	41%
Dartford, Gravesham & Swanley	49%
Durham Dales, Easington & Sedgefield	31%
East & North Hertfordshire	50%
East Lancashire	56%
East Leicestershire & Rutland	45%
East Staffordshire	60%
East Surrey	100%
Eastbourne, Hailsham & Seaford	36%
Eastern Cheshire	33%

Enfield	60%
Fareham & Gosport	77%
Fylde & Wyre	34%
Great Yarmouth & Waveney	64%
Greater Preston	45%
Guildford & Waverley	100%
Hambleton, Richmondshire & Whitby	40%
Hammersmith & Fulham	32%
Haringey	53%
Harrow	44%
Hartlepool & Stockton-On-Tees	39%
Herefordshire	33%
Heywood, Middleton & Rochdale	39%
Hillingdon	43%
Horsham & Mid Sussex	41%
Hull	52%
Ipswich & East Suffolk	35%
Kingston	35%
Lambeth	46%
Leicester City	52%
Lewisham	57%
Mansfield & Ashfield	41%
Medway	48%
Merton	63%
Mid Essex	63%
Newark & Sherwood	31%
Newham	57%
North & West Reading	50%
North East Essex	31%
North East Hampshire & Farnham	89%
North Hampshire	97%
North Somerset	77%
North West Surrey	100%
Nottingham City	55%
Nottingham North & East	64%
Nottingham West	52%
Oxfordshire	36%
Rushcliffe	65%

Salford	32%
Sandwell & West Birmingham	37%
Sheffield	52%
Slough	100%
Solihull	47%
South Cheshire	43%
South East Staffordshire & Seisdon Peninsula	59%
South Eastern Hampshire	92%
South Reading	67%
South Sefton	71%
Southampton City	86%
Southport & Formby	30%
Southwark	60%
Stafford & Surrounds	59%
Surrey Downs	53%
Surrey Heath	100%
Sutton	73%
Swale	43%
Thanet	39%
Wakefield	51%
Walsall	34%
Waltham Forest	76%
Wandsworth	35%
Warwickshire North	46%
West Essex	33%
West Hampshire	89%
West Kent	33%
West Leicestershire	48%
West Suffolk	46%
Windsor, Ascot & Maidenhead	100%

APPENDIX B – LIST OF 84 CCGs currently reporting that less than 50% of CHC eligibility decisions are being made within 28 days [Data provisional until formal publication in September]

CCG Name	% referrals complete within 28 days Q1 1718
Aylesbury Vale	43%
Barnet	48%
Barnsley	0%
Basildon & Brentwood	2%
Bassetlaw	19%
Bath & North East Somerset	9%
Brent	46%
Bristol	37%
Bury	13%
Cambridgeshire & Peterborough	43%
Crawley	21%
Croydon	20%
Doncaster	48%
Dorset	40%
Durham Dales, Easington & Sedgefield	0%
Ealing	48%
East & North Hertfordshire	40%
East Leicestershire & Rutland	20%
East Riding of Yorkshire	24%
Enfield	44%
Gloucestershire	15%
Greenwich	33%
Halton	25%
Hambleton, Richmondshire & Whitby	6%
Harrogate & Rural District	19%
Harrow	47%
Heywood, Middleton & Rochdale	38%
High Weald Lewes Havens	31%
Horsham & Mid Sussex	23%
Hounslow	44%
Ipswich & East Suffolk	39%
Isle of Wight	14%

Islington	21%
Kernow	0%
Leicester City	15%
Lincolnshire East	23%
Lincolnshire West	25%
Manchester	18%
Mansfield & Ashfield	37%
Merton	4%
Nene	48%
Newark & Sherwood	28%
Newcastle Gateshead	20%
North East Essex	31%
North Lincolnshire	18%
North Norfolk	45%
Northern, Eastern, Western Devon	13%
Northumberland	8%
Norwich	48%
Nottingham North & East	43%
Nottingham West	45%
Oldham	42%
Oxfordshire	45%
Portsmouth	29%
Redditch & Bromsgrove	13%
Richmond	0%
Rotherham	22%
Rushcliffe	35%
Salford	45%
Scarborough & Ryedale	21%
Sheffield	9%
Shropshire	0%
Somerset	36%
South Eastern Hampshire	49%
South Lincolnshire	16%
South Norfolk	41%
South Tyneside	44%
South West Lincolnshire	39%
Southend	0%
Swindon	23%

Telford & Wrekin	22%
Thurrock	41%
Trafford	12%
Vale of York	11%
Vale Royal	46%
Wakefield	40%
West Essex	41%
West Hampshire	43%
West Leicestershire	10%
West Norfolk	15%
West Suffolk	40%
Wigan Borough	45%
Wiltshire	18%
Windsor, Ascot & Maidenhead	25%