

## **Policy for Seeking Emergency Funded Nursing Care and Emergency Respite for Patients Eligible for Continuing Healthcare**

### **1.0 Purpose**

1.1 This policy enables clinicians to approve NHS Sheffield's contribution to the cost of emergency respite care placements in a nursing home. When this process is used, NHS Sheffield will contribute the FNC rate to the cost of the patient's care.

1.2 The use of this process enables NHS Sheffield to discharge the responsibility in the Practice Guidance for Funded Nursing Care which states,

“There may be occasions when individuals need to go into a care home for short periods of time such as...in an emergency or crisis, or where a carer is suddenly taken ill and is unable to look after the individual... Such short periods in a care home providing nursing care of less than six weeks qualify for NHS funding”

1.3 This policy also enables NHS nurses to arrange emergency placements for patients eligible for continuing healthcare, outside of NHS Sheffield working hours. Where the patient is eligible for continuing healthcare, the cost of the nursing care placement is met in full by NHS Sheffield.

### **2.0 Scope**

2.1 This policy should be followed for emergency respite placements in nursing homes only. Emergencies are defined below.

2.2 It should not be used when a patient requires admission to acute care. Nor should it be used as part of a planned discharge from acute care. However, it can be used to prevent an unnecessary admission to acute care.

2.3 It includes providing emergency Funded Nursing Care for patients currently living in residential care. However, the patient would need to be cared for in a nursing home bed. The funding is not available to support services for a patient in an establishment registered as a residential care home only.

2.4 This process is not appropriate for planned or regular periods of respite care. Where a patient requires such care, then a referral should be made to NHS Sheffield using a CHC Checklist.

2.5 Placements under this policy will be made for two weeks only, in the first instance. Where appropriate placements can be extended to allow time for a full assessment of their needs.

2.6 This policy allows for short term nurse-led rehabilitation, which should assist with NHS and SCC's commitment to reducing unnecessary hospital admissions.

### **3.0 Timescale**

3.1 Practitioners should notify the CHC team of emergencies prior to 12 noon on the day the placement is required, where possible. NHS Sheffield aims to respond to requests for emergency placements after this time on the same day. However, responses cannot be guaranteed on the same day.

3.2 All responses for emergency respite placements in a nursing home will be responded to within 1 working day.

### **4.0 Arranging Emergency Nursing Respite Care (for patients not eligible for continuing healthcare)**

4.1 The practitioner from SCC, SHSC or STH Community Services identifies a need for emergency nursing respite care. This may include a resident of a residential home, requiring emergency admission to a nursing home.

4.2 The practitioner should ensure that the patient consents to the emergency nursing respite care. If the patient has capacity to make this decision and does not consent, the practitioner should explain the consequences of their decision, including the limitations of any alternative services.

4.3 In all cases, the patient must consent to any placement in a nursing home. Where the patient does not have capacity to give this consent, the practitioner must refer to the process for determining best interest, in line with the Mental Capacity Act Code of Practice.

4.4 The practitioner should check whether the patient is already eligible for CHC on System One. SPA can advise colleagues in the District Nursing service of this. If the patient's record on System One indicates that they have current eligibility for Continuing Healthcare, please use the process set out in section 5 of this guidance.

4.5 If patient is not already eligible for CHC, practitioner identifies whether the patient has an NHS nurse involved with their care. If yes go to 4.6a. If no go to 4.6b.

4.6a. If patient is already receiving support from an NHS nurse, or the emergency arises outside of office hours, arrange for a nursing assessment. The nurse will determine whether patient meets the criteria for emergency respite care. The nursing assessment should be recorded on the form "Record Of Nursing Needs".

4.6b. If patient is not receiving support from an NHS nurse, and the need arises within office hours, the practitioner should telephone the NHS Sheffield's CHC team. Office hours are 9.00am-5.00pm, Monday – Friday, excluding bank holidays. The practitioner should provide the CHC team with evidence of need and why emergency respite care is required. A nurse from the team will determine whether patient meets the criteria for emergency respite care, based on the information provided to them. The nursing assessment should be recorded on the form "Record Of Nursing Needs".

4.7 Out of office hours, NHS Sheffield will accept the judgement of the NHS nurse as to whether the patient meets the criteria for emergency respite care in a nursing home. The nursing assessment should be recorded on the form "Record Of Nursing Needs".

4.8 Out of hours, the Local Authority's ACCESS Team should be contacted on 0114 2734908.

4.9 An NHS nurse means a qualified nurse acting in her or his capacity as an NHS employee.

4.10 If the patient meets the criteria for emergency respite care the practitioner should identify a suitable placement in a nursing home. The practitioner must ensure that the Local Authority has authorised payment of their contribution to the placement prior to admitting the patient to the nursing home. Please note that NHS Sheffield will only contribute £108.70 per week towards the cost of nursing care (figure to be updated March 2013).

4.11 The practitioner should inform RMT at the Local Authority and NHS Sheffield's CHC team of any domiciliary care which may need to be cancelled. If services need to be cancelled out of hours the SCC ACCESS Team should be contacted on 0114 2734908.

4.12 The nursing home must accept the patient at the standard fee rate. Placement should be made for an initial period of 14 days only. The referrer should send a letter confirming the placement to the nursing home, the patient and (where appropriate) the patient's next of kin. The referrer should use the template letters on System One **for emergency FNC**. The templates require the practitioner to enter some information about the patient, the date of the placement and the address of the nursing home. None of the other information in the letter should be altered. A copy of each letter should be sent to NHS Sheffield, preferably by System One, but they can also be emailed to [shef-pct.CHC-FNC@nhs.net](mailto:shef-pct.CHC-FNC@nhs.net) or faxed to NHS Sheffield on 0114 3051371.

4.13 FNC payments will only be made where the template letters and completed Checklist have been received by NHS Sheffield. The referrer should also ensure that a member of staff from SCC's Assessment and Care Management Services completes the financial form F3 and sends this to the Local Authority.

4.14 The nursing home should invoice NHS Sheffield for the nursing element of the fee.

4.15 Planning for any ongoing care for the patient should begin once the patient is placed in a nursing home. This includes consideration of whether the patient should be assessed for eligibility for NHS continuing healthcare, once the patient's needs are stable. Where the practitioner believes the patient is likely to be eligible for NHS continuing healthcare they should consider submitting a Checklist to NHS Sheffield. If a Checklist is to be submitted it should be done so in line with NHS Sheffield's guidance.

4.16 Where a Checklist is submitted, NHS Sheffield will consider whether to continue to support the patient's emergency placement in a nursing home.

4.17 NHS Sheffield is not responsible for the care management of any patient placed in a nursing home under this procedure.

4.18 All emergency placements will be reviewed by the CHC Service to ensure that this procedure is effective and appropriate.

4.19 A process map is attached at appendix A, for reference.

## **5.0 Patients Eligible for Continuing Healthcare**

5.1 Where a patient is already eligible for NHS continuing healthcare a different process for accessing emergency respite care should be followed within office hours.

5.2 Where the emergency arises within office hours (9-5, Monday to Friday, excluding bank holidays), the practitioner should contact NHS Sheffield on the continuing healthcare duty line. The telephone number is 0114 3051700.

5.3 In office hours NHS Sheffield CHC team will advise whether emergency respite care is required. The CHC team and the practitioner will agree between them which is best placed to arrange the emergency nursing care.

5.4 Outside of office hours NHS Sheffield will accept the judgement of an NHS nurse will determine whether patient meets the criteria for emergency respite care. The nursing assessment should be recorded on the form attached at appendix A.

5.5 An NHS nurse means a qualified nurse acting in her or his capacity as an NHS employee.

5.6 If the patient meets the criteria for emergency respite care the practitioner should identify a suitable placement in a nursing home. NHS Sheffield will be responsible for funding the care where a patient is already eligible for CHC, at the standard fee rate only.

5.7 The practitioner should inform RMT at the Local Authority and NHS Sheffield's CHC team of any domiciliary care which may need to be cancelled.

5.8 The nursing home must accept the patient at the standard rate. Placement should be made for an initial period of 14 days only. The referrer should send a letter confirming the placement to the nursing home, the patient and (where appropriate) the patient's next of kin. The referrer should use the template letters on System One **for emergency CHC**. The templates require the practitioner to enter some information about the patient, the date of the placement and the address of the nursing home. None of the other information in the letter should be altered. A copy of each letter should be sent to NHS Sheffield, preferably by System One, but they can also be email to [shef-pct.CHC-FNC@nhs.net](mailto:shef-pct.CHC-FNC@nhs.net) or faxed to NHS Sheffield on 0114 3051371.

5.9 NHS Sheffield will consider extending the placement, if required.

5.10 CHC payments will only be made where the template letters have been received by NHS Sheffield.

5.11 The nursing home should invoice NHS Sheffield for the cost of the patient's care at the standard rate.

5.12 All emergency placements will be reviewed by the CHC Service to ensure that this procedure is effective and appropriate.

5.13 In all cases, the patient must consent to any placement in a nursing home. Where the patient does not have capacity to give this consent, the practitioner must refer to the process for determining best interest, in line with the Mental Capacity Act Code of Practice.

5.14 This process is also illustrated on the process map at appendix A.

## **6.0 Monitoring**

6.1 NHS Sheffield will monitor the use of this process to ensure it is used appropriately.

## **7.0 Consultation**

7.1 This policy was developed in consultation with stakeholders through the Continuing Healthcare Operational Group.

## **8.0 Revision**

8.1 This policy will be reviewed by the Continuing Healthcare team in NHS Sheffield in March 2013.

## **Definitions**

NHS-Funded Nursing Care (FNC): the funding provided by the NHS to homes providing nursing, to support the provision of nursing care by a registered nurse for those assessed as eligible.

NHS Continuing Healthcare (CHC): a package of care arranged and funded solely by the health service for a person aged 18 or over to meet physical or mental health needs which have arisen as a result of illness. CHC is provided for patients who have been found to have a primary health need, following assessment coordinated by or on behalf of NHS Sheffield.

NHS nurse: a qualified nurse acting in her or his capacity as an NHS employee.

Nursing need: needs which can only be met by a registered nurse.

Emergency: the patient must meet criteria a and b below. Patient must also meet either c or d below

- a. Patient has been assessed by a nurse, who has identified a clinical need for care which can only be delivered by a registered nurse.
- b. The event which has triggered the emergency could not have been foreseen.
- c. The patient has not been assessed for CHC or FNC within the last 12 months.
- d. If the patient has been assessed for CHC or FNC within the last 12 months, they must have had a significant change in their health needs, which has caused the emergency.

#### Version Control

<b>Version</b>	<b>Author</b>	<b>Date</b>	<b>Comment</b>
0.1	J Allin	Dec 2011	Initial draft following discussion at Operational Group
0.2	E Harrigan	Jan 2011	Revision for January Operational Group
0.3	E Harrigan	17 Feb 2012	Following discussion at February Operational Group
0.4	E Harrigan	24 Feb 2012	Minor amendments (in blue) to Operational Group.
0.5	E Harrigan	29 Feb 2012	Further amendments (in blue) following feedback from STH Community Services.
0.6	E Harrigan	16 apr 2012	Amendment following feedback from Cluster Chief Nurse and comment from SCC.
0.7 Final	E Harrigan	24 August 2012	Operational from 3 September 2012.