



Department
of Health &
Social Care



Ministry of Housing,
Communities &
Local Government

Local
Government
Association

NHS

Clarified guidance onto discharge into care homes - webinar

Thursday 21 January, 12:30-13:30

**Integration and
Better Care Fund**



Agenda

- 12:30** **Welcome:** Rosie Seymour, Programme Director, Better Care Fund
- 12:35** **Introduction and Context:** Tom Luckraft, Deputy Programme Lead – Discharge to Assess Programme
- 12:40** **The clinical science and evidence behind the 14/ 90 day issue:** Eamonn O’Moore, Adult Social Care Team, COVID 19 Response, National Lead for Health & Social Justice, Public Health England
- 12:50** **Q&A**
- 12:55** **Guidance on Discharge into Care Homes:** Anne Booth, Programme Manager (Recovery Services), Hospital Discharge to Assess Programme, NHSE/I
- 13:05** **Issues for providers to consider:** Liz Jones, Policy Director, National Care Forum
- 13:10** **Q&A with a panel of clinical and policy experts in addition to speakers**
Deborah Sturdy, Chief Nurse
Adrian Hayter, National, Clinical Director for Older People and Integrated Person Centred Care, NHSE/I
Emma Self, Delivery and Policy Lead for Enhanced Health in Care Homes



Housekeeping

- **MS Teams Live**
- **Chat room (Q+A)**
- **Recording**
- **Slides**



Policy Overview – Designated Settings and 14-90 Days

Key discharge priorities:

1. Keep people care homes residents and staff as safe as possible and minimise the risk of COVID-19 transmission into care homes (staff movement, discharge, visiting professionals)
 2. Ensure a smooth discharge process, where people receive the right care at the right time. As part of this, important to ensure that care home managers receiving all the information they need to take decisions on admission.
- **As announced in ASC Winter Plan, designated settings policy set up in October to further protect care home staff and residents from COVID-19 transmission via hospital discharge.**
 - Policy means that people likely infectious with COVID-19, isolate in a designated setting for 14 days before then being discharged to a long term care home. (Isolation period can be split between designated setting and hospital)
 - Guidance published on 16th December.
 - Further clarificatory guidance on 14-90 days testing published last week.



Policy Overview – Designated Settings and 14-90 Days

- We want to ensure only people who are determined to be COVID-19 **infectious** are discharged to designated settings.
- Most people discharged to care home will receive a COVID PCR test in the 48 hours prior to discharge. A negative test result should be communicated to care homes as part of discharge information.
- Those people who test positive would be required to isolate in a designated care setting for 14 days before transferring to their own care home.
- **However, a different approach is required for people who have previously tested positive. This is because a person can test positive for up a period of time after first contracting the virus, even when no longer infectious to others. The criteria for the direct discharge of these persons to care homes are:**
 - Have tested positive in the past 90 days
 - Have completed their 14-day isolation period
 - And have a normal immune response



Eamonn O'Moore

Adult Social Care Team, COVID 19 Response, National Lead for Health & Social Justice, Public Health England

The clinical science and evidence behind the 14/ 90 day issue



Clarification note for care homes published on gov.uk on 13th January

Guidance

Discharge into care homes for people who have tested positive for COVID-19

Updated 13 January 2021

Contents

[Overview](#)

[Key roles of care
homes and hospitals](#)

[Steps for discharge
into care homes for
people who have
tested positive for
COVID-19](#)

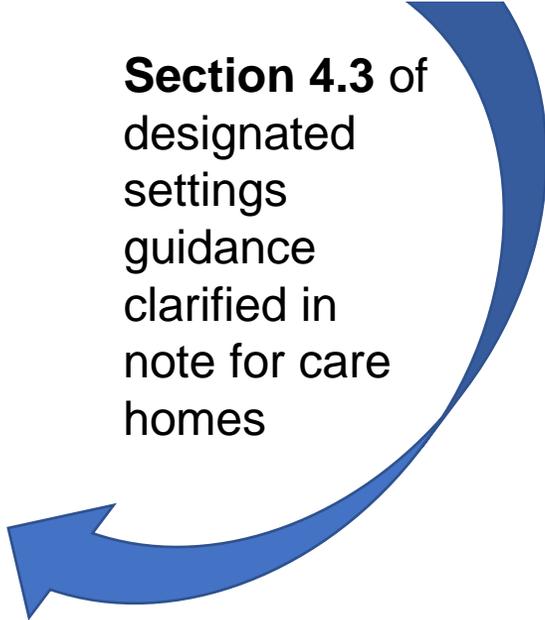
This document is based on guidance available on the date of issue. It will be updated as new guidance is published in line with the latest evidence.

Guidance

Discharge into care homes: designated settings

Updated 13 January 2021

Section 4.3 of
designated
settings
guidance
clarified in
note for care
homes



Re-cap of designated settings guidance

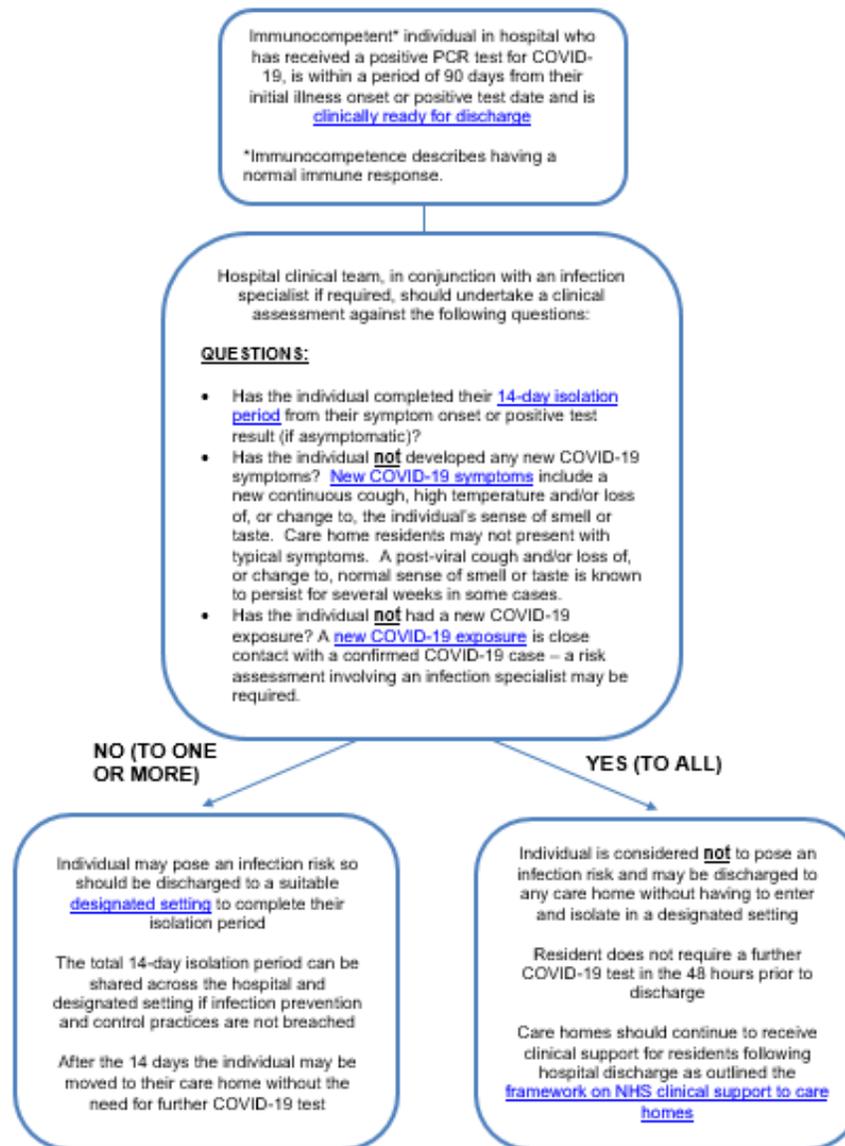
Designated settings



- CQC approved
 - Enhanced infection prevention and control procedures
 - May accept residents who have tested positive for COVID-19 and could be infectious to others
-
- Hospitals must undertake a COVID-19 PCR test on all patients being discharged into care homes in the 48 hours prior to discharge – those testing positive should be discharged into a designated setting in the first instance to see out their isolation period
 - However, patients who have previously tested positive for COVID-19 are exempt from routine re-testing within a period of 90 days from their initial illness onset or positive test date



Overall process flowchart



Group of patients who should be taken through process

- Patients who have tested positive for COVID-19 and are within 90 days of their initial illness onset or positive test date
- Must have no underlying severe immunosuppression – definition outlined in [Guidance for stepdown of infection control precautions and discharging COVID-19 patients](#) (on gov.uk)
- Must be clinically ready for discharge – definition (criteria to reside no longer met) outlined in [Hospital discharge service: policy and operating model](#) (on gov.uk)
- Must usually reside in a care home or need to be cared for in a care home as a new resident



Hospital clinical assessment

The hospital clinical team, in conjunction with an infection specialist if required, should assess each patient against three questions:

- 1) Completed their 14-day isolation period? Hospitals will only stop isolation after 14 days if certain clinical improvement ‘step down’ criteria have been met as outlined in [Guidance for stepdown of infection control precautions and discharging COVID-19 patients](#) (on gov.uk)
- 2) Have **not** developed any new COVID-19 symptoms? Guidance on COVID-19 symptoms in higher risk groups is provided in [Admission and care of residents in a care home during COVID-19](#) (on gov.uk)
- 3) Have **not** had a new COVID-19 exposure? A hospital COVID-19 exposure is classed as an exposure to a confirmed COVID positive patient while on a ward as outlined in [COVID-19: management of staff and exposed patients or residents in health and social care settings](#) (on gov.uk)



YES (TO ALL)

- 1) Completed their 14-day isolation period?
- 2) Have **not** developed any new COVID-19 symptoms?
- 3) Have **not** had a new COVID-19 exposure?

- Individual is **not** considered to pose an infection risk and may be discharged to *any care home* without having to enter and isolate in a designated setting
- Individual does **not** require a further COVID-19 test in the 48 hours prior to discharge
- Care home manager has the discretion to isolate the resident if they wish
- Care homes should continue to receive clinical support from primary care and community health services under the [Enhanced Health in Care Homes Service](#)



NO (TO ONE OR MORE)

- 1) Completed their 14-day isolation period?
- 2) Have **not** developed any new COVID-19 symptoms?
- 3) Have **not** had a new COVID-19 exposure?

- Individual may pose an infection risk so should be discharged to a suitable *designated setting* to complete their isolation period – unless they have developed new COVID-19 symptoms in which case they should be re-tested and clinically assessed in the hospital to determine next steps as outlined in [Discharge into care homes: designated settings](#) (on gov.uk)
- If the patient has had a new COVID-19 exposure the 14-day isolation period should start from the day of the last exposure
- The total 14-day isolation period can be shared across the hospital and designated setting if infection prevention and control practices are not breached
- After the 14-day isolation period the resident may be moved to a care home without the need for a further COVID-19 test



Key roles of care homes and hospitals

Key roles of care homes	Key roles of hospitals (in the context of interacting with care homes)
<p>Care home manager has the absolute discretion to accept or decline a resident depending on their local context and subsequently whether to isolate that individual on admission.</p>	<p>Hospital discharge team must not put undue pressure on a care home to accept a resident.</p>
<p>Care home manager should review the discharge summary information, in conjunction with NHS clinical support to care homes if required, to satisfy themselves that due process has been followed in the clinical assessment and decision-making.</p>	<p>Clinical team should ensure that the time-stamped reported COVID-19 test result of the individual is included in the discharge summary information.</p>
<p>If any information in the discharge summary information is missing or unclear, the care home manager should seek clarification from the hospital before accepting a resident.</p>	<p>Clinical team should provide detailed information about the clinical assessment and decision-making in the discharge summary information. This should state clearly whether or not the person is considered infectious and therefore whether or not it is necessary to discharge them to a designated setting. It should also include details of the individual's previous COVID symptomology (including date of onset of symptoms) and severity.</p>
<p>Care home manager should ensure the care home follows its own infection prevention and control procedures.</p>	
<p>Care home manager must ensure that the care home is operating within the margins of its organisation's indemnity insurance.</p>	



NCF: provider perspective on hospital discharge

Key conditions and safeguards needed for safe hospital discharge:

- ✓ Care homes decide – no arguments – it will depend on their pressures
- ✓ Full details & evidence of the person's COVID status
- ✓ Comprehensive discharge notes with clear clinical history.
- ✓ The 14 day test problem
 - evidence that it has been at least 14 days since the positive test
 - clarity on their isolation
 - the current situation in relation to symptoms
 - clarity about their current level of likely infectiousness
 - any exposure to new COVID risk while in hospital
- ✓ Guarantees about local community health support post discharge
- ✓ Vaccination of individuals pre-hospital discharge wherever possible
- ✓ Agreed fixed fee for discharge
- ✓ Recognition of insurance challenges

Q&A



THANK YOU

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