Supporting Proactive and Safe Discharge – Local Variation

Indicator 8b – Community Trusts

Indicator 8b – Community Trusts (Local Variation agreed)	
Indicator name	Supporting Proactive and Safe Discharge – Community Providers
Indicator weighting (% of CQUIN scheme available)	0.25%
Description of indicator	**Year 1 17/18** • Part a) 60% of weighting for this measure Actions to map existing discharge pathways, collect baseline/trajectories. Agree improvement trajectories • Part b) 40% of weighting for this measure The scheme covers SCFT teams that in reach into or are based at the following acute hospitals: East Surrey, Princess Royal, Royal Sussex County, Worthing, St Richards The scheme will measure improvements in discharge processes. These are likely to include the time between referral and assessment and the time between assessment/ acceptance and discharge. Specific improvements and trajectories will be agreed by the end of Quarter 2 following the baseline audit **Year 2 18/19** • Part a) 100% of weighting for this measure Continuation of the improvements identified, against a trajectory to be agreed by the end of Quarter 4 of 2017/18
Numerator	Year 1 Patients accepted that meet the access targets or meet other improvement targets agreed. Year 2 Patients accepted that meet the access targets or meet other improvement targets agreed.
Denominator	Year 1 Patients who are accepted for ongoing health needs .i.e. excluding those who are referred exclusively for the organisation of social care packages Year 2 Patients who are accepted for ongoing health needs .i.e.

Indicator 8b – Community Trusts (Local Variation agreed)	
	excluding those who are referred exclusively for the organisation of social care packages
Rationale for inclusion	There is a considerable evidence for the harm caused by poor patient flow. Delays lead to poor outcomes for patients, create financial pressures and impact on key NHS performance measures. Delayed discharge has serious impact across health and care systems, reducing the ability of emergency departments to respond to people's needs, and increasing costs to local health economies. Unnecessary delay in discharging older patients from hospital is a systemic problem with a rising trend - between 2013 and 2015 recorded delayed transfers of care rose 31 per cent and in 2015 accounted for 1.15 million bed days[1]. For older people in particular, we know that longer stays in hospital can lead to worse health outcomes and can increase their long-term care needs. Local A&E Delivery Boards are being asked in 2016/17 to implement key initiatives to address some of the major underlying issues causing delayed discharges. This CQUIN builds upon the 2016/17 A&E Plan discharge-specific activity to support systems to streamline discharge pathways, embed and strengthen the discharge to assess* pathway to maximum effect, and to understand capacity within community services to support improved discharge. This is a two year CQUIN that works across local health economies that aims to improve discharges for patients across all wards within hospitals. The desired outcomes will be improvement in patient outcomes, improvement in patient flow, and reduction in delayed discharges (and thus reduction in associated costs). Although this CQUIN includes a measure using acute data, it is an indicator of how well the whole system works to support timely discharge. Distribution of the CQUIN amount on achievement of the target between acute, community and NHS-commissioned care home beds would need to be determined locally. *Definition of discharge to assess[2]: Where people who are clinically optimised and do not require an acute hospital bed, but may still require care services are provided with short term, funded support to be discharged to their own home (where possible) or another community setting. This is where assessment for

[1] National Audit Office, (2016) Discharging Older Patients from Hospital
[2] Quick Guide: Discharge to assess www.nhs.uk/quickguide

Indicator 8b – Community Trusts (Local Variation agreed)	
	longer -term care and support needs is then undertaken in the most appropriate setting and at the right time for the person. Commonly used terms for this are: 'discharge to assess', 'home first', 'safely home', 'step down'.
Data source	SCFT systems
Frequency of data collection	Quarterly
Organisation responsible for data collection	SCFT
Frequency of reporting to commissioner	Quarter 2 and Quarter 4
Baseline period/date	Year 1 Q2 2017/18 Year 2 Q3 and Q4 2017/18
Baseline value	
Final indicator period/date (on which payment is based)	Year 1 End of 2017/18 Year 2 End of 2018/19
Final indicator value (payment threshold)	Year 1 (17/18): • Mapping and audit completed and improvement trajectories agreed • Improvement trajectories met Year 2 (18/19) • Improvement trajectories met Thresholds for year 2 will be reviewed in line with evidence from 17/18.
Final indicator reporting date	Year 1: End of Q4 2017/18 Year 2: End of Q4 2018/19
Are there rules for any agreed in-year milestones that result in payment?	Yes. See below.
Are there any rules for partial achievement of the indicator at the final indicator period/date?	Yes. See below.

Milestones for indicator 8b – Community Trusts

Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
Year 1 Part a)	(i) Map and streamline existing discharge pathways across acute, community and NHS-care home providers, (ii) Carry out an audit of discharge processes (iii) Develop and agree with commissioner a plan, baseline and trajectories which reflect impact of implementation of local initiatives to deliver the Part b indicator for year 1 and year 2 (iv) CCGs have agreed that the scheme attracts 0.25% of the total 2.5% SCFT CQUIN	End of Q2 2017/18	60% of 100% in Year 1
Year 1 Part b)	Meet agreed improvements in discharge processes		40%of 100% year 1

Rules for partial achievement for indicator 8b – Community Trusts – part b)

Final indicator value for the partial achievement threshold	% of CQUIN scheme available for meeting final indicator value
Less than 60% improvement trajectory	No payment
60% to 79% improvement trajectory	50% payment
80 to 99% improvement trajectory	80% payment
100% improvement trajectory	100% payment

Year 2 (18/19)

Against trajectories agreed during Q4 of 2017/18:

Final indicator value for the partial achievement threshold	% of CQUIN scheme available for meeting final indicator value
Less than 60% improvement trajectory	No payment
60% to 79% improvement trajectory	50% of payment
80 to 99% improvement trajectory	80% of payment
100% improvement trajectory	100% of payment