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The transfer of frail older NHS patients to other long stay settings

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The transfer of frail older NHS patients to other long stay settings

Summary

1. This guidance is to remind Health Authorities and NHS Trusts as well as managers, doctors, nurses and therapists of their shared responsibility for NHS patients who are being transferred to other care settings paid for by the NHS. This will often be following the closure of old hospitals or long stay wards. Most of these patients are likely to be physically frail older people, some with mental health problems. There has been public concern about such transfers, particularly where some patients have died shortly after transfer. The aim is to ensure the safe transfer of patients to more suitable settings where they will continue to receive quality health care.

2. Although the guidance is about frail older patients much of it will apply to other vulnerable groups or individuals. It may be helpful to read it in conjunction with the circular *NHS Responsibilities for Meeting Continuing Health Care Needs* (HSG(95)8).

3. The guidance covers :

- consultation
- the project plan
- the needs of the individual and their relatives or carers
- the process of transfer and the role of the receiving setting
- arrangements for follow-up and monitoring.

4. To help in the planning and implementation process there are action checklists for each topic. These are in the annex. They may be copied, added to or amended as necessary, for local use. If checklists are used and kept on record it may be more helpful to have signatures with dates rather than simply ticks or initials.

Definitions

5.

Relatives or carers is used to mean close family, carers or friends who have an interest in the patient's welfare and decisions about their care. If a patient is mentally incapacitated and has no relatives or carers to represent their interests, an independent person should be appointed to do so (fees or expenses may need to be met). When the term "relatives or carers" is used it may be taken to refer also to any independent representative.

The **project manager** is the person specifically appointed to take overall responsibility for delivering the project.

The **key worker** is the nurse or care manager responsible for ensuring that an individual patient's care needs are assessed and that there is a care plan for each patient.

The **patient transfer coordinator** is the person responsible for the day-to-day arrangements for the transfer of patients. This person is the link between the project manager and the key workers.

Staff in the receiving care setting refers to nurses or care assistants in the new setting who will be responsible for patients once they have been transferred.

CONSULTATION

6. The aim of consultation is to allow patients and their relatives or carers to have a say in the decisions made about the patient's future care. It should be made clear from the start why it is

proposed to move the patients, any risks there may be and the choices available. It should also be made clear that the overall aim is to provide continuing health care of high quality in a more suitable setting.

7. The transfer under consideration may be the result of a hospital or ward closure which has already been the subject of public consultation. The Community Health Council, patient and relatives groups and local media will have had the opportunity to comment on the Health Authority's plans.

8. Consultation should now focus on the needs of individual patients, taking into account the views of the patients themselves, their relatives or carers and the health care professionals concerned. Social Services and other key agencies should also be kept informed and involved when necessary. Patient privacy should be respected.

9. Consultation should be frank and cover all the key issues, including the needs of the patient group to be transferred, the arrangements for transfer of individual patients, the likely timetable and the financial implications, if any, for relatives or carers.

10. It will be important in choosing the voluntary or patient groups to be consulted to include those with the relevant expertise - for example, Age Concern, Alzheimer's Disease Society, MIND, Mencap.

11. Those leading the consultation - the project manager responsible for the transfer process in the early stages, the key worker when a patient's needs are being discussed - should value and respect the views of everyone consulted. When difficult and unpopular decisions have to be taken in order to balance present and future patient needs with resource limitations and planning restraints, it will be important to explain to patients, their relatives or carers and other interested parties why these decisions are necessary.

THE PROJECT PLAN

12. A carefully constructed project plan which is flexible enough to adapt to changing circumstances is central to the planning process. It should identify the overall needs of the group to be transferred. The mental and physical frailty of the group will be reasonably predictable but individual patient needs will call for separate consideration (see paras 21 to 32 below).

What to do

13.

- set up a **steering group** to see the whole project through, led by a **project manage**r who has the authority to commit resources and make decisions on behalf of the steering group

- appoint from within the group a **patient transfer coordinato**r to link the individual patient's plans with the overall transfer programme

- appoint a **key worker** who works at the hospital and knows the patient and their needs and will liaise with the patient and their relatives or carers as well as with staff in the receiving care setting

- seek, at an early stage, the explicit support, at a senior level, of the Health Authority, NHS Trust Board and the Local Medical Committee

- agree contingency plans for all aspects of the project

- ensure that all key agencies are informed of what is planned

- identify in the plan the staffing issues, eg Transfer of Undertakings and Protection of Employment (TUPE) issues, and the impact of the transfer programme on other health and social care services.

Specify arrangements for ensuring adequate cross-over of staff in caring for the patient in both settings.

What to keep in mind

14. Give careful thought to timing, avoiding, if possible, winter transfers. Take account of public holidays or other local events that could affect transfer on specific days. Staff at the hospital and the receiving care setting should discuss and agree the best time for transfer, normally avoiding weekends.

15. Avoid the transfer of a large number of patients at the same time. The actual number is a matter for local judgement but experience suggests that no more than three or four patients should be transferred in any one week. Whenever possible groups of friends should be moved together.

16. Take into account the effect that any delay (eg, in the contracting or any tendering process) might have on the planned timing of the move. Postponements for administrative reasons can be upsetting for both patients and staff.

17. Make sure that patients and their relatives or carers are kept informed of developments. Let them know which voluntary organisations might be able to offer them help or advice.

The option to postpone or cancel

18. The plan should identify the member of staff, usually the key worker, who has the authority to postpone or cancel the transfer of any individual should this become necessary - even if this means that the patient has to be moved within the hospital. There have been cases of projects gaining such momentum that they are difficult to stop despite serious concerns.

Continuing medical care

19. This vulnerable group of patients will in most cases remain in NHS-funded care. Their continuing physical and mental health care needs will, therefore, normally remain the responsibility of an identified hospital consultant and specialist team. Prior to transfer full details of each patient's medical history should be made available to the person who will be responsible for their clinical care in the new setting.

Nursing and therapy needs

20. Continuing nursing and therapy needs should be recognised in any tendering process and specified in any contract for meeting the assessed needs of those being transferred. Provision should also be made for continuation of any social, cultural or leisure activities.

THE NEEDS OF THE INDIVIDUAL AND THEIR RELATIVES OR CARERS

21. Transferring from a familiar hospital setting either as an individual or as part of a group is likely to be stressful, however good the new surroundings. Groups of patients who have lived alongside each other for a long time may be separated. For a frail older patient such a move can be a serious threat to their physical, psychological and social wellbeing. It is very important, therefore, to be aware of the risks, to handle the process sensitively and to be prepared to delay or halt a transfer if necessary.

Care planning meeting

22. Before formally deciding to transfer an individual patient there should have been discussion with the patient and their relatives or carers. A Care Planning Meeting should be set up to bring together the different professional assessments, identify the needs of the patient and their relatives or carers and to consider the options for where care may best be provided, including, if appropriate,

at home. Relatives or carers should be included in the discussion and every effort made to involve the patient personally.

Personal care plan

23. A personal care plan should be drawn up for each patient in consultation with their relatives or carers. It should summarise the patient's social and clinical history and the patterns of care provided so far. Special needs, including cultural and spiritual needs, as well as physical needs such as special equipment (eg hoist, bath aids, continence supplies) or chiropody services should be identified. If any particular pharmacy supplies, such as oxygen, will be needed the community pharmacist should be informed.

24. The plan should include the individual's preference for diet, eating habits, bathing arrangements and any idiosyncrasies which staff at the receiving care setting should know about. Most frail older patients are likely to have some degree of hearing and visual impairment. It will be important for hearing aids to be maintained and batteries to be available. Visually impaired people will need time and help to get used to a new layout. Anything that can be done to make the layout of the new surroundings similar to what patients have been used to will help.

25. The needs of relatives or carers to be able to visit or contact the patient in the new setting should be taken into account.

Role of staff

26. The patient's key worker should liaise with the nursing staff in the new setting and with the patient and their relatives or carers. Continuity of staff and a good relationship between care staff and patient is of prime importance for this care group. Continuity may be achieved through moving staff, secondments or extended visits by hospital staff to the new setting.

Review

27. The care plan should be reviewed at regular intervals. Medical, nursing and therapy needs should be re-assessed during the 2 to 3 weeks prior to the planned transfer with specific medical, nursing and social care assessments arranged well in advance of the planned move. A medical examination within forty eight hours before transfer may be advisable but this will depend on the consultant's view of the patient's condition. Patients and their relatives or carers should be involved in these reviews and consulted about any changes to the plan.

28. If at any stage anyone has doubts about the fitness of the patient, they should inform the key worker.

Information

29. It is very important that the patient and their relatives or carers are given as much information as possible about the new setting. There may be brochures, photographs or even videos they can look at. A member of staff who has visited the new home could describe it. Patients with visual or hearing impairment or who have learning disabilities or dementia should be given information in a format which they can understand. It will usually help if the information is repeated on several occasions until it becomes familiar.

Visiting the new setting

30. Patients should be given the opportunity to visit the new care setting prior to transfer unless this is likely to be distressing. Staff from the new setting should be invited to meet and get to know the patients. This may best be done by arranging for a named nurse or care assistant from the receiving setting to assist hospital staff in caring for the patient and preparing them for transfer.

31. The hospital key worker should spend as much time with the patient in the new setting as is considered necessary for the patient to have settled in. A day or two is unlikely to be enough. When this is planned to happen, off-duty arrangements need to be made explicit well in advance of the planned transfer.

Patient's money

32. Care should be taken that arrangements for dealing with patients' personal finances, benefits and spending money are continued.

THE PROCESS OF TRANSFER AND THE ROLE OF THE RECEIVING SETTING

33. The project manager has overall responsibility for the timing of individual transfers. If an individual patient's transfer is necessarily delayed this should not mean that another patient's transfer is artificially speeded up to fill the gap in the overall transfer timetable.

34. The arrangements for the transfer of each patient should be detailed in written or other suitably recorded form aimed particularly at informing the patient and their relatives or carers. Staff involved in the transfer in both settings should also be informed in writing. The information should include details of:

- the timetable
- medical or other clinical arrangements
- who the receiving care worker is
- transport arrangements
- pharmacy arrangements
- the overlapping of staff
- equipment, aids and other supplies
- arrangements for packing and moving personal possessions (they should be carried in a suitcase or suitable bag - not in a plastic bag or hospital waste sacks !)

35. If there are any changes to the timetable everyone directly involved should be informed as soon as possible.

Action checklist

36. For each patient a checklist of tasks and actions should be drawn up (along the lines of the checklist in the annex) identifying responsible staff in both settings and the times by which each of the tasks or actions should be completed. The key worker in the hospital and the receiving care worker in the new setting should agree and coordinate the completion of the checklist.

37. The checklist should take account of both the detail specified in the contract for the new care setting (for example, the overlapping of staff and arrangements for equipment) and the information contained in each patient's care plan.

38. At any stage, those identified as responsible for tasks or actions should alert the key worker if they have any concerns about the transfer arrangements or the appropriateness of the agreed timetable. These concerns should be recorded and lodged with the patient's care plan. If they are not resolved the patient's relatives or carers should be informed and a review meeting held.

The move

39. When all stages of the checklist have been satisfactorily completed, the hospital key worker and the responsible person in the receiving setting should notify the patient transfer coordinator that the transfer is to take place the next day. They should confirm this with the patient and their relatives or carers. As a final check, on the day of transfer the hospital doctor should confirm medical fitness for transfer that day. When choosing the day for transfer, the availability of key staff on that day should be taken into account.

Transport

40. Transport should be arranged well in advance, avoiding, if possible, late afternoon or evening transfers and moves immediately before or after meal times. Remember that the journey itself can be stressful. The key worker should notify the patient transfer coordinator of the arrangements for staff and relatives or carers to travel with the patient. This will help in deciding the kind of vehicle that is most suitable.

ARRANGEMENTS FOR FOLLOW-UP AND MONITORING

41. After the first transfer, the transfer procedure should be reviewed to gauge how successful it has been and any if there are any changes that need to be made to the procedure. After all the patients have been transferred there should be group and individual review arrangements. At the individual level, all interested parties should be involved.

42. Health Authorities and NHS Trusts have a responsibility to review the placement and the contract with the new care setting. They should carry out an audit of the process and a follow-up evaluation which should be discussed with Regional Offices as part of the performance management process.

43. As transferred patients remain the responsibility of the NHS they should have their health needs reviewed regularly. The arrangements for pharmaceutical services and out-of-hours medical responsibilities should be made clear.

Annex

Checklist 1 : Consultation

Are you clear about which aspects of the transfer plan you will be seeking views and about any non-negotiable elements? ☐

Have you identified who needs to be consulted and at what stage? ☐

Does this include:

- the patient and their relatives or carers? ☐
- doctors, nurses and health care professionals? ☐
- Social Services if they have an interest? ☐
- any other interested parties? ☐

If a patient is mentally incapacitated and has no relative or carer to represent their interests, have you appointed a suitable independent person to do so? ☐

Have you identified which voluntary or patient groups have the expertise relevant to the patient group you are dealing with? ☐

Have you consulted with the Health Authority, NHS Trust board members and the Local Medical Committee before any commitments have been made? ☐

Have those leading the consultation made it clear that although they will take into account the views of those consulted there may be financial or other restraints that mean difficult decisions have to be taken? ☐

If that is so have they explained why such decisions are necessary? ☐

Are you keeping a check on decisions that are amended in the light of consultation? ☐

Checklist 2 : The project plan

Is your plan within a realistic timetable, taking account of the time of year and the suggested avoidance of transferring a large number of patients together? ☐

Have you considered how the transfer might be affected by public holidays or local events, or by being scheduled at or near to a weekend? ☐

Have you set up a steering group which has executive authority on behalf of all key agencies? ☐

Have you appointed

- a project manager who has the authority to commit resources and make decisions on behalf of the steering group? ☐
- a patient transfer coordinator to oversee the plans for individual patients? ☐
- a key worker who knows the patient and their needs? ☐

Has the key worker made contact with the nurse or care assistant in the receiving care setting who will be responsible for the transferred patients? ☐

Have you discussed with patients and their relatives or carers how the plans will affect the patient as an individual? ☐

Are NHS Trust board members committed to the closure and the transfer plan and prepared for the public or media reaction? ☐

Have the necessary resources, both people and financial, been secured for the required time, including a possible period of double running or an unplanned overrun? ☐

Are the key interested parties involved in the tendering and contracting process? ☐

Have you agreed contingency plans for all aspects of the project? ☐

Have you agreed how disputes about the transfer process will be resolved? ☐

Have you kept the media informed? ☐

Are you ready to deal sympathetically with adverse comments from dissatisfied relatives or staff and the media? ☐

Are you satisfied that all possible safeguards are being taken over the transfer arrangements? ☐

Checklist 3 : The needs of the individual and their relatives or carers

Has a Care Planning Meeting taken place for every patient? ☐

Were the patient and their relatives or carers involved? ☐

Has a care plan been developed? ☐

Does it include:

- an up-to-date detailed assessment? ☐
- a social and medical history? ☐
- risk factors? ☐
- special needs (eg, diet, chiropody, special equipment)? ☐
- cultural and spiritual needs? ☐
- social and leisure needs? ☐
- information on record of how the patient is likely to respond to a stressful event? ☐
- what measures might be taken to prevent or alleviate stress? ☐
- a contingency plan for what happens if the patient is not fit on the day? ☐

Have arrangements been made for a settling in period in the receiving care setting with staff who are familiar to the patient? ☐

Has the key worker been in discussion with the nurse or care assistant in the receiving care setting who will be responsible for the transferred patients? ☐

Do the patient and their relatives or carers know who this will be? ☐

Have arrangements been made for the nurse or care assistant in the receiving care setting to get to know the patient and be involved in their care prior to transfer? ☐

Do these arrangements include details of when and for how long this will be, and how such co-working will be facilitated for staff working different care rotas? ☐

Are the staff of the receiving care setting familiar with the patient's care plan, including issues such as how to handle distress? ☐

Have the staff of the receiving care setting been involved in drawing up the transfer plan? ☐

Has medical cover been discussed and arranged? ☐

Has a transfer summary been prepared detailing continuing medical, nursing and therapy needs? ☐

Has an adequate (at least two weeks) supply of medication, dressings, and equipment been ordered to cover the post transfer period? ☐

Has the local pharmacy been informed about any special needs? ☐

Have the assessed needs and the care plan been reviewed in the 3 to 4 weeks before the planned transfer? ☐

Has it been decided who will be travelling with the patient during the transfer? ☐

Has transport been arranged taking account of how many people will be travelling with the patient and who they will be? ☐

Is there a checklist for the timing of actions needed and who is responsible at each stage? ☐

Checklist 4 : The process of transfer and the role of the receiving setting

Is all the necessary documentation completed, dated and ready to travel with the patient? ☐

Does this include:

- a comprehensive medical summary, particularly detailing active problems and medication? ☐
- a letter which summarises the nursing and social care needs? ☐
- an entry in the medical notes 48 hours before transfer based on current medical examination? ☐
- the care plan and care plan review? ☐

Are the identified equipment, aids and supplies, either ready for travel with the patient or in place in the receiving setting? ☐

Do they include (if needed):

- specialist beds, chairs and mattresses? ☐
- hoists and bath aids? ☐
- continence supplies? ☐
- pharmacy supplies? ☐
- hearing aids and batteries? ☐

Have arrangements for packing and transporting the patient's possessions been made? ☐

Do they include:

- identifying the items to travel with the patient and those to arrive in advance? ☐
- packing personal possessions in a suitcase or suitable travel bag (not in a plastic bag or hospital waste sack)? ☐

Have travel arrangements been made? ☐

Do they include:

- who is to travel with the patient (eg, key worker, relative or carer, or a combination)? ☐
- the date and time of day travel is to take place, avoiding times that would disrupt routine? ☐

Have arrangements been made for the patient to be received in the new setting? ☐

Do they include:

- confirmation, in advance, by staff in the receiving care setting that the new setting is fully prepared? ☐
- a nurse or care assistant being on duty in the new setting to receive them? ☐
- whether the patient and their relatives or carers accompanying them are to receive a meal or snack and drink on arrival? ☐
- whether the receiving clinical assistant should carry out a medical examination on arrival? ☐
- the receiving staff knowing what is likely to be the patient's greatest concern - for example where their personal possessions are? ☐
- informing relatives and carers or friends of their safe arrival? ☐

Have arrangements been made for the overlap of staff from both settings in the care of the patient in the new setting? ☐

Do they include:

- the length of time staff from the previous setting should continue to help provide care in the receiving care setting? ☐
- the identification of the individual staff involved in co-working in both settings and facilitation of co-working? ☐

Have arrangements been made in the new setting for relatives and carers or friends to be able to contact or visit the patient? ☐

Does this allow for continuation of previous visiting patterns? ☐

Does it allow for continuation of communication arrangements between relatives or carers and members of staff? ☐

Checklist 5 : Arrangements for follow-up and monitoring

Was the transfer procedure reviewed after the first transfer to gauge how successful it was?	☐
Were alterations made to the arrangements if considered advisable for future transfers?	☐
Has the transfer been reviewed in relation to the group of patients concerned?	☐
Has the transfer been reviewed in relation to the individual patients concerned?	☐
In the case of the latter have all key players been involved?	☐
Has it been explained to the patient and their relatives or carers that the patient remains the responsibility of the NHS?	☐
Are arrangements in place for the patient's health needs to be reviewed regularly?	☐
Has the placement and contract with the new care setting been reviewed?	☐
Has there been an audit of the process and a follow-up evaluation to be discussed with the Regional Office as part of the performance management process?	☐

This circular has been issued by:

Dr Graham Winyard

Director