



COVID-19: Guidance on Hospital Discharge, NHS Continuing Healthcare & the Implications on Funding Care

On Friday, we reported on the implications of the Coronavirus Bill for Local Authority and NHS Funded Care following the Bill's First Reading. To view this article, [click here](#).

The Second Reading of the Bill and the Committee Stage is scheduled to take place today.

Late last week, the Department for Health and Social Care published the [COVID-19 Hospital Discharge guidance](#) ('Guidance').

What is 'Discharge Home Today'?

During the COVID-19 emergency period, the existing notion of 'discharge to assess' and ordinary Hospital Discharge processes will be suspended in favour of a default plan of 'discharge home today'.

The idea is to expedite the safe discharge of patients from acute hospitals to free up acute beds as quickly as possible.

At the point at which a patient is deemed safe and ready for discharge, the patient should be discharged that same day.

Is there a process for 'Discharge Home Today'?

Yes. The revised Hospital discharge process is as follows.

1. On the day a patient is to be discharged, within 1 hour the ward is to arrange to escort the patient to the hospital discharge lounge, so the acute bed can be immediately used by another patient who is acutely unwell.
2. Within 2 hours of arriving in the discharge lounge, the discharge co-ordinators will arrange transport home, any volunteer and voluntary sector support and immediate practical measures, such as shopping and turning the heating turning on, for those who have no one else to do this.
3. A patient will be visited at home on the day of discharge, or the day after, by a lead professional or multi-disciplinary team, to arrange any care support which needs to be put in place at home.
4. For any patient requiring care and support on the day of discharge, a care co-ordinator will arrange the necessary provision before the patient leaves the hospital.
5. If a patient's needs are too great to return home, a suitable rehabilitation bed or temporary care home placement will be arranged.
6. If a patient has been admitted to an acute hospital from a care setting, the patient should be discharged back to the original care setting.

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If a patient has been admitted from home, but requires residential or nursing care, will they be entitled to a choice?

Yes, however during the COVID-19 emergency period, if a patient's first choice of care home does not have a vacancy the patient may be discharged to an alternative care home until the patient's first choice becomes available.

Care co-ordinators are to follow up to ensure patients are able to move to their long term care home as soon as possible.

If 'Discharge to Assess' is suspended whilst 'Discharge Today' is in place, how will care be funded?

All support provided as a result of 'Discharge Today' will be paid for by the NHS to ensure the focus is on moving patients from acute hospitals as soon as possible.

This means you, or a loved one, should receive all 'Discharge Today' care on a non-means tested basis, free, at no cost.

Any patients requiring palliative care may require NHS Fast Track funding depending on how their situation applies to the National Framework's guidance.

A detailed explanation of NHS Fast Track funding can be found by [clicking here](#).

Can a retrospective charge be raised?

Yes. The Coronavirus Bill reserves the right for a Local Authority to retrospectively complete a financial assessment once the emergency period is over and backdate the charges to the individual in respect of any social care provided.

What happens to NHS Continuing Healthcare whilst 'Discharge Today' is in place?

A series of temporary arrangements will be implemented during the emergency period. These arrangements cover:

- The assessment of eligibility for NHS Continuing Healthcare funding.

As highlighted in our [article on Friday](#), eligibility assessments for NHS Continuing Healthcare for individuals falling within the 'Discharge Today' acute hospital discharge pathway and in community settings will be suspended until the end of the emergency period.

The COVID-19 Bill will contain further detail regarding this change.

- Individual requests for a review of an eligibility decision – i.e. Local Resolution and Independent Reviews.

Individuals can still challenge refusals to award NHS Continuing Healthcare funding (i.e. an eligibility decision) in accordance with the current appeals processes however the time frame for a response will be relaxed.

Information about the process for challenging refusals to award funding can be found by [clicking here](#).

- 3 month initial case reviews, and 12 month annual reviews of NHS Continuing Healthcare funded packages of care.

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NHS bodies are advised to take a proportionate view to undertaking 3 and 12 month reviews to ensure an individual's care package is meeting their needs and any concerns are addressed.

Will suspending NHS Continuing Healthcare assessments create a backlog?

Yes. It is estimated deferring full NHS Continuing Healthcare eligibility assessments is likely to create a backlog circa 5,000 assessments per month. The same is likely to apply to requests for reviews of refusals to award funding.

A 'handling plan' is to be developed to enable the system to normalise after the emergency period.

[Our community care solicitors](#) will provide more information once the Coronavirus Bill has been debated today.

If you have concerns or questions, please contact our [community care lawyers](#) or [healthcare solicitors](#). Contact us by emailing online.enquiries@la-law.com or calling 02380 827483.

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