

HOSPITAL DISCHARGE AND CONTINUING HEALTHCARE

A COMPLETE GUIDE TO OUR SERVICES



CHS
Healthcare

TWENTY YEARS OF
WORKING IN PARTNERSHIP
WITH THE NHS



Our hospital discharge services highlighted in the Carter Report

Some trusts are looking to dedicated support and brokerage to reduce delayed transfers of care. These services work personally with families and beyond the traditional care hours model to support people to move to a care home of their choice, step-down care or back into their own homes.

“The national strategy should encourage trusts to do more of this to find rapid local solutions to the problem of delayed transfers.”

Lord Carter: *Operational Productivity and Performance in NHS Acute Hospitals: Unwarranted Variations*, published 2016.

Trusted and unique specialist services

Two decades of experience

Our company was founded more than 20 years ago in 1995 by GP Dr Richard Newland based on one simple principle: to provide families with the information and advice they need to choose a care home. Working as a GP with families seeking his advice, Dr Newland recognised professional support was essential for such an important decision.

Dr Newland remains the chief executive of CHS Healthcare today and providing quality advice and support remains our core work. We have grown into a nationwide company delivering 25 in-house hospital discharge services throughout the country, from the south coast up to Cumbria and the north-east.

We are the only company in the country undertaking this highly specialised work on a national scale.

Supporting hospital discharge

We are widely commissioned to support hospital discharge and the work we do is proven to reduce delays. We support families to make choices about care homes and equally, we organise packages of care enabling people to leave hospital and return to live in their own home. Service user satisfaction rates are consistently very high.

Continuing healthcare specialists

We also specialise in continuing healthcare (CHC). We developed a unique, purpose-built database for all continuing healthcare information, called Caretrack. We have a large and highly skilled clinical services team. The team provides a full CHC service, including managing whole end-to-end services, and a menu of services, which can be commissioned according to needs.

We are the only trusted provider of full, end-to-end continuing healthcare services.

National recognition for CHS Healthcare services



We are praised as an example of good practice in NHS England's Guide to improving hospital discharge.



Our hospital discharge service in Lancashire was shortlisted for an HSJ Award.

Our hospital discharge services

Wide range of services

We offer a wide range of hospital discharge services to meet local needs and priorities. All discharge models are established, proven and have excellent evaluation from both service users and in terms of operational outcomes. Because our services are flexible and commissioned on a bespoke basis, hospitals and CCGs can commission one or several of the services listed in the menu.

Menu of our hospital discharge services

- ✔ Supporting patients and families who need to choose a care home and transfer from hospital into nursing and residential care. We work closely with families, identifying care homes and taking them to visit care homes if needed, to ensure they make an informed, supported choice and reducing delays to this process.
- ✔ We offer this service for all funder types (self-funders, local authority funded, Fast Track). Schemes are commissioned to meet local needs and we can work with all patients or specified funder groups.
- ✔ We often provide support, co-ordination and brokerage for individuals who need a package of care to enable them to move out of hospital and return to their own home.
- ✔ Our teams work closely with agencies to co-ordinate care without delay to meet challenges, such as shortages of care workers and supporting individuals with high levels of need.

Discharge to assess

- ✔ We have worked in discharge to assess since 2010, when the earliest models were introduced and we continue to operate discharge to assess models across the country. We operate models with reablement where we manage the physiotherapy and occupational therapy providers. We can provide pathway one (home first), pathway two and pathway three models.
- ✔ Because we employ nurse assessors, we can manage the whole pathway, undertaking continuing healthcare checklists. Like our advisers, our nurses work flexibly including evenings and weekends to reduce delays.
- ✔ We can offer our hospital discharge models, including discharge to assess, on a temporary basis to address seasonal pressures.
- ✔ We can set up a new hospital discharge service (including staff recruitment) within six weeks of contract agreement.

Quality assurance

All of our models are established, evaluated and proven across a range of different measures.

Key performance indicators

- ✔ Families contacted on same day as referral.
- ✔ If a care home is to be chosen or package of care arranged, choice made within 48 hours of referral and hospital discharge to care home or home with package of care within five days of discharge. Typically, without a dedicated service, this process takes 12–20 days.
- ✔ Within our discharge to assess model, referral to transfer to D2A bed within 24 to 48 hours.



“A key strength of CHS is the flexibility of the staff and the out of hours service that wouldn’t be replicable in the public sector.”

Comments from NHS commissioner featured in report of secondary analysis of interview data produced by the University of Sheffield, School of Health and Related Research

University of Sheffield report



Our hospital discharge services produce a 356 per cent Return on Investment, a study by the University of Sheffield has found. The study considered evidence from eight CHS hospital discharge services where there was a measure of delayed discharges of care (DTOC) before and after our service commenced. By reducing DTOC, bed day savings were made: an average of £99,669 per month, the study finds. Subtracting the cost of the CHS service from bed day savings, the return on investment was calculated. In summary, for every £1 invested, there was a return of £3.56.

Lord Carter’s report



Lord Carter’s landmark report, *Operational Productivity and Performance in NHS Acute Hospitals: Unwarranted Variations*, states delayed hospital discharge costs the NHS an estimated £900 million each year. Our service is cited in the report as an example of good practice, where trusts have “taken matters into their own hands” by engaging independent specialists. The report states: “For example CHS Healthcare has worked with the Dudley Group of Hospitals to halve the days spent in hospital by fit to discharge patients saving 995 bed days over four months, at a net benefit of £170,000.”

Our continuing healthcare services

Large resource of expertise and services

We have a large resource of expertise and services in this highly specialised field. We offer a wide menu of services in continuing healthcare and clinical commissioning groups can select services to suit needs. To date, we have provided services for more than 80 clinical commissioning groups and we are currently contracting with 30 CCGs across the country.

Our work is so highly respected that in south-west London and the west country, we manage the whole continuing healthcare service, end-to-end for the CCG.

Menu of our continuing healthcare services

- ✔ Caretrack is our purpose-built, bespoke database for all continuing healthcare and funded nursing care healthcare information. Harmonising financial and clinical information, Caretrack enables commissioners to deliver high quality clinical care and to control and project expenditure
- ✔ It is the only fully web-based system on the market, which can be securely accessed on all web enabled devices
- ✔ Caretrack users have the support of our in-house Help Desk, available in all office hours, staffed by our own specialists
- ✔ Data management and financial validation services, proven to save money by ensuring invoices always match the actual care provided. We call care providers to check care actually delivered and identify any discrepancies.
- ✔ Care brokerage, within financial parameters, for continuing healthcare, including Fast Track funded individuals
- ✔ Our nurse assessors can undertake continuing healthcare and funded nursing care assessments and reviews
- ✔ Appeals, disputes and complaints
- ✔ Retrospective reviews
- ✔ Independent review
- ✔ Mental health service support and service audit (including s117, s17 and s17a)
- ✔ Care and treatment reviews
- ✔ Personal health budgets
- ✔ Contracts management and individualised commissioning consultancy
- ✔ Continuing healthcare educational module.

Quality assurance

Our clinical services team is one of the largest independent resources of expertise in continuing healthcare in the country. The team includes many nurses from a senior management NHS background. The emphasis is upon sharing best practice and disseminating across all services.

Our team have managed one of the largest caseloads of retrospective CHC reviews in England and is proud to have met every one of a series of challenging deadlines. Our work has recently been quality assured in a national benchmarking exercise. Our current clinical work has demonstrated significant efficiency savings for both health and social care partners.

We have provided CHC training for many hundreds of individuals: NHS and local authority staff, together with our own staff. The two-day module we have developed is the only face-to-face training of its kind currently available, with a values-based system of delivery.

Our data management and invoice checking services are proven to deliver very significant savings (typically five per cent of a CCGs spend on domiciliary care annually). In Eastbourne, we saved £250,000 in one year. In a north-west London CCG, the saving was £101,591 in six months.



“Although no-one can say: ‘I am 100 per cent confident in the accuracy of my data’, I am as close to 100 per cent as possible. Knowing our end-users are happy and confident in Caretrack is critical; they are most active on the system and if they are happy and confident in using it, I too can be confident in the data and with the reporting capacity, I am in control of the high volume of information generated in CHC, FNC and PHB.”

Stephanie Harrison is the Patient Data and Management Officer, Personalised Care Team at Trafford CCG and has been using Caretrack for three years.

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