Ref. No:	1232
Date:	30/09/24
Subject:	Spinal Injuries Association

REQUEST

1. **Does your SCIC have a specific policy or framework on discharge to assess? If so, can you please provide it?**

2. **Is discharge to assess considered to be best practice and if so why?**

3. **In your SCIC, are the appropriate staff members being a part of the completion of the DST (providing support indirectly) or (directly) completing it with the patients? If not, is the ICB preventing this?**

4. **If the ICB and local trust is allowing the SCIC to do the DST, do the SCIC nominated staff have protected time to undertake this work/ is this factored into their job plan? We acknowledge there is an allotted time needed to complete this administrative task for any SCIC staff member / clinician involved in this work.**

5. **If an SCICs policy is to discharge to assess, do you have outreach workers to support individuals in the community when they have their DST or do they signpost them to SIA or elsewhere? If elsewhere, please specify where.**

6. **If outreach workers can support in the community to complete the DST, would consideration of a contact email address be provided for collaboration with SIA regarding DST completion?**

7. **Currently admitted to your SCIC, how many patients need (or expecting to need) their care provision to follow the D2A pathway?**

RESPONSE

1. **Does your SCIC have a specific policy or framework on discharge to assess? If so, can you please provide it?**
   We are guided by the individual ICB and pathways in place. We maintain a directory of most areas and their contacts information and documented pathways to follow for referrals. Once a patient has been identified for active discharge planning, we contact and clarify the most appropriate process.

2. **Is discharge to assess considered to be best practice and if so why?**
   As a regional centre we do not determine the pathway as explained above, unable to comment on 'best practice'. D2A can be more timely allowing patients waiting in trauma centres to be admitted sooner. However, most discharges that are D2A for more complex patients going to complex nursing home have input from CHC teams and they identify complex care placements. Some areas start with D2A and when they acknowledge a complex needs patient requesting POC at home they often agree for DST and CHC assessments while with us so the right care agency can be funded.

3. **In your SCIC, are the appropriate staff members being a part of the completion of the DST (providing support indirectly) or (directly) completing it with the patients? If not, is the ICB preventing this?**
   It is a mixture of both, some areas eg: Lancashire & South Cumbria ICB have reverted back to CHC checklist and DST. Often it depends on area and if a POC at home is required.

4. **If the ICB and local trust is allowing the SCIC to do the DST, do the SCIC nominated staff have protected time to undertake this work/ is this factored into their job plan? We acknowledge there is an allotted time needed to complete this administrative task for any SCIC staff member / clinician involved in this work.**
   This forms part of the Case managers job role

5. **If an SCICs policy is to discharge to assess, do you have outreach workers to support individuals in the community when they have their DST or do they signpost them to SIA or elsewhere? If elsewhere, please specify where.**
   Our Spinal Outreach Team is not commissioned to support individuals in the community when they have their DST. Case Managers provide advice and signposting over the phone if needed but at discharge we provide copy of Discharge Care Requirements (Care Plan) and any MDT professional reports to support CHC assessment so the patient leaves with the evidence required

6. **If outreach workers can support in the community to complete the DST, would consideration of a contact email address be provided for collaboration with SIA regarding DST completion?**
   Commissioned additional resource would be required to support this process

7. **Currently admitted to your SCIC, how many patients need (or expecting to need) their care provision to follow the D2A pathway?**

   We liaise with 3 ICBs in the North West:
   Lancashire & South Cumbria ICB do not follow D2A
   Cheshire & Merseyside ICB & Greater Manchester are broken down into their own individual areas and we do not know until point of referral exactly which pathway that area will follow.

   As of 1/10/24, we had 45 in-patients.

   19 Engaged in rehab still and unknown pathway at this stage

   6 Discharge planning via D2A

   16 Discharge planning via CHC process

   <5 with Reablement support

   <5 finalising rehab goals and discharge planning with potentially no care needs

We are unable to provide precise figures when those figures refer to individuals in volumes of 5 or less due to the risk that individuals will be re-identified, as we are required to protect their identity under the General Data Protection Regulations & Data Protection Act 2018. In such circumstances Section 40(2) and Section 40(3) of the Freedom of Information Act apply. In this case, our view is that disclosure would breach the first data protection principle which states that personal data should be processed “lawfully, fairly and in a transparent manner”. It is the lawful aspect of this principle which, in our view, would be breached by disclosure, and in such circumstances, Section 40 confers an absolute exemption on disclosure.