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To: Medical Directors, NHS Boards
Directors of Nursing, NHS Boards
Chief Social Work Officers, Local
Authorities.

CC Chief Executives, NHS Boards
Chief Executives, Local Authorities
Chief Officers, Integration Authorities.

19 December 2021

Dear colleagues

I know that your teams have been working incredibly hard over the past months to ensure we have the capacity we need to meet the demands on our system. This work includes redirection from Emergency Departments, proactive assessment teams that prevent avoidable admissions and Discharge without Delay initiatives to ensure timely discharge. This combined with work towards reducing delayed discharges and creating additional capacity in the community, is beginning to show, in some areas, improved outcomes for patients. However, in light of the projections of unprecedented demands on acute hospitals over the next few weeks, I want to offer you as much support as I can.

You will be aware of the communication from senior Health and Social Care Officials on 26 October which highlighted the importance of supporting people who, following a clinical review of their needs, have been assessed as no longer requiring care and treatment in a hospital setting. This was clear that people should move on from hospital to a more appropriate setting, with an interim placement if necessary.

Scottish Government has written out to every household about the importance of accessing the right care from the right place. We are clear that for those people whose treatment is complete, remaining in an acute hospital is the wrong care, in the wrong place. Remaining unnecessarily in hospital can be harmful to people's physical and mental wellbeing.

I have discussed this matter with the Chief Medical Officer, Chief Nursing Officer and Chief Social Work Advisor. We appreciate that leaving hospital can be a worrying time

for both the patient and their family and carers. We are also aware of the current difficulties in sourcing care at home provision in some areas. Until that can be resolved, we expect local partnerships to use available care home capacity to provide alternative short-term care. This needs to have a rehabilitative, re-abling focus. Wherever possible, patients should be offered the widest range of choices available, to enable them to secure the best fit for their needs. Only in extreme circumstances should patients only have the opportunity to consider a single placement. Every effort should be made to ensure that, any individual who is moved to interim care can be located in an area which enables family members, carers and loved ones to visit them.

Local areas should continue to follow the advice contained in [CEL 32 \(2013\)](#) Guidance on Choosing a Care Home, which states the need for individuals to make an interim choice, where their preferred home is not available.

Arranging such moves will involve sensitive conversations with families and I know that you will support staff in having these discussions, along with strong professional leadership and a clear escalation route where required, for among all the choices people will have, simply remaining in hospital cannot be one of them. As you will all be aware, it is also important that local partnerships and other public bodies have in place, or continue to have in place, measures which seek to mitigate against the risk and spread of infection from Covid-19 when patients from hospital are being discharged to care homes or other communal settings.

As stated in previous advice about interim placements, the consent of individual patients should be sought to an interim placement. Where individuals do not have capacity to give consent but have someone who can do that for them such as Powers of Attorney or court-appointed guardians the consent of that person should be sought.

To that end I attach a draft escalation letter that you should adapt for local use to take account of the different circumstances that individuals may be in. This escalation letter should only be used once all other options under the Choice guidance have been exhausted.

You will want to check and ensure you are content with this material from your perspective. As local partnerships will know, it will be important that individuals discharged from hospital, and their families, are clear about the reasons why they need to leave hospital and what has been done to try and accommodate their needs.

Kind regards,

A handwritten signature in black ink, appearing to read 'H. Yousaf', written over a light blue horizontal line.

HUMZA YOUSAF

TEXT of Draft Escalation Letter

I understand that **you/your relative have/has** been receiving care on Ward **x** in **xxxxxx** hospital, and the clinical team caring for **you/your relative** have agreed that **you/your relative** no longer need hospital care, and it is appropriate and safe to move onto the next stage of care.

Regrettably [**Partnership**] is experiencing very serious pressures across both health and social care and these are significantly impacting every service. These pressures come from high levels of demand along with challenges around staffing, and have been made worse as a result of COVID-19. The expectation is that these are set to continue into winter months.

Over the last few months there have been significant increases in the number of

- people needing emergency treatment
- people who are delayed in hospitals waiting for care and support packages
- people waiting for care and support packages at home
- people requiring more care and support than previously

Currently, these pressures are greater than experienced at any time during either the first or second waves of the COVID-19 pandemic and require decisions to be made about placements to be managed differently than in the past, in what are unprecedented times.

Ordinarily we would want **you/your relative to receive the care at home you/you relative needs/ move to a Care Home** of your choice but due to these unprecedented times this is not immediately possible.

Due to the significant and ongoing service pressures, whilst every effort has been made to try and accommodate your preferences, we are currently unable to **fulfil your package of home care/secure a place in your preferred care home of choice** at this time. Whilst we have not be able to place you in the care home of your choosing, at this time, **we have offered you a range of options** and we have made our decision taking account of your preferences and based on the care home places available at this time.

Our top priority is to ensure that, where possible, **you/your relative** receive the right care in the most appropriate place for the best recovery possible. I understand that, after listening to your/your relatives views and seeking to take these into account where possible, the team caring for you have agreed that **you/your relative require[s care at home / you/your relatives preferred choice of care home is xxxxx**.

It has therefore been determined that it is in your//your relatives best interests that you/your relative to be discharged, on a temporary basis, to **xxxxx**.

When hospital care and services are no longer needed, there is strong evidence that it is beneficial for someone's physical and mental wellbeing if recovery is achieved in a homely environment out with hospital. Staying in hospital for longer than necessary may reduce independence, result in a loss of muscle strength and increase the risk of

exposure to infection. Leaving hospital when ready is not only best for you/your relative but will ensure that care and services are available in a timely manner when required for those who are acutely unwell.

We do appreciate this will not necessarily be what you would have wished for however those caring for you have determined that, looking at the available options at this time, the best/safest place for you is in the community in an environment which best meets your needs at this time. You/your relative has had the opportunity to choose from the available service/facility vacancies and we will now make arrangements for you/your relative to be discharged to xxxxx on dd/mmm/yyyy.

I am asking for you/your understanding and support at this time to move [your relative] temporarily to a more appropriate care setting for a period of recovery. Should you require further support, we will aim to do this in the following ways:

DESCRIBE LOCAL OPTIONS

Whilst you are waiting on your ultimate care package/facility you will not be charged any care or accommodation costs. Once you transfer to your preferred care home, or if you chose to stay at the interim home permanently, you may be charged, subject to a financial assessment.