

# Non-Acute ECR Processes

## Information for Clinical Teams

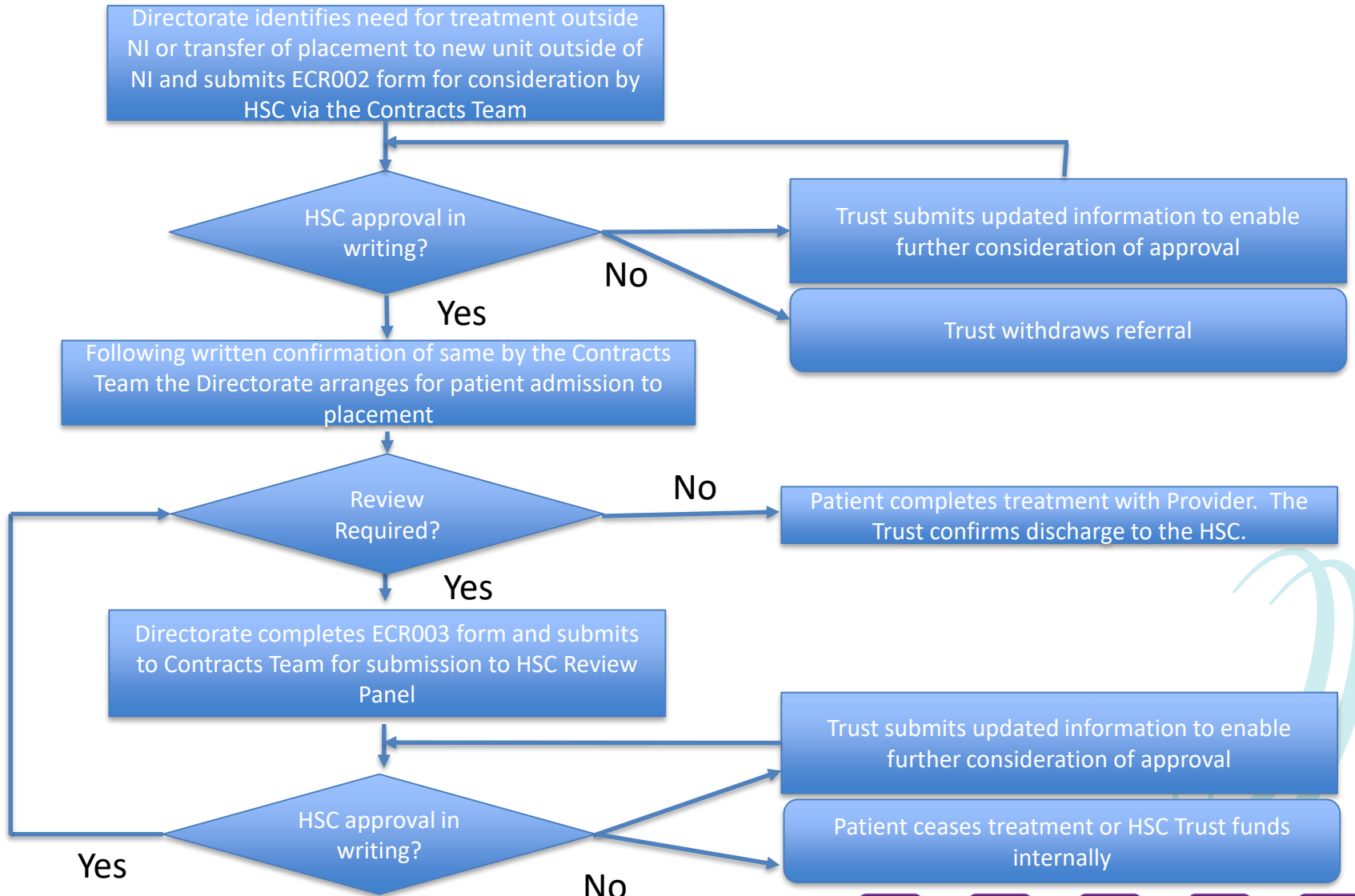


# Non-Acute ECR Process

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# Standard Referral and Review Pathway



# Roles and Responsibilities: Clinical Team

- Identifying the patient need for treatment outside of NI and ensuring support within wider clinical team
- Sourcing the most appropriate Provider for the patient
- Ensuring completion of the ECR002 form and supporting information
- Arranging admission – patient travel and legislative requirements
- Ongoing review of the patient placement
- Review process with the HSC
- Patient Level Agreements (advising of content of same in line with Contracts Team)



# Roles and Responsibilities: Contracts Team

- Key Contacts –Assistant Contracts Manager and Contracts Administration Officer
- Central record of non-acute ECRs
- Central point of contact between the Directorates and HSC
- Provision of process advice and guidance where required
- Compilation of the annual estimate of costs
- Patient Level Agreements (in line with the Directorate but signed by the Contracts Manager for the Belfast Trust)



# Roles and Responsibilities: HSC

Panel consists of representatives from the following professional teams:

- Commissioning (HSC Assistant Director of Commissioning or Senior Manager Service Contracts)
- Social Care (HSC Commissioning Lead for Elderly/Physical Disability)
- Family and Child Care (HSC Lead Commissioner for Fostering or Commissioning Lead Children and Young People)
- Consultant Lead (PHA Consultant in Public Health Medicine)
- Nursing (PHA Leads for Nursing)
- Social Care Commissioner for Mental Health



# Roles and Responsibilities: HSC

- Implementation of the governance responsibilities across the Region
- Coordination of the Non-Acute ECR HSC Review Panel for the Region
- Processing Non-Acute ECR referrals in line with Regional Guidelines
- Review of the Non-Acute ECR placements to ensure they continue to be appropriate
- Raising queries and concerns to the Trust as required
- Provision of the central funding stream for Non-Acute ECR's



# Decision to Refer

Referrals must meet one or more of the following criteria:

Treatment not due in NI as Service would only be sustainable in large catchment area

Patient is an Exceptional case and Service is available in NI

Patient is an Exceptional case and Service is not available in NI

Patient complexities re condition or circumstances require a second opinion from specialists outside NI

## HOWEVER, IN ALL CASES:

The patient must be likely to gain significantly more benefit from the intervention than might be expected for patients with that condition

**Exceptional cases** are those where the individual being referred has clinical circumstances outside the typical range of clinical circumstances presented by at least 95% of patients with the same medical condition at the same stage of progression as the named patient.



# Decision to Refer – other considerations

Other than in exceptional circumstances referrals should not be submitted for:

- Care or treatment arising out of a service development proposal which has not been supported by commissioners, is under scrutiny or has been deferred due to lack of funding.
- Care or treatment is potentially capable of being developed locally but has not yet been the subject of a Trust submission or commissioner determination.
- Care or treatment is provided or capable of being provided in NI but is temporarily unavailable. In this circumstance bespoke arrangements will be put in place.
- Care or treatment falls within the normal profile of local Trust provision but is being highlighted to the HSC due to an exceptional level of cost.

Funding requests for treatment <£1k should not be submitted to the HSC for consideration.



# Sourcing a Provider

Take account of:

- Ability to meet the individual patient need (priority)
- Quality indicators (e.g. CQC reports, adverse incident reports, etc.)
- Value for money

HSC guidance indicates that referral requests will be to Provider's in the following order of precedence:

- NHS Trusts
- IS Providers within the UK if a Trust within the NHS is not available
- State Providers outside the UK if a UK based Provider is not available
- Other Providers outside the UK if Providers falling into the above categories are not available



# Pricing the Case

- Assessment

Will the potential Provider travel to NI for assessment or will the Trust transfer the patient for assessment? Do any special considerations need to be given to travel?

- Treatment

What is the anticipated cost per day/per week? If the patient should require specialist nursing how much is this per staff member, per hour and will it be required from admission (if so, how long)? Are there any other elements you need to consider (e.g. hidden costs)? How many staff will accompany the patient on admission and what is the method of admission?

- Review

How many staff will be travelling to review and how often?



# Completion of the ECR002 Form

- Purpose: To provide the HSC with all pertinent information to enable them to make a reasonable and informed decision on the provision of patient funding.

## Areas covered in the form:

- Patient details
- Local options considered and rejected
- Duration of Treatment
- Plans for Discharge
- Provider Details
- Estimated Cost
- Legal Status
- Signatories



# Completion of the ECR002 Form (cont.)

- Do answer all the questions on the form
- Do provide relevant supporting information such as assessments for admission, risk assessments, second opinions
- Information must be relevant and, where possible, summarised appropriately
- Check the costings prior to submission
- The HSC can only work with the information given to them



# Completion of the ECR002 Form (cont.)

- Once complete forward to and copy to Contracts team
- Contracts will secure signatures from Associate Medical Director or Programme Director and forward to HSC for fortnightly review panel
- Once a decision is taken by the Non-Acute HSC Review Panel Contracts will inform you in writing of the outcome
- Do not try to operate outside the process as the Trust will be at financial risk



# Emergency Referrals

The HSC panel meets fortnightly. Where a referral is considered so urgent that it cannot wait until the next available panel meeting the following actions should be undertaken:

- Secure support at a Co-Director, Clinical Director and Associate Medical Director level for processing of the urgent referral.
- Contact the HSC/PHA Panel professionals both via telephone and via email to inform them of the need for the urgent referral.
- Contact the Contracts Team asap in writing identifying the patient and their DOB and stating why urgent referral is a necessity and providing a statement re the costs. The Contracts Team will forward this to the HSC. Forward the standard ECR002 form in time for consideration at the next panel meeting.
- Wait for written confirmation from the Contracts Team that the HSC is aware of the Trust request and that they have advised that where a referral is urgent the Trust should go ahead and make arrangements for transfer. However, this is without prejudice to the decision that will be taken at HSC Review Panel.
- **Emergency referral conditions are not transferrable.**



# Additional Funding Requirements

- Required where cost was not secured as part of the original referral process (e.g. specialist nursing, additional assessments, additional therapeutic treatments not included in the daily rate).
- Forward written communication, including approval from the Belfast Trust clinician and estimated cost to the Contracts Team for consideration at the next panel meeting.
- The Belfast Trust will be responsible for monitoring this ongoing requirement and ensuring benefit to the patient.



# Completion of the ECR003 Review Process

- Purpose: To provide the HSC with all pertinent information to enable them to make a reasonable and informed decision for the continuation of funding.

## Areas covered in form:

- Patient Details
- Review of Progress (provide last review report and supporting documents)
- Discharge Planning
- Legal Status
- Other Changes
- Updated Funding Requirements
- Trust update for Continuation of Funding
  
- Refer to previous hints and tips for completion



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# Annual Review of Prices

- Purpose: To update both the Trust and HSC records to enable release of the estimated funding required for each new financial year.

During April the Contracts Team will gather the following information and update the Belfast Trust templates:

- Client condition as at 01 April (Directorate)
- Uplifts proposed by provider's delivering treatment (Provider's)
- Approval at Co-Director level approving the proposed uplifts
- Completed financial templates are forwarded to the HSC, Trust Finance Department and relevant Programme Co-Directors to ensure invoices are paid in line with agreed prices.
- The Contracts Team record is updated on an ad-hoc basis throughout the year.



# Formally Challenging the Outcome of a Non-Acute ECR

- **It is more appropriate in the first instance to review the feedback comments from the HSC Review Panel and submit an updated form for consideration to the HSC Review Panel.**

However, on occasion a referring Clinician or Clinical Director may challenge the outcome of a panel decision. The formal process for challenging a decision is:

- Request a review of the HSC Panel's decision by submitting a written request within 20 working days of receiving the initial decision. Include the aspect of the decision being challenged and the grounds for the review request.
- Ensure this request is supported by the Trust (at Associate Medical Director or Director level).
- Submit additional information to provide a counter argument for the reasons that funding was declined.



# Formally Challenging the Outcome of a Non-Acute ECR

The HSC will consider a formal review where:

- The HSC has failed to act fairly, in accordance with the non-acute ecr policy
- The HSC has taken an irrational decision in light of the evidence submitted by the Trust
- The HSC has exceeded its powers
  
- The formal review panel will consist of the Head of Corporate Services, Director of Integrated Care and a non-executive member of the HSC or PHA Boards.
  
- **No new clinical information or data will be considered by the formal review panel.**

