

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Procedure for Issuing Section 2 & 5 Notifications

Effective: July 2005

Reviewed: August 2011

Review: July 2014

1. Background

The Community Care Act (Delayed Discharges etc) was brought in force in October 2003. This is

“An Act to make provision requiring social services authorities to make payments in cases where the discharge of patients is delayed for reasons relating to the provision of community care services or services for carers; and to enable the Secretary of State and the National Assembly for Wales to require certain community care services and services for carers provided by social services authorities to be free of charge to persons receiving those services.”

[Ctrl and click here to view Community Care \(Delayed Discharges etc.\) Act 2003](#)

2. Section 2 Notifications

Section 2 Notifications are issued for patients who are considered likely to require social services involvement in order to expedite their discharge; it is a notification of need of care to the relevant social services authority.

The appropriate social services authority is identified through the patient's area of residence, if a patient appears to have no settled place of residence the notification should be issued to the social services authority in whose area the named hospital is located.

Section 2 notifications are triggered by ward referrals to social services i.e. a social work referral.

The Section 2 Notification:

- Must state that it is given under the Community Care Act 2003; and
- If given before the day on which the patient is admitted to the hospital, must not be given earlier than the beginning of the period of eight days ending with the day on which the patient is expected to be admitted.

A Section 2 Notification remains valid until the patient to whom it relates has been discharged from the hospital. If the patient's discharge becomes an NHS responsibility no further action needs to be taken.

3. Section 5 Notifications

Section 5 Notifications are issued for patients who are occupying a bed in hospital, no longer require that bed (i.e. the patient has been agreed as multi-disciplinary fit)

and are delayed in their transfer of care as a result of awaiting local authority provision. The Section 5 is issued by contacting Susie Hall or Dot Kyle in Patient Services on ext 37294. It includes the same information as a Section 2 but additionally includes an expected discharge date.

The expected discharge date is calculated as:

- 24-hours after the Section 5 Notification date for all patients fitting the above Section 5 Notification criteria, except for:
- Patients who are delayed as a result of choice (i.e. choosing suitable homes or waiting for a place in their chosen home to become available), for these patients the expected discharge date is calculated at 28 days after their agreed multi-disciplinary fit date ([Ctrl and click to see the Patient Choice Directive Policy & Guidance](#)).

If a patient is reassessed as requiring a different level of care, and still under social services responsibility, the original section 5 notification is invalidated and a new section 5 notification will need to be issued, calculating the expected discharge date from the new completion of assessment date.

Section 5 Notifications trigger reimbursement for patients delayed as a result of awaiting social services provisions. Reimbursement will apply after 11am the day after the expected discharge date issued with the Section 5 Notification; where patients are self funding the responsibility for discharge falls to the NHS.

4. Issuing Section Notifications

Section notifications should be issued to the relevant central contact points (see Appendix A). Following the issue of a notification, progress regarding that patient's discharge needs to be monitored both through the delayed transfer of care survey and PAS (to ensure that the patient has been discharged if not present on the survey). Should a situation arise where reimbursement is imminent the relevant Social Services Hospital Manager should be informed with in order to expedite a safe and timely discharge for that patient.

5. Monitoring

This procedure will be monitored on a weekly basis through the delayed transfers of care survey.

Section 2 and Section 5 Communication Centres

Newcastle upon Tyne

Freeman Hospital - freeman.hospital.socialwork@newcastle.gov.uk

Fax: 0191 2853455

Royal Victoria Infirmary - rvi.socialwork@newcastle.gov.uk

Fax: 0191 2302866

Newcastle General Hospital - ngh.socialwork@newcastle.gov.uk

Fax: 0191 2195055

North Tyneside

Addressed by fax to: **Hospital Social Work Team, North Tyneside General Hospital**

Tel: - 0191 2008181

Fax: - 0191 2965088

Northumberland

Addressed by fax to: **The Discharge Notification Clerk, Northumberland Care Trust**

Tel: - 01670 827059

Fax: - 01670 827063

Gateshead

Addressed by fax to: **The Hospital Team, Queen Elizabeth Hospital**

Tel: - 0191 4452200

Fax: - 0191 4915903

South Tyneside

Addressed by fax to: **Single Point of Contact, Intermediate Care and Rehabilitation Team**

Tel: - 0191 4234600

Fax: - 0191 4234601

Durham

Addressed by fax to: **Social Care Direct**

E-mail - socialcaredirect@durham.gov.uk

Tel: - 0845 8505010

Fax: - 0191 3835752

Sunderland

Addressed by fax to: **Norman Wilson, Team Manager**

Fax: - 0191 5699239

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Procedure for Issuing Section 2 & 5 Notifications	Policy Author:	Dot Kyle, Patient Services Manager
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)		This policy does not discriminate against any individual group on the basis of race, ethnicity, nationality, gender, culture, religion, sexuality, age or disability
	• Race *	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender *	No	
	• Culture	No	
	• Religion or belief *	No	
	• Sexual orientation including lesbian, gay and bisexual people *	No	
	• Age *	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems *		
	• Gender reassignment *	No	
	• Marriage and civil partnership *	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable?	N/A	
4(a).	Is the impact of the policy/guidance likely to be negative? (If “yes”, please answer sections 4(b) to 4(d)).	N/A	
4(b).	If so can the impact be avoided?	N/A	
4(c).	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
4(d).	Can we reduce the impact by taking different action?	N/A	

Comments:	Action Plan due (or Not Applicable):
	N/A

Name and Designation of Person responsible for completion of this form: Dot Kyle, Patient Services Manager Date: 05/08/2011

Names & Designations of those involved in the impact assessment screening process: Dot Kyle, Patient Services Manager

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

For advice on answering the above questions please contact Frances Blackburn, Head of Nursing, Freeman/Walkergate, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) steven.stoker@nuth.nhs.uk together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.