NHS England and Improvement

Long Length of Stay Discharge Patient Tracking List (LLOS DPTL)

Guidance
Long Length of Stay Discharge Patient Tracking List (LLOS DPTL) Guidance

Publishing approval number: V3.0

Version number: V3.0
First published: May 2019

Updated: July 2019

Prepared by: Jane Boyle, Planning and Performance, NHS England and Improvement; Sylvia Richards, Length of Stay Programme Team, NHS England and Improvement

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1.0 Introduction

The DPTL will give boards and systems visibility of the constraints that may be producing discharge delays and to support escalation. It is an essential building block to support delivery of the ambition in the Long-Term Plan of a 40% reduction in the number of patients in hospital for 21 days and over LOS.

The Discharge Patient Tracking List (DPTL) falls out of the weekly long stay reviews undertaken at an operational level by staff.

The weekly LLOS DPTL return collects weekly data from acute trusts. The collection is designed to provide information on 21 days and over Length of Stay patients to support performance improvement.

All Acute Trusts in England should submit this data to NHS England and Improvement using the NHS Digital SDCS portal.

All NHS-funded Acute Trust patients are included in the scope of this collection, but privately-funded patients are excluded.

This document has been designed to provide guidance for completion of the fields in the LLOS DPTL submission.

The DPTL collection is a weekly collection with the submission portal closing on Fridays at 11 am.

Weekly monitoring will allow for national and regional teams to support Trusts with improvement.

Every field in the form is mandatory.

2.0 Submitting the Return

Trusts will be running a process to manage their LLOS patient cohort. From this process Trusts will be required to submit certain information centrally. The fields for central submission are as follows:

- CCGs for external reasons only - use the N/A option on the template as appropriate
- Local Authorities (LAs) for external reasons only - use the N/A option on the template as appropriate
- Reason Codes (please see pages 5-11 for full list of reason codes)
- Age (age bands)
- Total number of patients 21 days and over LOS
- Total number of patients over 50 days LOS
• Total number of patients over 100 days LOS

Further details can be found in sections 1 to 6 of Completing the Return.

Please see the NHS Digital SDCS Collections Portal guidance for details on submitting via SDCS:

SDCS Collection Portal Guidance.pdf

3.0 Completing the Return

Section 1: Name of CCG

For completion of section 1 providers should provide the name of each CCG that has patients 21 days and over LOS. This will be from a drop-down list of all CCGs with codes. This should be completed for external codes only and the N/A option selected where the delays are internal as all fields are mandatory.

Section 2: Name of Local Authority (LA)

For completion of section 2 providers should provide the name of each LA that has patients 21 days and over LOS. This will be from a drop-down list of all LAs with codes. This should only be completed for external codes and the N/A option selected where the delays are internal as all fields are mandatory.

Section 3: ECIST Reason Codes

For completion of section 3 providers should provide the reason for each patient 21 days and over LOS. This will be from a drop-down list of all codes.

Please see the tables in Appendix 1 for the list of ECIST Codes and their definitions.

Section 4: By Age

For completion of section 4 providers should provide the number of patients in each age band for 21 days and over LOS. This will be from a drop-down list of age bands. The age bands are divided into year groups as follows:

• 18 to 29
• 30 to 39
• 40 to 49
• 50 to 59
• 60 to 69
• 70 to 79
• 80 to 89
• 90+

Section 5: Number of Patients 21 days and over LOS

For completion of section 5 providers should provide the number of patients 21 days and over LOS. This will be a number for completion.

Section 6: Number of Patients over 50 days LOS

For completion of section 6 providers should provide the number of patients over 50 days LOS. This will be a subset of the number of patients in section 5. This will be a number for completion.

Section 7: Number of Patients over 100 days LOS

For completion of section 7 providers should provide the number of patients over 100 days LOS. This will be a subset of the number of patients in section 6. This will be a number for completion.
**4.0 Appendix 1: ECIST Codes and Definitions**

Please see section 7, Glossary, for abbreviations and acronyms.

Internal Codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Fit / Not fit</th>
<th>New Regional/National Codes</th>
<th>Original ECIST Codes</th>
<th>Definition</th>
<th>Responsible organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>INT1</td>
<td>Fit</td>
<td>Awaiting minimum timeline to become a reportable DTOC referral to relevant agency has not been sent or was not sent before the medically optimised date</td>
<td>F9: Waiting for internal CHC processes, e.g. checklist completion, assessments, 2 and 5 referrals</td>
<td>INT1. Applies where external reason codes EXT2-9 cannot be applied because the patient is not currently reportable as a DTOC. E.g. Assessment and discharge notification, referral to community services, referral to NH/RH etc.</td>
<td>Hospital</td>
</tr>
<tr>
<td>INT2</td>
<td>Fit</td>
<td>Going home within next 24 hours</td>
<td>F11: Ready for home today – ask whether they are confident nothing will stop discharge</td>
<td>INT2. Applies to patients with 21 days and over LOS who have a plan to leave the hospital within the next 24 hours. Question what is preventing that patient going home today?</td>
<td>Hospital</td>
</tr>
</tbody>
</table>
| INT3  | Not fit       | Ongoing treatment with NEWs 4 or less | F13: Waiting for internal transfer – ward to ward  
|       |               |                                   | F14: Discharge planned for tomorrow – what is stopping them going today?  
|       |               |                                   | NF2: Active ongoing clinical treatment non-specific and not as sick as category NF4  
|       |               |                                   | NF5: Intravenous therapy – ask if it can be given elsewhere (ambulatory or in the community)  
|       |               |                                   | INT3. Applies to clinically stable patients with 21 days and over LOS whose current condition may not have justified acute inpatient admission if they had presented at clinic or A&E. Such patients will have care needs that potentially could be met in other settings (e.g. ambulatory emergency care or by a domiciliary IV service).  
|       |               |                                   | Hospital |
| INT4  | Not fit       | Waiting for internal tests, specialist opinion or other trust controlled intervention or opinion | F10: Waiting for occupational therapy/physiotherapy approval for discharge  
|       |               |                                   | F16: Waiting for internal assessments/results before discharge agreed  
|       |               |                                   | NF3: Waiting for internal test, specialist opinion or similar – state what  
|       |               |                                   | INT4. Applies to patients with 21 days and over LOS who require further assessment (e.g. Physio, OT, SALT, dietetics) or clinical tests (e.g. Endoscopy, PEG insertion) before a discharge decision can be made.  
|       |               |                                   | Hospital |
| INT5  | Not fit       | End of Life                      | NF1: End of life and wants to die in hospital  
|       |               |                                   | INT5. Applies to patients with 21 days and over LOS who are dying and the decision has been taken that they will remain in hospital to die.  
<p>|       |               |                                   | Hospital |</p>
<table>
<thead>
<tr>
<th>INT6</th>
<th>Not fit</th>
<th>NEWS 5 and above sick and care can only be provided in an acute hospital or infectious</th>
<th>NF4: NEWS 5 or above, unpredictable and erratic condition that may require immediate intervention, care only available in acute setting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>INT6. Applies to patients with 21 days and over LOS who are medically unwell, potentially unstable and require care that is only available in an acute hospital.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NF6: Infectious, a risk to others, therefore cannot be discharged</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NF7: Requiring clinical intervention that can only be provided in hospital</td>
</tr>
<tr>
<td>INT7</td>
<td>Not fit</td>
<td>No clear clinical plan with EDD and criteria for discharge</td>
<td>NF8: No plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>INT7. Applies to patients with 21 days and over LOS who lack a medical care plan that specifies physiological and functional criteria for discharge linked to a specific expected or planned date of discharge.</td>
</tr>
</tbody>
</table>
External Codes

- For all external codes the LA and CCG should be entered,
- For external codes two to nine only validated Delayed transfers of Care (DToC) as per the clarified guidance issued in October 2018 should be captured.

<table>
<thead>
<tr>
<th>Code</th>
<th>Fit / Not fit</th>
<th>New Regional/National Codes</th>
<th>Original ECIST Codes</th>
<th>Definition</th>
<th>Responsible organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXT1</td>
<td>Not in right place</td>
<td>Acute to Acute Transfer</td>
<td>F1: Waiting return to other acute hospital – fit to travel acute hospital for treatment – tertiary fit to travel</td>
<td>EXT1. Applies to patients with 21 days and over LOS who are waiting to be transferred to a different acute/tertiary hospital whether fit to travel there or not.</td>
<td>CCG</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>F2: Waiting for transfer to acute hospital for treatment – tertiary fit to travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NF9: Other – waiting return to another acute hospital, not fit to travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NF10: Other – waiting transfer to an acute hospital for treatment, not fit to travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXT2</td>
<td>Fit</td>
<td>Waiting for reablement/rehab pathways 1,2,3</td>
<td>F3: Waiting for community hospital placement or any other bedded intermediate/reablement care</td>
<td>EXT2. Applies to patients with 21 days and over LOS who are waiting for an intermediate CCG</td>
<td></td>
</tr>
<tr>
<td>EXT3</td>
<td>Fit</td>
<td>CHC process including FastTrack</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>------</td>
<td>-----</td>
<td>--------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F15: Waiting for social care reablement or home-based intermediate care time limited</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F4: Waiting for continuing health care panel decision</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F5: Waiting for continuing healthcare package</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F12: Waiting for hospice place</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F22: Waiting for DST to be completed</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXT4</th>
<th>Fit</th>
<th>Equipment and Adaptations</th>
</tr>
</thead>
<tbody>
<tr>
<td>F6: Waiting for equipment/adaptations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LA</th>
<th>CCG</th>
</tr>
</thead>
<tbody>
<tr>
<td>care / community hospital bed or home based reablement / intermediate care. This code can only be used for reportable DTOCs (category C, D or E). If the definition applies to a patient who cannot be reported as a DTOC, use code INT1.</td>
<td></td>
</tr>
<tr>
<td>EXT3. Applies to patients with 21 days and over who are waiting for completion of a decision support tool (DST), a continuing health care (CHC) package or a hospice place. This code can only be used for reportable DTOCs (category B or C). If the definition applies to a patient who cannot be reported as a DTOC, use code INT1.</td>
<td></td>
</tr>
<tr>
<td>EXT4. Applies to patients with 21 days and over LOS who are waiting community equipment or adaptations. This code can only be used for reportable DTOCs (category F). If the definition</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Fit</td>
</tr>
<tr>
<td>------</td>
<td>-----</td>
</tr>
<tr>
<td><strong>EXT5</strong></td>
<td>Fit</td>
</tr>
<tr>
<td><strong>EXT6</strong></td>
<td>Fit</td>
</tr>
<tr>
<td><strong>EXT7</strong></td>
<td>Fit</td>
</tr>
<tr>
<td>EXT8</td>
<td>Fit</td>
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<td>-------</td>
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</tr>
<tr>
<td>EXT9</td>
<td>Fit</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>EXT10</td>
<td>Fit</td>
</tr>
<tr>
<td>-------</td>
<td>-----</td>
</tr>
<tr>
<td>EXT10</td>
<td></td>
</tr>
</tbody>
</table>

### 5.0 Additional Notes

- Definitions are in line with those used by the NHS Data Dictionary: [https://www.datadictionary.nhs.uk/](https://www.datadictionary.nhs.uk/)
- The data collected in the weekly LLOS DPTL return will not be formally published on the NHS England Statistics website. However, the data will be available both on request through the FOI act and on SDCS.
6.0 Contacts

For any queries regarding the completion of the form please email:
england.losprogramme@nhs.net

7.0 Glossary

CCG – Clinical Commissioning Group

CHC – Continuing Healthcare

DST – Decision Support Tool

DTOC – Delayed Transfer of Care

ECIST – Emergency Care Improvement Support Team

FOI – Freedom of Information

IV – Intravenous

LA – Local Authority

LOS – Length of Stay

MH – Mental Health

NEWS – National Early Warning Score

NH – Nursing Home

NRPF – No Recourse to Public Funds

OT – Occupational Therapy

PEG insertion - Percutaneous Endoscopic Gastrostomy

RH - Residential Home

SALT – Speech and Language Therapy

SDCS – Strategic Data Collection Service