



Joint Working Protocol:

When a hospital, services or facility closes
at short notice

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When a hospital, services or facility closes at short notice

Foreword:

When an NHS or independent hospital service or facility closes at short notice, it is important that all parties take action in a timely way. Organisations should work together to prevent the closure of services however, on occasions where this is not possible the following memorandum should be used. Such closures may be as result of actions by the CQC, for example voluntary closure in response to an adverse inspection or cancellation of the location's registration, or due to the sudden inability of a provider to continue providing a service from a specific location for some other reason. Recent examples of this have included the sudden closure of a mental health hospital requiring alternative provision for the people using services or there may be occasions when specific specialist services cease at a particular location. These could be inpatient or outpatient.

This Joint Working Protocol clarifies the roles of partner organisations and is intended as guidance with which organisations can work together and in accordance with the four principles.

Principles:

- The needs of people using services must be at the heart of everything we do
- Prevention is better than closure
- Where closure is unavoidable and/or in the best interests of residents, all partners need to know what to do and to work effectively together
- Communication must be maintained throughout with patients and their families and carers and with partner agencies and the media

Detailed guidance in respect of care home closure can be found in: "The Guide To Managing Care Home Closure" (2016) <http://www.nhs.uk/NHSEngland/keogh-review/Pages/quick-guides.aspx>.

The agencies listed below may not be involved in all cases of closure. Closure at short notice will require the response outlined below. In the case of changes to service models there is a requirement for organisations to work in partnership but with the benefit of time the detail of this joint working protocol may not be appropriate.

Commissioning body:

The commissioning body will take the lead in the following actions:

- Ensure appropriate interim measures are put in place to keep people safe after the identification of concerns or issues.
- Decide on a single commissioning body to lead the process (when multiple commissioning bodies are involved)
- Establish a team with the specialist skills to oversee the closure, including assessment and communications staff, and lead on arranging meetings/consultations with all system partners
- Undertake assessments of the people using the service to ascertain their needs and preferences, this should be done by individuals known to the patient or by those brought in for their specialist skills.
- Provide details of alternative providers who could provide services, including any details on the quality of the service and make contact with them
- Maintain ongoing consultative relations with people using the service, their families and other system partners to ensure they are kept informed at each step of the process
- Commission new services and arrange people to move and resettlement, including a review of the placement after a reasonable timeframe
- Identify a lead to coordinate communications

Local Authorities:

Councils will not be involved as commissioners as they do not commission hospital services. However they will have safeguarding responsibilities and may be involved with individuals before, during or after admission through social work services or the assessment for care.

They will:

- Assist with ensuring appropriate interim measures are put in place to keep people safe after the identification of concerns if appropriate
- Assist the commissioning body with staffing the specialist team overseeing the closure if appropriate
- Assist the commissioning body and other partners in fully evaluating any proposed moves for people if appropriate
- Assist the commissioning body in the ongoing consultative relations, in particular those with people using the service and their families if appropriate

Provider/Service:

- Assist with ensuring appropriate interim measures are put in place to keep people safe after the identification of concerns.
- Assist the commissioning body with the assessment of and communication with residents and their families to ascertain their needs and preferences
- Assist the commissioning body in the ongoing consultative relations, in particular those with people using the service and their families
- Assist the commissioning body with arrangements helping people to move

Care Quality Commission:

- Provide any information held about the quality of the current service
- Provide any information held about the quality of alternative services being considered, including the model of care used
- Provide any information on other providers likely to be involved in the provision of care to people at the new service
- Consider bringing forward inspection or other evaluative activities for alternative providers where only limited quality information is available (lead role)

NHS Improvement:

- Provide any information held about the quality of the current service
- Provide any information held about the quality of alternative services being considered or likely to be involved in people's care at the new service

NHS England:

- Assist the commissioning body in identifying alternative service providers
- Support the commissioning body in commissioning those services

Other local Health and Social Care providers currently involved with the service or likely to be involved with future provision to people currently using the service:

- Assist the commissioning body and other partners in fully evaluating any proposed moving of people, including what other providers need to be involved the care of the people moving and the capacity to provide this at the new service