

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [rhyddhau cleifion o ysbytai ac effaith hynny ar y llif cleifion drwy ysbytai](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Hospital discharge and its impact on patient flow through hospitals](#)

HD 36

Ymateb gan: | Response from: **Conffederasiwn GIG Cymru | Welsh NHS Confederation**





	The Welsh NHS Confederation response to the Health and Social Care Committee's consultation on hospital discharge and its impact on patient flow through hospitals
Contact:	
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Introduction

1. The Welsh NHS Confederation welcomes the opportunity to respond to the Health and Social Care Committee's consultation on hospital discharge and its impact on patient flow through hospitals.
2. The Welsh NHS Confederation represents the seven Local Health Boards, three NHS Trusts, Digital Health and Care Wales and Health Education and Improvement Wales (our Members). We also host NHS Wales Employers.
3. NHS organisations across Wales are currently faced with the ongoing pressures resulting from the COVID-19 pandemic, which has amplified and exacerbated the previous pressures across the health and care system. As we have moved through the pandemic, and with the onset of elevated, rather than routine, levels of demand, the situation has deteriorated across the health and care sector. This is the context in which delayed transfers of care are currently occurring. While there is significant challenges across the health and care system, as highlighted within our recent briefing, [Actions taken to mitigate pressures in the health and social care system](#), the NHS is working with local authorities at a local level to develop partnerships and initiatives to assist in reducing the current extreme pressures on the system in Wales. One major development taking place across Wales is the systematic approach to discharging patients from hospital to assess their strengths and identify care and support requirements.

The scale of the current situation with delayed transfers of care from hospital.

4. Members are reporting that the scale of the issue is significant, with numerous reasons underlying hospital discharge and transfer delays. Some of the most notable of these are patients waiting to access a care home bed, for a home care package, awaiting assessment and transfer between Health Board facilities.
5. Our Members have also commented that delayed hospital discharge continues to challenge their ability to manage inpatient capacity across acute and community hospitals. Some have noted individual patients are moving through the system

despite the current pressures, but not at the pace or volume to allow a return to the pre-COVID position.

The impact of delays in hospital discharge, both on the individual and the patient flow through hospitals and service pressures.

6. Delays in hospital discharge has an impact on individual patients, on staff and on the flow of patients through hospitals, affecting the care available for others. It also has a knock-on effect on other services, including the Welsh Ambulance Services NHS Trust's (WAST) ability to provide effective and rapid responses and interventions, and on elective capacity and services.
7. Members have commented that length of stay in hospital has increased during the pandemic, and patients are finding themselves waiting for community care and support for many weeks. Unfortunately, a small number of patients spend the last days of their life in hospital waiting to be transferred home or to a care home.
8. The increased length of stay in hospital is also having an impact on patients physical and mental health. Physically, patients may experience muscle wastage and a loss of mobility as a result of extended periods of unnecessary bed rest, with delays resulting in a requirement for an enhanced level of care at an earlier stage than would otherwise have been necessary.
9. Members have also noted that patients are voicing feelings of low mood when experiencing delays in hospital because they want to be able to leave hospital and go back to their place of residence. Long hospital stays and restricted visiting during the pandemic has had an impact on patients mental and emotional wellbeing. In addition, a current lack of domiciliary care placements has led to patients being discharged into care home placements, causing worry and distress for the patients that they may not return to their home.
10. In terms of patient flow, delays in discharge lead to inpatients being cared for in settings which are not the most appropriate to their need and could introduce additional risks of harm to them, including hospital-acquired infections. The impact on acute hospitals, and wider patient flow, means there is insufficient capacity to meet the demand from patients who require admission into hospital and this manifests in transfers from Emergency Departments to the wards, with a very publicly visible symptom being ambulances waiting outside hospitals. Delays also reduce availability of beds to perform inpatient planned care procedures.
11. It could also be prudent to focus on the impact of poorly planned discharge, or premature discharge, to illustrate the broader challenge for health and social care. Whilst risks can be variable and complex, ineffective collaborative working and poor communication are often cited as key contributors to unsafe patient discharge. This clearly impacts on the individual patient and the health and care system.

The variations in hospital discharge practices throughout Wales and cross-border, and how they are meeting the care and support needs of individuals.

12. Historically there has been variation in approaches to addressing the challenges of delayed discharge across Wales, however significant efforts to secure a consistent approach to hospital discharge from a national perspective have been made over recent years.
13. National initiatives such as Discharge to Recover and Assess (D2RA) are bringing more consistency across Wales and lessons learned from early implementation are being used to improve this approach. As highlighted within our briefing, Actions taken to mitigate pressures in the health and social care system, a systematic approach to discharging patients from hospital to assess their strengths and identify care and support requirements is a major element of development across Wales.
14. Cross-border working with NHS England is reported to be constructive and offers further opportunities to learn lessons and integrate services. The D2RA approach is also in place in England but there are differences to the approach adopted in Wales. Exploring these differences offers the opportunity to learn lessons to optimise the effectiveness of this system in Wales.
15. Health Boards are taking actions to improve consistency within their own areas, but some Members have highlighted that some initiatives are focused on process as opposed to the complex system within which health and care operate. Hospital discharge can be made confusing for Health Board staff when different local authorities within their area operate different models of care.
16. Finally, an All-Wales approach or standards to discharge could be beneficial to organisations such as Velindre University NHS Trust, which co-ordinate and plan discharges to numerous Health Boards across Wales.

The main pressure points and barriers to discharging hospital patients with care and support needs, including social care services capacity.

17. The capacity of the social care sector was cited by Members as an area of concern, with recognition that local authorities and social care providers are facing significant recruitment challenges into the sector. Patients are also requiring more complex support after discharge, which families and unpaid carers are often unable to manage. This leads to an inability to provide care safely in community settings, with a direct impact upon hospitals.
18. Some Members mentioned a shift in public attitudes following the pandemic, with many people refusing the offer of an interim bed in a care home. Although the home of choice policy for health has been suspended, it continues to apply for residential placements and some families are refusing non-choice offers in some cases.

19. Members also noted that a lack of step-down D2RA facilities within social care settings was another barrier, meaning that social work assessments are still required for inpatients. Redeployment within social care from other teams does assist but has an impact on other services where staff are being deployed from.
20. Hospices were also highlighted as a pressure point as such facilities are often full, with Members suggesting that an increase and flexibility around this provision could ease pressure.
21. It is important to recognise that some of the solutions lie in the more effective management of patient demand and responses to clinical need in the community. The Welsh Government 'Help Us, Help You' campaign is being promoted across NHS organisations with the public to minimise hospital admissions where appropriate healthcare services exist. The campaign is designed to save lives by changing the way people access services, reducing the pressures on the NHS, through encouraging people to access a range of healthcare services at the right time, and in the right way.
22. Recruitment and retainment within community therapy teams was described as creating a 'bottleneck' within the system for those requiring rehabilitation at home. Workforce supply, both recruitment and retention, is critical. Whilst recruitment efforts are important, engaging, developing and supporting current staff to aid retention is fundamental.
23. Historically, staff recruitment and retention has been challenging within the care sector, and in some parts of Wales average vacancy rate has run at around 8 to 9 per cent. The WeCare.Wales campaign is receiving a renewed focus, promoting the benefits of working in care and providing a glimpse into various job roles within the social care sector. Partners and stakeholders across health and care (and beyond) have been spreading the message on social media and through the networks and channels at their disposal. An initial evaluation of the campaign has highlighted encouraging results, showing an increase in job views on the website and an increase in job applications.

The support, help and advice that is in place for family and unpaid carers during the process.

24. It is important to recognise the increasing burden and pressure on unpaid carers, which can have detrimental impacts on their own health and wellbeing. As Carers Wales recently highlighted in their report, [State of Caring in Wales](#), 26% of unpaid carers described their physical health as bad or very bad and 34% reported their mental health as bad or very bad. Members noted the increasing reliance on families and unpaid carers, especially with the current workforce gaps, which may cause unintended consequences upstream.
25. Engagement with families and unpaid carers and listening to their wishes are central to the discharge planning process, with Members citing the use of the 'What Matters

to Me' approach, which puts the needs of patients and unpaid carers at the centre of the process.

26. Members also cited the importance of literature and information to support families and unpaid carers through the discharge process, including information and signposting to third sector organisations who may be able to provide assistance and support. Members noted the importance of community services and networks who support patients to connect with third sector organisations.

What has worked in Wales, and other parts of the UK, in supporting hospital discharge and improved patient flow, and identifying the common features.

27. As previously highlighted, our briefing provides a range of examples across Wales where Health Boards are working closely with their partners to develop initiatives to support hospital discharge and improve patient flow.
28. Members highlighted the adoption of the Home First approach has proved successful in maintaining patients independence at home, as highlighted in the Welsh Government [report](#) published in May 2021, whereby discharge planning focusses on returning a patient to their own home with appropriate support.
29. Effectively working with third sector partners has been described as crucial in the promotion of independence and post-discharge wellbeing. For example, across Wales Care & Repair Cymru have strong operational links with NHS and social services partners and offers a range of services to ensure older people are well-supported. Their [Hospital to a Healthier Home \(H2HH\)](#) service is working with over 30 hospitals across five Health Boards to provide assistance in supporting safe hospital discharge, maintaining independence, and reducing the risks of hospital readmission. The H2HH service offers a rapid response remedial action for urgent works, such as home adaptations, temporary heating, urgent repairs, home safety, improvements to heating systems, disabled access, addressing damp, and home security for patients who are medically fit for discharge.
30. In relation to staff, bridging services have been utilised in Wales and Health Boards have supported partnership working with local authorities in joint recruitment. As highlighted above, NHS organisations across Wales are continuing to promote and raise awareness of the WeCare.Wales campaign and highlighting the benefits of working in care.
31. NHS organisations have utilised innovative ideas to address the issue of patient flow and discharge, with organisations re-purposing care home facilities to provide step down and step-up facilities.
32. Implementing the principles of D2RA has helped limit the number of long-term care assessments undertaken in hospital system. Removal of the need for social worker assessments in hospital has significantly reduced delays in waiting for social work allocation and then assessment. Instead, a single referral assessment form is used

by an integrated discharge team who then navigate the patient to the chosen pathway and support their discharge.

33. The contribution of the WASTs non-emergency patient transport service (NEPTS) should also not be underestimated in facilitating the discharge of patients and additional capacity in this service has been well used in recent months. In addition, in relation to wider patient flow, WAST continues to invest in the development of Advanced Paramedic Practitioners (APPs), supporting patient care in both face-to-face assessment and remote clinical triage. Evidence shows that APPs convey around 30 per cent fewer patients to Emergency Departments than non-APPs.

What is needed to enable people to return home at the right time, with the right care and support in place, including access to reablement services and consideration of housing needs.

34. There are a range of factors that need to be in place to enable people to return home at the right time, with the right care and support in place.
35. Further capacity is needed in areas such as reablement and home therapy teams to establish a true wraparound rehabilitation service. Wraparound services are also needed on hospital discharge to enable long-term assessment of care needs to be undertaken in an appropriate environment.
36. Patients are admitted to hospital for specific health care reasons, however health services are at times reluctant to discharge without formal care services in place due to the misconception that the service must address the entirety of a patient's social care needs. The delay in patients being discharged through this perceived misconception, that it is no longer safe to continue without formal services as opposed to 'wraparound' services being in place, has the detrimental impact of deconditioning individuals and can result in increased dependency.
37. It was also noted by Members that condensed social care assessments with real step-down facilities for D2RA pathways within social care would support the establishment of a true trusted assessor model. There is reason not to lose sight of the excellent work around D2RA, however the issue remains on how this will consistently be achieved when there are inconsistencies in models across local authorities in Wales.
38. Partnership working could also support patients to remain independent, with our Members highlighting that innovative partnerships with housing associations could deliver new home care options, enabling people to remain independent in their own homes.
39. Within the WAST, there is a long-term focus on treating as many patients at the scene as possible and reducing unnecessary conveyance to hospital. Health and care must work as one integrated system if this approach is to be successful. Options of digital and remote triage of calls will also need to be developed over the coming years to reduce the need for the deployment of an ambulance. WAST has been

commissioned to double the capacity of its Clinical Support Desk this year, which provides remote clinical triage and assessment for 999 callers. The additional 41 staff will include five mental health practitioners, a first for the service. The aim is to increase the number and proportion of callers whose needs can be met safely and more appropriately without the need for an ambulance to be dispatched ('hear and treat').

40. Workforce planning and resourcing require an innovative approach to support a sustainable workforce in the care sector. This must be supported by action to secure appropriate levels of pay for social care staff, with use of alternative workforce and recruitment models. Without a change in staffing capacity, it would be difficult to improve access to care home beds. As well as recruitment and retention in the care sector, capacity is also required in the wider domiciliary care market, including night-time provision.
41. Finally, Members highlighted a need for flexible use of resources across health and social care, with funding allocated to both sectors as an integrated system and involving key incentives to encourage closer working relationships.

Conclusion

42. The health and social care sector is facing a tremendous amount of pressure, which is subsequently impacting on patient flow across the system. Clear actions are being taken across the NHS and local authorities to address the undeniable challenges, with initiatives taking place within discharge, workforce and prevention spaces. However, the long-standing issues within the care sector further add to the urgency in existing calls for Governments across the UK to support integration between health and care and create a sustainable financial model for the sector. We are calling on the Welsh Government Budget in 2022-23 to:
 - Provide Local Authority allocations that are ring-fenced for social care funding to support system-wide health and wellbeing sustainability
 - Provide recurrent funding to support the pump priming of 'upstream/out of hospital' transformation and long-term service development