
NHS SCRUTINY - DELAYED HOSPITAL DISCHARGES

1 SUMMARY

- 1.1 This report outlines the recent health scrutiny joint study into delayed hospital discharges.
- 1.2 The full report has been placed in the Members Room, and the summary report and recommendations are appended.
- 1.3 County Councillor R Pearson, who is a member of the Joint Overview and Scrutiny Panel which undertook this study, has been invited to attend the meeting.

2 SCRUTINY STUDY

- 2.1 Delays to hospital discharges were chosen as the topic for the first NHS Scrutiny Study because it is a topic which is receiving considerable national attention and because it affects all acute hospitals and social services authorities in Essex.
- 2.2 Several objectives were agreed for the study:-
 - (a) To identify the reasons for South Essex being at the bottom of the national league table for delayed discharge, involving in part comparison of North and South Essex procedures and methodologies.
 - (b) To determine the extent of individual hospital variations in delayed discharge performance, and in managing the patient discharge process including liaison with Social Services departments.
 - (c) To consider existing Social Services practice in supporting the timely discharge of older people; the impact of any variations in practice, and to identify the extent to which Social Services authorities achieve the objective of timely discharge in respect of patient assessed clients.
 - (d) To consider the current proposals of the NHS Confederation and the Local Government Association for improved partnership working and assess their value and relevance for improving hospital discharge for older people in the Essex Strategic Health Authority area.

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- 2.3 The study was carried out by a panel of ten Councillors, including a District Councillor. Evidence was taken from representatives of many organisations and from individuals.

3 FINDINGS

- 3.1 Delayed discharges are not a problem at two of the five acute hospitals serving Essex, but of particular concern to this District is the relatively poor performance of Southend and Basildon hospitals.
- 3.2 A number of reasons for delays was identified, but locally the main reasons were:-
- Basildon - Waiting for Social Services assessments (62%).
 - Southend - Waiting for Social Services assessments (37%) and awaiting residential and nursing home care places (30%).
- 3.3 The length of the delay varies, but can be considerable. At Southend Hospital, the study found that over the period examined, of those patients who experienced a delay, about 21% were delayed over 28 days; at Basildon Hospital 45% were delayed over 28 days. In all, about 6% of the of the occupied acute beds at Southend Hospital and 8% at Basildon Hospital were filled by patients ready to move elsewhere.
- 3.4 The Secretary of State has announced the introduction of reimbursement charges from 1 April 2003, which will require Social Services authorities to pay £120 per day for each patient they delay. Apart from the need to move patients as quickly as is clinically satisfactory, there is now a real financial incentive to cut down on delays.

4 IMPLICATIONS FOR THE COUNCIL

- 4.1 Local residents expect high standards of health and social care for themselves, their relatives and friends, and they will expect all agencies to work together to minimise hospital discharge delays.
- 4.2 The Council has a role to play in some cases where housing factors are a cause of delay, for example, a transfer to more suitable accommodation may be needed, or adaptations to either Council housing, or the provision of a Disabled Facilities Grant to pay for adaptations to a private dwelling. Dealing with people who are homeless when they go into hospital, or who became homeless as a result of hospitalisation, could cause complex housing issues that need resolution.

- 4.3 The Council is currently working closely with the Castle Point and Rochford Primary Care Trust, Essex Social Services and others on projects to provide Intermediate Care facilities, including the use of vacant staff accommodation in sheltered schemes. Officers are also working with other organisations, particularly Social Services, to see how Occupational Therapy services can be better integrated across all agencies' operations.

5 RESOURCE IMPLICATIONS

- 5.1 It is possible that changing the way that hospital discharges are handled, and preventing hospitalisation in the first place, will have implications for the Council, both financial and operational. Specific proposals and resource implications will be brought forward for consideration if this is the case.

6 RECOMMENDATION

- 6.1 Proposed, that the Committee considers this report and the recommendations arising from it.

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Background Papers:

Health Overview & Scrutiny Report - January 2003

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Appendix 1 (Click Here)

Appendix 2 (Click Here)