Delayed Discharges

BMA Scotland briefing

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The British Medical Association is a politically neutral registered trade union and professional association representing doctors from all branches of medicine. The BMA has a total membership of over 168,000, which continues to grow each year. In Scotland, the BMA represents over 16,000 members.

Introduction

The BMA believes it is crucially important that hospital discharge should be a timely and coordinated process with patients, their families and carers fully involved in the discussions and decisions surrounding discharge. There should be continual communication between different health and care professionals involved in a patient’s care, in order to ensure co-ordination throughout the discharge process. When discharging patients with multiple and complex needs additional considerations must be taken into account including ensuring that effective home-care plans are in place. It is however important that staff do not feel pressured into discharging patients who may be medically fit, but for other social or practical reasons are not yet ready to be discharged, in order to make beds available.

Clinical leadership and involvement is essential to the planning and delivery of patient care and doctors who work in the specialty areas that are part of integration must have a voice in the development of plans to ensure that the patient care and outcomes remain the foremost priority.

Safe and appropriate discharge from hospital

Safe and appropriate discharge from hospital is of crucial importance. It is in the patient’s best interest that discharge should be timely, with patients transferred home, or to an appropriate level of care, as soon as they are clinically stable and fit for discharge. With an increasing ageing population living with multiple conditions, there needs to be significant additional investment in community health and social care capacity to support individual, if safe and appropriate discharge is to be achieved in a timely manner. However timely discharge shouldn’t equate to premature discharge. In addition to clinical safety, being ‘fit for discharge’ must also take into account patients’ social, emotional and practical needs.

Discharge must always be a planned and coordinated process. Effective planning requires multidisciplinary and multi-agency teams working together to manage all aspects of the process. 24% of delayed discharges are due to patients waiting for appropriate care arrangements to be put in place to allow them to go home¹.

Communication

Clear and effective communication helps ensure that care and discharge planning is centered on the patient and their needs. Patients must be able to discuss discharge arrangements with staff and be fully involved in decision making. There should also be continual communication between different health and care professionals involved in a patient’s care, in order to ensure coordination throughout the discharge process.

Patients, and their families and carers, where appropriate, must be fully involved in discharge discussion and decisions. Extending communication to families and carers can be particularly important for older people or those with more complex needs. Over 70% patients who have had a delayed discharge are aged 75 and over².

Pressure of bed shortages

It is widely acknowledged that when there is a shortage of beds in a hospital, staff can feel pressure to discharge patients who are medically fit but for social or practical reasons this may not be appropriate or suitable. It is vitally important to support staff so that pressure to make beds available does not result in in badly planned or uncoordinated discharge.
Health and Social Care integration
The newly integrated health and social care services are intended to alleviate pressure on secondary care by allowing people to be more appropriately cared for in their communities. Throughout the progress of The Public Bodies (Joint Working) (Scotland) Act 2014 the BMA lobbied for medical professionals to be at the heart of the new health and social care structures. The Association argued that structural reform is not an end in itself and it is vital that these new models focus more on outcomes than management structures. If health and social care integration is to help combat delayed discharges there must be greater capacity outside of Scotland’s hospitals to accommodate this change in the delivery of care. Delayed discharges cost the NHS £114 million in 2013/14\textsuperscript{iii}.

The BMA is concerned with the findings of the Audit Scotland report in December 2015 that suggests integration authorities “will not be in a position to make a major impact during 2016/17”\textsuperscript{iv} and questioned how successful this new way of working will be in practice. Clinical leadership and involvement is essential to the planning and delivery of patient care and doctors who work in the specialty areas that are part of integration must have a voice in the development of plans to ensure that patient care and outcomes remain the foremost priority.

For further information, please contact:
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\begin{itemize}
\item \textsuperscript{i} ISD, ‘Delayed Discharges in NHSScotland, Annual summary of occupied bed days and census figures’, 28 June 2016
\item \textsuperscript{ii} ISD, ‘Delayed Discharges in NHSScotland, Annual summary of occupied bed days and census figures’, 28 June 2016
\item \textsuperscript{iii} ISD, ‘Delayed Discharges in NHSScotland, Annual summary of occupied bed days and census figures’, 28 June 2016
\item \textsuperscript{iv} Audit Scotland, ‘Health and Social care series, Health and Social care integration’, December 2015
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