BMA

Cymru Wales

British Medical Association

Health and Social Care Committee
Senedd Cymru
Cardiff
CF99 1SN

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Hospital discharge and its impact on patient flow through hospitals

Introduction

BMA Cymru Wales is pleased to provide a response to the short inquiry by the Health and Social Care committee on hospital discharge and patient flow.

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

Response

The immense pressures upon urgent and unscheduled care in Wales, and the consequential impact upon all areas of the health and care system, have been widely reported in recent months[i][ii]. However, this is not a new problem entirely stemming from the Covid-19 pandemic. Our GP members were sufficiently concerned about the clinical risks posed by severe ambulance delays that they wrote to the Minister for Health and Social Services in December 2019. It is extremely unfortunate that we have had to write two further letters to the Minister on similar issues; one in December 2020 jointly with RCGP Wales, and most recently in September 2021 which was also co-signed by our Welsh GP Committee and Welsh Consultants' Committees.

Much of the focus in the media and elsewhere has primarily been on ambulance handover delays, with several vehicles queuing outside Wales' A&E departments being a frequent sight. However, as we stated in the most recent letter: *"this is a symptom of a more deep-seated problem, which is the inability to manage the 'flow' of patients through the whole Health and Social Care system, from front door admission to discharge back to*

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the community setting". This is a complex and multifaceted situation with a myriad of overlapping problems and potential solutions spanning multiple organisations.

Healthcare Inspectorate Wales' recent review into patient safety, privacy and experience during Delayed Handover[iii] summarises the issue succinctly:

> *Patient flow issues, such as system bottlenecks and discharge problems can negatively impact on the availability of beds within EDs, since the departments cannot transfer patients to wards due to insufficient ward bed availability. These concerns were echoed by numerous WAST and ED staff within our survey. Patient handover delays are not directly a WAST problem, but are a consequence of wider systemic patient flow issues through NHS healthcare systems and social care services*

> *P13, Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover, Healthcare Inspectorate Wales*

What is the impact of poor patient flow through the hospital estate?

Firstly, it should be recognised that the concept of 'flow' is more nuanced than is sometimes portrayed. As each individual patient has their own unique needs, they generally move independently in an erratic stepwise manner through the system. Applying a mass production line approach can fail to accommodate these individual needs although analysis of historic trends can be useful to give a population expectation, particularly for planned ongoing treatment.

Nevertheless, it is useful to consider the impact of deficient patient flow on the wider health economy in addition to the negative effect upon patients in hospitals. This wider effect extends into primary care and community services, with a particular consequence being poor ambulance availability.

BMA Cymru Wales conducted a short snapshot survey during May 2021, with the summary report being fed into the Ministerial Taskforce on Ambulance Availability. Our membership of this group resulted from our letters of concern to the Minister and features representation from both our Welsh General Practitioners Committee and Welsh Consultants Committee. In total, 95 responses were received with 87% of responses coming from general practitioners.

GPs were asked to estimate in hours the average length of delay they had experienced recently upon requesting an ambulance for a patient. The overall mean wait time (n = 65) was 4.27 hours when adjusted for outliers. Respondents from all parts of Wales reported delays, with particular issues in the Cardiff & Vale and Betsi Cadwaladr UHB areas. Most respondents indicated that ambulance delays had worsened (23.5% *slightly worse*, 30.9% *significantly worse)* since the impact of COVID-19.

When asked to identify key risks they faced as clinicians because of these delays, 72.5% of comments cited the urgent patient safety risks to individuals needing emergency care having to be cared for in settings which are not equipped for or designed for

urgent treatment. A further 11% of comments identified the *knock-on effect upon routine primary care activity* of having to provide this type of care.

When asked to identify the barriers preventing resolution, 32% of comments identified that hospital infrastructure and bed capacity was insufficient to handle the high demand at the front door. This is backed by official data on NHS Wales bed numbers[iv], which shows that there were an average of 10,340.4 daily beds available in NHS Wales in 2020-21, a drop on the 10,564.4 for 2019-20, and a significant reduction on the 19,855 average available daily beds recorded in 1989-90. Bed occupancy rates for NHS Wales over the last decade have also routinely surpassed the generally accepted safe level of 85%[v], with the lower occupancy rate for 2020-21 being attributable to the decrease in elective activity due to the pandemic. In order to improve flow, it is imperative that we increase bed numbers in order to achieve lower bed occupancy levels in the region of 70-80%, which may provide an adequate buffer for additional admissions.

Patients who remain in hospital settings beyond the necessary period of time are invariably personally affected by these prolonged stays. Delayed discharge has been associated with mortality, infections, depression, reductions in patients' mobility and their daily activities[vi], as well as distress for patient relatives. According to the Wales Audit Office, NHS bodies attribute delayed discharge to "*a shortage of home carers, a shortage of care home beds for people with dementia, and limited capacity across community reablement services*"[vii].

Our consultant members tell us that a focus on 'medically fit for discharge' is slightly misplaced given the age profile of the individuals likely awaiting discharge. For instance, if an elderly patient required a course of antibiotics or suffered a minor fall at home they would not be admitted to hospital; whereas if they were within hospital this would prevent discharge until completion. These complex needs could be treated as outpatients or in the community, as in many cases these issues will require long-term management and not a long-term stay.

It may be useful to illustrate this issue with some short case studies provided by our consultant members:

- *Elderly gentleman admitted in summer after a fall, after extended period of time being housebound. After assessment within first few days, determined it was unsafe for him to return home. No agreement on where he can go, hence still bed bound*

- *Elderly female admitted with hip fracture; physiotherapy has progressed to step transfer but no prospect of discharge to care home settings as they are on an admission waiting list*

- *Very elderly male with multiple co-morbidities, rapid weight loss and history of nosocomial infections unable to access fast-tracked Continuing Health Care for discharge, as discussions with providers whether the individual is in a terminal phase are ongoing*

Additionally, inadequate patient flow resulting from delayed discharge has an adverse impact on the operational ability of hospitals to undertake elective treatments due to the lack of free beds in surgical and medical wards [vi]. This has been a long standing and persistent issue within the health system, with a 2002 NHS Wales Capacity Review noting that *'the need to identify beds for emergency cases accounts for…over 1000 operations cancelled each month across Wales.'*[viii]. These pressures have been exacerbated by the cancellation of many non-emergency treatments in 2020 due to the COVID-19 precautions, meaning there were almost 670k patients on the waiting list for treatment at end September 2021

Discharge policy in Wales is largely guided by Welsh Health Circular (2005 - 035) *Hospital Discharge Planning*, although there have been substantial developments since then in terms of legislation on social care (i.e. the Social Services and Well-being (Wales) Act 2014) and more recently in terms of guidance following COVID-19. The publication of the *COVID-19 Hospital Discharge Service Requirements* (*Wales*)[ix] guidance in April 2020 established 'Discharge to Recover then Assess (D2RA)' by default. This policy is dependent on the availability of support sources, whether by in a person's own home; via bedded 'step down' facilities or at care home facilities. Whilst this model is to be commended, it is apparent from member feedback that these support sources are not sufficiently available across the country.

Potential solutions

There are no easy solutions to this long-standing problem, but there are several areas of focus in which we believe progress can be made.

A strong theme emerging from discussions with our members is a greater desire for accountability from senior health board executives and clinicians. As previously mentioned in this submission, perhaps the most visible consequence of inhibited patient flow is the accumulation of ambulances outside emergency departments. Members feel that health board leadership fail to adequately recognise the organisation's responsibility for whole population health in their respective region by regularly allowing denial of requests to release ambulances from A&E dept queues to attend category 'Red' calls in the community. Feedback suggests that the decision on whether to act upon red release requests can be left to relatively junior medical or nursing staff within the ED; these vital life-threatening decisions should be made by senior executive clinical leadership. Once again, we know that this is a symptom of inhibited patient flow and high levels of activity and occupancy within the system. A national, whole system escalation plan informed by consistent metrics could potentially help manage demand and also focus minds on accountability at senior board level. A key factor in such a plan should be urgent ambulance release measures and policies.

Adequate discharge is massively dependent on appropriate services and packages of care being available to support the patients being released from hospital. There has been widespread coverage[x,xi] of a 'crisis' in the care sector in Wales due to an overwhelming lack of staff. In addition to the £40m investment in the social care workforce announced in the NHS Wales winter plan, there are further commitments in both Welsh Government's Programme and the recent Welsh Government/Plaid Cymru

Co-Operation Agreement. Namely, to deliver a 'real living wage' for social care workers; and for parity of recognition and reward across the health and social care sector respectively, addressing the perception of social care being the 'poor relation'. We would hope that these commitments are progressed at pace, although we fear they will only go some way towards addressing the scale of the crisis. The ongoing COVID-19 pressures mean that increased staff absence due to isolation requirements will invariably continue in a sector that does not lend itself toward remote working.

Expansion in the number of staffed beds across NHS Wales is critical. Bed capacity has been gradually reduced over the years to help facilitate a shift toward care closer to home; our concern is that bed capacity has been reduced to too great an extent meaning that the NHS in Wales lacks any 'buffer' to cope with surging admissions whilst accommodating those in need of longer term care. With the bed occupancy rate in the Wales being above the generally accepted safe level of 85% for much of the last decade, we strongly suggest that consideration is given toward increasing bed capacity to seek to redress this balance

Member feedback suggests that the NHS estate as currently exists is not adequately designed to maximise optimal patient flow: whilst it is not realistic to start from a blank canvas, there are improvements that could be made to unlock additional capacity. Patients are often housed in unsuitable areas of the estate as a consequence, with much of it in suboptimal condition. It was estimated by BBC Wales in 2019 that the total maintenance backlog for NHS Wales was £560m[xii] to maintain often outdated facilities with patient care inevitably suffering as a consequence. This will not happen overnight, but experience from the initial phase of COVID-19 pandemic with the establishment of field hospitals and other temporary locations suggests that rapid progress can be made.

Ultimately, despite being under sustained pressures our members will still provide high quality care to their patients regardless of their immediate environment. Supporting the wellbeing and retention of the NHS workforce must be an ultimate priority this winter. While expansion of the workforce remains a key medium- and long-term priority, it is impossible to recruit or train enough doctors to help the NHS through this winter – therefore every effort must be made to keep those we have. This should include, but not be limited to: reform of the punitive pension taxation system[xiii] to aid retention of senior doctors; much-needed expansion of the NHS Wales occupational health services for staff; and a significant pay investment to address years of comparative pay erosion.

A further means to relieve the pressure upon the health service is educating patients to make the most appropriate healthcare choice. Initiatives such as Welsh Government's 'Help us Help You'[xiv] campaigns seek to encourage responsible behaviour and publicise options for care. For the intentions of these campaigns to be realised, we suggest that the awareness and scale of this work could be increased significantly and promoted by other public services in addition to the NHS.

[i] BBC Wales *'Ambulance delays in Wales costing crews thousands of hours'* 7 October 2021
https://www.bbc.co.uk/news/uk-wales-58817600

[ii] BBC Wales *'NHS Wales: A&E and ambulance performance worst ever – again'* 18 November 2021
https://www.bbc.co.uk/news/uk-wales-59332890

[iii] Healthcare Inspectorate Wales *'Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handove*r' 7 October 2021 https://hiw.org.uk/local-review-welsh-ambulance-service-trust-delayed-handover

[iv] Welsh Government *'Stats Wales: NHS beds summary data by year'*
https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Activity/NHS-Beds/nhsbedssummarydata-by-year Accessed 10 December 2021

[v] BMA *'Weathering the storm: vital actions to minimise pressure on UK health services this winter'*
November 2021 https://www.bma.org.uk/media/4834/bma-weathering-the-storm-report-nov21.pdf

[vi] Rojas-García, A., Turner, S., Pizzo, E., Hudson, E., Thomas, J., & Raine, R. (2018). 'Impact and experiences of delayed discharge: A mixed-studies systematic review'. *Health expectations: an international journal of public participation in health care and health policy*, 21(1), 41–56.
https://doi.org/10.1111/hex.12619

[vii] Wales Audit Office *'What's the hold up? Discharging patients in Wales'* May 2019
https://www.audit.wales/sites/default/files/discharge-planning-leaflet-2019-english_5.pdf

[viii] NHS Wales *'A Question of Balance: A Review of Capacity in Health Service in Wales 2002'* 2002
http://www.wales.nhs.uk/documents/questionofbalance.pdf

[ix] Welsh Government 'COVID-19 Hospital Discharge Service Requirements (Wales)' April 2020
https://gov.wales/sites/default/files/publications/2021-11/covid-19-hospital-discharge-service-requirements_0.pdf

[x] BBC Wales 'Social care crisis: Woman, 92, waited four months to be discharged' 24 October 2021
https://www.bbc.co.uk/news/uk-wales-59010673

[xi] ITV Cymru Wales 'Care sector buckling under the pressure of 'dire' staffing crisis' 31 August 2021
https://www.itv.com/news/wales/2021-08-31/care-sector-buckling-under-the-pressure-of-dire-staffing-crisis

[xii] BBC Wales 'NHS hospitals and buildings' £261m backlog of urgent repairs' 19 September 2019
https://www.bbc.co.uk/news/uk-wales-49661434

[xiii] BMA 'End the pension tax trap for doctors' Accessed 20 December 2021 https://www.bma.org.uk/pay-and-contracts/pensions/tax/end-the-pension-tax-trap-for-doctors

[xiv] Welsh Government 'Plan to deliver urgent and emergency health care in the right place, first time in Wales' 22 July 2021 https://gov.wales/plan-deliver-urgent-and-emergency-health-care-right-place-first-time-wales