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Advocacy and Empowerment in Healthcare: Includes critical questions you should be asking your healthcare provider

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Delays in Discharge: A Complex Issue in Community Hospitals



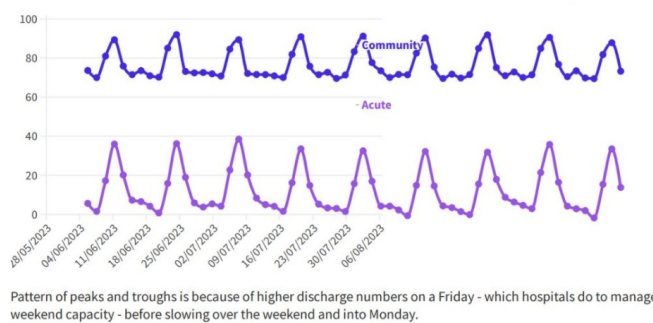
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As the Chair of the [COMMUNITY HOSPITALS ASSOCIATION](#), I was recently called upon to offer insights on the recent data published by [NHS \(England\)](#) regarding delays in discharge rates in Community hospitals compared to the Acute sector, as reported by the [Health Service Journal](#) (1,2).

Per cent of patients fit for discharge left in hospitals (daily)

Taken from Community discharge delays much worse than acutes; Health Service Journal, Sept 7, Mimi Launder

While I appreciate the attention being given to the challenges faced by Community Hospitals, I am concerned about the potential for healthcare leaders and politicians, who may lack experience in the intricacies of these institutions, to seize this data as an opportunity to advocate for further closures or reductions in inpatient beds, as we have witnessed in Warwickshire and North Wales.

[Closure of inpatient beds in Ellen Badger, a Community Hospital in Shipston-on-Stour, Warwickshire](#)

[Article regarding Closures of community hospitals in North Wales](#)

The [NHS England](#) data highlights the use of crude measures and statistics to inform crucial decisions about healthcare provision at the local level, decisions that can impact the most vulnerable members of our communities. The closure of inpatient community hospital beds in Devon serves as a stark reminder of the potential consequences of such decisions, where acute hospitals such are struggling to cope with their elderly patients who need inpatient beds for longer rehabilitation times, unfortunately they are being discharged to nursing homes to speed up discharges. Research suggests the closure of community hospital beds in Devon has not helped ease the pressure on the acutes, in fact it may have made the situation worse (3).

[Closure of community hospital beds in Devon](#)

BBC article on acute sector discharges to care and nursing homes in Devon

Utilising "Home Is Preferable" to Rationalize Inpatient Bed Reductions in Community Hospitals

The current trend among politicians and healthcare leaders to champion the slogan "Home is better instead" as a rationale for reducing inpatient beds is a sentiment that warrants careful examination. While this perspective may appear appealing on the surface, it often underscores a certain level of naivety regarding the unique circumstances of the patient population in question. It is imperative to recognize that a subset of patients requires and, indeed, merits an extended inpatient stay to facilitate their recovery and rehabilitation following significant medical events, such as strokes or fractured necks of femur.

Attempting to apply a one-size-fits-all approach, which insists on sending these patients home prematurely, fails to consider the logistical, financial, and safety challenges associated with providing the specialized care they require within a home environment. This approach also carries the risk of prematurely discharging patients to nursing homes before they have adequately progressed in their healthcare journey.

In essence, advocating for the "Home is better instead" mantra without a nuanced understanding of the distinct needs of patients grappling with substantial health challenges can lead to misguided decisions. For many individuals dealing with frailty, an appropriate and extended stay in a dedicated rehabilitation unit within a community hospital can be instrumental in ensuring a safe and successful transition back to their homes—a goal that holds immense significance for both patients and their families.

Poll regarding resource and Community Hospitals

This survey, which garnered agreement among senior healthcare professionals, indicated that with improved resources, community hospitals could better fulfill their primary roles within their communities, ultimately mitigating delays in discharges.

Discharge delays within Community Hospitals: Multifaceted

Let me now delve into the multifaceted reasons behind discharge delays within Community Hospitals, drawing upon my experiences in Worcestershire, which are echoed in discussions with other senior CH leaders.

Community Hospitals bear the responsibility of caring for some of the most complex patients, not just from a health perspective but also concerning social factors. Often, these patients are transferred from the acute sector after experiencing a severe illness, with their baseline health deteriorated, necessitating extensive rehabilitation and social worker involvement. This involvement often includes capacity assessments, financial means testing, continuing healthcare checklists, fast track applications, and family engagement.

The question that looms large is whether this is indeed the intended role of Community Hospitals. These institutions provide care in various forms:

1. Sub-acute care
2. Medical care of patients
3. Rehabilitation following falls, fractures, and strokes
4. Palliative care
5. Serving as community hubs
6. Providing a step-down option from the Acute sector

So, what are the potential solutions to expedite these often protracted processes, ensuring patients spend no more time than necessary in a hospital environment? Several proposals and measures are already in place:

1. **Direct Admission from the community:** Patients can bypass the acute sector and be admitted directly to Community Hospitals from home, as seen in the Community Assessment and Treatment Units (CATUs) at Tewkesbury Hospital part of [Gloucestershire Health and Care NHS Foundation Trust](#) (4) and community hospitals, Cambourne Redruth and Bodmin part of [Cornwall Partnership NHS Foundation Trust](#) (5). CATU's may prevent prolonged acute stays and facilitate quicker discharges with necessary support. The patients benefit from a rapid

assessment and treatment plan, close to home, from a multi-professional team.

2. **Collaborative Funding:** Establishing funding arrangements with social care to enable the discharge of patients who do not require a Community Hospital bed but may need nursing home care prior to the completion of means testing.

3. **Resource Allocation:** Adequately resourcing Community Hospitals to enhance their capacity to fulfill their rehabilitation role effectively.

4. **Integrated Healthcare and Social Care:** Building a cohesive health and social care system that provides healthcare professionals with access to the social care system. This integration may streamline the discharge process for vulnerable patients. I have heard recently that this is being bought in within [Herefordshire and Worcestershire Health and Care NHS Trust](#).

In conclusion, the recent release of crude data by [NHS England](#) does not provide a fair comparison and masks the underlying complexity within Community Hospitals. Senior healthcare leaders must acknowledge that properly resourcing Community Hospitals to cater based on their unique needs, to their local populations, rather than closing beds, can alleviate pressure on the acute sector, shorten hospital stays, and enhance the overall experience of older adult patients, their families, and friends. It is imperative that we approach this issue with a nuanced understanding to ensure the continued effectiveness of our Community Hospitals.

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Chair of the Community Hospital Association, GeriGP

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Please contact the [COMMUNITY HOSPITALS ASSOCIATION](#) if you would like to become a member and join our special interest group (SIG) where we talk about innovation, best practice and quality improvement in Community Hospitals.

References

1. [NHS England community hospital delays in discharge data](#)
2. [Community Hospital delays much worse than the acutes, Mimi Launder, 7 September 23, Health Service Journal](#)
3. [Hospital patient discharges putting strain on Devon's care sector](https://www.bbc.co.uk/news/uk-england-devon-64386912)
4. [Tewkesbury Hospital Community Assessment and Treatment Units](https://www.ghc.nhs.uk/locations/tewkesbury/)
5. [Cornwall Community Assessment and Treatment Units](https://www.cornwallft.nhs.uk/catu/)

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articles

Delays in Discharge Rates: A Complex Issue in Community Hospitals As Chair of the Community Hospitals Association, I recently addressed the crucial topic of delays in discharge rates within Community hospitals compared to the Acute sector, based on NHSE data. The Health Service Journal's report sheds light on this pressing issue, but my article also raises concerns about potential closures or inpatient bed reductions driven by leaders unfamiliar with the nuances of Community Hospitals. The data highlights the use of crude measures in making critical healthcare decisions, potentially affecting our most vulnerable community members. Fortunately, I had the opportunity to explore the reasons behind these discharge delays, connecting them to a survey that garnered unanimous support from senior healthcare professionals. The survey underscores the need for improved resources in Community hospitals to fulfill their primary roles within our communities, thereby reducing delays in discharges. So, what's causing these delays in Community Hospitals? The complexities are multifaceted: 1. Patients with complex health and social needs. 2. Rehabilitation after severe illnesses. 3. Extensive social worker involvement. 4. Capacity assessments, financial means testing, and more. Community Hospitals serve several critical roles: 1. Subacute care 2. Medical care 3. Rehabilitation 4. Palliative care 5. Community hubs 6. Acute sector step-down Proposed Solutions: 1. Direct Admission: Bypassing the acute sector for quicker, community-based care. 2. Collaborative Funding: Enabling timely discharges to nursing homes when appropriate. 3. Resource Allocation: Properly resourcing Community Hospitals for effective rehabilitation, subacute care and direct from community admissions. 4. Integrated Healthcare and Social Care: Streamlining discharge processes for vulnerable patients, avoiding duplication and repetition. In conclusion, NHSE's recent data lacks a nuanced perspective on Community Hospitals. Proper resourcing tailored to local needs can reduce acute sector pressure, shorten hospital stays, and enhance the experience of older adult patients, their families, and friends. Let's approach this issue with the depth it deserves to ensure the continued effectiveness of our Community Hospitals. [#Healthcare](#) [#CommunityHospitals](#) [#PatientCare](#) [#NHSE](#) [#Rehabilitation](#) [#HealthcareLeadership](#)

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Zalan Alam • 1st

8h ...

General Practitioner (Family Medicine Consultant), with special interest in Old Age and Complex Medicine, Director for Post graduate Medical Education and a South Asian history hobbyist

Great read. I would perhaps frame it as use of generalist skills for Medical Complexity.

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