



National Audit Office

Discharging older patients from hospital

King's Fund: Better transfer of care for older people
21 February 2017

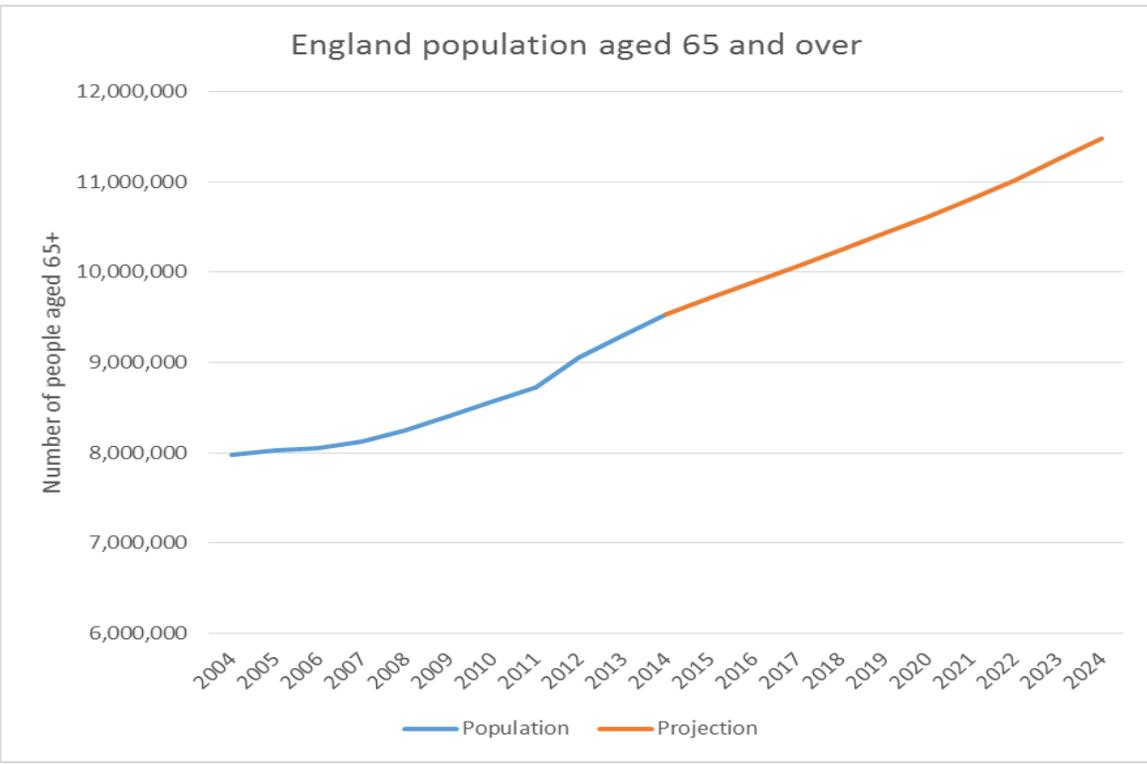
Ashley McDougall – Director, Local Service Delivery value for money

Discharging older patients from hospital – key messages from our report

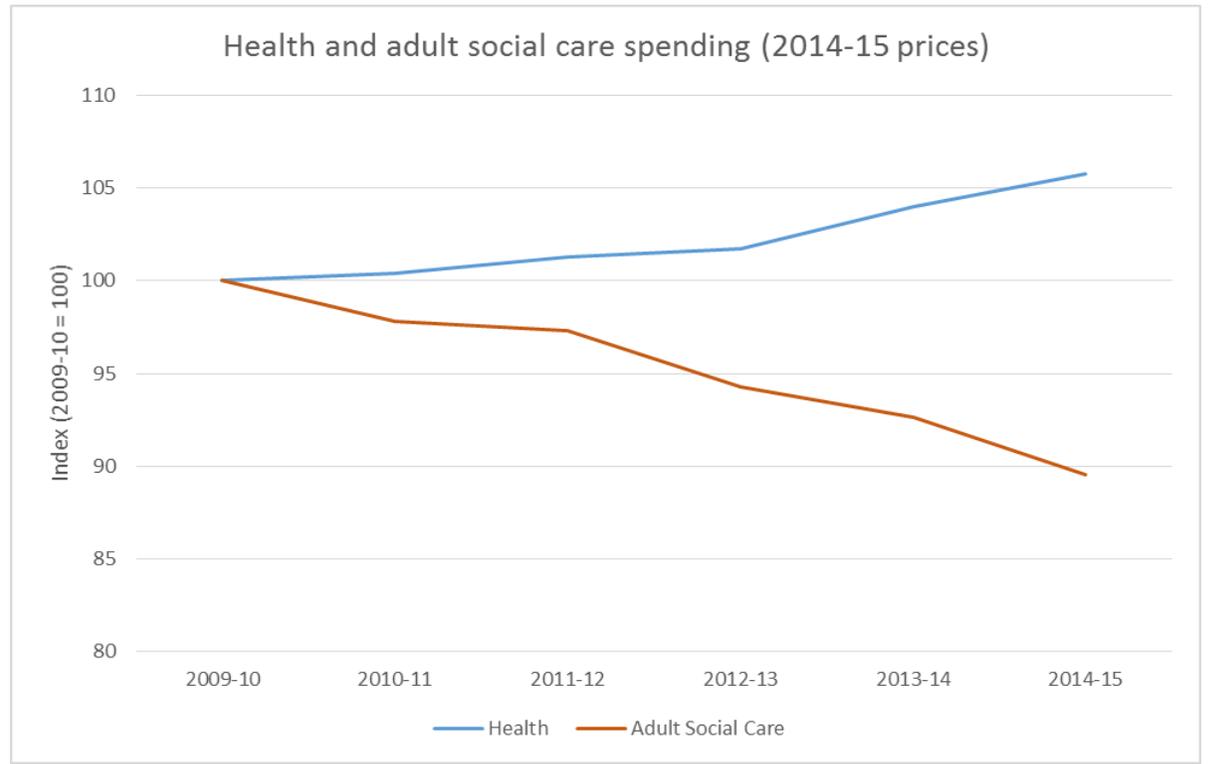
- Delayed discharges are not all down to problems in adult social care
- There is known good practice, but this is being inconsistently implemented
- There are wider barriers to effective discharge
- The cost of delays, and caring for patients in other settings, is not well understood

Growing demand combined with constrained funding for health and social care

The number of older people has grown rapidly over the last 10 years and this growth is forecast to continue over the next 10

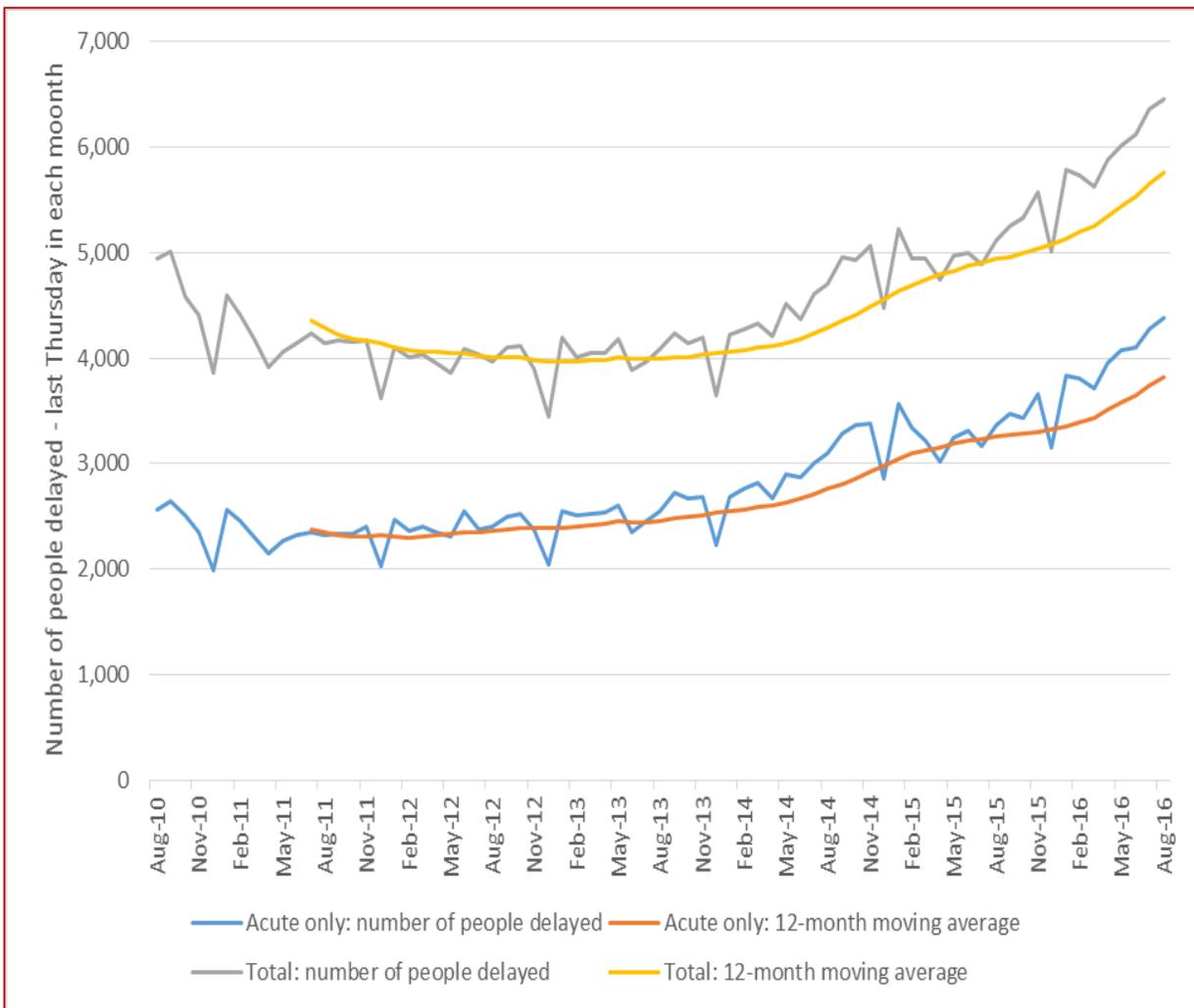


The NHS has seen constrained real terms growth while adult social care spending has fallen by 10% since 2009-10

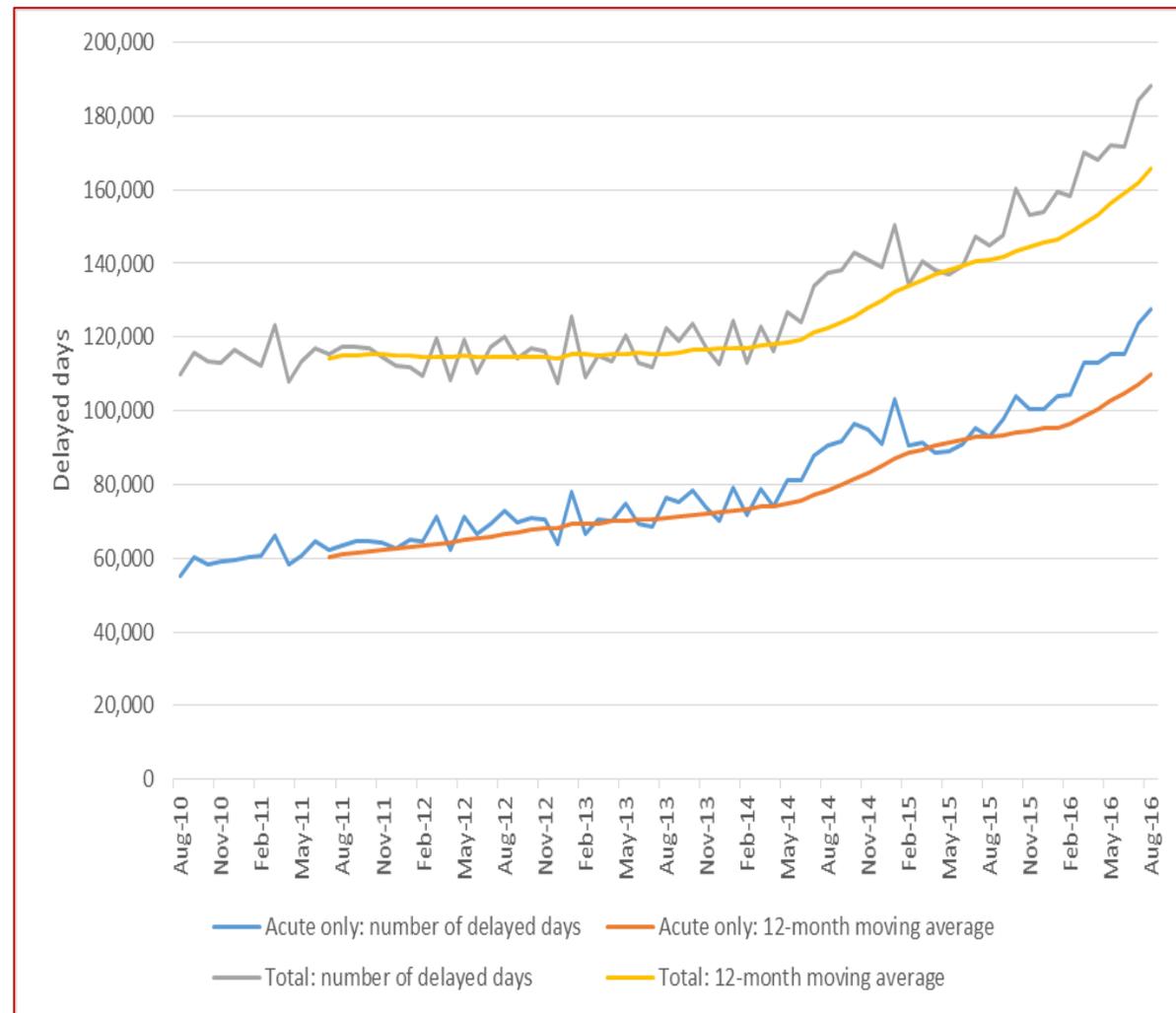


We have the outcome of rising demand and constrained funding: Official data show DTOC continuing to increase rapidly

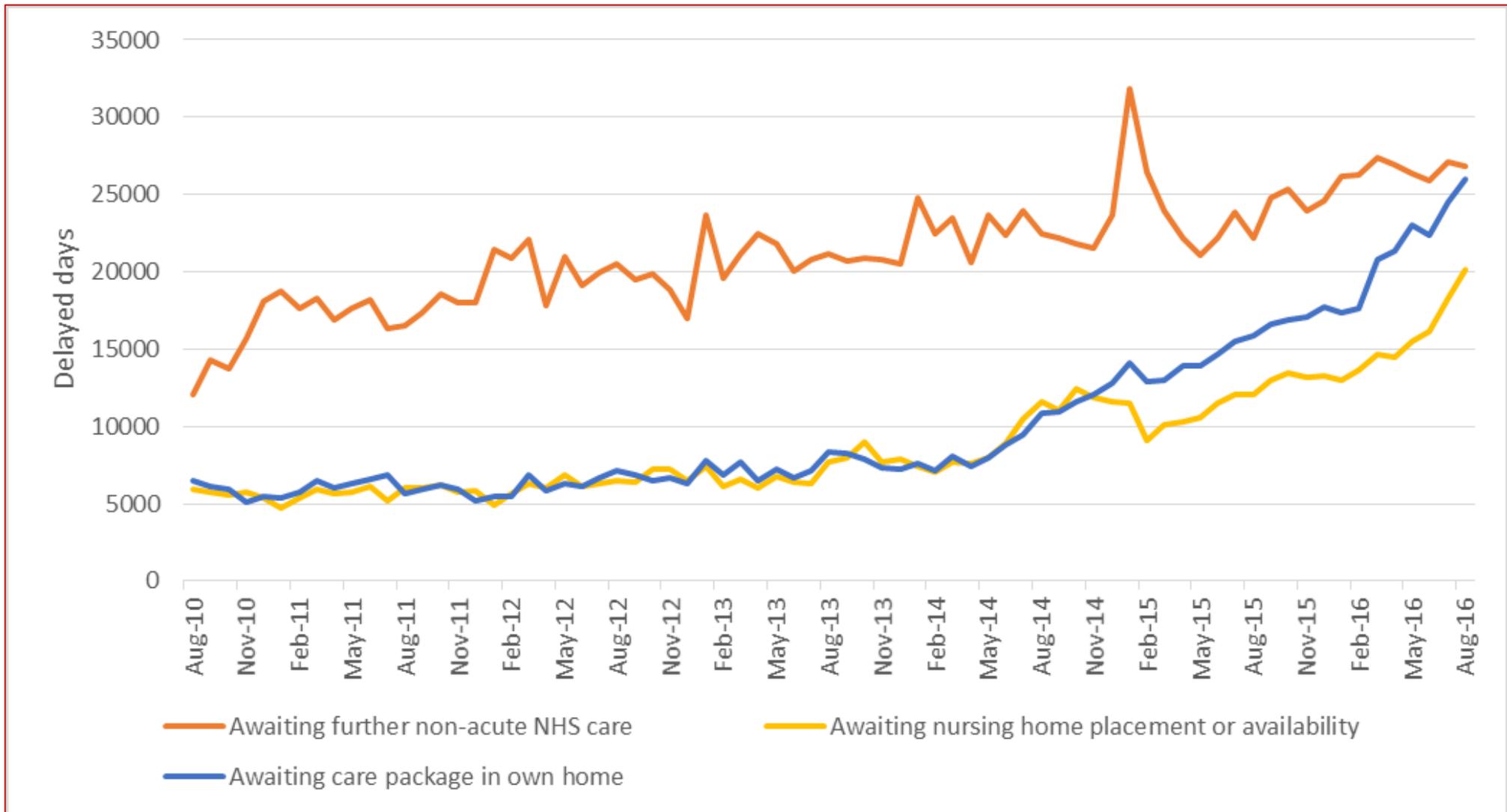
People



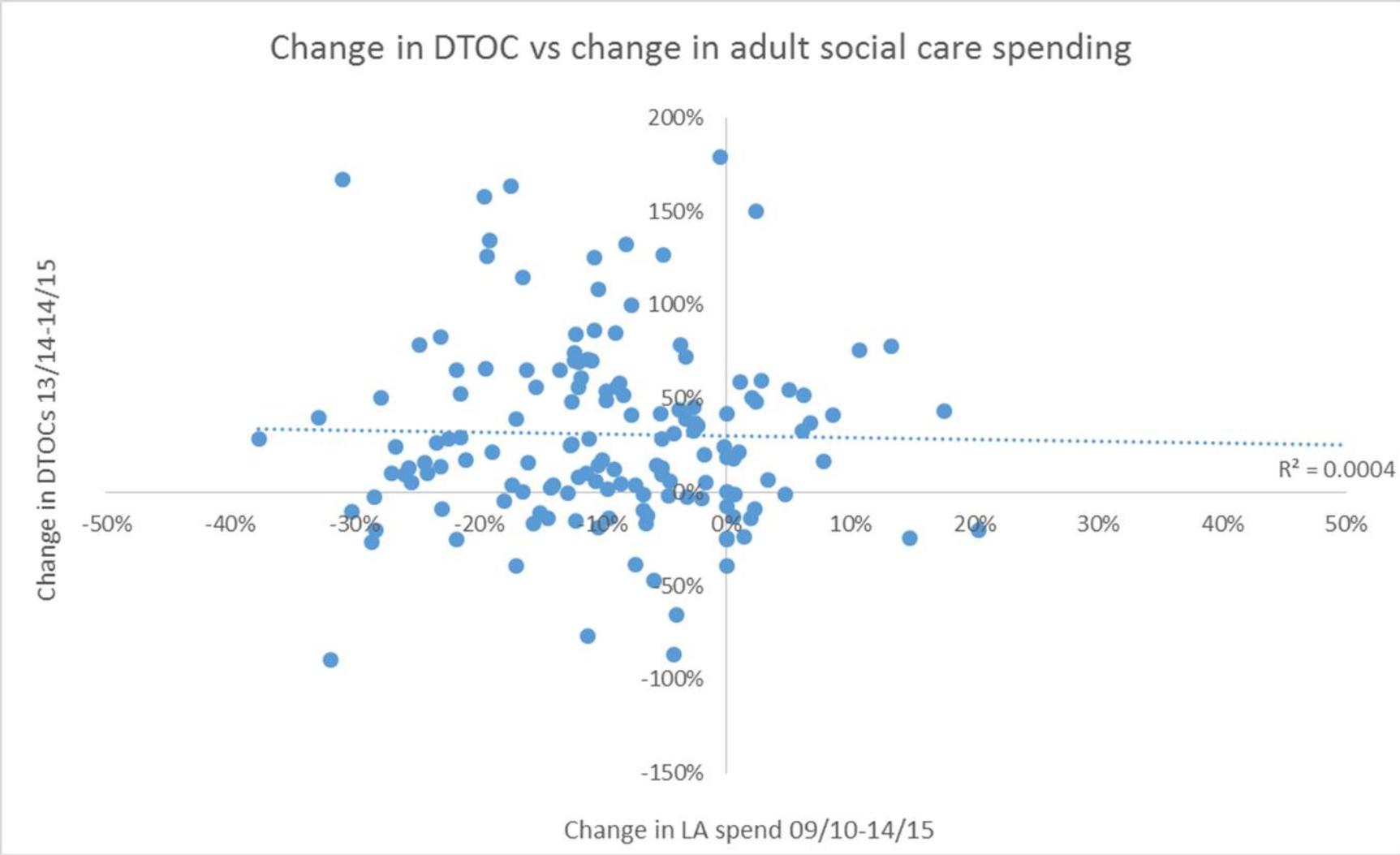
Delayed days



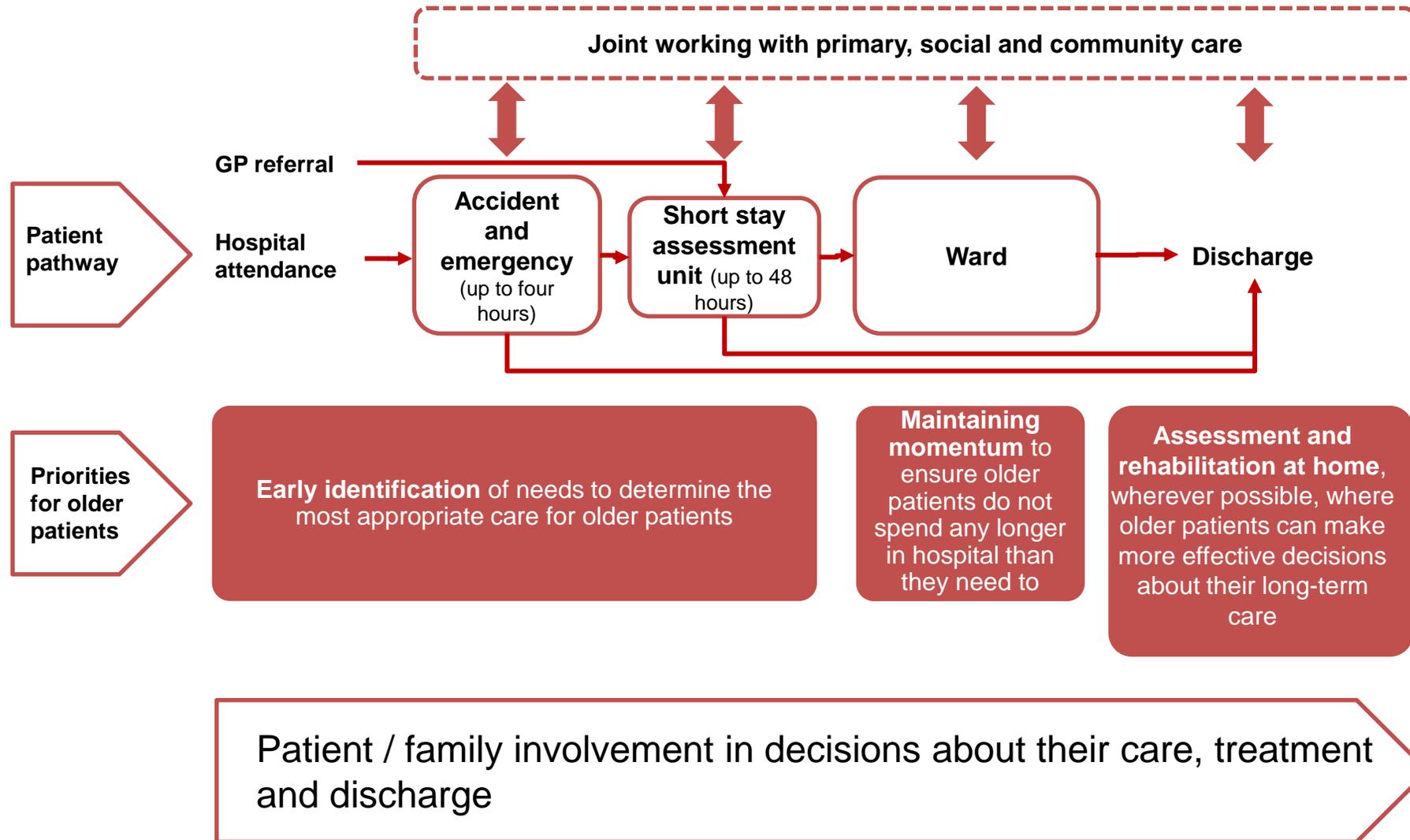
Adult social care capacity appears to be a key driver of DTOC increases



But:
We found no correlation between the change in DTOC and the change in adult social care spending



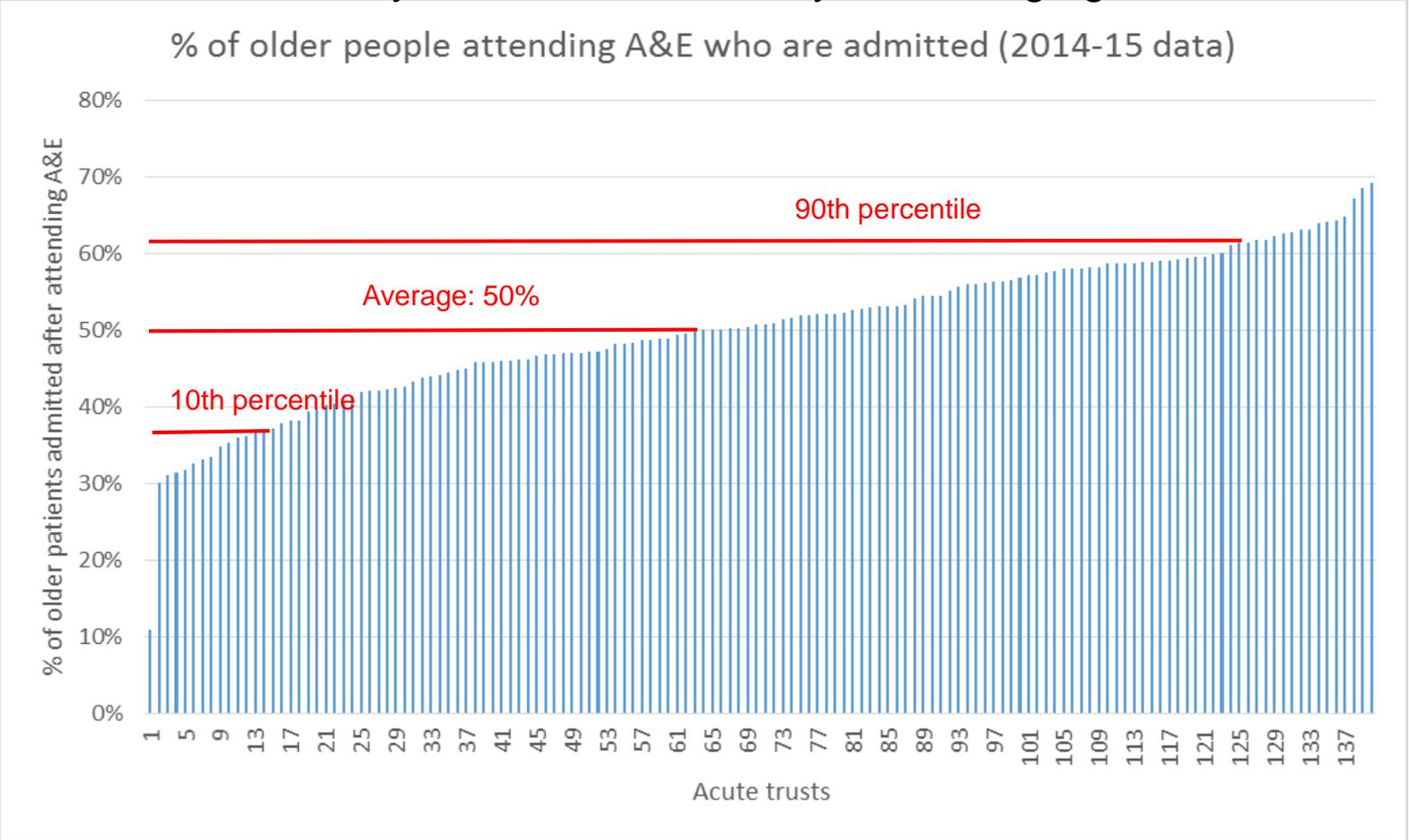
There is established good practice



Variation in practice - admission avoidance (1)

Variation in admissions: There is significant variation across hospitals in the percentage of older people attending A&E who are admitted (37% to 61% - 10th and 90th percentile)

Risk appetite: We heard in a number of case studies that geriatricians were more willing to make decisions to discharge patients early than general ward staff who had a more risk averse culture. Our survey results showed that only 34% of trusts felt they had enough geriatricians.



Variation in practice - admission avoidance (2)

Avoiding older patients going 'deeper' into the hospital:

Most of our case study sites were implementing different approaches to avoid older patients being admitted to wards deeper in the hospital. These included: geriatricians, physiotherapists and social workers in A&E, geriatricians linked to acute medical units; and dedicated frailty units.

- 55% of hospitals in our survey had frailty units. Of these, 68% said their facilities did not have enough capacity.
- 42% of hospitals in our survey could provide a geriatric assessment within 14 hours.

Guy's and St. Thomas' frailty unit – Acute Older Persons Unit (AOPU)

8 bed unit situated in Emergency Department. Initial results (Q1 2015) indicated:

- 8% fall in admissions to wards beyond AOPU
- Facilitated closure of 12 geriatric beds
- Readmission rates from AOPU no higher than from acute geriatric wards
- Patients and relatives satisfied with their stay in the unit

South Warwickshire NHs Foundation Trust – D2A scheme

Variation in practice - in hospitals

Some indications that hospitals are taking action to improve practice:

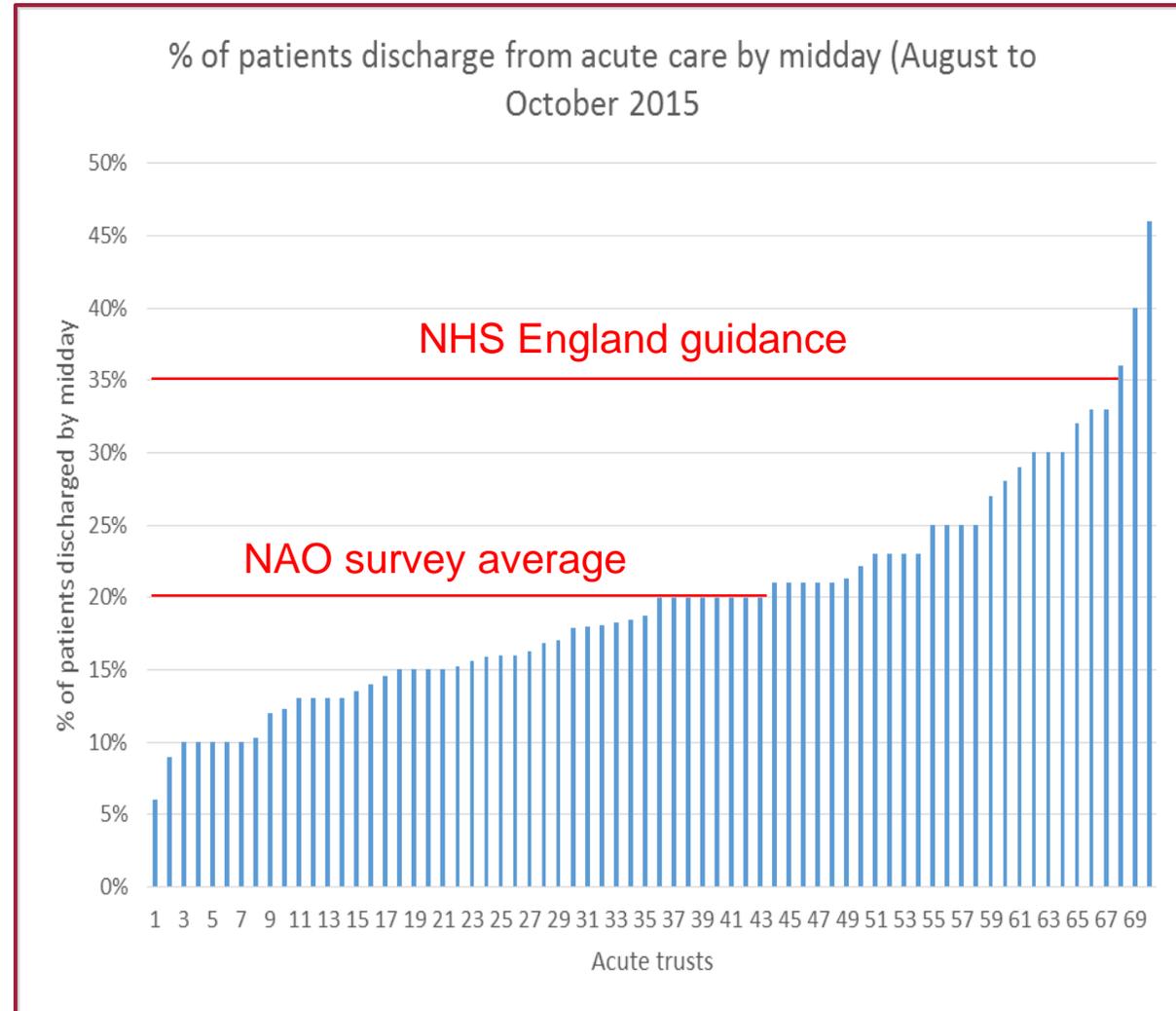
- For example, more hospitals appear to have frailty units now than when the NHS Benchmarking Network published its report (April 2015)

Maintaining momentum:

- 43% of MDT started their planning and assessment on or soon after admission. Only 21% of local authorities said they were involved at this point.
- 54% of hospitals said that MDT planning didn't start soon enough to minimise delays in most cases.
- 39% of hospitals set expected dates of discharge linked with criteria for discharge for all or most patients
- On average, hospitals discharged 20% of older patients before midday.

Assessment and rehabilitation in community:

- 52% of hospitals said they had a discharge to assess scheme for older patients.
- However, only 39% of SRG chairs said they could offer their schemes to all or most of their patients.



A range of factors are impacting on the ability of local systems to work together and discharge effectively (1)

Workforce:

- In our survey, providers and commissioners said that staff recruitment and retention were a significant cause of delays.
- Vacancy rates for nursing and home care staff were up to 16% in some regions.
- In our survey, fewer than half of hospitals felt they had sufficient staff trained in the care of older patients.

Local governance arrangements:

- Our survey showed that more than 80% of SRG chairs, local authorities and community health providers thought their SRG was very or quite effective, compared with 53% of hospitals.

Information sharing:

- Our survey findings showed that information is still not routinely shared.
- For example, only up to a quarter of hospitals said that they had sufficient access to primary, community and social care information for most older patients.

A range of factors are impacting on the ability of local systems to work together and discharge effectively (2)

Incentives:

- Hospitals have financial incentives to minimise the length of stay for emergency attendances and keep space free for elective procedures for patients.
- However, community health providers and local authorities are not incentivised financially to speed up receiving patients discharged from hospital (e.g. the use of block contracts for community health services)

Integration:

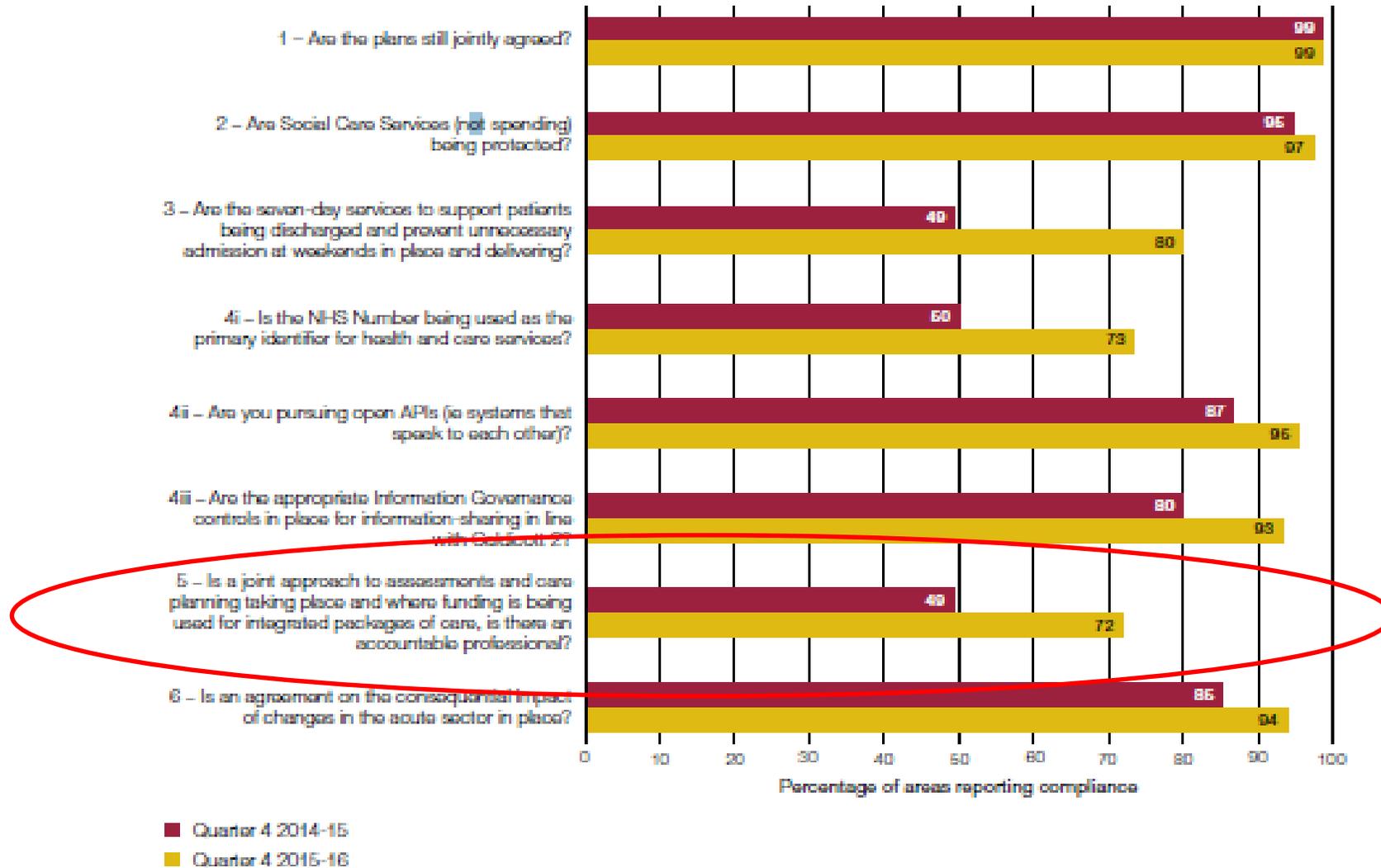
- Our survey showed that, 35% of local authorities and community healthcare providers were not part of an integrated discharge team in their acute hospital.
- 54% of community health providers were only involved in discharge planning once a patient's acute inpatient treatment was completed

Commissioning:

- 95% of local authorities have a Better Care Fund scheme intended to help reduce the delays in discharging older patients from acute care settings
- However:
 - 54% of local authorities do not have agreed response times for undertaking assessments and admitting patients in their contracts with nursing and residential care providers
 - 52% do not have requirements to undertake assessments and admit patients at weekends and bank holidays in their contracts

The Fund did improve integration processes, but to what end?

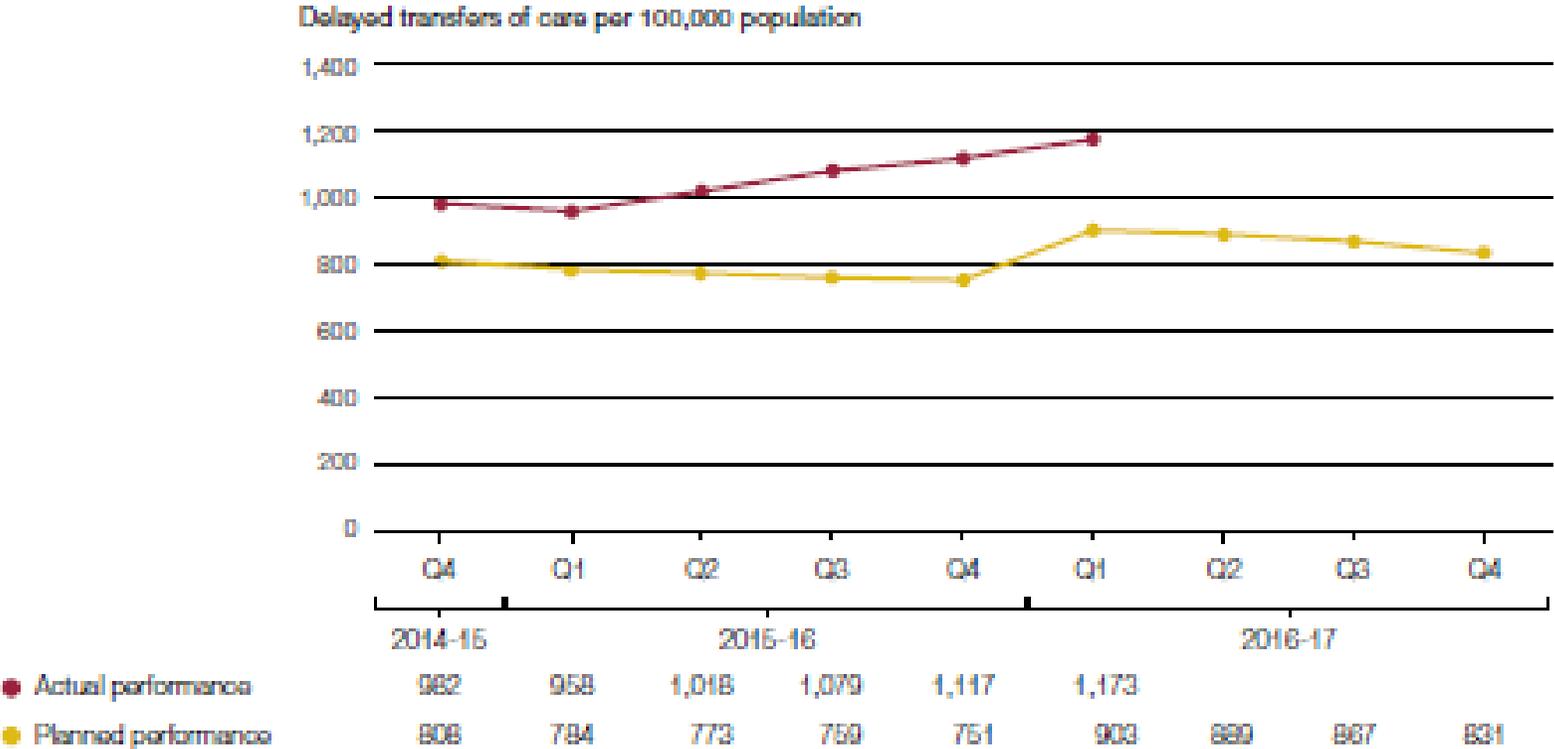
Local areas' performance against Better Care Fund 2015-16 national conditions
 Between Quarter 4 2014-15 and Quarter 4 2015-16 local areas made improvements in five out of six conditions



Source: National Audit Office analysis of NHS England Quarter 4 2014-15 - Quarter 4 2015-16 Better Care Fund data

BCF Plan v Actual (DTCOC)

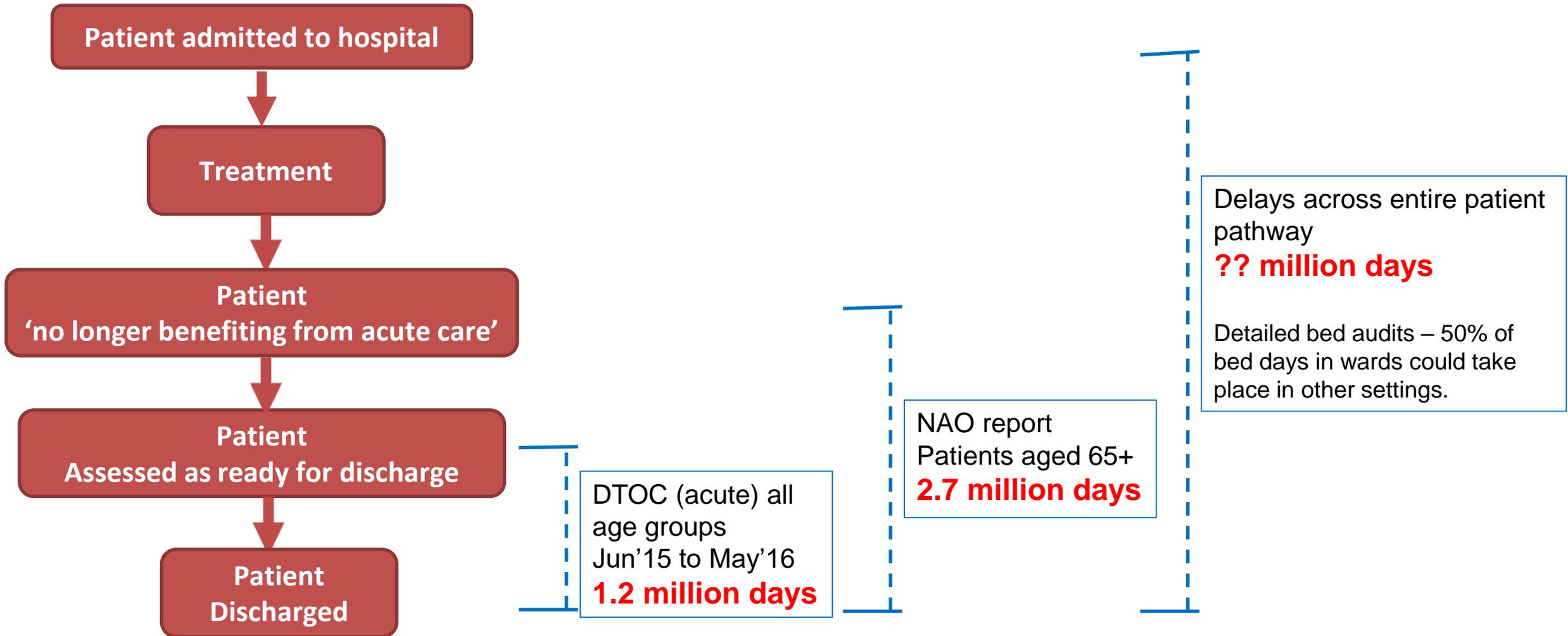
Delayed transfers of care continue to rise despite local plans to reduce them



DTOC plan for Better Care Fund in 2015-16

Target	Plan	Actual
Savings	£511 million	?
Emergency admissions	Down 106,000 admissions	Up 87,000 above previous year
	Save £171 million	Cost £311m more than plan
Delayed discharges	Down 293,000 days	Up 185,000 above previous year
	Save £90 million	Cost £146 million above previous year
Permanent admissions to res/care homes	659/100,000 pop	628/100,000 pop
Still at home 91 days after discharge	81.9%	82.7%

DTOC is only part of the picture



The data on the cost of delays is poor

There are significant costs of treating older patients in acute hospital who no longer need to be there. However, there is a lack of robust information on the cost to acute hospitals of delays and of treating patients in a range of other settings (e.g. residential / nursing home care)

“Out-of-hospital care needs to become a much larger part of what the NHS does.”
(NHS, Five Year Forward View)

£900 million

Lord Carter’s estimate of the annual cost of delays to acute trusts

£820 million

NAO estimate of the cost of treating older patients in acute hospitals who no longer require acute treatment

£0 to £640 million

NHS England’s estimate, provided during PAC hearing, of the net cost of treating older patients in acute hospitals who no longer require acute treatment

£180 million

NAO estimate of the public cost of providing care for delayed patients either at home or in more appropriate care settings

What next?

Some thoughts on priorities

- Understanding the scale of the problem / opportunity.
- Understanding the costs / benefits of change
- Incentives to make changes / increase activity

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