

# Age UK briefing – discharging older people from hospitals

June 2016

**How and when someone is discharged from hospital, and the support they receive in the aftermath, are critical determinants of their long-term recovery and return to a reasonable quality of life.**

We regularly read articles in the media about ‘bed blocking’ and hear talk of older people staying in hospital when they no longer need hospital care. Sometimes there seems to be a tendency to blame the patients, it being implied that some older people and their families are ‘choosing’ to remain in hospital, thereby denying hospital care to others who are in greater need. However we do not believe that the problem of older people staying in hospital longer than is clinically necessary is anything like as simple as it is sometimes painted, or that older people and families are usually at fault when their discharges are delayed.

## The issue

### **Delayed discharge – a growing problem**

1.75 million bed-days were lost from January to December in 2015, an increase of 28.4 per cent compared to 2014.

### **The causes**

- **Patient choice?**
- **Problems with social care**
- **Lack of access/ delays to NHS services**
- **Challenges within hospitals**
- **Avoidable admissions**

### **Patient Choice?**

13 per cent of these lost days were attributed to so-called ‘patient choice’. However calls to Age UK’s information and advice line<sup>1</sup> shed important light on the experiences of some older people and reveal the complicated and often tragic situations behind the headlines and the reality of ‘patient choice’. They demonstrate just how hard it can be to organise a safe and appropriate place for older patients to go to after they have been in hospital, where families can be sure that their loved

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<sup>1</sup> Our free and confidential national telephone service - Age UK Advice - has been running for over 15 years, speaking to over 20,000 people a month. We provide information and advice for older people, their friends, relatives, carers and organisations working for and on behalf of older people. The most common subjects that people contact us about are social care, welfare benefits and health and disability. Hospital discharge is a common reason for people needing advice. Our records from these calls showed a number of recurring issues. The case studies below reflect issues raised over the past six months. We have changed names, gender and certain details and characteristics to preserve our callers’ confidentiality. .

one's health and care needs will be properly met, giving them the best chance of a full recovery.

### **Problems with Social Care**

A major barrier to achieving safe and rapid discharge from hospital is the availability of social care support.

- Just under 40% of delays are attributed to the lack of availability of social care support and/or assessment funding.
- Funding for older people's social care reduced by £0.66 billion between 2005/06 and 2014/15.
- The number of people receiving publicly funded support has fallen by around 377,000 from 1.2 million at the start of the period to just over 850,000 by 2014/15<sup>2</sup>.
- National Audit Office Report on Discharging Older People from Hospital (2016) states a 31% increase in delayed transfers of care.
- Number of days spent waiting for a package of home care have more than doubled between 2013 and 2015, from 89,000 to 182,000) as has waiting for a nursing home placement or availability (which increased by 63%)”.
- In 2011 to 2013, recipients of local authority funded home care declined by 15%.
- The NAO estimate that overall delays are responsible for £820 million of avoidable costs to the NHS making.

### **Lack of access to NHS services**

Delays frequently occur due to problems accessing NHS services. For individuals with complex needs, their discharge and safe transfer of care may be contingent on multiple professionals and specialities including a discharge team, pharmacists, occupational therapists, physiotherapists, liaison mental health services and the social care team.

- Waiting for further non-acute NHS services accounted for almost a fifth of total days delayed in 2015/16, or over 300,000 bed days.
- A Royal Voluntary Service (RVS) survey found that almost 70% of nurses that responded had frequently had to delay discharging patients because there is no support in place for patients once they leave hospital.
- The National Intermediate Care Audit 2015 reported that “average waiting times ... have shown a deteriorating trend over the last three years across all service categories which may be a symptom of demand continuing to outstrip capacity”.
- “Average waiting times are now 6.3 days for home based, 3.0 days for bed based and 8.7 days for re-ablement services”.
- There is only about half the capacity required to meet patients' needs effectively.
- A survey of district and community nurses reported that a fifth had rated the quality of the care they provided as 'poor' or 'fair' and of these 95% agreed or strongly agreed with the statement 'there are not enough staff to get the work done'.
- 77% of all the respondents in the survey of district and community nurses reported that their workload was too heavy and 75% said there were not sufficient district nurses on their team<sup>3</sup>.

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<sup>2</sup> The Health and Care of Older People, Age UK, 2016

- District nurse numbers continue to fall; huge numbers of nurses are being drawn into acute settings as part of the sector's response to the Francis enquiry.

### **Challenges within hospitals**

Poor discharges often start at the front door of the hospital when an older person is first assessed and admitted. Older people and their families often feel completely uninvolved in decisions or find it difficult to access relevant information, leaving them unable to find appropriate solutions for their care. This can extend to very basic practices in medication including being provided with sufficient information. Older people report being given cursory or no information on the new drugs or dosages they are prescribed.

- In 2013 the RCP recommended comprehensive geriatric assessment (CGA) as the optimal approach for assessing older people with frailty, yet the NAO has reported that only 42% of hospitals were undertaking CGA and that capacity in "frailty" units is limited<sup>4</sup>.
- Older people's experience through hospital is as important as their immediate presenting acute need.
- Older people are much more likely to be moved multiple times during a stay in hospital.
- Recent research by the Centre for Social Exclusion at the London School of Economics highlighted the increased risks of receiving poor or inconsistent support in hospital associated with age, disability and multiple transfers between wards.
- According to NHS Benchmarking, stays in hospital of longer than 21 days account for 5% of stays in inpatient care, but represent 41% of all occupied bed days<sup>5</sup>. As a result, the effect of poorly managed care on hospital efficiency is significant.
- It has also been shown that older people are often on "potentially inappropriate prescription" (PIPs) with one study showing this was the case in a third of people over 70<sup>6</sup>.

### **Avoidable admissions**

Avoiding admissions, or preventing readmissions, to hospital in the first place would also help alleviate pressures contributing to poor discharge practices, as well as making a significant difference to many older people's lives.

- A third of nurses surveyed by the Royal Voluntary Service reported they have "discharged patients aged over 75 before they felt they were ready to leave hospital in order to "free up a bed"<sup>7</sup>.
- Ambulatory care sensitive conditions (ACSCs) if managed appropriately, should not require admission to hospital, however ACSCs account for 1 in 5 emergency admissions.

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<sup>3</sup> National Nursing Research Unit, King's College London and Employment Research Unit, June 2014 "Survey of district and community nurses in 2013: Report to the Royal College of Nursing"

<sup>4</sup> NAO 2016

<sup>5</sup> Older People in acute settings Benchmarking report, NHS Benchmarking, April 2015

<sup>6</sup> Polypharmacy and medicines optimisation Making it safe and sound, King's Fund 2013

<sup>7</sup> <http://www.royalvoluntaryservice.org.uk/news-and-events/what-we-are-saying/delayed-discharges-show-the-nhs-under-strain> - accessed May 2016

- ACSCs include cases of pneumonia and suspected urinary tract infections, for which admissions have risen by 100% and 81% respectively between 2005/06 to 2013/14.

## Conclusions

- The on-going crisis in social care funding continues to make a major contribution to poor performance in discharging older people from hospital.
- Coordinated care in the community focused on supporting independence can avoid many admissions or readmissions to hospital, releasing capacity to support more effective discharge practices.
- Hospitals are not sufficiently well designed and organised to deliver optimal care for older people living with frailty. This leads to inadequate assessment and poor planning throughout someone's stay and undermines their chance of a safe and effective discharge.
- Poor communication and inadequate access to key services, such as intermediate care, often lead to delays in discharge.
- Where individual older people and their families are identified as the cause for a delayed discharge, our evidence suggests even in these circumstances there are often very reasonable objections or failures to adequately communicate or involve people appropriately.
- Improving practices and delivering high quality, and more cost-efficient, care around discharge of older people from hospital requires a joined-up approach across health and social care.

**For further information** please contact our Public Affairs Team by emailing Age UK's Head of Public Affairs Angela Kitching on [angela.kitching@ageuk.org.uk](mailto:angela.kitching@ageuk.org.uk) or by calling 0203 033 1493.

## Case Studies

These case studies are taken from Age UK's advice line. Our free and confidential national telephone service - Age UK Advice - has been running for over 15 years, speaking to over 20,000 people a month. We provide information and advice for older people, their friends, relatives, carers and organisations working for and on behalf of older people. The most common subjects that people contact us about are social care, welfare benefits and health and disability. Hospital discharge is a common reason for people needing advice. Our records from these calls showed a number of recurring issues. The case studies below reflect issues raised over the past six months. We have changed names, gender and certain details and characteristics to preserve our callers' confidentiality.

### **Mary**

Paul's wife Mary, 85 years old, is in hospital. She has lost her mobility during her hospital stay. Yesterday the hospital told him Mary was ready for discharge today and she can't occupy a hospital bed anymore. Nobody has assessed what she will need to help her recover at home, whether she can regain her mobility, or what adaptations are available to help them manage. Paul was able to delay the discharge for a day by getting the Patient Advice and Liaison Service involved but he still wasn't given any information about her rights, or about how they are going to manage at home.

### **Phil**

Phil is in hospital and nearing the end of his life. The hospital says they can't do any more for him and want to discharge him. Phil lived in a care home with nursing prior to going into hospital, but this home is now unsuitable. Social services have identified a couple of alternative care homes, but his daughter Susan and her family have refused them because they are too far away for the family to visit him regularly. The family have found what they consider to be a suitable home nearer to them but there aren't any vacancies. They've asked the GP to refer Phil to a hospice, but the GP has refused because Phil's diagnosis doesn't say he has a specified time to live.

### **Alfred**

Alfred is in hospital following a series of strokes and is due to be discharged in the next two weeks. It is being recommended that Alfred now goes to a care home. Alfred lacks mental capacity to make decisions about his care arrangements but his son has a registered Enduring Power of Attorney for Alfred's property and financial affairs. The hospital social worker is advising the family that social services will choose the care home and that it will need to be some way away to meet local authority cost limits. The family is unhappy about this because they think he needs to be closer to them so they can visit regularly.

### **Bob**

Hannah's father Bob has a range of health problems, including dementia. At a discharge planning meeting two weeks ago the consensus was that Bob should return to his sheltered accommodation unit with a care package in place. However, the housing association that manages the sheltered accommodation says they do not want him to return because he is no longer well enough to manage, while Social Services are saying that sheltered housing is his best option at the moment as he does not yet meet the criteria for specialist residential dementia care. Hannah feels

that they are now at an impasse and that she is going to be forced to agree to something she doesn't believe to be the best option for Bob.

### **Rachel**

Janet's mother Rachel is in hospital for the second time in 10 days. Rachel lives in her own home. Janet feels she shouldn't have been discharged home on the first occasion and intends to complain. Before her readmission the Intermediate Care Team agreed that she wasn't safe at home. Now that Rachel is back in hospital Janet fears the same thing will happen again. She's trying to find someone who can help them find out what the options are and wonders what the responsibilities of the hospital social worker are and who, if anyone, joins everything up.