HOUSE OF COMMONS FUTURE BUSINESS

HEALTHCARE (DELAYED DISCHARGES): TEN MINUTE RULE MOTION

WEDNESDAY 16 MARCH Dr Andrew Murrison

"That leave be given to bring in a Bill to make provision about expediting the transfer of patients who are medically fit for discharge from acute hospitals to homely settings in the community."

OBSERVATIONS FROM THE COMMUNITY HOSPITALS ASSOCIATION

1. The Community Hospitals Association supports the policy of care closer to home. For patients in acute hospitals, particularly those older patients with frailty, the options are typically to go home, to a care home or to a community hospital. We support the principle that patients who have completed their appropriate care plan in an acute hospital should be discharged expeditiously from the acute hospital in accordance with the next stage of their care plan.
2. The CHA wants to stress the benefits of discharge to a community hospital and to ensure that this option continues to be offered to patients and communities, particularly those in predominantly rural settings.
3. There is evidence that patients prefer to have their rehabilitation and recovery in a local community Hospital [1] [2] There is evidence that outcomes are better, particularly longer term [3] Studies show that community hospitals offer person-centred, integrated and appropriate clinical care [4]
4. The CHA wants to stress the benefits of bed-based intermediate and rehabilitation in community hospitals. Community hospital staff are advising the CHA that their role in supporting discharged patients from acute hospitals is being more recognised and appreciated, particularly during the pandemic, and there are strengthened relationships, more effective sharing of data and improved systems across the local health and care service.
5. The CHA cautions about any further loss of community hospital beds nationally, and supports proposals to expand, redevelop or refurbish valued community hospitals.
6. We caution against the use of the phrase "medically fit" which has no formal definition that we are aware of and can be simply a subjective judgement. We draw attention to National Institute for Health and Care Excellence Guideline 94 (Chapter 35)[5] entitled "Discharge planning emergency and

[1] Davidson D, Paine AE, Glasby J, Williams I, Tucker H, Crilly T, *et al.* Analysis of the profile, characteristics, patient experience and community value of community hospitals: a multimethod study. *Health Serv Deliv Res* 2019;7(1) https://doi.org/10.3310/hsdr07010

[2] Small, Neil., Green, J., Spink, J., Forster, A., Lowson, K. and Young, J.(2007) "The patient experience of community hospital - the process of care as a determinant of satisfaction." Journal of Evaluation in Clinical Practice: 95-101.

[3] Garåsen H, Windspoll R, Johnsen R. Long-term patients' outcomes after intermediate care at a community hospital for elderly patients: 12-month follow-up of a randomized controlled trial. Scandinavian Journal of Public Health 2008;36(2):197-204.

[4] Pitchforth E, Nolte E, Corbett J, Miani C, Winpenny E, van Teijlingen E, *et al.* Community hospitals and their services in the NHS: identifying transferable learning from international developments - scoping review, systematic review, country reports and case studies. *Health Serv Deliv Res* 2017;5(19) https://doi.org/10.3310/hsdr05190

[5] NICE Guideline Template

acute medical care in over 16s: service delivery and organisation". This was developed by the National Guideline Centre, hosted by the Royal College of Physicians and published in March 2018.

7. The NICE report affirmed the value of discharge planning for patients being treated in an acute hospital. It advises that:

> "Discharge planning is the process by which the hospital team considers what support might be required by the patient in the community, refers the patient to these services, and then liaises with these services to manage the patient's discharge. Poor discharge planning can lead to poor patient outcomes and delayed discharge planning can cause patients to remain in hospital longer than necessary."

8. The NICE report Guideline 94 reviews a range of discharge planning procedures from around the world. A common theme in the individual 'best practice' reviews is "comprehensive, individualised discharge planning". The report identifies increasing mortality, avoidable adverse events and readmissions as the result of poor individualised discharge planning.
9. For many patients their discharge planning can involve a direct discharge to their own homes. The US Army has made a substantial contribution to the science of direct discharge to patients' own homes. The US Army runs a virtual ward service for discharged patients in their own homes . It says,

> "Patient cohorts who qualify for the virtual ward are deemed to be clinically at low risk; they do not meet the threshold of needing extra care in the hospital but should still be monitored. The hospital sends these patients home with medical devices that allow hospital staff to watch them from a Hospital base, while allowing their family members to help care for them."

10. Several parts of the UK established virtual "Covid" wards in patients own home during the pandemic with varying levels of success in relation to mortality, avoidable adverse events and readmissions. Perhaps the scheme demonstrated in Scotland [6] can provide the most useful lessons. NHS 'X' in England provides guidance [7] in setting up a virtual ward embracing care in the patient's own home.
11. However even where virtual wards have been furthest developed [8] international experience has shown that virtual wards embracing the patient's own homes do NOT provide the capability to accommodate many of the patients in acute hospitals who could be discharged expeditiously from the acute hospital in accordance with the next stage of their care plan.
12. Both the clinical and economic evidence demonstrates that the availability of neighbourhood, or community, hospitals are essential to support the non-acute part of the patients' care plans and to expedite discharge from the acute hospital.
13. Unfortunately following the 2008 financial "crash", many 'community hospitals' have been closed or reduced in capacity. The NHS resource aspirations contained in the Wanless report were abandoned and 'salami slicing' of NHS budgets became the new trend often reducing community hospitals' capability.
14. That said, a study by Birmingham University[9] published in 2019 confirms that while standards are variable between community hospitals, most community hospitals provide exemplary levels of care and positive outcomes and their success can be replicated elsewhere
15. In our view, as the national voice for community hospitals, the capacity now available in community hospitals is inadequate to meet the nations' needs. An urgent study of needs followed by a programme of increased community hospital capacity is essential if the "expediting of the transfer of

[6] https://nhsscotlandevents.com/nhs-scotland-event-2019/programme/virtual-community-ward-model-action-aberdeenshire
[7] https://www.nhsx.nhs.uk/key-tools-and-info/a-guide-to-setting-up-technology-enabled-virtual-wards/
[8] An example is the Mercy Virtual Hospital USA Home - Mercy Virtual https://www.mercyvirtual.net/
[9] http://www.communityhospitals.org.uk/pdf/Illustrated%20Scientific%20Summary.pdf

patients who are medically fit for discharge from acute hospitals to homely settings in the community" is to be attained.