PUTTING DISCHARGE DELAYS TO BED

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The issue of bed blocking is one which regularly hits the headlines as a perennial bugbear for the NHS. "We all need to work together more effectively," sounds the rally cry from public services providers. It is indeed a truism that public agencies are letting vulnerable people down through their failure to co-ordinate activities and communicate properly. It is true also that fundamental opportunities to improve communications at the most rudimentary level are being missed by those in charge of healthcare IT provision.

While Connecting for Health continues to nurse its wounds from the latest in a series of public flayings, the big picture strategists are failing to see a golden opportunity to score a quick (and inevitably popular) hit by using electronic communications to help cut bed blocking.

Back on the agenda

The Department of Health has described bed blocking as a priority area and claims figures have fallen by over 65% since 2001. But in Spring this year, figures obtained by the Commission for Social Care Inspection revealed that numbers have increased dramatically in over 10% of England's local authorities with social service responsibilities.

In 2004, an estimated 3,500 older people were remaining in hospital on any given day after they had already been declared fit to leave, because of delays in discharging people; two thirds of beds are occupied by people over the age of 65.

There is clearly a need for better joint working between the NHS agencies and social services departments to provide services which are built around the individual.

Monitor and manage

Given that most hospitals in the UK have little (dynamic and therefore) accurate information at all about the number of beds blocked each day, the problem is actually likely to be far worse than envisaged.

The Government tried to address the problem with the introduction of the Community Care (Delayed Discharges) Act in 2003, which allows hospitals to charge social services departments £100+ for each day a bed is blocked due to social services.

Although some have agreed not to levy the charge to help social services invest in increased capacity, for cash strapped trusts it must be difficult not to view the monies as a potential new revenue stream to help reduce their deficits. Wiltshire social services, for example, had to pay their Trust £26,700 in such charges between April 2005 and April 2006.

But the fact remains that most Trusts simply have no way of accounting accurately for the responsibility and hence charging of delays. Overstretched nurses still have to follow the same time-consuming and haphazard discharge procedure, waiting for office hours to then phone or fax details through to social services, with messages going unanswered, delays ensuing from social work shift patterns and critical details such as patient mobility issues getting lost on route (or on post-it notes).

With no manageable process in place, how can we ever hope to control it?

What we need is an electronic system available 24/7 which mandates key information, so nurses can at any time fill in a simple template which will not be delivered until it is complete. Both ends of the supply chain then have a clear, written record of patient needs, which cannot get lost or misconstrued.

Where such systems have been introduced in England, they have led to impressive improvements in relationships between hospitals and social services and better standards of care for patients. Hospitals save costs, social services avoid hefty charges unless it can be proven that the responsibility lies with them and patients can leave hospital when they should, not when they can.

Since the Countess of Chester NHS Foundation Trust introduced electronic referrals to social services, it has eliminated the usual NHS inter-departmental paper chase, reduced patient risk and provided a single mutually accepted view of each case. With no weekly confrontations to agree the responsibility for bed blocking statistics, the move has significantly enhanced cross agency working relationships and improved patient care.