

## **DISCHARGE FROM HOSPITAL**

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### ***Executive Summary***

*This report outlines the main issues of discharge from hospital, as reported at a seminar for Elected Members held on 10<sup>th</sup> October 2007. The report also makes recommendations for future action.*

### **1 Introduction**

- 1.1 Elected Members often receive comments and, sometimes complaints, from individuals about the process of discharge from hospital. As a result, the topic has been put on to the work programme of the Overview and Scrutiny Committee for Health and Social Care for the year 2007-08.
- 1.2 A seminar for Elected Members was held on 10<sup>th</sup> October 2007, which outlined the discharge process and raised some of the challenges faced by staff when arranging discharge from hospital for individuals.
- 1.3 The seminar outlined that there has been a reduction in delayed discharges between 2003 and 2006. The latest figures for Wirral show 13 patients delayed for a total of 131 days; the highest of which were for a patient whose family refused the discharge for 31 days.
- 1.4 On average, there are 130 emergency admissions per day, 250 attendances at Accident and Emergency, 40 planned operations and 1,250 out-patient appointments. There are an average 140 discharges per day and re-admission rate of eight percent (just over eleven people) and a total of 33 complaints for 2006/07. Eighty percent of people are discharged from hospital without any need of a discharge plan arranged by Health or Social Care.
- 1.5 A number of processes have been put into place to reduce the risk of delayed discharges at both operational and strategic levels. These all involve improved communication between Health and Social Care staff. This has led to an improvement in the discharge process for most people.
- 1.6 Further improvements to the process include: a single Discharge Team, a new Discharge Policy and a single set of documentation. However, most of the improvements will take place in the community and will also assist the need to reduce admissions to hospital. These include: "step up/step down" services and an increase in Assistive Technology. Strategic improvements will mean whole system commissioning and the need to invest in community services which will reduce the need to admit to hospital or for re-admission within 28 days.

## **2 Seminar Results**

- 2.1 As a result of the seminar, several recommendations were made for the work plan of the Overview and Scrutiny Committee. These included: the need to use examples of individuals' experience in order to improve systems and services and to use the complaints received in order to learn for the future. Further information will also be required as to the reasons for re-admissions to hospital, the refusal of intermediate care beds by individuals and the level and type of communication for people undergoing the discharge process.
- 2.2 The results of a utilisation review carried out by the Primary Care Trust into the admissions and discharges from Wirral University Hospitals NHS Teaching Hospital Foundation Trust will be known in early 2008 and will also be presented to Committee.
- 2.3 Many of the services which can provide alternatives to hospital admission or facilitate discharge are already in place. However, there is a need to build the flexibility of such services to ensure that they are fully responsive in all situations.

## **3 Conclusion**

- 3.1 The work plan for the discharge process will cover the areas outlined above and report to Overview and Scrutiny at each meeting in 2007/08.
- 3.2 There is also a need to examine the services which are being developed in the community, either as a direct response to the discharge process or from which the process will benefit. Although reported separately, the impact upon hospital discharge must also be highlighted.

## **4 Financial Implications**

Successful discharge from hospital will have a positive impact on the expenditure of the social and health care economy.

## **5 Staffing Implications**

This work will be implemented by existing staff.

## **6 Equal Opportunities Implications**

People being discharged from hospital are from every section of the community but older people are admitted to hospital more than any other age group.

## **7 Community Safety Implications**

There are no community safety implications.

## **8 Local Agenda 21 Implications**

There are no Agenda 21 applications.

## **9 Planning Implications**

There are no planning applications.

## **10 Anti Poverty Implications**

There are no anti poverty applications.

## **11 Social Inclusion Implications**

People being discharged from hospital who receive services will need extra support to ensure they are not socially excluded.

## **12 Local Member Support Implications**

People are discharged from hospital into every Ward within Wirral.

## **13 Background Papers**

None used in the preparation of this report.

## **14 Recommendations**

That:

- (1) The issues raised by the Elected Member Seminar are reported to Overview and Scrutiny Committee throughout 2007/08.
- (2) The results of the audit carried out by the PCT are reported early in 2008.
- (3) All community based developments reported to Overview and Scrutiny Committee include an analysis of the potential input on discharge from hospital.
- (4) In January 2008, Overview and Scrutiny Committee considers: the individuals' experience, the lessons learned from complaints and the communication improvements for individuals about the process.

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