“Work together to support the vulnerable following discharge”

Delayed patient discharges are causing increasing problems for the NHS, with thousands of patients occupying hospital beds despite being well enough to leave. Figures from NHS England for January this year show that 5,246 patients were unable to be safely discharged, the majority from acute hospitals.

A recent survey by the Royal Voluntary Service, assisted by The King’s Fund, showed that 70% of nurses frequently have to delay discharging older patients because there is no support in place for them after they leave hospital. Nearly all the nurses surveyed (95%) said that delayed discharge is a serious problem in their hospital and 82% agreed that the problem has got worse during the past year.

Delayed discharge leads to new patients ending up on inappropriate wards, logjams forming in A&E and vital NHS resources being wasted on patients who no longer need them. The most common factors causing delayed discharge are the lack of places in care or residential homes, patients having to wait for non-acute NHS care to become available, and delays in final assessments before discharge.

Cuts in social care funding increase the pressure on acute services. Without adequate social care at home or in the community, older people are more likely to have a sudden health crisis and end up in A&E. The NHS has spent years trying to shorten patients’ stays but the current difficulties mean those gains are going into reverse. Longer hospital stays make it harder for older patients to go back home fully recovered and successfully rehabilitated.

According to the survey, nurses believe about 40% of older patients in hospitals are actually well enough to go home if sufficient care could be put in place. The problem is being exacerbated by families of older patients putting pressure on hospital staff to keep their relatives on the ward. In January, more than 600 patients occupying hospital beds were there by family or patient choice. Many families now live hundreds of miles apart, which means that the kind of support relatives would once have been able to offer family members now has to be provided by social care.

Some NHS trusts have started to levy fines on families to encourage “bed-blockers” to go home, but the Royal Voluntary Service does not believe that this addresses the root causes.

We would like to see more partnership between volunteers, community organisations, local authorities and NHS trusts to work together to support vulnerable older people following discharge from hospital. Our Home from Hospital schemes provide support when it is most needed and ease pressure on the NHS. This kind of service is a cost-effective solution that helps hospitals work more efficiently and enables well-managed, timely discharges to take place.

Our experience is that placing a caring volunteer at the centre of an older person’s recovery plan dramatically improves their experience, their confidence and their wellbeing and helps them continue to live independent fulfilling lives.

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The best way to prevent obesity and establish good eating habits in early childhood is to delay the introduction of weaning foods, introduce a healthy diet and control portion size. However, health visitors find it difficult to raise the subject of an overweight child with parents.

An initiative set up in South London (p21) addressed health visitors’ reticence by providing specialist training to them and trialling a home support programme for at-risk children. The extra support, offered with a partnership approach, led to significant reduction in BMI measurements, moving some children from being “very overweight” and “overweight” into the healthy weight range. One of Public Health England’s seven priorities is to address obesity. This project offers an effective option.