Royal College of Paediatrics and Child Health (RCPCH) response to Health and Social Care Committee consultation: Hospital discharge and its impact on patient flow through hospitals

About the RCPCH

The RCPCH works to transform child health through knowledge, innovation and expertise. We have over 500 members in Wales, 14,000 across the UK and over 17,000 worldwide. The RCPCH is responsible for training and examining paediatricians. We also advocate on behalf of members, represent their views and draw upon their expertise to inform policy development and the maintenance of professional standards.

Paediatric perspectives on hospital discharge and its impact on patient flow through hospitals

The scale of the current situation with delayed transfers of care from hospital.

Data would likely be held by Health Boards rather than by us as a Royal College, so for an accurate assessment of the scale across different parts of Wales, we would suggest requesting these data from Health Boards. However, we can provide a paediatric perspective based on members' clinical experience.

There are different experiences in various settings; for example between District General Hospitals (DGH) and the larger tertiary units. In DGHs there would typically be a fast turnover of patients and long waits for discharge are less common, although they do happen occasionally. This is often also the case in the larger tertiary units, however in these settings there is a greater volume of more complex cases where social care packages are often needed to enable discharge, which can lead to issues waiting for these. Member feedback suggests that in Cardiff, there would typically be around two 'longstay' inpatients most weeks in this situation.

The impact of delays in hospital discharge, both on the individual and the patient flow through hospitals and service pressures.

The delays in adults being discharged impacts on Paediatrics in that it can result in losing beds: this is something members have experienced.

Paediatricians see delays in CAMHS referrals from all types of paediatric units, which can have a significant impact both on services (if patients who are physically well are unable to leave paediatric units because there isn't a CAMHS place immediately available) and of course on the patient themselves who may be away from friends and family, or missing education or other types of support. In addition, a paediatric unit may not be an ideal location for young people in this situation, particularly if not set up for adolescents / teenagers.

When there are safeguarding concerns or CAMHS referrals, there is often a need for high staffing ratios. Close observation and additional support may be required, but this can be done in community or specialist settings. Hospital environments may not be ideal or appropriate.

The variations in hospital discharge practices throughout Wales and cross-border, and how they are meeting the care and support needs of individuals.

CCTH (Care Closer to Home) gets patients out quickly - these are community nurses that deliver intravenous antibiotics at home. However, this system is not in place in each Health Board. For example, members report that it is available and working well in Aneurin Bevan, but not available in Cardiff and Vale. There is therefore geographical inequity across Wales.

The main pressure points and barriers to discharging hospital patients with care and support needs, including social care services capacity.

In many settings, paediatricians don't encounter the same barriers to discharge that adult colleagues often do in terms of care and support needs and in particular around housing and accommodation. However, in some settings, patients often need foster homes ahead of discharge, as well as health packages. There are added complications when there are social services and safeguarding needs. These may involve children who have experienced abuse, or who have complex needs and require specialist foster placements. In Cardiff, feedback from one of our members suggests that waiting for temporary foster carer placement is not an uncommon experience but is usually resolved within days rather than weeks.

CAMHS remains the biggest issue. Sometimes parents can't cope or need specialist placements. Paediatricians consistently report a significant increase in children and young people presenting as a result of mental health issues and perceive a substantial increase in referrals to specialist services over the past two years. Some of these children spend longer in hospital than is required. This can mean that children are medically fit for discharge but wait several weeks for a CAMHS placement.

There are other considerations in paediatrics:

- Once patient are discharged there can be delays whilst waiting for pharmacy medications; however this is usually hours rather than days.
- There can also be delays if family don't have transport, again hours rather than days.
- Occasionally there are delays if patients need to wait for an inpatient investigation or assessment, but this is not common.
- Chronic pain can cause delays if there are no adequate services to refer in to. An RCPCH member in Cardiff reported that it is not uncommon to have patients on the ward for over a month waiting for placements in Bath pain service.
- If a child is admitted for safeguarding investigation on a Friday, they may wait all weekend rather than the usual 24-48hrs required. This is partly due to problems in accessing radiology specialist investigations but also that no strategy meetings are held at weekends. This results in extended admission periods.

The support, help and advice that is in place for family and unpaid carers during the process.

In Cardiff and Value there is a discharge liaison service that provides support for families. Paediatricians have not reported concerns to us about support in hospital. There are third sector organisations offering support too. This is not universally replicated across Wales to the same extent.

What has worked in Wales, and other parts of the UK, in supporting hospital discharge and improved patient flow, and identifying the common features.

Paediatricians undertake regular reviews and discharge as soon as the child is well enough. Frequent ward rounds and close liaison with the NIC (Nurse in Charge) / PFCO (Patient Flow Co-ordinator) and others help. We have previously mentioned the CCTH (Care Closer to Home) programme which has been successful but isn't available throughout Wales; and the role of the Patient Flow Coordinators.

Members we have spoken to have identified a number of pieces of good practice which help, including:

- Clear plans documented with every patient contact from admission to ward rounds and reviews.
- Clear expectations discussed with family around criteria for discharge with realistic timescales so they can plan appropriately.
- Discussing transport with patients.
- Regular reviews with a view to discharge.
- Active management plans with clear instructions on criteria for review or discharge.
- Ward Week consultants (Consultant of the Week).

What is needed to enable people to return home at the right time, with the right care and support in place, including access to reablement services and consideration of housing needs.

As highlighted above, the key changes need from a paediatric perspective are around delivering care and services closer to home in the community. These include foster services, CAMHS and pain management services as referenced previously. Delivering these services will require proper resourcing and developing the necessary workforce.

In addition to reducing waiting time for discharge, delivering effective community-based services could prevent hospital admissions in the first instance. This is acknowledged in – and is the direction of travel set out in - A Healthier Wales, the Welsh Government's long term plan for health and social care. We welcomed this plan when it was published, particularly in terms of its focus on delivering care in community settings close to people's homes; and on intervening early to prevent hospital admissions in the first place. We believe the focus should be on delivering these commitments by improving child health through early intervention and prevention; and resourcing services to deliver services in the right settings.