

Cyflwynwyd yr ymateb i ymgynghoriad y Pwyllgor Iechyd a Gofal Cymdeithasol ar rhyddhau cleifion o ysbytai ac effaith hynny ar y llif cleifion drwy ysbytai

This response was submitted to the Health and Social Care Committee consultation on Hospital discharge and its impact on patient flow through hospitals

HD 01

Ymateb gan: | Response from: Pwyllgor Meddygol Lleol Morgannwg | Morgannwg Local Medical Committee

To Whom It May Concern

Morgannwg Local Medical Committee (LMC) provides representation, guidance and support to General Practitioners and Practices in the Swansea Bay University Health Board (SBUHB) area. The Executive team would like to make the following comments in relation to the current consultation on hospital discharge and its impact upon patient flow. If you would like the LMC to expand upon any of these points, or provide examples, please do not hesitate to get in touch via office@morgannwglmc.org.uk

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

- As a statutory body for GPs across SBUHB, Morgannwg LMC believe that the impact of ambulance stacking is unprecedented. The Welsh LMCs wrote a co-signed letter to the Health Minister to reflect this concern.
- **The impact of delays in hospital discharge, both on the individual and the patient flow through hospitals and service pressures.**
 - For primary care the biggest impact of these delays is the inability for other patients in need of specialist care to access healthcare. As a direct result GPs are being obligated to keep patients in a 'holding pattern' and offer an emergency service when WAST Escalation Levels are at a 4 and no call-outs are being made. This has an obvious affect upon all new primary care cases and is contributing to the capacity crisis within primary care.
 - Ambulance stacking at hospitals needs to stop - this displaces patient flow into hospital and keeps ambulances inappropriately at the ED. A clear hand over in ED / other designated would mean freeing up of ambulances and paramedics to use their skills on other community patients.
 - The shortage of ambulances means that GPs are sending patients to hospital in cars when they ought to be going in ambulances.
- **The variations in hospital discharge practices throughout Wales and cross-border, and how they are meeting the care and support needs of individuals.**
 - The level of inappropriate and often incomplete discharge paperwork remains too high. This is disrespectful to both the patient and to the primary care workforce. It should never be the role of a patient/family member/unpaid carer to update a GP on secondary care procedures.

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

- Social care services capacity
- Relatives / unpaid carers being kept informed and prepared

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

- The relatives often struggle to get information on discharge planning and therefore have no input to discuss issues or concerns to ensure a safe discharge.

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

- Strengthen ACT – there is not enough capacity at present but when they can get involved they are excellent.

- **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.**

- An adequate workforce across primary and community care that feel motivated and respected. Welsh Government recruitment and retention strategies will need to reflect the current climate.
- Increase the number of GPs, nurse prescribers, pharmacy prescribers, physios and mental health practitioners operating within primary care clusters.
- Excellent Communications - efficient and accurate discharge paperwork shared via WCCG to enable primary and community care to respond efficiently and effectively.
- Ensure all hospital / community clinical professionals involved in the direct patient care have access to WCCG, WCP and IHR - NIIAS to enable this to be done safely.
- Efficient and effective scheduling of workloads - MDTs to all have access to WCCG to support this.
- Prescriptions - where short term supply is an issue, clear instructions made to GPs to facilitate repeat prescriptions (eg WP10).
- RCN to review and streamline protocols such as re-approving approvals to administer drugs.
- Inpatient teams to consider making plans for discharge at the time of admission and make social services aware of patients. We appreciate that there isn't a definite link between state on arrival and need for support on discharge, but often it is possible to identify patients who were only just managing before admission and will need support in place before being allowed home.
- Where home adaptations or equipment is needed, this is completed as a priority.
- Ensure that patients do not arrive home at night or early hours - especially elderly patients - safe discharge planning is key.

Yours sincerely

Sandar

Dr Sandar Hlaing