

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 07

Ymateb gan: | Response from: Cymdeithas Geriatreg Prydain | British Geriatrics Society



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Russell George MS
Chair, Health and Social Care Committee
Senedd Cymru
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15 December 2021

Dear Mr George,

**Hospital discharge and its impact on patient flow through hospitals –
Submission from the British Geriatrics Society**

The British Geriatrics Society (BGS) welcomes the opportunity to contribute to the Health and Social Care Committee's inquiry into hospital discharge and its impact on patient flow through hospitals. The BGS is the membership organisation for all healthcare professionals engaged in the treatment and care of older people across the UK. Since 1947 our members have been at the forefront of transforming the quality of care available to older people. Our vision is for a society where all older people receive high-quality patient-centred care when and where they need it. We currently have over 4,500 members across the UK, including more than 200 in Wales.

Delayed discharge and the impact on older people

Most older people do not want to be in hospital and if they do need to be admitted to hospital, they want to be there for the shortest possible stay. However, this is not always the case, especially if there are new care requirements that need to be arranged to support discharge and onward care. We know that lengthy hospital stays are bad for older people as it puts them at risk of hospital acquired infections (including hospital acquired COVID-19) and deconditioning.

The BGS Wales appreciate the guidance published by the Welsh Government [Delivering Home First Hospital to Home Community of Practice](#) which has encouraged Health Boards to invest in care closer to home but there is still more to be done.

We know that there is a significant problem regarding the availability of social care in the community and this has an impact on hospital discharge and the length of time that people stay in hospital. This cannot be ignored – recruitment and retention of social care staff must be a priority to ensure that older people are able to access the care they need upon discharge.

It is however important to note that the entire patient pathway through hospital can impact discharge procedures and it is essential that planning for discharge begins at the earliest possible stage. Delays at the beginning of a hospital stay can have a direct impact on length of stay in hospital and the level of care someone requires when they leave. This can include a delay in getting to hospital in the first place or a delay in finding

a bed for a patient once they get to hospital which then causes a delay in accessing specialist care in hospital. It is therefore important to ensure that delays are minimised throughout a patient's hospital stay in order to enable to smooth discharge process.

Understanding hospital length of stay in Wales

We are using the example of hip fracture to demonstrate the impact of length of stay on older people across Wales. Hip fracture provides an effective metric with which to examine older people's experience as they pass through the complexities of the health and social care system. The diagnosis is very clear to define, and each hospital admits one or two patients each day, a quarter of whom are from care homes. These patients need collaborative care by a range of specialties and their rehabilitation and discharge depends on close cooperation within the hospital multi-disciplinary team and the between hospital and community services. While the relative ease of hip fracture diagnosis compared to patients with more complex conditions means that this is not directly applicable to all circumstances, we hope to demonstrate that by optimising hospital processes, length of stay can be reduced and discharge can be smoother.

Length of stay in Wales for hip fracture averages one month and with over 4,000 admissions a year, this means that at any one time this single condition leads to the occupation of 340 beds across Wales. Hip fracture provides a good example of the challenges facing older patients with frailty and the lessons from this condition can be applied to other conditions that older people present with when they attend hospital.

Variation across Wales

There is considerable variation in how long the same people stay as inpatients, depending on which Health Board is providing their care. Prior to the COVID-19 pandemic, this ranged from 27 to 34 days for people with hip fracture. The shortest length of stay was consistently achieved in Bronllais Hospital in Aberystwyth which has repeatedly been highlighted for the quality of its performance and outcome (including low mortality) in the National Clinical Audit of Hip Fracture.¹ This reflects the efficient and effective functioning of the local multidisciplinary team throughout the clinical pathway with reduced length of stay being just one consequence of properly coordinated multidisciplinary care.

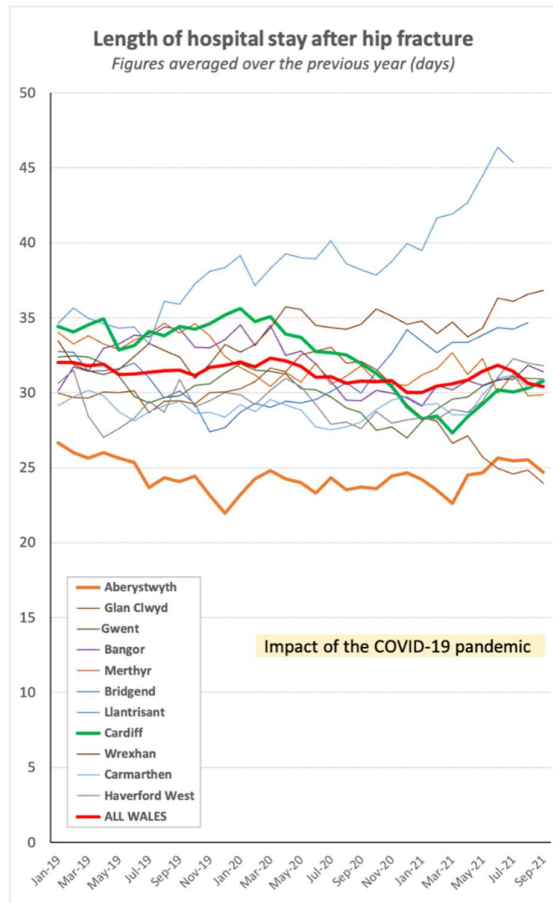
A natural experiment with length of stay in Wales

Since the onset of the COVID-19 pandemic, variation in length of stay has increased across Wales, and now ranges from 24 to over 40 days. The experience varies across health boards and some hospitals have reported significant improvements in length of stay while others have experienced increased problems.

At the onset of the pandemic, Cardiff and the Vale Health Board decided to improve capacity for COVID-19 activity by managing hip fracture patients more actively. It is important to note that there was not a decline in the number of people experiencing hip fracture during the pandemic. In Cardiff and Vale, geriatrician-led wards became the focus for intensive seven-day working by orthopaedic surgeons, nurses and therapists whose elective work had paused. As a result of efficient and effective joint working many more patients were able to mobilise promptly after surgery, unprecedented numbers of patients went home within a week and overall hip fracture length of stay fell by a week.

¹ <https://www.nhfd.co.uk/>

In contrast other hospitals where a similar approach has not been taken and geriatricians have been diverted to other parts of the hospital to care for COVID-19 patients, length of stay either lengthened or remained static during the pandemic. For example, Maelor Hospital in Wrexham took a different approach during the pandemic and experienced increased length of stay for their patients. It is also worth noting that the approach taken in Cardiff and Vale has not been sustained now that elective work has restarted. In order for this impact to be seen on a sustained basis, more permanent changes will need to be made to the organisation and staffing in hospitals.



Reducing length of hospital stay in Wales

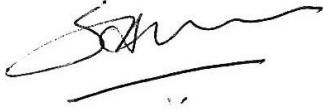
Discussions about length of stay tend to usually turn to delayed discharge, with many pointing to lack of capacity in social care as the cause of delayed discharge. It is important to note that this is the case for many people who have additional care needs at the end of their hospital stay. Current lack of capacity in the social care system means that there are often delays in arranging either care home placements or homecare packages for these people and this can result in them being stuck in hospital for longer than they medically need to be there. Lack of capacity in the homecare system can also mean that older people are not able to access the care they need in the community and are then admitted to hospital, often staying for longer than necessary while waiting for homecare to be arranged. Increased capacity in the community would help to avoid unnecessary hospital admissions.

However, by using the example of hip fracture services, we hope we have demonstrated that investment in efficient and effective multi-disciplinary working within the hospital

setting can also have an impact on length of stay and can reduce the need for additional care after hospital discharge.

We look forward to discussing these issues with you further when we give oral evidence to the Committee.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Sam', with a horizontal line underneath it.

Prof Sam Abraham
Chair, BGS Wales