

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 15

Ymateb gan: | Response from: Coleg Brenhinol Meddygon Teulu | Royal College of General Practitioners



Hospital discharge and its impact on patient flow through hospitals

A response to the Senedd Health Committee from the Royal College of GPs Cymru Wales

Thank you for the opportunity to contribute our thoughts on the subject of hospital discharge and its impact on patient flow through hospitals. While at face value this is predominantly a secondary care matter it does impact on general practice both in terms of admission of patients to hospital following a GP referral and with regard to continuity of care for patients following their discharge from hospital.

Referrals to hospital

Hospital admissions have been adversely affected by the strain put on the health system by COVID-19. As this is a topic more applicable for other consultations currently underway, it is not our intention to go into greater detail at this point. However, there is a demonstrable problem in finding sufficient capacity for patients arriving at the entrance if there are delays at the hospital exit.

At peak capacity points during the pandemic, it has been the experience of some GPs that their secondary care colleagues have discouraged hospital admissions despite the medical assessment undertaken in primary care. Unless the discharge process is smooth then the waiting list and backlog issue the committee is also currently consulting on will continue to exist.

Post-hospital care

When a patient is discharged from hospital they are not discharged from care. The consistency of care received, albeit from different practitioners, is crucial to their wellbeing and experience of the health service. With this in mind, clear and consistent communication both between hospital-based medical professionals and primary care is invaluable. Thought should also be given as to how to ensure that the patient is provided with information regarding the next steps of their recovery in a format that is understandable to them.

It is essential that this handover communication is timely. Regrettably it is not uncommon for a multi-month delay. Prompt information allows the GP to better understand what is expected in terms of the next steps of the care of the patient, for example carrying out relevant blood tests.

We would draw the Committee's attention to a 2020 study conducted in the West Midlands (<https://bjgpopen.org/content/4/2/bjgpopen20X101031>). This research considered what made for an effective and 'successful' discharge letter from the perspective of GPs.

It would also be pertinent to consider the findings of the 2021 paper "How can communication to GPs at hospital discharge be improved? A systems approach" (<https://bjgpopen.org/content/early/2021/12/06/BJGPO.2021.0148>). This report highlights the limitations of one-way communication from secondary care to primary care which can have a negative impact on the patient.

In cases of 'failed discharge' from hospital it is crucial the GPs have clear information as to what has happened in hospital so that they can make the most appropriate referral, whether that be to return the patient to hospital or to propose an alternative option.

Where applicable it would be useful for GPs to have sight of the social care package proposed for patients upon leaving hospital.

Technology

Informative and precise communication between primary and secondary care at the point of transfer in either direction is crucial for the best possible patient outcome. Inevitably, this leads us to the topic of digital information exchange. We welcome the renewed focus on this topic from Welsh Government via the establishment of Digital Health and Care Wales and the commitment to introduce e-prescribing.

Conclusion

While there is definitely scope for modern technology to improve processes of transition from primary to secondary care and from secondary to primary care, at its core this is a matter of good communication prepared to be as useful as possible for the intended audience be that the GP or the patient. The BMA and RCGP previously prepared standards for communication during transfer, which, if followed, we believe are beneficial to patient care. A little extra focus on this at the point of discharge could have both health benefits and prove efficient in the long-term. In preparing this response it also came to our attention that within Betsi Cadwaladr University Health Board there is a GP/Hospital Interface Group. This was found by our members to be a useful and productive forum and it could present a model that could be rolled out in other health boards. We think it is essential that general practice is actively involved in the development of any new frameworks, pathways or strategies relating to hospital discharge as it will have a significant impact on how primary care provides care post-hospitalisation.