

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 28

Ymateb gan: | Response from: Coleg Brenhinol y Seiciatryddion | Royal College of Psychiatrists



RCPsych Wales response to HSCC consultation on Hospital discharge and its impact on patient flow through hospitals

About RCPsych Wales

The Royal College of Psychiatrists is the professional medical body responsible for supporting psychiatrists throughout their careers, from training through to retirement, and setting and raising standards of psychiatry in the United Kingdom.

The College aims to improve the outcomes of people with mental illness and intellectual disabilities, and the mental health of individuals, their families and communities.

In order to achieve this, the College sets standards and promotes excellence in psychiatry; leads, represents and supports psychiatrists; improves the scientific understanding of mental illness; works with and advocates for patients, carers and their organisations. Nationally and internationally, the College has a vital role in representing the expertise of the psychiatric profession to governments and other agencies.

RCPsych in Wales represents more than 600 Consultant and Trainee Psychiatrists working in Wales.

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Introduction

It is crucial that patients are discharged to the most appropriate mental health service in a timely manner. Hospital discharge describes the point at which the admission to a particular hospital ends, with ongoing care transferred to another hospital, or a community, or a domestic environment. In mental health service terms, this could mean a patient is discharged into a less secure mental health hospital or community mental health placement. Hospital discharge is not an end point, but rather one of multiple transitions within the patient's care journey.

If patients aren't transferred to appropriate levels of service in a timely manner, it can have implications for the patient themselves, but can also cause a disruption

to patient flow through hospitals, creating barriers to new patients accessing services.

Through this document we've highlighted instances that affect hospital discharge, as well as personal experiences gathered through consultation of our members.

Rising demand for mental health services and workforce challenges

Within psychiatry, there are already demand and supply gaps, which will be heightened within the next 10 years. We regularly hear from members about the rising demand for mental health services, as well as the fact that patients are presenting to mental health services with much more complex and acute needs. Demand will continue to increase due to increased prevalence of mental illness, an ageing population, increasing health inequalities, reforms to the Mental Health Act and delivering the integration agenda.

The current gap between workforce demand and workforce supply is exacerbated by the fact it is experienced psychiatrists who are leaving. The impact of the gap between demand and supply will be felt more acutely in those subspecialties where there is low recruitment, including Child and Adolescent, Eating Disorders, Intellectual Disability and Addiction Psychiatry. This is at a time when demand is heightened creating a need for more supply to not only cover retirement rates but also future proof the specialties.

Members have told us that as patients are often more unwell by the time they reach secondary mental health services, there's an increased need for inpatient beds, which were already severely stretched before the pandemic. We desperately need to increase the specialist inpatient provision in Wales to meet current and rising demand. We also need to increase the workforce capacity required to provide specialist care and ensure hospital discharge is timely.

Increasing medical school places is necessary to ensure an increase in the number of home-grown doctors and increase supply over the long-term, as well as supporting international medical graduates into our health and social care system. However, we require firm commitments from HEIW and SCW's workforce plan for mental health to increase and safeguard the psychiatric workforce in both the short and long term, in order to meet the demand and provide safe care for our patients.

Length of stays and the impact it has on patients

Admission length is the time period the patient remains in hospital between arrival and discharge. The length of admission for each patient can vary depending on the patient's presentation and risk, the type and duration of therapy, interventions required and the availability of suitable support on discharge. However, it is important that patients are not admitted for longer than necessary and poor or delayed transition between hospital and community or care home can negatively impact on the patient and their families, resulting in inadequate and fragmented support.

Patients could experience a loss of privacy, repetitive daily routines and a lack of stimulus. An admission that is longer than necessary, can also result in a poor experience for the patient, promote dependency and represent poor value.

Availability of psychiatric services and assessment in acute hospitals

In Feb 2020, we issued a joint UK-wide consensus statement on working together to help patients with mental health needs in acute hospitals. This was issued with the Royal College of Emergency Medicine, Royal College of Physicians and the Royal College of Nursing.

Within the statement we recommend three broad principles:

- Dignity and equality of access.
- Working side by side.
- Clarity of communication.

With regards to clarity of communication. It's agreed and advised that where care is transferred to either a psychiatry inpatient ward or to a community-based mental health service, there should be local standards for handover. These may include: a narrative handover; completed discharge summary; details of medications; details of outstanding investigations; and an action plan with recommendations about what to do in the event of deteriorating health.

Availability of beds

As highlighted previously, a hospital discharge in a mental health setting may be to another hospital environment. There are specific challenges in Wales to the availability of mental health beds, and this can also be related to the availability of appropriate staff to provide care.

We hear too often of the reason that a discharge hasn't occurred is due to the lack of available arrangements.

Likewise, we need to ensure that care is provided as close to home as possible and ensure that unnecessary out of area placements are avoided.

Children & Young People

In April 2021, the NHS Wales National Collaborative Commissioning Unit & NHS Wales delivery unit produced a joint audit on persons under 18 years of age admitted into designated beds on adult inpatient mental health units.

Data on admissions into designated beds is collected nationally through the Serious Incident reporting system. There is at least one designated bed identified in each Local Health Board, however not all beds are 'ring fenced' and may only be available when vacant.

Where beds in CAMHS inpatient services are available they can be at some distance from the young person's home.

The audit identified that access to appropriate CAMHS staff in inpatient settings and therapies requires improvement.

Since the majority of admissions are from paediatric services the partnership working with this service needs to be robust. Given the pattern of admissions for many young people, the rapidity of assessment from CAMHS inpatient services and availability of outreach provision, especially at weekends and overnight, needs improvement. The availability of local overnight assessment facilities, short stay beds or crisis provision is crucial to providing alternatives to admission into Designated Beds.

What are the main pressure points and barriers to discharging hospital patients with care and support needs?

A number of our members cited a lack of appropriate community and social care placements, shortage of third sector services, and staff shortages, as some of the main reasons for delayed discharge and appropriate transfer of care. Members also cited social issues, such as a shortage of housing and unemployment, as well as loneliness, as reasons for delays in discharge.

"Appropriate supported accommodation seems to take an age to organise and the patient has to go through multiple 'panels' for things to be approved. Said panels often only meet monthly. This vastly increases time to discharge."

"Supported accommodation is full".

"Shortage of HTT staff leading to low capacity for taking patients out of hospital. Delayed transfer of care of patients who are well and waiting in hospital due to lack of provision of community support packages".

"Lack of suitable accommodation, skillsets/ training of care providers, complexities around decision making and legal frameworks required".

"Complicated funding panel discussion".

"Delayed of transfer of care due to a lack of available placements".

"Having adequate community support".

"Issues around availability of housing and social care".

"Psychosocial issues presenting with mental health difficulties".

"No suitable accommodation in the community".

"Lack of social care placements, packages of care and meaningful occupation along with long of penalties for patients staying longer after fit for discharge".

"Lack of social housing".

"Lack of third sector support services in the community".

"Lack of placements".

"Slow processes in funding applications".

"Fear of relapse with no one to look after them - lack of adequately resourced community care teams, lack of communities e.g. in rural areas or some cities".

"Loneliness - lack of accessible community day or night centres for people to go to."

"Difficulties in finding care home package and care homes placements".

The importance of effective community mental health services

We are very supportive of approaches to evaluate and redesign community mental health services. This area has simply not had the focus that other areas have had, and we have seen decreased visibility for its patients and workforce. Community care is crucial for supporting timely hospital discharge and for reducing reliance on inpatient beds.

A new community-based mental health service should include access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance use. This includes maintaining and developing new services for people who have the most complex needs and proactive work to address racial and other disparities.

Effective community mental health services should also include access to an effective care coordinator or case manager. Working collaboratively with the patient can provide them with consistent and constant support as they progress through their personal care journey. They should provide effective community support as soon as the patient is clinically ready for discharge.

In development and publication of the Community Mental Health Framework for Adults and Older Adults, the National Collaborating Centre for Mental Health outlined with clarity the arrangements to support hospital discharge. That work was commissioned for English services, and we would welcome a focus in Wales.

What is needed to enable people to be discharged at the right time, with the right care and support in place?

Studies have highlighted that to avoid extended admissions there should be closer collaboration across mental health services.

Members also cited the importance of bolstering the workforce, for increased funding for community mental health teams as well as social care services, as well as simplifying the discharge/transfer process as some of the main ways of ensuring people are discharged at the right time.

"More staff, particularly CPNs. There just aren't enough to run the services smoothly and they often don't feel adequately supported".

"Much more flexibility within services so everyone isn't always working at full capacity, because such challenges as covid will always overwhelmed our capacity".

"Bureaucracy needs to be lightened -staff dread having to complete reams of paperwork to fundholders and there is no value for patients from this."

"Meaningful home treatment teams 24/7".

"Start of assessment should be clear with patient and carer involvement. Easy and understandable need base care plan. Resources to provide support early to mild to moderate morbidity to avoid deterioration and poor prognosis".

"Funding for social care and availability of appropriate care staff".

"More qualified staff to support community placed patients in their homes. Also we need to reopen the day hospitals and day centres which have closed since the pandemic started".

"Need sufficient care staff to see patients".

"More funding for social care".

"Suitable accommodation".

"Increase funding to social care, less arguments around money, increase in community services/crisis support for people with a learning disability that could stop placement breakdown".

"Increasing housing options including supported living".

"Improving third sector support services".

"Easier and more supported assessment procedures and funding processes carried out by a specialist team not adding more onto to the overworked staff".

"Invest in community services".

"More integrated and coordinated services for patients requiring both physical and mental health needs in the community".

"Mental health mdt community teams to be more robust and structured including support workers involving, social services home care packages as well".

Mental Health Act Reform

In October 2021, we issued a report to estimate the impact of the proposed reforms to the Mental Health Act on the workload of psychiatrists.

One area of the reform focusses upon increasing the evidence required to justify the use of Community Treatment Orders (CTO's).

The Mental Health Act (1983) permits the use of Community Treatment Orders (CTOs), to enable Responsible Clinicians to discharge a detained patient, but require the patient to continue to receive treatment in a community setting. The proposed reforms will require a greater level of evidence from Responsible Clinicians to justify the use of CTOs. This reform itself places a greater pressure on the timely discharge.

There must be commitments to increase psychiatric staffing to best manage the demands and impact of mental health act reform, to ensure that an increased length of discharge doesn't materialise as an adverse consequence.

Recommendations

- Greater investment is needed into community mental health services and social care in order to support timely and appropriate hospital discharge and reduce reliance and demand for inpatient beds.
- We need to increase the specialist inpatient provision in Wales to meet current and rising demand. We also need to increase the workforce capacity required to provide specialist care.
- To ensure adequate recruitment and retention, we hope to see supportive working environments, enhanced support for staff mental health, attractive and rewarding careers, more opportunities for flexible working, improvement in workplace facilities, and encouragement for people to return to work.
- We would welcome a focus upon the [joint consensus statement](#) by the Royal College of Psychiatrists, Royal College of Emergency Medicine, Royal College of Physicians and Royal College of Nursing – on working together to help patients with mental health needs in acute hospitals