

# The role of local authorities in supporting hospital discharges

## Summary of interviews

June 2025

### Background

1. As part of the Local Government and Housing Committee's inquiry into the role of local authorities in supporting hospital discharges, the Citizen Engagement Team undertook two interviews with people with lived experience of hospital discharge.
2. The engagement comprised two online, one-to-one interviews (via Microsoft Teams). The format of the interviews was largely comparable but varied slightly to meet the distinct needs of contributors.
3. Notes of each interview are available to Members upon request. The following themes emerged from the discussions.

### Themes

#### Overall experience with hospital discharge

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4. One interviewee described varied experiences with hospital discharge, both personally and when supporting a close family member. While he found that discharge after planned procedures was generally smooth, he raised concerns about the challenges faced by older patients with complex needs, particularly those with dementia. He attributed delays in discharge, which can result in what the interviewee described as “*bed blocking*” - to two main factors; insufficient community care and issues with IT systems. These are addressed separately in this paper.
5. Another interviewee described feeling uncertain about whether she was well enough to return home and expressed anxiety about her condition recurring upon discharge. However, being offered the option to return to the ward within 48 hours if her symptoms returned helped ease some of her concerns about being discharged too soon.



*“I did feel cared for and looked after when it came to being discharged. There was a little bit of uncertainty about whether I was well enough to go home or not. I know the nature of my condition . . . it is difficult because it's quite intermittent. So I was fearful of being discharged and then finding that the problem was going to reoccur. So basically, what they did on the ward was they gave me an option to come back within 48 hours. I can't remember what they called it now, but it was a process whereby I could be discharged but if the problem did reoccur, I would have open access to the ward within a set period of time to avoid me having to go back through A&E.”*

6. Although she did not feel pressured by staff and was reassured by the option to return to the ward within 48 hours if her symptoms returned, she remained aware of the wider pressures on the NHS, which weighed on her mind during the discharge process.

*“I didn't feel that I was being directly pressurised. I think knowing how the NHS is, it was more a case of - if I'm well enough to go home, I should go home. I shouldn't take this bed up because they're going to have ten other people who need the bed. So I felt I put pressure on myself to feel that.”*

7. While discussing potential solutions, she suggested that stable or recovering patients could be transferred to what she described as something similar to a “halfway house” for continued recovery, thereby freeing up critical hospital beds for those in greater need.

*“You know, I often wonder, when they built all these hospitals for COVID, if people who are clinically well, why can't they be moved somewhere where they're going to get the TLC that they need while they recover? But they're not taking up that essential clinical bed in a hospital. I'm assuming that the answer to that is that they just haven't got the staff.”*

## **Lack of community care**

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8. One interviewee identified a key factor contributing to delays in hospital discharge as the lack of adequate community based care and the limited availability of care home placements. In their view, this shortage creates a significant barrier to timely and safe discharge, particularly for patients with complex needs who require ongoing support outside the hospital.

*“I had a friend whose mother went in for a urinary infection. She fell out of bed, broke her hip, couldn't get a care plan for her, and she was in the hospital for five months. Now she's in a care home, but it took five months to get her into a care home that could manage her with disability issues. Basically, because of her age, although they've replaced the hip, they weren't happy for her to go home because her husband is elderly and if she was calling him in the night, he wouldn't have heard her anyway and she would get out of bed, go to the toilet and probably break the other hip. So she ended up staying there simply because they couldn't find enough community care for her to go home or a care home that would take her.”*

9. Although specialist facilities are available in some cases, a wider systemic problem remains a significant barrier. The interviewee described how, even when a care plan is in place, the inability to secure necessary local authority approvals in a timely manner can result in prolonged hospital stays on occasion.

*“Now, to try and get Mum out was impossible. Mum wanted to come home. She felt well enough. She already had a care plan. But the hospital wouldn't accept it until it had been signed off by the local authority and that was just time consuming, so Mum was spending extra days, in fact, an extra couple of weeks in hospital simply because they couldn't guarantee she was coming home to a safe environment.”*

10. The issues around lack of community care was echoed by another interviewee, who expressed concerns about the future.

*“It's ok for me because I can speak for myself at the moment. Part of my trauma is a fear of growing old with this and the lack of social care.”*

## IT issues

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11. The second key barrier to efficient hospital discharge according to one interviewee, was the fragmentation and incompatibility of IT systems across health boards in Wales. They reported that health boards often use different or incompatible digital platforms, leading to difficulties in accessing and sharing patient records. For instance, they cited challenges arising from discrepancies between systems used by Cardiff and Vale University Health Board and those used by Cwm Taf Morgannwg University Health Board. The interviewee suggested that fewer, larger health authorities in Wales could reduce costs and improve efficiency.

12. Another interviewee shared the difficulties she experienced transitioning between health boards, which led to a lack of continuity in her care. She felt isolated and unsupported during that transition period.

## Communication between hospital and local authorities

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13. The issues concerning incompatible IT systems, involved a broader discussion about communication issues. One interviewee highlighted the importance of effective communication and joint working between hospital staff and local authorities. He suggested that having dedicated teams for discharge could improve coordination.

*“But I think the structure in social services and the hospitals for the discharge of patients, could be better coordinated. I think there should be departments that solely deal with that.”*

14. Another interviewee highlighted inconsistencies in communication during her hospital stay. She noted that the approach taken by hospital staff varied, with some doctors adopting a more cautious stance while others were more pragmatic. As someone with a rare condition, she emphasised the importance of having a clear and consistent point of contact who understood her specific needs and could provide continuity in care and decision-making.

*“I think as often happens in hospitals, it does depend who you see. Probably some doctors are more cautious and others felt . . . because I think one said, “Well, yes, you’ve had a bowel obstruction. Yes, you were acutely ill. But it has resolved. It may happen again, but it may not.” You know, they were quite pragmatic about it whereas others said, “Yes, I can understand you may want to stay a bit longer just to see what happens.” So I think lines of communication were OK.”*

### **Advocacy and support**

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15. One interviewee emphasised the importance of having a care plan and the ability to advocate for himself. He explained that whilst he’s able and feels comfortable advocating for himself, he acknowledged the challenges faced by those who are unable to do so.

16. According to the interviewee the support, or lack thereof, means that sometimes family members do not push for hospital discharge, which exacerbates the issues associated with “bed blocking”.

*“Sometimes the family don't want them to come home because there is no respite care anymore or if there is, it's very limited and for them, someone being in hospital is respite, so they'll take advantage of it and they wouldn't dream of taking them out early. They'll visit and they care, but the hospital is convenient because don't forget, care homes, as we start getting into having to contribute to your care, unless they've got a medical issue, it's treating the NHS sometimes like a respite care facility.”*

### **Mental health support**

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17. One interviewee highlighted the lack of mental health support during her discharge process, which she felt was essential in helping her deal with a life-changing condition. She mentioned feeling isolated and that having someone to talk to would have been helpful.

18. She contrasted a recent hospital experience, which was discussed in broadly positive terms, with a private operation she had undergone several years earlier, which resulted in serious complications. That earlier episode, she explained, had been marked by poor communication and a

lack of follow-up, ultimately leading to a poor discharge experience. This comparison highlighted the value she placed on having a clearly communicated, timely discharge process, which helped appease any concerns she had.

*“It was horrendous really. And you know, I know people mentioned PTSD, but I have had treatment for PTSD and I think part of that trauma was how the transition was handled, because I think it had been mentioned in my discharge letter by the hospital that I needed some sort of psychological support because essentially, I went in for a hysterectomy and was then told I may never eat or drink again. I had to be vain fed. I was literally plunged into an absolute nightmare.”*