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Hospital discharge and its impact on patient flow through hospitals

RCP Cymru Wales response

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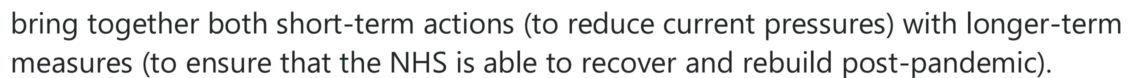
The Royal College of Physicians (RCP) Cymru Wales welcomes this short inquiry into hospital discharge and its impact on patient flow through hospitals. In early 2022, we will launch our latest report, *No place like home: Using virtual wards and 'hospital at home' services to tackle the pressures on urgent and emergency care*, supported by the British Geriatrics Society. This includes case studies from around Wales and will be shared with the Health and Social Care Committee upon publication. We would be delighted to organise oral evidence from physicians leading community resource teams across Wales if that would be helpful.

It is worth acknowledging that we do not actually know the scale of the current situation with delayed transfers of care (DTOC) from hospital. This data has not been published since February 2020 when the Welsh government suspended DTOC reporting requirements and introduced COVID-19 discharge requirements. This makes it very difficult to judge the overall impact on individuals and organisations and means that we are relying in the main on the anecdotal evidence of patients and clinicians. However, the Welsh NHS Confederation recently said up to 15% of hospital beds are occupied by people who are medically fit to leave hospital but don't have the right care in place to be able to return home. As an immediate priority, the Welsh government should begin publishing this data again: transparency is key to accountability.

Key points

1. **Virtual wards and 'hospital at home' services:** We need to expand the number of virtual wards and 'hospital at home' services that provide specialist medical care in the community across Wales. These teams can help to reduce hospital admissions, get people home more quickly, and improve the quality of patient care.

2. **Health and care workforce shortages:** There are not enough doctors, nurses, allied health professionals and social care staff in the system. This is a key barrier to achieving better patient flow: a comprehensive, funded Wales-wide workforce plan, backed by accessible and transparent data and led nationally by the NHS Wales Executive should



bring together both short-term actions (to reduce current pressures) with longer-term measures (to ensure that the NHS is able to recover and rebuild post-pandemic).

3. **Action on health inequalities:** The Welsh government should develop a cross-government strategy to tackle avoidable illness and reduce health inequalities. Many of the barriers to truly integrated health and social care exist outside the structures of the NHS and will only be achieved through cross-government action, shared performance measures and outcomes, led by the first minister.

Our response

During the second winter of the COVID-19 pandemic, NHS waiting lists are at an all-time high. Hospital emergency departments, primary care and GPs, urgent care and the ambulance service in Wales are all under enormous pressure. Prolonged stay in acute hospitals increases the risk of hospital-acquired infections in older frail patients and disrupts patient flow, an issue that is exacerbated by bed shortages.

Wales is getting older.

The number of people aged over 65 in Wales is projected to increase by 16% between 2018 and 2028. The increase is even larger in older age 2 – the number of those aged over 75 is projected to increase by 29% in the same time period.

COVID-19 mortality rates rise sharply with age, and COVID-related hospital admissions have consistently been highest among older people. Yet during the second wave of the pandemic in winter 2020/21, a significant number of people with COVID-19 became infected while in hospital – around two in five of these patients in Wales died, and those with hospital-acquired infection were typically older and more frail than those infected within the community.

Where possible, we need to keep people out of hospital.

Many of those who died with probable hospital-acquired COVID-19 had been in the hospital for at least a month prior to exposure. Keeping older people out of hospital and in their own home has never been more important. Over the next few months, the vision of care closer to home as set out in *A Healthier Wales* must be supported by a significant investment in community resource and staffing, especially in social and intermediate care.

1 Investment in virtual wards, 'hospital at home' services and social care teams

The long-lasting impact of the COVID-19 pandemic will inevitably place even more pressure on the social care system. The Welsh government must prioritise social care reform, while collaboration between GPs and specialist doctors should be at the forefront of the design and delivery of the care of frail older people. Strong professional relationships across primary and secondary care are built on good communication. Intermediate care – including virtual wards and 'hospital at home' services – reduces unnecessary hospital admissions and enables people to stay at home for longer.

We need: An ambitious plan to tackle waiting lists and the NHS backlog: not just asking clinicians to 'do more', but expanding social care provision and community medicine, investing in e-prescribing, diagnostics and infrastructure, and supporting patients and the workforce to adopt new technologies to harness innovation and improve resilience.

2 A sustainable health and social care workforce

Specialist doctors, nurse practitioners, nurses, GPs, old age psychiatrists, allied healthcare professionals and researchers provide high-quality care for older people as part of a multidisciplinary team during acute illness, chronic illness, rehabilitation and at the end of life, both in hospital and community settings. Where older people are cared for by specialist professionals, their outcomes are better: complex interventions in people with frailty can reduce hospital admission and keep people at home for longer.

This pandemic has taken its toll on our workforce. Health and care staff are exhausted; many are reaching burnout. The NHS needs more specialists in the care of older people; health boards should collaborate in forming a national network for sharing good practice. There is good work happening across Wales, but not enough shared learning between teams.

In the long term, we need to train more health and social care professionals. Over the next 5 years, the Welsh government should double the number of medical school places in Wales to ensure we have enough doctors to meet patient demand in 10–15 years. The Welsh NHS should also invest in new healthcare roles such as physician associates.

We need: A national action plan to develop and retain the current NHS and social care workforce, alongside an increase in medical school numbers and postgraduate training places: targeted at the specialties – such as general internal medicine, care of the elderly and old age psychiatry – where we will need more doctors to meet patient demand in a decade.

3 A cross-government strategy on health inequalities

The pandemic has highlighted the link between inequality and poorer health outcomes, and it's now vital that we face up to the impact of long-term chronic illness on our society. Older people may be living longer, but 71% of those aged 65 or older in Wales are living with longstanding illness. Many of the barriers to truly integrated health and social care exist outside the structures of the NHS – expanding the workforce, tackling health inequalities and increasing funding must be achieved through cross-government action, led by the first minister. Meaningful partnership working with the voluntary and community sector and the involvement of patients, families and carers will be crucial.

We need: A cross-government approach to tackle the inequalities that contribute to avoidable illness: not just in physical health, but mental health, housing, education, transport, rural healthcare, digital access, and income, among other social determinants of health.

What are community resource teams?

Community resource teams (CRTs) are made up of health and social care professionals who coordinate care for people living at home. Models vary across Wales: some teams provide intermediate acute healthcare, others are integrated with social care and provide holistic assessment, treatment and support for both short and long-term care. However, CRTs are often under-resourced and under-recognised. During the pandemic, some CRT staff have been redeployed to other parts of the NHS, which has reduced the capacity of community teams to treat patients at home and keep them out of hospital in the first place.

What are virtual wards?

A virtual ward is a multidisciplinary team meeting involving primary care, secondary care, the local authority and voluntary services. The aim is to reduce pressure on unscheduled care by preventing inappropriate hospital admissions and improving flow through hospital by expediting discharge. This is done by providing comprehensive multidisciplinary care in the community. During a virtual ward round, health and care professionals discuss how to support frail older patients, those with chronic disease and those with increasing social care needs. The aim is to do this within their own community. In addition, virtual wards can improve patient experience, reduce NHS costs and lead to more collaborative working.

What is a 'hospital at home' service?

Hospital at home provides short-term, intensive, hospital-level care for acute medical problems in a patient's home. This is provided by multidisciplinary healthcare teams led by a senior clinician. It can provide urgent access to relevant blood tests, ultrasounds and hospital-level diagnostics and interventions and gives access to the same specialty advice as would be provided for any hospital inpatient. Providing specialist healthcare at home could reduce pressure on NHS resources and be less disruptive to frail older patients, while leading to higher levels of patient satisfaction.

About us

Through our work with patients and doctors, the Royal College of Physicians (RCP) is working to achieve real change across the health and social care sector in Wales. Our 40,000 members worldwide (including 1,450 in Wales) work in hospitals and the community across 30 different clinical specialties, diagnosing and treating millions of patients with a huge range of medical conditions. We campaign for improvements to healthcare, medical education and public health.

We organise high-quality conferences and teaching that attract hundreds of doctors every year and our work with the Society of Physicians in Wales showcases best practice through poster competitions and trainee awards. We work directly with health boards, trusts and Health Education and Improvement Wales (HEIW), we carry out hospital visits, and we collaborate with other organisations to raise awareness of public health challenges.

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