Delayed Discharge from hospital: Managing patient choice

At a glance
Advisers from Law Centre (NI)’s Independent Advice, Support and Mediation Service have noted an increase in advice line queries on the issue of delayed discharge from hospital.

This briefing examines the process that Health and Social Care Trusts (HSC Trusts) must follow when managing delayed discharge of patients from acute hospital settings. This arises in circumstances where a patient’s preferred post hospital social care provision is not immediately available (for example the individual’s first preference residential care or nursing home placement).

The Department of Health, Social Services and Public Safety (the Department) has developed a regional approach which must be used by all HSC Trusts. It is contained within Guidance issued in 2004 by the Department entitled Delayed Discharges Related to Patient Choice: Regional Protocol.

It is useful to revisit the Guidance to understand a HSC Trust’s obligations in this area, and the briefing will be of use to:

- advisers;
- HSC Trust staff;
- community care service users and their carers.
Introduction

Delays relating to patient choice are one of the factors affecting delays in discharge from acute hospital settings.

The Department of Health, Social Services and Public Safety (the Department) has developed a regional approach which must be used by all HSC Trusts. It is contained within Guidance issued in 2004 by the Department entitled Delayed Discharges Related to Patient Choice: Regional Protocol (the Guidance). ¹

The Guidance was developed to ensure a consistent regional approach for managing delays in discharging patients from acute hospital settings due to the patient’s preferred option of post-discharge care provision not being immediately available. The requirements of the Guidance apply regardless of the source of funding of the post-hospital discharge care package and whether the package is largely self-funded or wholly or partly funded by a Health and Social Care Trust (HSC Trust).

1. What is delayed discharge?

The Guidance defines delayed discharges as delays in discharge from acute hospital settings of patients whose treatment episode in hospital is finished and who have been assessed as being medically fit to leave hospital. This will be after any period of rehabilitation required in hospital has been concluded.

2. When do delays related to patient choice occur?

Delays related to patient choice occur when the patient or their carer/family has identified a preferred post hospital placement that is not immediately available and the patient remains in an acute hospital bed awaiting their preferred option. Although such delays can arise when a patient is awaiting their preferred domiciliary care package, they arise primarily where a patient is awaiting a placement in their residential care or nursing home placement of choice.

3. Protocol to be followed by HSC Trusts

The Guidance sets out a number of key practices to be followed by HSC Trusts when a delayed discharge arises. These are as follows:

¹ Available at https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/delayed_discharge_protocol.doc
3.1 Facilitating decision making outside the acute hospital setting

Where possible, HSC Trusts are required to facilitate decision making by patients and/or their carers about the patient’s future care needs (such as the choice of a permanent residential care or nursing home placement) taking place outside of the acute hospital setting. This practice is aimed at providing patients and/or their carers/family with further time to consider the options available and to make informed decisions about how to meet the patient’s longer-term needs. This could be facilitated by arranging a temporary placement for the patient (such as a ‘step-down’ bed within a non-acute setting).

3.2 Identifying alternative suitable arrangements

Some patients will be assessed as needing to move directly from an acute hospital setting to a long-term residential care or nursing home placement. The Guidance is clear that in circumstances where the patient’s preferred choice of placement is not immediately available the patient does not have the right to stay in an acute hospital bed if a suitable interim placement is available. Patients and/or their carers/family do however have the right to expect to exercise choice from within available suitable alternatives.

The Guidance anticipates that alternative arrangements should meet the needs of the patient and (where possible) sustain or improve their independence. When identifying alternatives, HSC Trusts should consider the individual circumstances of the patient and/or their carers/family. Consideration should also be given to:

- the suitability of alternative accommodation in relation to the patient’s assessed needs;
- the affordability of the residential care or nursing home placement (s) identified; and
- the accessibility of any alternative care home.

3.3 Effective communication

HSC Trusts are required to ensure that user friendly information is made available on the range of suitable alternative accommodation available.

3.4 Arrangement of interim placements

Patients and their carers/family should be asked to select a residential care or nursing home placement from the options available at the time when they are assessed as being medically fit to leave hospital. Where the patient accepts an alternative interim placement he/she should be able to revert to his/her preferred choice of accommodation when a place becomes available. Patients should receive the active involvement of HSC Trusts in pursuing a placement in their first choice residential care or nursing home. HSC Trusts should provide patients with an indication of the likely duration of any interim placement.
4. Additional measures

In addition to following the key best practices outlined in the Guidance, HSC Trusts are also required to develop and implement their own detailed procedures to eliminate non-availability of a patient’s preferred choice of placement as a reason for delayed discharge from acute hospital settings.

Such measures must incorporate a number of good practice processes outlined in the Guidance. These are as follows:

- Through multi-disciplinary teams, HSC Trusts should ensure the efficient operation of discharge protocols. Patients should be advised of their expected date of discharge at the earliest possible time.

- Where appropriate, the hospital’s multi-disciplinary team should initiate the assessment of the patient’s post-discharge care needs. Consideration should be given to whether the assessment can be undertaken in a non-acute/community setting. A copy of the care plan should be provided to the patient; their carer/family; their GP and/or anyone else intending to provide care to the patient prior to the patient leaving hospital.

- The Care Manager/Discharge Facilitator should establish the availability and source of funding to support post hospital care provision. He/she should advise the patient and/or their carer/family about the available suitable placement options. He/she should advise the patient and/or their carer/family that the patient will be discharged as soon as funding has been secured and once two or more appropriate care homes vacancies have been identified.

- The Care Manager/Discharge Facilitator should ensure that user friendly information is made available to patients and/or their carer/family about the placement options available so that they can identify and prioritise a number of choices. A checklist of points to consider when assessing the suitability of a placement should be made available to the patient and/or their carer/family.

- Once the consultant in charge of the patient’s care has assessed the patient as being medically fit for discharge, he/she should remind the patient and/or their carer/family that the patient should be discharged as soon as funding has been secured and appropriate placements have been identified. After this stage, every effort should be made to minimise delay and in all cases this should not exceed 14 days.

- Discussions with the patient and/or their carer/family should be properly documented and supported by the availability of user friendly information on the placement options available and the discharge planning process.

- Any concerns which the patient and/or their carer/family have should be explored by the Care Manager/Discharge Coordinator. Efforts should be made to identify a mutually agreed outcome which is consistent with the requirements of the Guidance.
Conclusion

In keeping with the requirements of the Guidance, each of the five HSC Trusts has developed detailed policies for the management of patient choice related discharges from hospital.²

It is important that the best practice principles set out both in the Guidance and HSC Trust specific protocols are followed by HSC Trust staff.

This will ensure that the need to use acute hospital beds appropriately is balanced against the rights of medically fit patients to be exercise choice and control over the community care services provided to them when they leave hospital.
Independent Advice, Support and Mediation Service (Community Care)

The Law Centre's Independent Advice, Support and Mediation Service (Community Care) runs a specialist advice line and representation service.

How we can help you

We provide advice and assistance to:

- adults who have needs due to physical or mental disability, ill health or age,
- adults with sensory disabilities, and
- adults whose needs arise because of their role as carer.

We can help in cases which raise issues concerning the legal responsibilities of health and social care trusts and other public bodies in the provision of health and social care.

We also welcome calls from health and social care staff, other healthcare providers and advisers.

Our advice line: 028 9024 4401, Monday to Friday, 9am to 1pm and 2pm to 5pm, out of hours voicemail service available

We also run a regional advice clinic service, please contact us for further information.

We advise in all areas of community care, including:

- needs assessments
- provision of services
- direct payments
- benefits and community care
- grants for home improvements for people with disabilities
- services for young adults transitioning from Children’s Services
- financing residential and nursing home care
- carer’s assessments
- capacity and decision making in social care
- human rights issues and social care

Representation service - We resolve the majority of cases through negotiation with HSC Trusts and service providers.

Where necessary, we initiate judicial review proceedings in the High Court to clarify interpretation of health and social services law and/or to challenge decisions made by public bodies or HSC Trusts. We can pursue appeals to the Court of Appeal and beyond where necessary.

Training - We provide training for health and social care staff and for advisers working in the field of community care. For more information on courses available, visit: www.lawcentreni.org/training/training.html.

More information

Consult our website for more information on the service and on health and social care legal issues: www.lawcentreni.org