

**REPORT TO:** Executive Board

**DATE:** 7 April 2016

**REPORTING OFFICER:** Director of Adult Social Services

**PORTFOLIO:** Health and Wellbeing

**SUBJECT:** Discharge from Hospital Scrutiny Review  
2015/16

**WARD(S)** Borough-wide

**1.0 PURPOSE OF THE REPORT**

1.1 To present the report and recommendations of the Discharge from Hospital Scrutiny Review 2015/16 to Members of the Executive Board.

**2.0 RECOMMENDATION: That the Board note the contents of the report attached at Appendix 1.**

**3.0 SUPPORTING INFORMATION**

3.1 The report outlines the key findings and makes a number of recommendations for consideration by the Health PPB

3.2 The group sought national and local evidence and undertook a range of site visits to understand best practice in and the systems and issues with ensuring timely, safe and effective discharge of people from hospital. Contributors included: Hospital Discharge Teams; the voluntary sector; Warrington and Halton Hospitals NHS FT; St Helens and Knowsley Teaching Hospitals NHST; Care Home support teams; NHS Halton CCG; 2 local GP's and their surgeries; North West Ambulance Service.

3.3 The recommendations from the group are:

**3.4 The Voluntary Sector need to develop a plan with the Acute Hospitals to map out how they will work collaboratively in respect of supporting people through hospital discharge.**

3.5 There are a range of voluntary sector services working in both acute hospitals and recently funding has been secured to assist with coordination of and recruitment of volunteers to support people in hospital. It was clear from the agencies that better coordination within hospitals is required and planning needs to be undertaken to ensure this occurs

**3.6 A Community Care Matron with the capacity and skills to prescribe**

**and undertake medication reviews would enhance the Care Home Support Team.**

3.7 The Care Home support teams provide a range of services for people in care homes and support the nursing and care staff to deliver quality care. This reduces the need for hospital admissions and supports a smoother discharge from hospital where the patient lives in a care home. Extending the scope of the team to include prescribing and medication review would enhance the clinical care delivered and reduce the need for GP visits.

3.8 **A review of patients repeatedly re-admitted for treatment of the same condition should consider coding such re-admissions in a different way such as open access. The use of the urgent care centres to deliver a broader range of treatments should be considered.**

3.9 Evidence from a visit to a GP surgery highlighted a small but significant number of people who have multiple admissions for urgent treatment of existing conditions. 1 person had over 100 admissions within one year and these were coded as 're-admissions'. Practices do routinely review people with frequent hospital attendances and where they do this, there is an opportunity to consider enhancing services delivered locally to support people in these circumstances.

3.10 **Acute Hospitals should continue to ensure the maximum use of their discharge lounges which support a more timely discharge process**

3.11 Both hospital trusts have developed 'discharge lounges' which provide accommodation, nutrition and hydration for people waiting for a range of things before discharge. It was evident that these units were well staffed and coordinated the elements required to achieve discharge (medication, transport). Hospital teams were working hard to ensure these lounges were used and had plans to continue this.

3.12 **Effective communication and timely access to clinical information is key to ensure safe and effective discharge and systems should continue to develop to improve this.**

All practitioners and the voluntary sector raised having timely access to information as key in the discharge process. When visiting the GP surgery's the group witnessed how care and treatment could be effectively continued when discharge information was received in a timely way and worked best when this was in electronic format.

#### 4.0 **POLICY IMPLICATIONS**

4.1 None identified.

## 5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 There are no final implications as result of this review.

## 6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

### 6.1 Children & Young People in Halton

Effective discharge processes for children are essential in ensuring high quality treatment care and support. This review supports improvement in this area.

### 6.2 Employment, Learning & Skills in Halton

None identified.

### 6.3 A Healthy Halton

Effective discharge processes for adults and children are essential in ensuring high quality treatment care and support. This review supports improvement in this area.

### 6.4 A Safer Halton

None identified.

### 6.5 Halton's Urban Renewal

None identified.

## 7.0 RISK ANALYSIS

7.1 None identified.

## 8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None identified at this stage

## 9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

Document	Place of Inspection	Contact Officer
Topic Brief	Runcorn Town Hall	Sue Wallace-Bonner
Visit to Warrington Hospital		
Visit to Whiston Hospital		
Leaving Hospital : Information for Patients, Relatives and Carers		
Planning Your Discharge from Hospital		
Patient Transport Services		
NWAS PTS Training Syllabus		

Visit to Castlefields Health Centre		
Visit to Beaconsfield Surgery		
Transition Document (NICE Guidelines)		