

Meeting about Delayed Transfer from Derriford Hospital

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What is the issue?

The issue is when a person in hospital is not deemed to need an acute hospital bed but there are no follow up services available in the community to enable the person to be discharged from hospital.

What are the reasons?

Because Derriford has only recently had a detailed monitoring system in place to track the issues, there is no information relating to exactly why people have experienced delayed transfers. Up until a few months ago Derriford used the national coding system, which are vague categories and don't highlight specific reasons. From this they have developed a more in-depth system of recording reasons and responsibilities for the problem. They are trialling this new system with Plymouth discharge patients with a view to eventually using it for patients discharged to Devon and Cornwall.

There doesn't seem to be consistent reasons that discharges are delayed, they vary month to month. There are some identified patterns, for example: –

- it has been more difficult to get domiciliary care packages during school holidays due to leave for staff;
- there is often a week's wait for new care home placement assessments;
- differences in funding (Social Services versus Continuing Health Care funding) require different assessments and take longer;
- long waits for long-term rehab (at Mount Gould) for patients with specialist neurological problems (other than Mount Gould, Bath is the next place);
- only 2 nursing homes will take people with a tracheotomy .

What is Derriford doing to improve things?

A monthly meeting takes place between Derriford Hospital, the Primary Care Trust and the local authority to look at figures/cases and agree where the issues lie. Derriford assured us they were trying to build constructive relationships to enable a partnership approach to dealing with delayed transfers rather than just blaming other services. They are working together to agree coding of those patients.

There is the facility for hospitals to charge the local authority if they are unable to discharge patients when ready. Derriford hasn't used this option since 2002 but have not had agreement through the old system of who's responsible. Although the new partnership will highlight where charging will be possible, Derriford are wary that chargeable patients may be prioritised over others if they began to charge the local authority. They would rather work with the local authority to ensure that people are transferred in terms of their needs.

Derriford is also requesting assessments earlier in patient care to allow for any delays for services coming in to assess. However this is difficult to juggle.

Plymouth, Devon and Cornwall

Plymouth has the highest number of patients discharged, followed by Devon and then Cornwall. The hospital relayed that Cornwall figures have improved significantly recently due to changes in their systems; however there are still improvements to be made with Devon. Both Cornwall and Devon are working with Derriford, looking at pathways of care and Derriford will begin to use their new local coding system in the near future.

What can the LINK do to support improvements in delayed transfers?

- ⇒ Nicola and James will be sending through regular information about delayed transfer to keep the LINK informed;
- ⇒ As the LINK is presenting at the next Care Home Forum event, we will talk about the issues with delayed transfer and also request to the Forum that Nicola and James attend the next event to raise the issues and begin to work in partnership with the hospital on improving the situation;
- ⇒ The LINK can make some enquiries into long-term neurological rehab facilities ;
- ⇒ Plymouth will pass on the information to alert Devon and Cornwall to the discussions and will also keep them up to date with issues relating to their LINKs.