Dubious discharges

Bed blocking fines attribute a problem to individuals or local organisations that lies with the entire health system, says Jon Glasby

Opponents of the proposed fines for councils that fail to promptly discharge medically fit people from hospital suggest that the policy will prove counterproductive.

Critics of the government plan warn that the charges will damage local partnerships between social services and the NHS, will prove costly to implement, and fail to address the real issue: the quality of community-based care available to patients after being discharged from acute hospital beds.

The fines, set out in the community care (delayed discharges, etc) bill, came in response to concern that levels of bed blocking remain too high despite reforms to improve the speed and quality of hospital discharge in the NHS plan, the national service framework for old people and waiting time targets. But if the charges are not the right way forward, then what is?

In response, it is crucial to bear two issues in mind. First, despite the current controversy over delayed discharges, the transfer of people with ongoing medical needs from hospital to the community has dogged the NHS from its inception. This suggests that the problem is not the fault of individual health or social care workers, or particular councils or NHS trusts, but is an inherent feature of the whole health and social care system.

Second, delayed discharge is not the only problem in the transfer of people from acute care to community-based care. Many patients and their carers complain they receive inadequate notice or consultation about hospital discharge. Some report that patients have been sent home too early, either before they are well enough or when there is no alternative support in place. Yet we rarely hear about these problems in policy documents.

Against this background, the government’s proposed fines are exposed as a short-sighted and oversimplistic response to a complex and longstanding issue. Policy makers need to acknowledge that there are few quick fixes and consider different plans to gradually ameliorate the situation.

My book, Hospital Discharge: Integrating Health and Social Care, proposes a new way of understanding hospital discharge in terms of individual, organisational and structural activity.

At an individual level, research shows that many health and social services staff should be able to improve significantly how they work with their patients, carers and fellow professionals.

This alone would not resolve the problem. Organisational change is required to develop shared discharge policies, joint training schemes, integrated health and social care services and other measures designed to improve inter-agency collaboration.

However, neither of these changes would make a substantial difference without structural reform of health and social care services by central government. This would remove the financial, legal and administrative barriers that have dogged attempts to work in partnership to improve hospital discharge.
For me, the key requirement at this structural level is for a single health and social care system that offers coordinated care to everyone, irrespective of whether it would previously have been provided by an NHS nurse or a social services home carer.

I would also like to see this unified system located within local government, rather than in NHS care trusts, as this would increase our ability to promote health in a positive way rather than simply treating health problems when they occur.

Many people would disagree with this solution and it is certainly true that structural change by itself will not solve anything. Indeed, by itself, action at any one level alone is bound to fail.

But by developing policies to tackle the individual, organisational and structural aspects of hospital discharge, there is a chance that we might begin to understand the issues at stake more fully and finally begin to resolve them.

· Jon Glasby is a lecturer at the University of Birmingham's health services management centre. His new book, Hospital Discharge: Integrating Health and Social Care, is available from the Radcliffe Medical Press priced £24.95.

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