VIEWS AND REVIEWS

ACUTE PERSPECTIVE

David Oliver: Targeting long hospital stays

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NHS hospitals are consistently running at over 90% bed occupancy,¹ compromising patient safety and bed management and leaving no capacity to deal with surges in demand or infection outbreaks.

NHS England estimates that a fifth of hospital beds are used by patients who will spend over three weeks in hospital.² Its chief executive, Simon Stevens, has pledged to reduce these long stays by a quarter. And the NHS plan for 2018-19 includes a commitment to “improve patient flow inside hospitals,” focusing specifically on “stranded” and “super stranded” patients who have been in hospital for over seven or 21 days, respectively.^{3,4}

Long stays result from a whole range of factors. These may include avoidable delays in assessment, investigation, treatment, decisions, or referrals to community services or rehabilitation; and patients may remain medically unstable or still require the full facilities of the general hospital.^{5,6}

They may also result from delayed transfers of patients who are medically fit to leave but are waiting to access out-of-hospital care. In 2016-17, bed days from delayed transfers of care hit a record high of 2.25 million.⁷ This was a 25% increase on the previous year, and the National Audit Office has calculated that the real number of stranded patients is far higher than that officially recorded.⁸

Since that peak, the number of delayed transfers of care has fallen. After a government target for tackling these, and an additional £2bn in earmarked social care funding, the overall number fell by 12% in 2017-18.⁹

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I worry whether the turnaround we’ve seen in the past 12 months can be sustained. Step-down care is likely to be even harder to access given the financial challenges in clinical commissioning groups and local authorities, recent reductions in care home places, cuts in provision of social care packages, and worsening access to intermediate care.¹⁰⁻¹² It’s not clear whether those services will be given sufficient priority in the NHS 10 year plan or in local plans for integrated care systems.¹³ And it will

be at least two years before the green paper on adult social care becomes a white paper or act of parliament.¹⁴

Ultimately, I suspect that the solutions lie in joined-up local system leadership and a relentless focus on operational detail and sustainable implementation—a view shared by the King’s Fund in last week’s report on integrated care.¹⁵ It remains to be seen whether, after the initial push and focus, such turnarounds can be sustained or whether every health system can replicate these successes. Personally, I doubt that central targets and toolkits can achieve the goal.

We need more capacity in out-of-hospital health and care services and more flexibility for local leaders to collaborate and innovate. For the good of all patients needing scarce acute beds and all of those needlessly trapped in them, let’s hope that the plan works.

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