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ACUTE PERSPECTIVE

David Oliver: Central diktats won't help more patients leave local hospitals

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Over the past few weeks NHS trusts have faced pressure, blame, and critical media headlines for failing to meet hospital discharge targets dictated by NHS England, while being “told to discharge” more patients.^{1,2} But these directives, issued at short notice by central agencies miles from frontline care, are only half the problem.

Set unrealistic expectations with insufficient support and resources, when many of the solutions lie outside hospitals' control, and you set them up to fail. They cannot deliver something they should never have been asked to do in the first place. The levels of ambition around discharge targets were always unrealistic and misguided. But these central agencies never seem to learn that just demanding something doesn't make it happen. This is merely the latest example.

The context was that of the omicron variant surging through communities in December 2021, with hospital bed occupancy well over 90% by January 2022, fears of patients being stuck in corridors, and imperatives to clear a huge backlog of elective cases postponed as a result of the pandemic.³ Hospitals needed beds. If patients were occupying beds when medically stable enough to leave—either to their own home or another care setting—their continuing presence could put those acute beds out of commission for new patients.

As part of pandemic discharge guidance issued to hospitals and wider health systems in 2020, NHS England had set out “criteria to reside” (now “reasons to reside”) in a hospital bed, and anyone not meeting those criteria was deemed “optimised for transfer”—both ghastly, depersonalising terms.⁴ Some of us have argued that those criteria are themselves based on scant evidence, not patient centred, not fit for purpose, and certainly not how most clinicians responsible for day-to-day care assess patients whose full circumstances they understand.^{5,6}

For example, the criteria suggest that anyone “not in the last hours of life,” “with a National Early Warning Score less than 3,” or “more than 48 hours after lower limb surgery or more than 72 hours after major abdominal surgery” is by default fine to go home—other clinical considerations or their families' thoughts notwithstanding. Even assuming that those criteria are not problematic and could be used to identify the patients who should leave hospital that day, what then? On 12 December 2021 NHS England and NHS Improvement wrote a “level 4 letter” to all trusts, telling them to cut by half the number of patients with “no reason to reside” who were still in hospital.⁷

Two more letters went out on 22 December,⁸ asking NHS trusts to be ready to discharge patients seven days a week (which of course they already can, subject to capacity and staffing) and to create temporary “bedded care centres” in facilities such as local hotels. Surprise, surprise: although the number of stable patients leaving hospital during December and January may have increased moderately, the completely arbitrary target was not met within the equally arbitrary timescale. Because it never would or could be.

A proportion of delays in discharge processes is undoubtedly due to hospitals' own internal workings and models of care, assessment, and discharge planning. But it's hardly in the interests of trusts, which already face a daily struggle for bed capacity, to admit or keep patients for frivolous reasons. They don't need central agencies telling them to create more empty beds: they're engaged in a daily battle to do exactly this. Furthermore, many delays are the result of a well documented lack of capacity and responsiveness in alternative community services—whether in patients' own homes, hospices, community hospitals, home based social care, or residential and nursing homes.

Two years into a global pandemic, with major workforce gaps in health and social care, no significant increase in out-of-hospital capacity, and with tired practitioners also hit by covid-19 or self-isolation, just ordering more people to be discharged won't work. Everyone in the system knows this—including, I suspect, those issuing the orders. On 25 January the *Health Service Journal* reported that delayed discharge figures had worsened despite the central targets.⁹ The number of patients still in hospital after 21 days had also increased dramatically since December.

Writing a set of guidelines and pathways, insisting on delivery at pace, and then criticising those on the receiving end when this proves impossible is irresponsible and delusional. Let's just stop doing this in future, shall we?

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- Discombe M, Moore A. Trusts fall far short of NHSE discharge target. *Health Serv J* 2022 Jan 7. <https://www.hsj.co.uk/quality-and-performance/trusts-fall-far-short-of-nhse-discharge-target/7031659.article> (Login needed)
- South East hospitals told to discharge well patients. *BBC News* 2022 Jan 10. <https://www.bbc.co.uk/news/uk-england-59940156>
- West D. The Integrator: The discharge debacle. *Health Serv J* 2022 Jan 13. <https://www.hsj.co.uk/commissioning/the-integrator-the-discharge-debacle/7031701.article> (Login needed)

- 4 Department of Health and Social Care. Hospital discharge and community support: policy and operating model. 21 Aug 2020 (updated 19 Oct 2021). <https://www.gov.uk/government/publications/hospital-discharge-service-policy-and-operating-model>
- 5 Oliver D. David Oliver: Misusing the "criteria to reside" for hospital inpatients. *BMJ* 2020;370:m3747. doi: 10.1136/bmj.m3747 pmid: 32994215
- 6 Vernon MJ, Martin J Vernon: Discharge "criteria to reside:" policy lever or blunt instrument? *BMJ Opinion* 2020 Oct 2. <https://blogs.bmj.com/bmj/2020/10/02/martin-j-vernon-discharge-criteria-to-reside-policy-lever-or-blunt-instrument/>
- 7 NHS England and NHS Improvement. Letter: Preparing the NHS for the potential impact of the Omicron variant and other winter pressures. 13 Dec 2021. <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/12/C1487-letter-preparing-the-nhs-potential-impact-of-omicron-variant-and-other-winter-pressure-v4.pdf>
- 8 NHS England. Enabling safe and timely discharge from acute settings. 22 Dec 2021. <https://www.england.nhs.uk/publication/enabling-safe-and-timely-discharge-from-acute-settings/>
- 9 Discombe M, Dunhill L. Delayed discharges worsen despite NHSE's reduction targets. *Health Serv J* 2022 Jan 25. <https://www.hsj.co.uk/quality-and-performance/delayed-discharges-worsen-despite-nhse-reduction-targets/7031765.article> (Login needed)