Bed-blocking delays may continue 'up to five years'

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NHS Trusts most affected by bed-blocking

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Bed-blocking in numbers

1.15m
"bed days" lost to delayed transfers of care in acute hospitals in 2015

31%
increase on 2013

£820m cost of older patients in beds with no more need for treatment

5% loss of muscle strength per day for older person in hospital bed

62% hospital bed days occupied by people aged 65 and over in 2014-15

Source: National Audit Office

NOTE: 9th worst performing health system in England for 'delayed days'.
Doomsday prediction

0-7 day LOS is falling and an increasing proportion of hospital beds are occupied with patients that have high acuity, increased dependency and are more complex to discharge.

Based on the current trajectory, from July 2017 (doomsday) there will be more patients in hospital beds that have a LOS of 7 days (or more) than those who have a LOS less than 7 days.

This will result in the ED having a LOS of between 0 and 7 days if action is not taken to address the deteriorating position.
Support the delivery of neighbourhood team potential

Work with partners to risk stratify our population through effective population health management and then proactively target interventions to ensure risk is mitigated as/when possible.

Delivered in partnership...
Getting the right patient to the right resources at the right place and at the right time.

\[
\text{Value} = \frac{\text{Quality}^*}{\text{Cost}}
\]

*Outcomes, Safety, Service*
Who We Are?

• NHS in house service since 8th August 2016
• Provide acute medical / per-operative care
• LOS 5-7 days
• >100 patients / month and rising!!
• Collaborative work with stakeholders
• Breaking down the barriers!!
What a small group of dedicated people can achieve!
Patient Cohorts

- **Respiratory**
  - IECOPD, CAP, HAP
  - Oxygen concentrators/24 HOOF
- **Urology**
  - Pyelonephritis/UTIs
- **Orthopaedics**
  - Osteomyelitis
  - ERP TKR/THR
- **Dermatology**
  - Cellulitis
- **Gynaecology**
  - Hyperemesis in pregnancy
- **General surgery**
  - IV Antibiotics posts-op
  - Infected EVARs
- **ENT**
  - Tonsillitis
  - Periauricular cellulitis
- **Cardiology**
  - CCF
Patient Cohorts

Oncology

- Neutropenic sepsis
- Haemoncology
- Post-operative breast oncology
- Work collaboratively with Hospice@home
- Newly diagnosed, who present with infections for a trial of treatment
Patient Feedback for P@H

Survey of patients every month returns

Latest data:

• 98% would be extremely likely to recommend the service.

• 100% agree or strongly agree that staff introduced themselves, explained plan, explained treatments, explained information clearly and had enough support from the service.

• 98% felt involved and enabled to make decisions about their healthcare.

One patient wrote:

"I'm not sure if this is a new service but it is a wonderful idea. Such personal, professional, efficient, and my two days allowed me to stay at home with my family, allowing me to have a good night's sleep"
To The Patient at Home Team.

Your team cared for my husband, [Name], in March. Sadly, David passed away on the 2nd June and will be sorely missed.

I would like to thank you for the care your team gave him. They were professional, caring and knowledgeable and your service enabled him to be cared for in the comfort of his own home. This 'lifted' him and gave him the energy to continue with his fight against cancer.

Best regards

(wife)
I was diagnosed early
Those around me are well supported
I can enjoy life

I understand, so I make good decisions
I am treated with dignity and respect
I feel part of a community and I'm inspired to give something back

I get the treatment and care which are best for my cancer, and my life
I know what I can do to help myself and who else can help me
I want to die well
The Future......?