

Since 2011 four million hospital bed days have been lost through delayed discharges due to problems securing social care – and it's getting worse

Delays getting home care have rocketed by 209 per cent in six years

Since 2011, almost four million (3,954,833) hospital bed days have been lost to the NHS due to problems securing social care.

In 2016/17 alone, nearly one million hospital bed days were lost (954,799) due to an inability to access social care, with an excess cost of £173 million excluding equipment and adaptations.

Over this period there has been a trend towards more older people staying in the community through homecare rather than going into care homes and nursing homes, but the numbers of bed days lost - because older people are stuck in hospital waiting for homecare to be put in place - have continued to sky rocket: from 143,916 in 2011/12 to 341,837 in 2016/17 – 209 per cent.

The Charity reveals that the starkest increase was last year, between 2015/16 and 2016/17, when there was a 27.2 per cent rise in the number of bed days lost through an inability to have social care arrangements in place, from 695,037 days, to 954,799 days. And the latest available figures show that in the period between April and July 2017, there have been 13.2 per cent more days lost to social care than during the same period in 2016.

Whilst there is no age breakdown available for patients affected by delayed hospital discharge they are typically older people.

Age UK is arguing that these figures represent huge numbers of older people unable to start their recovery out of hospital, putting them at risk of infections, loss of mobility and psychological distress. It is also a terrible waste of NHS resources and shows short sightedness from successive governments in not addressing the social care crisis as it has spiralled year-on-year. An excess bed day in the NHS costs between £2,089 and £2,532 a week for non-elective and elective inpatients, respectively, compared to about £519 for a place in residential care and less still for homecare.

The Charity is therefore calling on the Government to act on its pledge to bring forward proposals for putting social care back on track to meet twenty first century expectations and the demands of an ageing population, once and for all.

Caroline Abrahams, Charity Director of Age UK says:

“These delayed discharge figures show the disastrous impact of our failing social care system on the NHS, as well as on older people themselves. Increasing numbers are being marooned in their hospital beds, losing muscle tone and risking infection when they are medically fit

enough to leave, often because of acute shortages of social care, especially of the home visiting kind. There is no doubt that some older people's chances of a good recovery are being totally undermined as a result.

"To add insult to injury, this ridiculous and sometimes tragic situation cost the tax payer over £173 million last year alone, money that would have been much better spent giving older people the social care they need.

"This is why the Government must stand by its pledge to bring forward proposals soon for putting social care on a sustainable footing. In the medium and longer term we need new mechanisms so people can pool their risk of developing care needs, but with winter approaching the immediate imperative is an injection of resources into social care and fresh efforts to tackle the galloping delayed discharge crisis that is threatening to engulf our hospitals. "

Case studies

The stories below reflect just some of the cases outlined by today's analysis by Age UK, and are representative of the calls received to our Information and Advice line, in relation to delayed discharges through a lack of social care provision. Names, gender and certain details and characteristics have been changed to preserve our callers' confidentiality.

- Carol's mother, Lily is currently in hospital following a planned hip replacement. Lily has since been accused of 'bed-blocking', which Carol finds upsetting as the proposed care arrangements for her mother's care are inappropriate and her family are no longer able to carry out the level of care required. Whilst the social worker has been supportive in getting Lily on the housing list, both the suggested areas are too far away from the rest of her family and would result in her feeling alone and lacking the ongoing family support she needs. Carol has been invited to a meeting with the hospital's discharge coordinator but has concerns that they are going to provide an assessment that does not properly recognise the challenges that her mother faces.
- Terry's father Richard, 85, is in hospital following a stroke. He is ready for discharge and has been assessed as needing rehabilitative care through two home visits a day. However he was then told that there are no reablement services available in his area. Terry has been told to 'get his father out of hospital' and to look for and fund the care himself.
- Michael's sister-in-law, 95 is now fit to return home from hospital, but requires a social worker to be allocated to her. Having waited for some time, and with little indication about how to speed up the process, Michael is concerned that his sister-in-law's health is deteriorating and that she is losing muscle tone.
- Debra's father, Arthur, is in hospital following a fall at home. As Arthur also has dementia – which requires certain adjustments to be made to his home – Arthur is unable to return home, which means that a care home placement is needed, as per the advice of the hospital social worker. Sadly, Debra's care home enquiries have been met

with the suggestion of additional fees –or top-up fees - despite the fact that Arthur meets all of the requirements for his care to be funded by the local authority. Debra fears that her father will fall again and be back in hospital, possibly with a broken hip or worse next time.

David Oliver - Clinical Vice President of the RC of Physicians & Geriatric Consultant at the Royal Berkshire Hospital

"The national audit office report on delayed transfers of care from hospital showed that the officially reported figures grossly underestimate the real numbers of stranded patients in hospital awaiting community services through no fault of their own. It also showed that delayed transfers of care bed days had increased by 32% in just two years. Some of these delays are due to systematic cuts to social care budgets and provision. Others are due to a serious lack of capacity in community healthcare services - especially intermediate care step down rehabilitation. These delays have serious impacts on our already scare hospital bed base; leave patients marooned in acute ward settings they no longer need and at risk of harms of hospitalisation. And so far attempts to solve the problem through initiatives like the Better Care Fund or pressure from NHS England have failed"

Notes to Editors

Notes and sources:

- Delayed Transfer of Care, NHS Organisations, England. Number of Delayed Days during the reporting period, Acute and Non-Acute, for NHS Organisations in England by reason for delay. August 2010 - March 2017. Unify2 Data Collection – MsitDT. Published on 14th September 2017. (<https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2017/06/DTOC-England-Timeseries-July-2017-M62VS.xls>)
- Note: where ‘social care’ is defined as the principal reason for delay, this is due to patients: Awaiting residential home placement or availability; Awaiting nursing home placement or availability; Awaiting care package in own home, Awaiting community equipment and adaptations, awaiting completion of assessment, awaiting public funding, patient or family choice and disputes.
- Average weekly cost for excess bed days for non-elective (£2,089) and elective inpatients (£2,532). Source: Reference Cost Collection: National Schedule of Reference Costs - Year 2015-16 - NHS trust and NHS foundation trusts (<https://www.gov.uk/government/publications/nhs-reference-costs-2015-to-2016>).
- Average weekly cost for supporting older people in a residential care home provided by non-local authority organisations (£519 per week). Source: PSSRU (2016). Unit Costs of Health and Social Care 2016. Personal Social Services Research Unit. University of Kent.
- The cost of delayed transfers for 2016-17 (£173 million) was calculated as the difference between the cost of an excess bed for a non-elective inpatient per day (£306) and the

average cost of a day in a residential home (£74), nursing home (£73), and home care (£25.7) times the number of excess bed days due to each social care related reason between April 2016 and March 2017. We could not ascribe a net excess cost for delayed transfers due to community equipment and adaptations -there were 12,656 delayed bed days due to this reason over the period (0.3 per cent of all social care related delayed transfers).