Appendix: Response to Questions raised by the Health and Well Being Board 2018/19:

1	High number of community beds as cause for discharge delays	
2	More up to date data on DTOC – Sept data only provided	*(See pages p141-144, BCF paper)* *The wait for a care package at home remains the most usual recorded reason for delays, accounting for 905 days delayed to date attributable to adult social care and 955 days delayed to date attributable to health. The most usual recorded reason for delays for health are attributed to waits for non-acute NHS (community hospitals):2660 NHS delayed days to date and patient and family choice attributable for 1018 delayed days to date.*

Introduction

A 'delayed transfer of care' occurs when a patient is ready to leave a hospital or similar care provider but is still occupying a bed. Delays can occur when patients are being discharged home or to a supported care facility, such as a residential or nursing home, or are awaiting transfer to a community hospital or hospice.

The data provided each month is for the Buckinghamshire system, not just Buckinghamshire NHS Trust. The reports are provided by NHS England and the next report is due to be released 10th January 2019 for November 2018 data. This report includes data from April to October 2018 inclusive.

Awaiting further non-acute NHS care - (Definition of Code C)

This category covers all inpatients whose assessment is complete but whose transfer has been delayed while waiting for further non-acute care, including in mental health and community health inpatient settings.

This category includes:

- Delays awaiting a decision to be made concerning NHS continuing healthcare (CHC) eligibility, where NHS-funded care (in a care home, the patient's own home or other settings) is continuing until an eligibility decision has been made.
- Delays awaiting a specialised mental health placement, for example in secure care services
- Delays awaiting community bed rehabilitation, intermediate care or other purpose, including rehabilitation services for people with complex mental health needs.
- Delays awaiting an end of life care (EOLC) hospice or other NHS CHC fast-track-funded bed.
- Delays awaiting long term NHS CHC placement.
- Delays awaiting an interim health placement for NHS CHC assessment, where the discharge to assess bed is solely NHS-funded
- Public Health England (PHE) must be consulted for any reportable diseases (eg tuberculosis (TB), severe acute respiratory syndrome (SARS) and, where specialist provision is available, delays are attributable to

This category is broader than just people waiting for a Community Hospital bed, and at a local level the Discharge Team at Buckinghamshire Hospitals NHS Trust have a record of which patient is delayed to which part of this category, however for the NHSE reporting we capture them as a whole. We are not able to comment on if other hospitals capture this category separately

This category excludes:

- Delays awaiting an interim health placement for NHS CHC assessment, where the discharge to assess bed is jointly-funded or solely Social Care-funded, in which case delays are counted under the care

package for which they are waiting, such as category Di “Awaiting residential home placement or availability” or Dii “Awaiting nursing home placement or availability”.

- Delays in providing NHS-funded care in the patient’s own home, such as that provided by community health services, in which case delays are counted under category E “Awaiting care package in own home”.
- All home-based health or social care packages of care, including intermediate care, in which case delays are counted under category E “Awaiting care package in own home”

Current Trend – April to October 2018

Figure 1 shows the monthly delays attributable to Code C.

Figure 1.

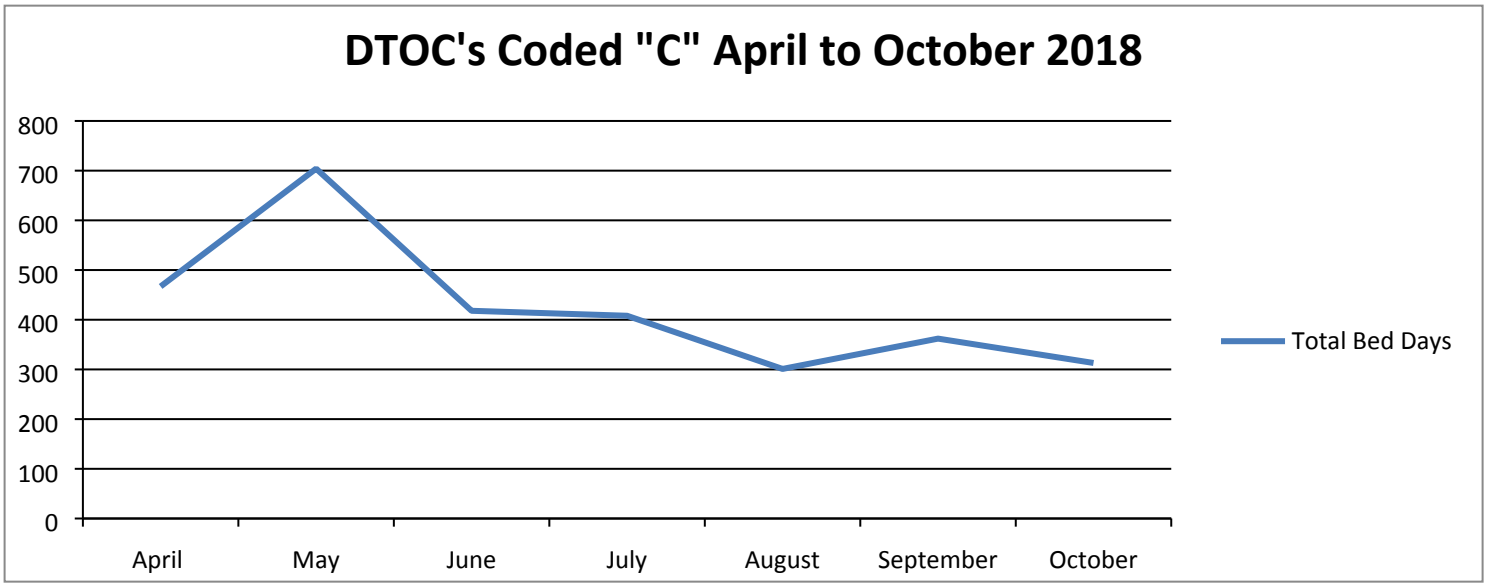


Figure 1 Numbers Table
DTOC's Coded "C" April to October 2018

Month	April	May	June	July	August	September	October
Total Bed Days	467	704	418	408	301	362	313

Changes in Thame and Marlow

Community Hubs opened in April 2017, replacing the traditional community hospital model in Thame and Marlow. The objectives were to increase the number of patients being seen outside of acute hospitals, work with partners to make health and care services safe, sustainable and able to meet the future needs of our local population by:

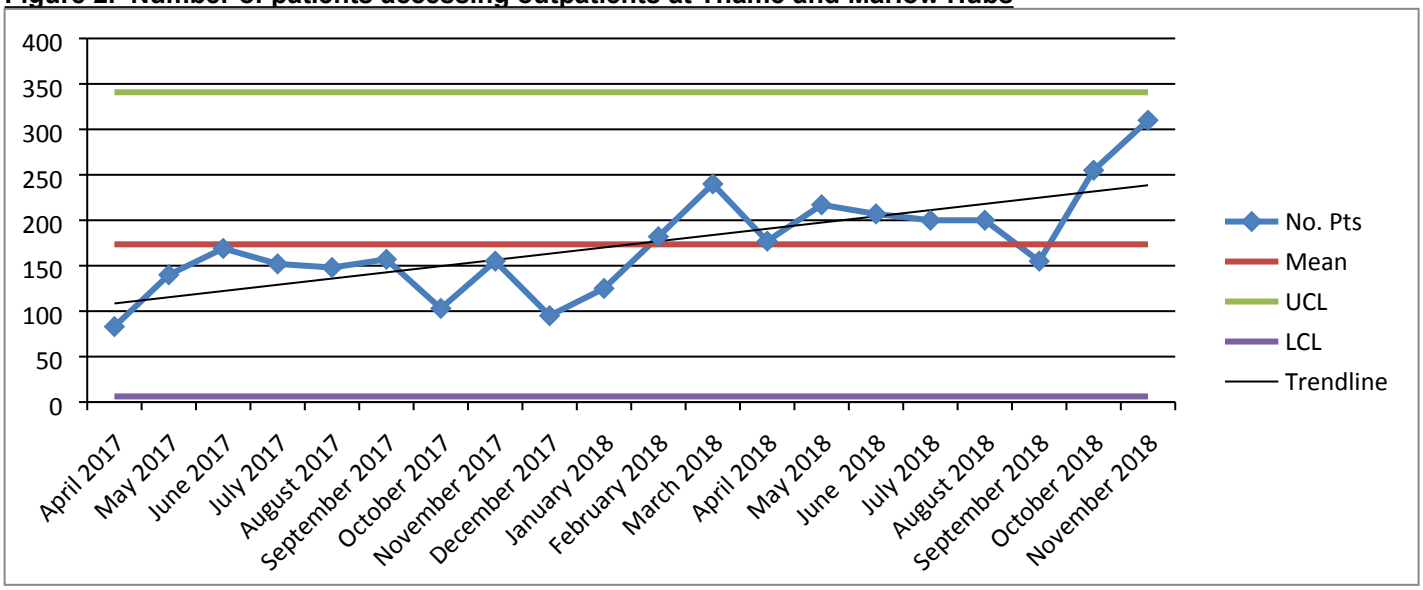
- Supporting people to keep themselves healthy and live well, age and stay well;
- Enable more people to live independently for longer;
- Create the right health and support in the community in order to reduce pressure on our hospitals and GPs.

The culture in the community hubs has taken time and focus to change from one of a Community Hospital to one of ‘Community Hubs’, whose philosophy is very much one of delivering comprehensive assessment and treatment to support patients to maintain their independence. The most obvious difference between the Community Hospitals and Community Hubs is that the beds are no longer used for overnight care. This space is now a Community Assessment and Treatment Service (CATS) – a multidisciplinary team which provides care to frail patients, avoiding hospital admission and supporting discharge. Other services include outpatients, diagnostics, and those provided in partnership with third sector organisations.

The concept and impact of the Community Hubs have shown that over a 12 month period they have been successful in delivering greater access and increase outpatients appointments. Figures 2 and 3 show a significant increase in CATS and Outpatient activity in the hubs since their launch.

This pattern correlates very strongly with a decrease in waiting lists for community hospital beds (Figure 4). Over a 12 month period the reduction in patients on a waiting list for Community Hospitals has dropped from the Mean average of 20 in November 2017 to 11 in November 2018**.**

Figure 2. Number of patients accessing outpatients at Thame and Marlow Hubs



The impact of patients accessing outpatient appointments in Hubs means that more patients can be seen in less time, therefore seen and treated sooner. For example: 310 patients seen in November 2018 compared to 150 in November 2017

To support this reduction of patients awaiting community beds on a sustained and continuous basis, a 12 month audit is preferably required to assess the impact of whether patients could go home, due to greater capacity and capability in intermediate care and D2A. This can be based on 12 month calendar activity.

Figure 3. Number of patients seen in CATS at Thame and Marlow Hubs

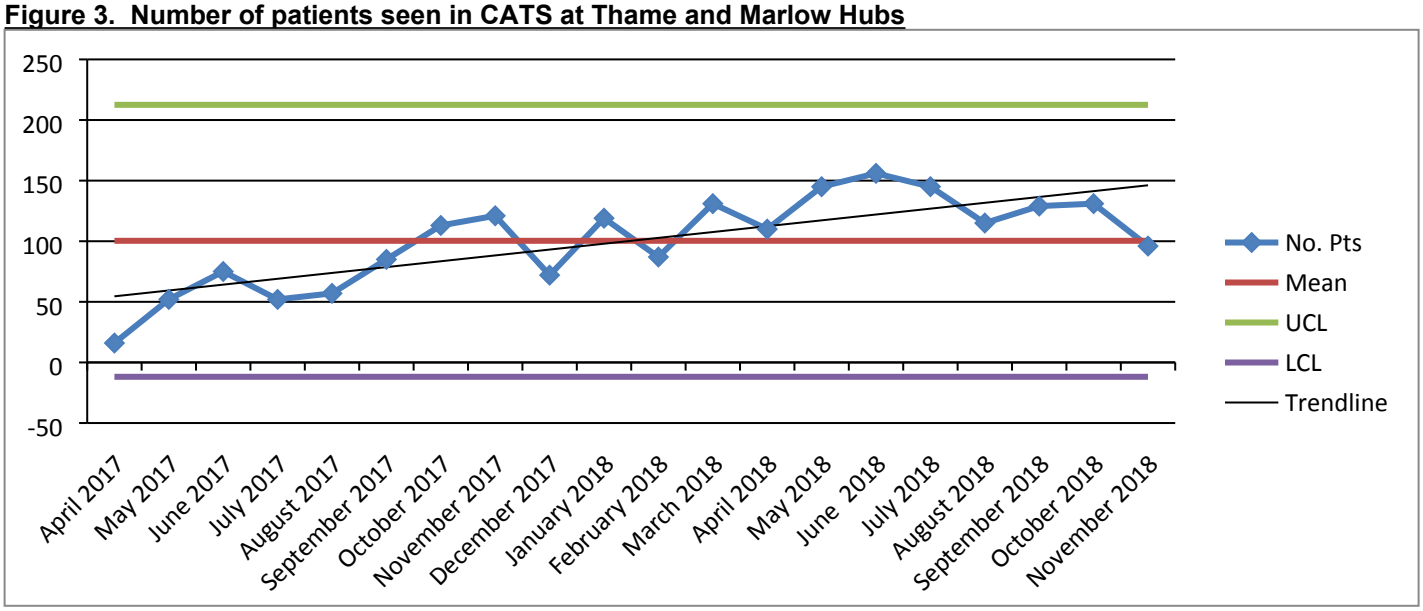
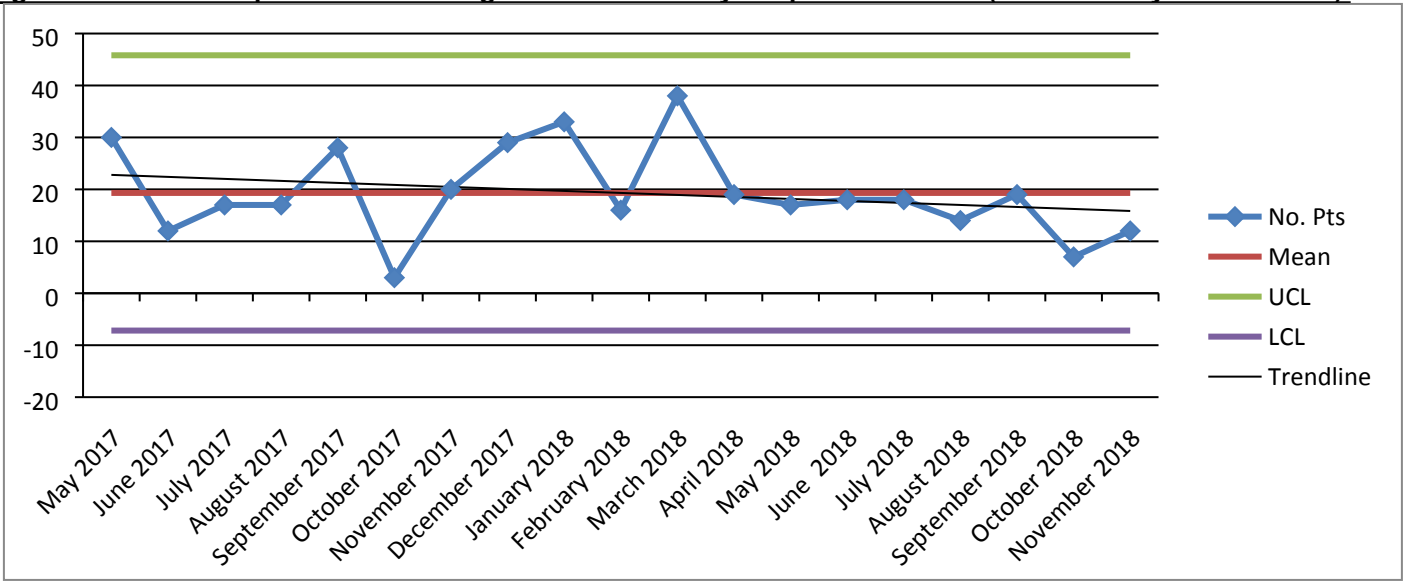


Figure 4. Number of patients on waiting list for community hospitals - all sites (as of last day of the month).



Actions being undertaken in December 2018/January 2019:

Actions that have been taken and continue to reduce the number of DTOC during 2018 are:

- Introduction of Discharge 2 Assess (D2A) with a home first philosophy. This has seen 19 patients provided with care home beds; 17 patients able to go home with domiciliary care, and 7 patients to go home with live-in care.
- Review of the criteria for Community Hospital referrals adopting a home first philosophy
- Review of bed allocation for community hospital, ensuring patients access in more timely manner
- Continuing Health Care (CHC) on site, supporting with training for hospital discharge team

In addition to this work, an enhanced care pathway with neighbouring Frimley ICS will be established early in 2019. This is a service commissioned by Bucks CCGs to support the discharge of Buckinghamshire patients from Wexham Park hospital.

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