

## **Fact sheet: Delayed Transfers of Care in Oxfordshire**

A 'delayed transfer of care' occurs when an adult inpatient in hospital is ready to go home or move to a community hospital, rehabilitation bed or nursing care, but is prevented from doing so (children are excluded from this definition).

Also known in the media as 'bed-blocking', delayed transfers of care are a problem for the NHS as they reduce the number of beds available to other patients who need them, as well as causing unnecessarily long stays in hospital for patients, and costing the system a significant amount of money.

Delays can occur when patients are being discharged home or to a supported care facility such as a residential or nursing home, or to a less intensive care setting such as a community hospital or hospice.

NHS England, the body responsible for monitoring delayed transfers of care nationally, defines a patient as being ready for transfer when:

- a clinical decision has been made that the patient is ready for transfer, and
- a multidisciplinary team has decided that the patient is ready for transfer, and
- the patient is safe to discharge/transfer.

As soon as an adult patient meets these three conditions and remains in hospital, the clock starts and they are classified as 'a delayed transfer'. All hospitals are required to collect this data and provide it to NHS England.

### **Why do delayed transfers of care occur?**

Patients can often be delayed waiting for onwards care, for example at a community NHS facility such as a community hospital. They can also be delayed by waiting for social care to be arranged at a residential or nursing home or for a care package at home to be developed.

Often delays can arise because a patient's assessments are not completed before they recover. Completing a needs assessment of onward care generally requires agreement from a multidisciplinary group of doctors, nurses, or other care workers such as social workers and other care workers.

Agreeing that a patient is fit for discharge, as well as acquiring a care package and getting paperwork completed on time, can be a difficult process.

Other factors can also come into play. These include disputes between families/patients and providers concerning where the patient should be transferred; waiting for equipment to be installed in the community; awaiting public funding and housing issues.

### **What is the impact of delayed transfers of care on the wider health system?**

Delayed transfers of care are a significant concern to the NHS. Once a patient is well enough to leave hospital, staff should be able to treat other patients with greater needs.

There are also potential effects on the patient. Longer stays in hospital are associated with increased risk of infection, low mood and reduced motivation, which can affect a patient's health after they have been discharged and increase their odds of re-admission. The [National Audit of Intermediate Care](#) shows that, for older patients, 'a wait of more than two days negates the additional benefit of intermediate care, and seven days is associated with a 10 per cent decline in muscle strength'.

There are also financial consequences. There is a wasted investment in unnecessary care for every day that a patient is kept in hospital longer than necessary. These patients will not need intensive treatment or the same amount of equipment or medicine as before, but they still cost the hospital staff time and space that could be used for someone waiting for care.

More indirect effects come from how delays can affect the flow of patients through a hospital. For years now, the NHS has been reducing the number of hospital beds as the average length of stay in hospital has continued to decrease. Admissions have kept rising though, so the bed capacity of the average hospital in England is close to being completely full.

With admissions up and beds down, hospitals need to keep stays short, so they can move on to the next person quickly. When a hospital is close to capacity and suddenly suffers a series of delays, there is nowhere for new patients to go, with consequences for waiting times. This is sometimes cited as a factor in delays in Emergency Departments.

#### **How is this being tackled in Oxfordshire?**

Delayed Transfers of Care are a particular problem in Oxfordshire, and for several years the county's figures have been among the highest in England. In November 2015, a plan was devised whereby Oxford University Hospitals NHS Trust - the county's acute hospital provider - commissioned 150 care home beds for patients to move into. In the Spring, the Trust hired extra care workers, and set up a joint working team with Oxford Health NHS Foundation Trust, Oxfordshire County Council, and Oxfordshire Clinical Commissioning Group.

In July 2016, it was reported that in June 2016 there were 57 patients delayed in Oxfordshire's hospitals, a reduction of 60 per cent on the previous year. This also went against a national trend, which saw delays increase by 25 per cent across England.

Patients and their families have, on the whole, reported positive experiences of this new way of working.