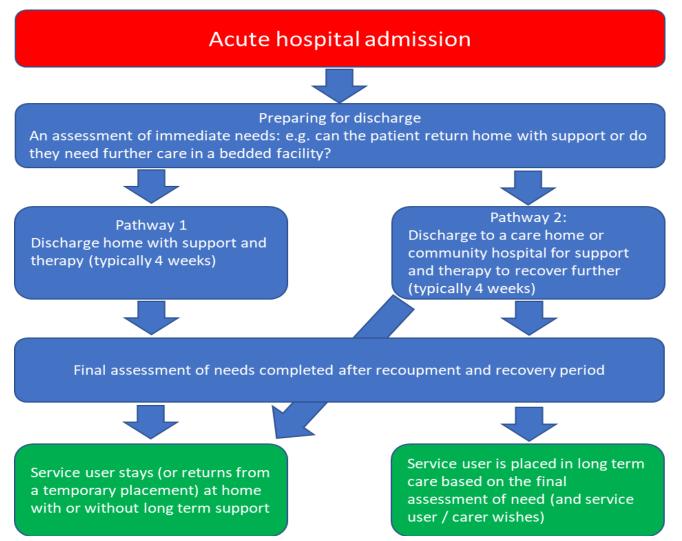
Evaluating Discharge to Assess Pathways in Kent, Surrey and Sussex

Delayed hospital discharges are an increasing trend across the NHS. Longer stays in hospital can lead to worse health outcomes and heightened care needs, especially for older people.

Background

Throughout the winter months and certainly during major incidents, keeping acute beds free is essential. To assist with this, in March 2020, during the first wave of COVID-19, the government issued emergency funding for a new Discharge to Assess (D2A) programme.



The funding was initially available until August 2020 to cover the costs of post-discharge care for up to six weeks. However, national guidance was further revised and, in August 2020, extra funding was made available. While current policy maintains the same D2A model, ringfenced NHS funding for the D2A programme was withdrawn in April 2022.

However, the D2A programme has successfully provided a mechanism to reduce hospital stay, provide rehabilitation, and improve the assessment of a person's long term care needs, and with continued pressures both in and out of hospital, and concern for patient outcomes, managing the discharge of patients remains a key concern. Consequently, colleagues across Kent, Surrey and Sussex see the potential for a well co-ordinated D2A pathway to improve both flow and patient outcomes.





Research

This project had three aims:

- a) to evaluate the impact, capacity, processes and barriers across social care, primary and community health services, and the Voluntary, Community & Social Enterprise (VCSE) sector.
- b) to evaluate the experiences and outcomes of service users, and family, friend or unpaid carers.
- c) to develop outcome and process measures, as part of the evaluation, for use in ongoing monitoring and management of the pathway.

Across Kent, Surrey, and Sussex, three places were identified to act as case studies for evaluation, ensuring a mix of rural/coastal and urban environments, levels of deprivation, life expectancy and ethnicity.

Interviews were held with staff across health and social care, and literature from Healthwatch organisations and CarersUK analysed in order to understand the experiences of patients and their carers.

Results

Our evaluation highlighted a number of high impact requirements for success, including some which extend beyond D2A, such as adequate funding and resource, and joined-up information systems. However, the following key findings are more specific to D2A:

- Local **operational policies** are key, co-developed and understood by all partners involved in the pathway and offering a clear understanding of the strategy and a culture of enablement.
- Improved and accurate **assessments are required**, which evolve as the individual and their carers travel the pathway.
- All communication requires improvement, in and between teams, and with patients and carers.
- Carers are often forgotten and need to be assessed and considered in the care of the service user.
- Managers need see how D2A is working in real-time so that they can direct the flow of patients.
- Development of consistent Patient Reported Outcomes Measures to help inform service development and improvement.

Enablers, blockers, good practice and issues were analysed, and three core themes emerged:

- **Commissioning:** how the service is financed, the structure and culture of the service, and the outcomes services are working towards.
- Multidisciplinary working: how the services in the pathway connect, the skills and knowledge of the teams, how a person's care is coordinated along the pathway.
- **Information and knowledge exchange:** how patients and carers are assessed and communicated with, how the information is managed, flows between teams, and how the path is overseen.

Next steps

We want these findings to help teams to reflect on their own D2A pathways and to support changes and service improvement. For more information, including access to the full evaluation reports, the Service Improvement Tool and a short video animation, please click on the images below:





Further information:
Kent Surrey Sussex Academic Health Science Network
www.kssahsn.net
enquiries@kssahsn.net

As part of their Accelerated Access Collaborative's NHS Insights Prioritisation Programme (NIPP), NHS England provided funding for the evaluation project. This evaluation project was delivered by the Kent Surrey Sussex Academic Health Science Network (KSS AHSN), in partnership with the National Institute for Health and Care Research (NIHR) Applied Research Collaboration Kent Surrey Sussex (ARC KSS) and Unity Insights (UI), and with the support of the three Integrated Care Systems (ICSs) across Kent, Surrey and Sussex.