Managing Frailty and Delayed Transfers of Care in the Acute Setting

The NHS is faced with the demands of an ageing population and increasing numbers of people with multiple long-term conditions. Whilst much can be done to keep people as independent as possible and keep them safely at home, at some point in their journey of care, many people living with frailty and older people will need to be admitted to hospital for a period of acute care. In addition, older people, often living with frailty, can be subject to delayed transfers of care (DToC).

The Network’s Managing Frailty and Delayed Transfers of Care in the Acute Setting project aims to provide a unique data set on the pathways of frail, often older people, through secondary care, from A&E through to supported discharge. The project gives insight into why this cohort of patients appear to be more prone to delayed transfers of care. This project now brings together the previous project on ‘Older People’s Care in Acute Settings’ which ran in the 2016/17 work programme, and the ‘Delayed Transfers of Care’ benchmarking project, which ran in the 2017/18 work programme.

The National Audit of Care at the End of Life (NACEL), also delivered by the NHS Benchmarking Network, explores the quality of care provided in the last admission prior to death in acute, mental health and community hospital settings. The care of older people in non-acute settings is explored in other Network benchmarking projects including Community Services, Adult Mental Health and the National Audit of Intermediate Care (NAIC).

The Managing Frailty and Delayed Transfers of Care in the Acute Setting project focuses on the pathway of frail older people through secondary care, from geriatric assessment in A&E, short term assessment units, elderly care wards and supported discharge. The project also takes a deeper dive into the management of delayed transfers of care and reviews protocols, processes, local reporting and onward routes out of the hospital. The aim is to provide a national picture of the service models, activity, finance, workforce and service quality and outcomes. The project also explores how the acute care pathway links in with the wider team, including primary care, community and mental health.

The project contains a service user level audit, which has been developed in conjunction with the British Geriatrics Society. The addition of a further level of service user benchmarking data enables us to complement the organisational level data already collected and provide data to enable further analysis to be undertaken and relationships within the data to be considered.

The NHS Benchmarking Network is the in-house benchmarking service of the NHS. Through an active membership spanning the four UK home countries, and covering 70% of NHS organisations, we deliver unique intelligence on NHS service provision. The Network projects are a key source of timely, accurate and informative comparative data for strategic planning and service improvement programmes.

Informative and useful information shared, looking forward to reading the report in full.”

Event feedback, 2018
Key findings from the Delayed Transfers of Care 2017 project include:

- Longer lengths of stay are associated with older people. The mean length of stay for an emergency admission for different age groups is 5 days (all ages), 6.4 days for the 65 – 74 age group, 8.4 days for the 75 – 84 age group, but increases to 10.5 days for the 85+ age group.
- On average, across participating trusts, the days lost to DToCs represent 5% of occupied bed days (over 2016/17).
- The DToC target of 3.5% of occupied bed days set by NHS England was not met in 70% of acute trusts and 69% of acute providers reported an increase in DToCs in 2016/17.
- 89% of DToCs in 2016/17 were attributable to people age 65 plus (44% of emergency admissions are aged 65 and over).
- Older people are less likely to be discharged on the same day as admission; 58% of 65 – 74 year olds were discharged on the same day, 50% of 75 – 84 year olds and 34% of people aged 85+ were discharged on the same day.
- The main reasons for DToC across all ages groups in acute providers are awaiting completion of assessment (18%); awaiting further non-acute care (29%), awaiting a care home placement (22%) and awaiting a care package in their own home (18%).
- When the DToC reason is reviewed for the 85+ cohort only, the picture changes - awaiting a care home placement is a reason in almost a third of cases (29%); awaiting a care package in own home is 18% and awaiting family choice is 19%.
- 92% of participating organisations had an integrated discharge team; 50% of acute providers operate therapy-led discharge and 73% of acute providers operate nurse-led discharge.
- Most discharge services operate a 9am – 5pm service during the week; at weekends, 44% of providers reported they had no support from the discharge team.
- The chart below illustrates the delayed transfers of care reporting by age group. 45% of delayed transfers of care are in the 85+ age group.

Further information on the findings from the 2016 Older People’s Care in Acute Settings project can be accessed online at https://www.nhsbenchmarking.nhs.uk/projects/.

As a member of the NHS Benchmarking Network, and participant in the benchmarking projects, you can access:

- A summary report highlighting the key findings from this project.
- A bespoke dashboard report which highlights key metrics from the project.
- An online reporting tool, which provides over 150 different comparisons. The online tool is a key supplement to the benchmarking report and can be used to gain further intelligence on local positions and trends in service models and provision.
- Presentations from the Network’s annual conferences on the project key findings, from national policy leads and the membership.
- Good practice case studies on how members have used the benchmarking analysis to improve service delivery.

Member organisations can also access a full library of historic project content covering the most material NHS activities delivered by commissioners and providers.

All project outputs are available to download from the members’ area of the NHS Benchmarking Network website. To obtain log-in details to the website or to find out if your organisation is a member to the Network, please email e.pruce1@nhs.net.

(Note: the DToC project covered acute, mental health and community hospital providers; the findings above relate to the acute sector only)