

A Special Alert Report.  
The Treatment Of "*Bed blockers*"  
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Please note \*I hate the term bed blockers and are only using it to demonstrate what this report is about.

I will be publishing our 13<sup>th</sup> Covid crisis report in the next week, this alert report has been published because of information brought to our attention on hospital discharge.

In the last 7 days we have received **19** calls from relatives highlighting serious concerns about the hospital discharge of elderly relatives into care homes. We will be adding this appalling issue to the ever-growing list of concerns that Boris Johnson has to date ignored.

Discharge from Hospital to a care home has always been a routine part of our helpline work, advising relatives of someone being discharged not to feel pressured, how to access a list of suitable homes and what to look for on visits to homes.

As a result of Covid 19 we have witnessed a section of our society, the most vulnerable being stripped of human rights and treated as expendable.

Families are now telling us that people are being they told they are being discharged to a care home and that "Choice" is no longer an option. This is being done under the false premise that they can look for a home of choice at some later point. However, we know from long experience that it is extremely difficult to get a person moved out of a home and it is fraught with risks.

Many elderly people do not survive being moved in this way. I searched long and hard for any official information on this new policy and found the below,

There are 4 main pathways for discharging patients:

- » Pathway 0 – it is estimated that 50% of patients will be discharged on this pathway which considers that they will require either minimal or no support once discharged home.
- » Pathway 1 – it is estimated that 45% of patients will be discharged on this pathway which considers that they can be discharged home with support from health and/or social care providers.
- » Pathway 2 – it is estimated that 4% of patients will be discharged on this pathway in which they require transfer for rehabilitation in a bedded setting – i.e. a community hospital.
- » Pathway 3 – it is estimated that 1% of patients will have experienced a life changing event and therefore are unable to return home at the point of discharge from an acute hospital and will require nursing home care.

So what does this mean for patients? Within 1 hour of the decision being made to discharge the patient, the ward must escort them to a hospital discharge lounge so that their acute bed can be utilised as soon as possible. Within 2 hours, appointed discharge co-ordinators will arrange for patients to be transported home, or to a suitable rehabilitation bed or care home where applicable. Either on the day of discharge or the day after, the patient will be attended by a lead professional who will assess the level of care needs and arrange for support to be put in place if required.

Where a patient is being discharged to a care home but is unable to go to their first choice in the first instance, they will be discharged to an alternative care home with a transfer being made as soon as practicable. Where patients are discharged to community hospitals or rehabilitation centres, they must be continually assessed to determine whether they are able to be discharged home in order to ensure the continual flow of discharges through pathways.

#### Impact on care homes

The Government has promised to step up testing for coronavirus in care homes where symptoms of the virus have

Within one hour of the decision being made to discharge the patient, the ward must escort them to a hospital discharge lounge.

I note the use of the language “**escorted from the ward**” The normal terminology applied to those who have done something wrong or unlawful.

Many families are telling us that arriving at the hospital in a panic at such notice and finding distraught confused relatives sitting in a room on their own, many in tears.

Peoples rights to a choice of home have been revoked by the Covid 19 emergency powers that are being widely misused to target the vulnerable or those who are expendable as the Government views them.

Within two hours people should be discharged home or to a care home. A care home that the hospital has allocated, the quality of care criteria for allocating this care home? It has empty beds. I also note the reference to discharging people within two hours or by the next day. I can see nothing about

where the patient is to be cared for should the discharge not take place until the next day, so presumably the "Discharge Lounge" is where they will be dumped until they can be put somewhere more convenient.

This is the generation that built the NHS, that contributed to this country, that believed they lived in a civilised country.

There is absolutely no allowance made for those suffering with dementia, who are in pain, whose family may live or work some distance away. From an acute bed to a waiting room in 60 minutes and out the door in 2 hours where possible.

The distress, suffering and worry this is causing is severe and the consequences of being placed in any home just because it's rated good by the CQC is negligent.

Many elderly people admitted to hospital will go on to a care home setting, relatives and patients find this situation very difficult anyway. The way this is now being conducted is akin to putting people in holding pens like cattle.