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To Chief Officers
Cc NHS Chief Executives
LA Chief Executives
Public Health Scotland

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I write to explain changes in the presentation and emphasis that we would like reflected in the publication of delayed discharge information in future.

As the things currently stand, information on the number of patients delayed, and the associated bed days lost, is published monthly by Public Health Scotland. The data is broken down into two broad categories – ‘standard’ and ‘code 9’ delays. We would like to see a greater split in the reporting of these distinct patient groups to better reflect the trends in “standard” delayed discharges and to get a fuller understanding of the code 9 delays.

The rapid reduction in “standard delays” in March and April last year highlighted the differences in nature between the two categories of patients. Standard delays include delays in assessment or waiting for care arrangements, a care home place, funding or transport. Code 9 is predominantly used where the patient is deemed to lack capacity and where the requirements of the Adults with Incapacity Act are applicable. For these patients it is generally not possible to legally move the person out of hospital until the legal process is complete. This has long been an anomaly that such patients are deemed ready for discharge when they cannot be legally discharged.

Other code 9 reasons may be where a patient requires a highly specialist facility or level of care where such a facility or care does not exist, and discharge may take several weeks or months to be implemented effectively. A Short-Life Working Group was established specifically to address the code 9 cases associated with people with challenging learning disabilities or enduring mental health problems and has made several recommendations.

We have asked that Public Health Scotland consider making changes to how the delayed discharge information is presented in the future, proposing that the focus shifts to the standard delays which are most within partnerships’ gift to ensure are kept to an absolute minimum. Information on delays due to Adults with Incapacity procedures and those with complex needs will continue to be collected as it is now but will be enhanced and highlighted separately from the standard delays.

Reporting on these individual categories separately will provide a richer and clearer source of information on delayed discharges, whilst still allowing full transparency. It will shine a light on both the AWI delays and the very complex delays, recognising that these will need different resolutions to the standard delays, for whom no prolonged, unnecessary time in hospital should be acceptable. It will also help with the development of the integration indicator which looks to measure the number of these delayed discharges who are delayed for more than 72 hours.

These proposed changes have been discussed with the Cabinet Secretary for Health and Sport, COSLA and the Delayed Discharge Expert Group. Public Health Scotland will consult more widely with the full range of stakeholders.



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