

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [rhyddhau cleifion o ysbytai ac effaith hynny ar y llif cleifion drwy ysbytai](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Hospital discharge and its impact on patient flow through hospitals](#)

HD 04

Ymateb gan: | Response from: Unigolyn | An individual

Dear Sirs

I write with regards to the consultation on hospital discharge and its impact on patient flow through hospital

Our local hospital is Princess of Wales Bridgend, our council is BCBC.

It was brought to my attention that there was a chronic bed shortage at Princess of Wales but that patients were not being discharged home or to their care home. We also noticed a lack of referrals for permanent places and for respite places at our care home from the hospital.

We could not get in touch with the social workers or the discharge team at the hospital. I was so concerned I wrote to the heads of BCBC and POW . A meeting was held and we identified that patients are being allowed to stay in hospital when recovered until their homes are ready and domiciliary care in place, or until their choice of care home becomes available. All but 2 care homes in our area have to charge a top up fee as BCBC funding is so low. It is lower than VoG, Cardiff and RCT. Hence most families have to pay top up fees .As they cannot afford top up fees their relative stays in hospital until a place at the BCBC home or one of the 2 homes that don't charge top ups becomes available. At the same time there are places available in the care homes that are forced to charge top up fees.

Due to the BCBC underfunding we have had more admissions from the Heath hospital in Cardiff and Vale of Glamorgan hospitals, than we have from our local Bridgend hospital as the rate VoG, Cardiff and RCT pays is higher and we do not have to charge relatives a top up fee. The situation is nuts!

I note the ACT says that residents in care homes have voice choice and control over their care. However this does not extent to allowing them to block beds in clinical health care settings.

The impact of bed blocking means that urgent hospital procedures are postponed. It means that ambulances waiting outside the hospital are not available to meet emergencies in the community. We experience severely delayed ambulances every time we need them. (however this was the situation every winter pre covid as well).

Despite the meeting I arranged with the hospital discharge team, BCBC commissioners and care providers the situation has not improved. It had disappeared off the agenda and I had to chase to see what progress had been made 3 weeks later. Since then we have had to chase again for the improvements to discharge to be put in place. We still have not had any enquiries for places from Princess of Wales hospital. These communications are all evidenced in an email trail which I can make available if this would help the consultation.

The other thing we have noted is that care in the community is such that elderly people do not thrive, at home, with 3-4 care visits per day, but otherwise left alone. They are then admitted to hospital when their health has deteriorated to the point that they need nursing, not residential care. Looking after people at home longer than is in their best interest is distorting the need for nursing beds as opposed to residential care beds

Finally the nursing assessment tool used to indicate if a person needs nursing or residential care needs to be revisited. Someone can be classed as nursing without any nursing intervention requires, simply for needing help with medication, eating and drinking and their mobility. This is most people in a carehome

I am so glad that something is finally being done about this. We have brought this to the attention of our council so many times, pre covid as well

I would be happy to assist the consultation further

With best wishes