

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 22

Ymateb gan: | Response from: Alzheimer's Society Cymru

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Russell George MS  
Chair, Health, Social Care and Sport Committee  
Welsh Parliament,  
Cardiff Bay,  
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Dear Chair,

I am writing to respond to your invitation to give evidence to the Health, Social Care and Sport's Committee Inquiry into hospital discharge in Wales. Alzheimer's Society Cymru firmly believes that this is a vital piece of work that, if managed correctly, can have an incredibly positive impact on the care received by people living with dementia.

As you may be aware, the Cross-Party Group on Dementia in Fifth Senedd undertook an inquiry on hospital care for people living with dementia, and we have included the full report with this submission for the Committee's attention. As Alzheimer's Society Cymru provide the secretariat for the Cross-Party Group, should the Committee like to work with the Cross-Party Group, please do not hesitate to contact us.

Alzheimer's Society Cymru is aware that the process of discharge and the discharge service is the final setting a person living with dementia and their carer and/or family will experience when receiving hospital care. Whether that is discharge to their own home, respite care, residential care, or a more specialised setting; ensuring the discharge process is thorough, smooth, well-communicated and timely is essential to providing continuous and excellent care.

On average, people with dementia spend nearly four times as long in hospital following a fall and the resulting frailty from a fall and an extended stay in hospital can increase the likelihood of them being unable to return home. A high standard of personalised care and effective communication between medical staff, families and other agencies will facilitate a more effective and efficient discharge for an individual patient.

Alzheimer's Society Cymru is aware that, prior to the Covid-19 pandemic, it is estimated that approximately 25% of beds in hospitals are occupied by people living with dementia. Their length of stay is often longer than for people without dementia and there can also be delays in supporting them to leave hospital; for unplanned hospital admissions:

- 36.4% of people living with dementia are discharged to a different residence and the readmission rate for people living with dementia is far higher than for people without - this is 8.2% vs 3.5% for elective care and 25% vs 17% for non-elective care.

During the evidence collection for the Cross-Party Group report on hospital care, we received over 2000 responses from individuals, organisations, health & social care staff, people living with

dementia, and paid & unpaid carers. Below are some of the most hard hitting and illustrative quotes we received during the evidence collecting process.

“Even when mum was meant to be being discharged, I was told that she would go home that afternoon or evening. I then got a call the next morning from her home to ask where she was, I believed she was with them so frantic calls were made only to find out that the hospital couldn’t get an ambulance and just kept her but didn’t bother to tell anyone, so she got no visitors that day.”

“The discharge system was our greatest bug bear. One Christmas Eve my mum rang me in a panic to say he was being discharged and she did not think she could cope as he was too poorly. I drove 12 miles to pick her up and when we got to the hospital the sister said they’d reassessed him and he couldn’t go home, and he didn’t for quite a while.”

“When care homes visited to do their assessment, they didn’t want to take the patient as a residential as they could see the level of care the patient would need, yet social services would not change their assessment to nursing needs, so discharged patients hang around in hospital using a bed they do not need waiting for a care home that will take them.”

“Their special needs were clearly not being addressed. The most troubled lady was to have been discharged, but appropriate provision could not be organised in the community. She was effectively “stuck” in hospital. Bad for her, bad for the other nearby patients.”

“Unfortunately, my mother was not discharged. She spent 13 weeks in hospital and her condition deteriorated drastically. She died after 13 weeks. She arrived in hospital being able to walk, eat independently but her condition, vascular dementia, took over.”

“Discharge took many weeks despite mum already having a care home place that she was fully funding - the only change required was from residential to nursing care. The discharge liaison nurse/social worker did not speak to me and made incorrect assumptions regarding getting council funding which delayed matters. I have guardianship and legal deputy - I should have been the decision maker - I was ignored until I made a fuss.”

It is worth noting that the fieldwork for this report was conducted between late 2018 and mid-2019, prior to the Covid-19 pandemic. It has become clear over the past 18 months that people living with dementia who are awaiting discharge from hospital have been hugely negatively impacted by the pandemic.

Both Betsi Cadwaladr and Cardiff & Vale Health Boards, alongside their respective Councils, have recently issued statements calling on unpaid carers to help with discharge of family members from hospitals in order to alleviate the issues being faced by hospitals and health boards across Wales. Alzheimer’s Society Cymru has also heard anecdotal evidence of other health boards asking unpaid carers to take on care that should be being given by Local Authorities or paid carers, in order to help clear the discharge backlog in hospitals.

It is clear that this request has had a huge impact on unpaid carers, people living with dementia, and hospital staff themselves. Alongside the other impacts on people living with and affected by dementia throughout the pandemic; Wales has currently an estimated 1500 excess deaths of people living with dementia as a result of the pandemic; being 'stuck' in hospital is having incredibly negative effects on both the mental and physical health of people of people across Wales.

A lack of high quality, available social care is causing a serious backlog in discharge from hospital settings. Alzheimer's Society Cymru have heard stories from across Wales, since the pandemic, where people living with dementia have been ready to be discharged from hospital, but have been prevented by a lack of assessment, lack of places, or a lack of paid care staff to deliver care in residential settings. The story below comes from a supporter of Alzheimer's Society Cymru:

"My father went into hospital in May 2021, and he was sent from Wrexham Maelor to Chirk for physio due to a mobility issue. He was transferred at 11pm arrived at midnight, this was very distressing. Under 48 hours later, he was discharged with no care package. We asked the hospital staff if dad could go upstairs to access washing facilities and we asked if he was dry as he had experienced hospital incontinence. We found that he was not dry when he got into the car, and that he couldn't go upstairs, so he had to sleep on sofa. We were given nothing by the hospital. We couldn't get the spare beds downstairs, so dad had to sleep on a mattress or on the sofa.

"We believe that the hospital thought that he was disruptive at night, and that hospital did not do a safe discharge. Following his discharge, he had a critical care team for 12 days, then he moved into a care home, Hafod House, which was temporary until we could find appropriate care. Hafod House was a lovely home, and had great staff, but it was not suited to his needs. Dad has always been scared of going into a home and moving into Hafod put him in a distressed emotional state. This state never left him through his time at Hafod, so he started to get aggressive; we visited every day, but dad wanted to come home. The home called an ambulance on July 19<sup>th</sup> to have him taken to hospital. Dad sat all day with his bags packed waiting for the ambulance but by 7pm the ambulance hadn't arrived, and dad eventually left the home at 5am.

"Dad was always moved in the middle of night; this has led to unease and aggression from dad. Following the ambulance call, dad spent 24 hours in A&E again, which is not the correct place for him, due to the high risk of infection. Although dad is mentally calmer in a hospital and he recognizes the environment, his thought process is that this is temporary, and he will head back to his own home. The hospital wants to remove him to a care home and have previously threatened to do it without consent. As a family, we understand why the hospital want him removed but this will cause serious harm to my father's physical and mental health.

"My father has always been a quiet, non-confrontational person. But we firmly believe that his dementia is negatively affecting him, and the current situation is making it worse. As of January 2021, my father is still in hospital."

As can be seen in the story above, even when discharge happens, it is not always done correctly, for the benefit of the person living with dementia, to enable their care to carry on seamlessly from hospital to residential setting. This places incredible pressure on family members delivering unpaid

care to 'fill in the gaps,' often at the expense of their mental, and sometimes physical health. This situation cannot be allowed to continue.

Alzheimer's Society Cymru firmly believes that fixing the social care crisis will go a long way towards fixing the discharge crisis in Wales.

In the Cross-Party Group on Dementia report into hospital care, three solutions were proposed to be trialled and implemented across all wards and hospital care settings throughout Wales:

- Hospitals to trial set discharge slots for people living with dementia to enable the availability of care homes, carers, and family members to be fully involved in the discharge process. The Cross-Party Group believes that these slots should be between 9am and 11am and 4pm and 6pm.
- Ward staff to ensure that a multi-disciplinary team approach is taken to discharge planning, including working with social services, pharmacy, third sector organisations and transport services where appropriate.
- Discharge teams to ensure that care plans, medicines and transport are in place prior to discharge and that any documents are included in a 'discharge folder' to travel with the patient and shared with family, companion, carers, care homes, or community services.

As a result of the pandemic, and the ongoing issues being experienced by health boards, Alzheimer's Society Cymru would like to add the following solutions to the three listed above:

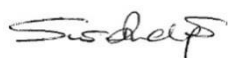
- The Welsh Government to immediately provide ring fenced funding to ensure that recruitment gaps in social care are fulfilled. Without adequate provision for people leaving hospital, unbearable pressure will continue to build on unpaid carers, a group of people who have already been stretched to their limits across the pandemic.
- Prioritise those living with dementia in discharge planning and process in order to ensure that those who are most vulnerable in our society are supported to leave hospital and resume their lives.
- Ensure that paid care staff are paid a fair wage for their work, bringing pay scales in line with the NHS in order to ensure the recruitment gaps in social care are filled to enable better discharge planning and processes from hospitals to residential settings.

Alzheimer's Society Cymru firmly believes that these six solutions will enable a smoother and more appropriate discharge to the setting most appropriate to meet the needs and wishes of the person living with dementia. We would encourage ward staff to begin discharge planning immediately on admittance of a person living with dementia to their ward. For example, should a patient with dementia be admitted for a hip replacement as a result of a fall, Alzheimer's Society Cymru would like to see a discharge team put together during admittance.

This team would work on all aspects of a discharge, including medicines and physiotherapy, with a coordinator to ensure that all medication and support plans are collated to one place and shared with the patient and carers when a discharge is agreed, and that a discharge is made to the correct setting in timely fashion.

Alzheimer's Society Cymru also believes that set discharge slots would make discharge process smoother and more efficient for both the person living with dementia and the carer or care home they are being discharged to. Dedicated discharge slots would enable improved planning and management for all those involved in the discharge process – for example care homes could provide staff to manage and accompany discharge, carers could plan to take time off work to collect and resettle relatives. All of this we believe would significantly improve the overall outcomes for people living with dementia in relation to their hospital experience.

Kind regards,

A handwritten signature in black ink, appearing to read 'Sue Phelps', with a stylized, cursive script.

**Sue Phelps**

Country Director, Alzheimer's Society Cymru