



What is this about?

Sometimes older patients need to be admitted to hospital for treatment or assessment. It is important for their welfare that this time in hospital is as short as possible.

Ideally they should go home within 24 hours of being assessed as no longer needing hospital care. It is now recognised that staying in hospital for any longer than necessary has a negative impact that is both physical and psychological.

A frail elderly patient in hospital will usually:

- Lose muscle strength rapidly - 10 days in hospital (acute or community) leads to the equivalent of 10 years ageing in the muscles of people aged 80+
- Lose the confidence to perform simple tasks they used to do with ease, possibly resulting in the need to enter permanent residential care

D2A is designed to minimise the potential harm from staying too long in a hospital – whether an acute or community hospital.

D2A is being rolled out nationally. It has been operating in some areas for a number of years. In Medway Delayed Transfer of Care rates (bed blocking) was cut by 25% in three months.

Phased implementation in North Staffordshire and Stoke-on-Trent began in April 2017.

Why are we doing this?

Many older patients are medically fit to leave hospital but may not be able to look after themselves in the way they did before. It used to be that an assessment for longer term need was carried out in hospital and a support package was arranged to help them once they got home.

Assessing and arranging this support often takes too long. And hospital is not a good environment to assess the patient as it doesn't adequately represent their home.

An integrated team across the local NHS has been set up to ensure people have the immediate support they need to return home wherever possible with 24 hours. Patients are never discharged before they are clinically ready to leave hospital.

This team will track their progress after discharge until their longer term needs have been assessed and in place.

Once a person has returned home, they will be supported with services to help them regain/retain as much independence as possible. This may be up to 6 weeks, with health and social care professionals who will work together to ensure their individual needs are reviewed and met.

Assessment for longer-term care and support is undertaken in the most appropriate place and the right time for the patient.

Assessing people once they have returned to their home provides a much more accurate assessment of the patient's needs and care they will require

To make this happen, the CCG has made significant investment to expand home based reablement care provision.

Some facts and figures

An average of 212 patients per week at Royal Stoke University Hospital are now benefitting from D2A

This is 71% of the patients eligible to be allowed to go home with D2A support

The average time a patient who is fit to leave hospital now waits before going home has been reduced from 2.8 to 1.2 days

This is freeing up 2,100 bed days per year for other patients

The number of patients in beds who are fit to go home but still waiting to be assessed was reduced by 52% during a trial between November 2016 and March 2017

£18 million has been invested in additional home based care

What will this achieve?

There are clear benefits for patients. They include:

- **Minimising the harm from unnecessary time in hospital**
- **Decrease chances of needing to go permanently into care**
- **Increasing chances of regaining independence and being able to live at home again**