The Public Services Programme
Quality, Performance & Delivery

Unblocking 'Bed Blocking'
the Effect of Financial Incentives

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Background

The shortage of UK hospital beds is well documented. Part of the problem is that some beds are 'blocked' by delayed discharge; in 2003, 4% of acute hospital beds were said to be occupied by patients deemed fit for discharge. Some of these were the result of Social Service Departments (SSDs) failing to arrange residential care or nursing home placements in time. To reduce blocked beds, the Community Care Act of 2003 gave hospitals in England and Wales the power to fine SSDs a daily tariff for delays in discharge caused by SSD failures, or to work collaboratively through special grants. The Act was followed by a decrease in delayed discharges, but we do not know how this was achieved. Did the hospitals adopt the carrot or the stick approach and did the focus on discharge compromise the overall quality of care?

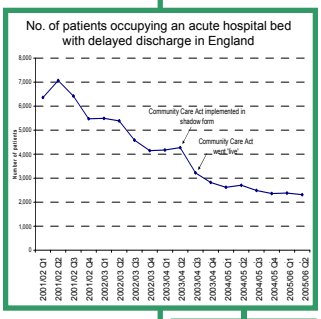

Figure 1

Aims

We aimed:

- To describe the implementation of the Act across the NHS and SSDs by analysing data on reimbursement and delays in discharge in England.
- To investigate the effect of the Act on overall care by comparing trends in admissions, readmissions and average length of stay in hospital over time, before and after the introduction of the policy.
- To explore the organisational and policy implications of the Act and the financial incentives for the NHS and local authorities.

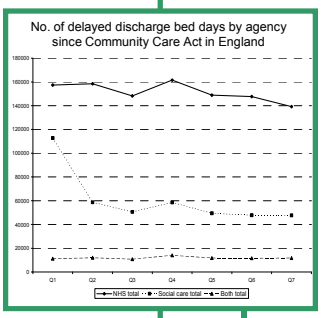

Figure 2

What We Did

We used a 'mixed-methods' approach involving: a structured survey of all SSDs in England to determine levels of reimbursement and working relationships with hospitals; analysis of 'Sitreps' data to look at recorded delays in discharge and their causes; analysis of Hospital Episode Statistics data to look at trends in admissions, readmissions and average lengths of stay before and after the Act and a qualitative case study of the London Boroughs of Camden and Islington, comprised primarily of key informant interviews.

Findings

- Two thirds of hospitals chose the carrot rather than the stick approach, avoiding charges on SSDs and preferring to collaborate (using the delayed discharge grant to invest in community services).
- Reduction in delays in discharge may have been accompanied by negative impacts on SSDs, PCTs and patients in terms of cost and the quality of care
- Rising readmission rates in England (Figure 3) were likely to have been caused in part by premature discharges.
- The decline in delayed discharge bed days was mainly due to reductions in delays attributed to SSDs (Figure 2), but was part of a longer trend (Figure 1), making the impact of the 2003 Act hard to assess.
- Gaps in the available data (caused by fragmenting care systems and the redrawing of definitions of what constitutes care) made it impossible to assess the impact of the Act on quality of care, and better data systems are needed to monitor the impact of policy changes on care quality.

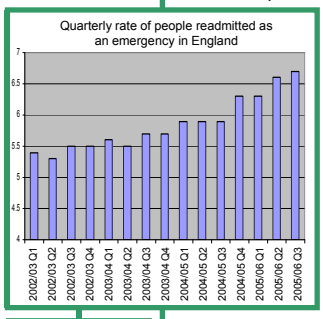

Figure 3

Find out more...

The Centre for International Public Health Policy

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