Position Statement

Royal College of Surgeons
ADVANCING SURGICAL CARE

Social care pressures and surgery

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Introduction

With the UK population expected to age markedly over the coming years, the provision of appropriate social care will become increasingly vital to supporting the needs of older people and the delivery of wider health services. Underfunded social care has a direct impact on surgical patients, therefore reducing bed availability in hospital and access to out-of-hospital pre- and post-operative care.

This position statement sets out the impact of social care pressures on patients and the delivery of elective surgical care, and sets out a number of recommendations for the Government to consider going forward.

Current social care funding

Despite the growing importance of social care services to the UK's ageing population, pressure on public finances has stymied growth in funding for nearly a decade. Social care in England saw a real-terms budget cut of around 8% between 2009/10 and 2016/17, with the total sum spent on services falling from £18.4 billion to just under £17 billion.[1]

Recently, the Government has taken important steps to address this funding challenge, introducing the Better Care Fund and committing an extra £2 billion to social care services from 2017/18 to 2020/21. However, despite this, there is expected to be an overall social care funding gap of around £2 billion by the end of the decade.[2]

It is therefore unsurprising that social care providers have come under significant strain during this period. Owing to pressures on local authority spending, the King's Fund has found that social care

[1] NHS Digital, *Personal social services expenditure and unit costs (England), 2016*

[2] Institute for Fiscal Studies, *Public spending on adult social care in England*: *May 2017.*

providers are increasingly leaving the market, contributing to a slight fall in the overall number of residential and nursing beds available in England.[3] A recent survey of local authorities taken over a 6-month reference period found that:

- 69% were affected by the failure of a social care provider.
- 44% had seen residential or nursing care providers close.
- 39% had seen home care providers close.[4]

Inappropriate admissions and delayed discharges

With demand for social care services outpacing supply, patients have increasingly experienced inappropriate and unnecessary admissions to hospital, along with delayed discharges once their episode of care has been completed.

Unnecessary admissions frequently arise when patients are admitted to hospital in the absence of services more suited to their condition or circumstance. The individual causes of these admissions can be complex, but they frequently arise from a lack of social and community care support outside of hospital settings.

A recent study by the University of Birmingham found that inappropriate and unnecessary admissions can also be caused by:

- Older patients seeing themselves as a 'burden' on scarce health resources, potentially leading to a deterioration in their condition and increasing the risk of an emergency admission.
- Limited engagement between hospitals and social care providers, with hospitals not appropriately amending practices to assist social care partners.
- Poor signposting to more appropriate local services. [5]

Delayed Transfers of Care (DToCs) occur when patients are unable to be discharged for non-clinical reasons. These can include lack of availability of further non-acute NHS

[3] The King's Fund, *Social Care for Older People,* 2016.
[4] Association of Directors of Adult Social Services, *Budget Survey 2017*.
[5] Glasby et al., *Who knows best? Older people's contribution to understanding and preventing avoidable hospital admissions*, 2017.

care or appropriate community support to help manage their condition. A recent study into the issue of DToCs found that around 85% of delayed discharges affected those aged 65 or older, thereby highlighting the close link between social and community care provision and bed capacity pressure.[6]

DToC rates, which measure the total delayed days against the total occupied bed days, have seen a notable increase over the latter part of this decade. In 2014/15, the rate stood at approximately 3.5%, but as of the final quarter of 2017/18 had reached 5%, peaking at around 5.6% in late 2016/17.[7]

The majority of DToCs (approximately 60%) are attributable to issues in the NHS, including patients not receiving timely assessments from multidisciplinary teams in a hospital setting.[8] Nevertheless, around a third are attributable to issues within the social care system, frequently caused by patients not being assigned a home care package, along with a lack of capacity in local residential or nursing homes.[9]

The Government has committed to tackling DToCs at both an NHS and social care level - including through targets set out in the 2017 and 2018 mandates to NHS England - and it would appear that some of these measures have started to bear fruit. NHS England data published in February 2018 has shown that:

- There were 139,900 total delayed days in February 2018 (of which 92,100 were in acute care), an overall decrease from February 2017, where there were 186,500 total delayed days (of which 124,600 were in acute care).
- There were 4,996 beds affected daily by delayed transfers of care in February 2018 (the majority of these in hospitals), compared to 6,660 in February 2017.[10]

The impact on patients

Delayed discharges and inappropriate admissions can be a distressing experience for a patient, affecting their

[6] Fernandez et al., *Hospital Coordination and Integration with Social Care in England: The Effect on Post-Operative Length of Stay*, 2018.
[7] NHS England bed availability and occupancy data, 2017/18.
[8] The Kings Fund, *Guide to Delayed Transfers of Care,* 2018.
[9] *Ibid.*
[10] NHS England, *Monthly Delayed Transfers of Care Data,* February 2018.

overall recovery speed and generating further health complications. Studies have shown that delayed discharges in particular can cause the following:

- Anxiety and a loss of independence
- Patients feeling 'dehumanised' by discharge planning
- Increased risk of acquiring infections and bed sores
- Deterioration in overall mobility
- Increased risk of patient mortality.[11]

In addition, both delayed discharges and inappropriate admissions can increase the likelihood that another patient will be unable to access timely care due to pressure on bed capacity.

The impact on elective surgery

The increased prevalence of DToCs and inappropriate admissions has contributed to pressures on the provision of elective surgical care.

A 2014 study into delayed discharges from a specialist vascular surgery ward highlighted the significant impact DToCs in particular can have on bed availability, primarily due to the patient demographic treated and the complexity of vascular surgery care.[12] Over the 4-month period, the study found that:

- Delayed discharges pose a "significant imposition on the delivery of effective vascular inpatient services", with a resulting impact on provider finances.
- Delays due to the provision of social services contributed most to overall delays.
- Seventeen inpatients were delayed a total of 294 excess bed days awaiting the provision of social care services.
- Patients experiencing a delayed discharge occupied a total of 535 excess bed days once declared medically fit for discharge.[13]

The impact of bed occupancy on the effective delivery of elective procedures was also highlighted by the National Audit Office (NAO) in its 2016 review *Discharging Older Patients from Hospital.* The NAO

[11] A. Rojas-Garcia et al., *Impact and experiences of delayed discharge: A mixed-studies systematic review,* 2018.

[12] J. Houghton et al., *Delayed discharges at a major arterial centre,* 2014.
[13] *Ibid.*

stated that "high occupancy levels made it more difficult to place new patients on the most appropriate ward to start with or admit patients for elective medical procedures".[14]

What can be done to address these issues?

In light of the above pressures, it is abundantly clear that the 'do nothing' option is simply not viable, and that the current system is failing patients and reducing access to elective surgery.

With this in mind, the RCS recommends that a number of steps be considered by the Government. These primarily include increasing community and hospital care capacity and supporting the social care workforce, but also include increasing the rollout of integrated care teams and initiating an ambitious programme of social care prevention strategies.

System funding and capacity

The RCS has welcomed the recent funding announcements for the NHS, along with the development of a 10-year plan to inform investment in services. However, as this funding will primarily be used to increase NHS England's funding levels, it is vital that a complementary funding settlement for social care is set out. In particular, any funding settlement must provide new money for social care and not simply take money away from the NHS.

A recent report from the Centre for Health Economics found that a 10% increase in care home beds can lead to a 4-7% reduction in overall delayed discharges, thereby demonstrating the importance of improving community provision with a view to reducing pressure on elective surgery.[15]

Nevertheless, increases in capacity in community settings should not be made without maintaining or, preferably, increasing hospital bed capacity. This will help ensure improvements to overall patient flow in acute settings, thereby reducing pressure on elective surgical waiting lists and, in turn, delivering timely and effective care to patients.

[14] National Audit Office, *Discharging Older Patients from Hospital*, 2016.

[15] Centre for Health Economics, *Testing the Bed-Blocking Hypothesis*, 2014.

In particular, improving the availability of beds for elective surgery requires action to be taken on DToCs. Work must therefore continue to improve discharge along with engagement between trusts, commissioners, community providers and local authorities.

Social care workforce

It is also important to consider the fact that increases in capacity within the social care sector will require significant improvements in the recruitment and retention of staff.

The NAO has estimated that there is currently a 6.6% vacancy rate for care sector jobs, and an 11.3% vacancy among managers.[16] With this in mind, it is important to note that a social care workforce strategy has not been published since 2009.

Going forward, the Government must deliver a step-change in social care recruitment and retention in order to address current vacancy rates and improve system capacity.

In driving improvements in the social care workforce, the Government should take particular heed of potentially tightened migration rules post Brexit. At present, around 7% of the social care workforce comes from EEA countries – it is therefore crucial that the post Brexit migration system ensures the vital contribution of EEA nationals to the social care system is appropriately safeguarded.[17]

Social care-focussed prevention

Alongside improvements in community and hospital care, the Government must also consider taking steps to support social care-focussed prevention.

As highlighted in a recent study led by Mrs Scarlett McNally, consultant orthopaedic surgeon and member of the RCS Council, improvements in physical, mental and social activity can help improve health and

[16] National Audit Office, *Adult Social Care Workforce,* 2018.

[17] National Audit Office, *Adult Social Care Workforce,* 2018.

wellbeing, thereby reducing people's risk of requiring social care services.[18]

The study recommends the following to maintain and improve activity among older people:

- Encouraging patients to stay active before, during and after a hospital admission. This includes ensuring healthcare professionals "advise all patients, including those with long term conditions, to start an activity and build up frequency, intensity, or time"[19]

- Structural changes to the built environment, including creating 'walkable' spaces. This includes improving the provision of even pavements, open spaces, and tables and seating in public places.

- Encouraging the use of 'social prescribing' through gyms, walking groups, gardening, cooking clubs, and volunteering.

Supporting transformation and integration

The Government should also ensure that local health and social care transformation efforts are given sufficient financial and operational support.

In particular, the RCS supports efforts to develop multidisciplinary integrated care teams. Bringing together GPs, nurses and social care workers, these teams identify patients in particular need of support, providing both short-term crisis support and ongoing care. Such teams can play a vital role in easing pressure on hospital capacity by reducing instances of inappropriate admissions - the Government should therefore seek to incentivise the rollout of these teams nationally.

Looking ahead

The Queen's Speech that followed the 2017 General Election made a commitment "work to improve social care" and to "bring forward proposals for consultation".[20] To

[18] McNally, S. et al., Focus on physical activity can help avoid unnecessary social care, *British Medical Journal,* 2017.

[19] McNally, S. et al., Focus on physical activity can help avoid unnecessary social care, *British Medical Journal,* 2017.

[20] HM Government, *Queen's Speech 2017.*

this end, the Cabinet Office confirmed in November 2017 that the Government will be publishing a green paper on "care and support for older people" by summer 2018.

Since this announcement, the Government unveiled a multi-year NHS funding settlement, with work currently underway to develop a 10-year plan to coincide with this. Although the funding settlement will primarily lead to an increase in NHS England's budget, the RCS believes the Government must consider the current financial picture for social care and take necessary steps to address this as part of the 10-year plan.

On the basis of the seven key principles set out by former Secretary of State for Health and Social Care, Jeremy Hunt, the Government's green paper has the potential to deliver significant changes to the social care landscape in England.[21] The RCS believes a key test of the green paper should be whether its proposals will benefit patients needing medical and surgical treatment, particularly in terms of improving DToC rates and addressing inappropriate admissions.

We look forward to working with the Government and other relevant organisations on the 10-year plan and the social care green paper.

[21] Department of Health and Social Care, *Jeremy Hunt speech: We need to do better on social care,* March 2018.