

From: Greg Clark, M.P.



HOUSE OF COMMONS

LONDON SW1A 0AA

10 October 2008

Mr Bryan Cope
Chairman - Health Overview & Scrutiny
Kent County Council
County Hall
Maidstone
Kent ME14 1XX

Dear Bryan

Thank you very much indeed for inviting me to give evidence to the Health Overview & Scrutiny Committee concerning Delayed Discharges from Acute Hospitals across Kent.

The latest figures (attached) indicating that 6,467 bed days were lost at Maidstone & Tunbridge Wells NHS Trust due to delayed discharges from 15 October 2007 to 6 July 2008 are unacceptable both in terms of the financial cost and the threat to life.

As you know, this has been an issue of considerable concern to me for some time and I am grateful for the Committee's investigation. I believe you now have an opportunity to recommend far-reaching changes which could significantly improve healthcare in the county.

Following the Healthcare Commission's c. Difficile, I undertook a series of meetings across the healthcare sector with my colleague Sir John Stanley MP. These meetings included discussions with the Chairman and Chief Executive of Maidstone & Tunbridge Wells NHS Trust, consultant, nursing and administrative staff at both Maidstone and Kent & Sussex Hospitals (including Accident & Emergency), the Chief Executive of NHS West Kent (PCT) and the Cabinet Member and Director of KCC Social Services.



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I believe the issue of infection control, waiting times for emergency admissions and delayed discharges are inextricably linked. If patients are unable to pass through the hospital system smoothly, the threat of infection grows. If beds are unavailable on hospital wards, the numbers being held in Accident & Emergency increases, including patients with suspected infections, who must be held in isolation. This leads to unacceptable overcrowding and waiting times.

On my visits, it was clear to me that, at times, A&E services had been close to breaking point with ambulances being made to wait outside the A&E Department at both the Kent & Sussex and Maidstone Hospitals because there have not been enough beds to admit patients.

A&E consultants are clear: the previous management closed too many beds, and now there are simply not enough to cope with the number of people needing them.

As well as overcrowding and delay for emergency patients, this situation is a nightmare for A&E staff as they struggle to find a bed or sometimes even a trolley for newly admitted patients.

In terms of solutions, I urge the Committee to pursue several lines of inquiry:

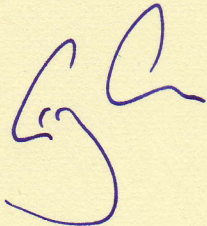
1. Seek absolute clarity on the latest delayed discharge figures with the early publication of information relating to delayed discharges from the Commission for Social Care Inspection's annual assessment of Kent Adult Social Services. This report is not currently due to be published until November.
2. Request a full report drawing together the actions now being taken by all agencies to address the problem. In particular, the Committee should look at the effectiveness of multi-agency working and the interfaces between each health service within the system.



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3. Address the bureaucratic burden of form filling, etc and how a simpler process could speed hospital discharges.
4. Consider all possible options for re-opening hospital beds without delay. For example – re-opening the closed beds at the community hospitals in West Kent would free beds at the Kent & Sussex Hospital.
5. Consider what further measures could be introduced to care for patients to ensure that they are cared for more appropriately without reaching Accident & Emergency.
6. Assess what further reasonable steps can be taken to ensure that patients or their relatives, in exercising their choice for ongoing care, do not remain in acute beds while awaiting discharge.
7. Call for further clarity regarding and the funding of residential/nursing beds by Health or Social Care eg the issue of “Continuing Care”.
8. Investigate the potential for Maidstone & Tunbridge Wells NHS Trust to take over the management the Community and Cottage Hospital beds as part of a “whole system” approach to move patients out of acute beds.

I hope this letter provides a useful outline to the Committee of my areas of concern and look forward to giving evidence to you at 11.00pm on Friday.

Yours sincerely,


Greg Clark MP