OLD GREY MATTER ARTICLE
Submitted to the EADT for publishing March 7th 2015

Bed blocking – don't blame the patient.

Bed blocking is in the news again, especially due to the high 'spike' of winter demand for patients being admitted from A&E via the EADU departments. James Paget University Hospital at Gorleston, serving the Borough of Gt Yarmouth and Waveney District Council area of Suffolk, has coped quite well with demand but continued extra emergency admissions are causing interruptions to the planned timetable of scheduled surgery for patients previously booked to come in. It is no joke if you are awaiting an operation that will hopefully make a difference to your health and life, to be told it is cancelled, or even worse, cancelled again because someone who should have been returned to their domicile has not been discharged, albeit for legitimate health and safety reasons.
At the public open board of governors meeting last week it was reported that last month 518 people did not undergo planned surgical procedures at the James Paget University Hospital within the target of 18 weeks. JPH bosses already admitted that mounting emergency pressures were partly responsible - there were 20 more patients than expected arriving at hospital by ambulance every week in January, on top of a 9.12pc increase in demand for A&E care. A similar story can be found at some other hospitals in the region. JPH trustees heard how bed blocking also impacted on patients due to have routine procedures. In his report to the board, interim director of operations Mark Henry said they "needed to re-examine internal ways of working so we can demonstrate that we are doing all in our power to address the issues relating to admissions and discharges". There were 40 patients this week alone who had been assessed ahead for discharge but with "no clear indication" of where they were going – clearly, I suggest, this has to improve.
It was reported one trustee suggested frontline staff took a firmer approach to bed blocking patients, making it clear that staying at hospital unnecessarily often meant another patient would have a procedure cancelled and often at the last minute. Let's be fair, however, it is not usually the fault of the patient! Most patients are only too glad to get back home if it were safe to do so but the arrangements, especially for a frail elderly person, have to be well organised by the appropriate staff who are already hard-pressed, which takes time. Doctors, nurses, pharmacists and administrators just need to have better coordinated patient action plans to get beds vacated.
When I attend these board meetings on behalf of Suffolk Pensioners I usually ask about what impact the closure of Lowestoft Hospital has had as some patients used to go there for convalescence. During the summer and autumn months the hospital and local Clinical Commissioning Group (CCG) assured me the new arrangements for discharge and visit nursing team at home or residential care home was working well. I'm not so sure at the present time. Common sense still tells me that a fully functioning Lowestoft Hospital with adequate beds and the all important nursing staff would be ideal for the 'spikey' situation that we are at present experiencing so as to allow routine surgery to proceed unhindered. New ways of integrating health services at home meant closure of this former safety net in just such circumstances, against most people's wishes as Lowestoft Coalition Against the Cuts (LCAC) found when conducting a street poll on the subject. The survey result was presented to the relevant authorities as evidence of an official complaint LCAC had concerning the bias of the CCG consultation but it was not upheld. Government tells us that 'efficiency savings' are still needed in the NHS. Surely cuts, especially of nurses, can't continue without seriously risking the population's health by robbing Peter to pay Paul like this!

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