

Are hospitals giving LAs enough notice of the need for social care for patients?

13,000 NHS beds are occupied by people waiting for discharge, each costing over £500 per day

Background:

- The new Client Level Data collection records when a request for social care is made
- We can match this data to hospital records in Hospital Episode Statistics to see where a patient had a request for care made during their hospital stay
- We can then compare the request date with the Discharge Ready Date to see how far in advance of the DRD that the request was made
- For this work, we used only requests made via the hospital (rather than from the community)
- Of all bed days lost to delayed discharge, 36% were to patients with a linked social care request

Client Level Data

- CLD shows all social care which is commissioned by Local Authorities.
- It is a new collection and there are still data quality issues, but quality is improving overall

Ideal patient journey

Patient admitted

Social care need identified

Request sent to LA

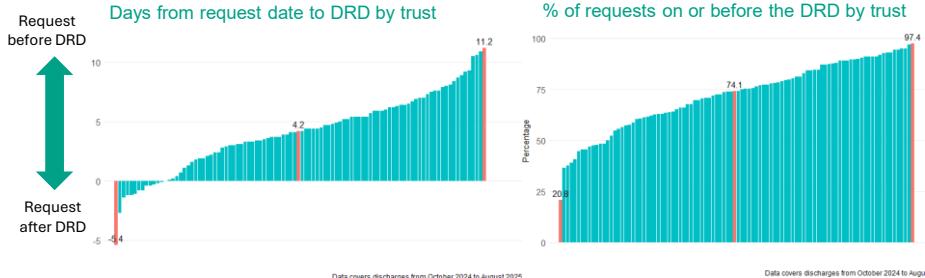
LA has plenty of time to arrange care

Patient medically fit to leave (discharge ready)

Patient discharged into social care

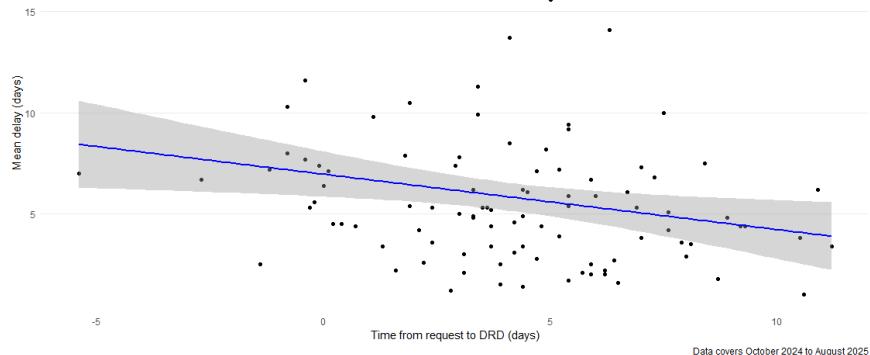
Is this what happens in practice?

There was significant variation in the timing of the request relative to the discharge ready date across different trusts.



How does this affect discharge delays?

Time from request to DRD vs mean delay (for patients with a CLD request) by trust



This plot shows the mean delay of patients with a CLD request at a given trust compared to the time from the request to the Discharge Ready Date, where a negative number indicates the request is recorded as being after the DRD.

At a trust level, each extra day the request is made before the DRD is associated with around 0.3 fewer days of delay (0.1-0.5 at 95% confidence intervals). The grey region represents the confidence interval of the trendline.

This trend may be affected by data quality issues across CLD and DRD data.

Trust engagement

DHSC has started engaging with specific trusts on this issue and are already using this analysis to support hospitals and LAs to improve their processes.



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