BACKGROUND
Efficient use of hospital beds requires that those who no longer need hospital care are discharged promptly with adequate support that keeps re-admission to a minimum. Improved assessment, discharge planning and continuity between hospital and community care featured prominently in the government’s response to the Health Committee in 1999 (Cm 4320).

That report also identified the problems of realising the cost-savings from effective joint working in areas where collaboration between health and social services was good. More recently the Health Select Committee (HC 617-I, 2002) reported that 6% of all acute NHS beds remain occupied by patients who are ready to leave but are not being discharged, and called again for greater integration of health and social care provision. The committee was concerned about the very wide regional and local variations and the extent of the differences in performance.

To date research relating to discharge from hospital has focused on the problems rather than identifying good practice. It is clear from reviews that delayed discharge is associated with a lack of care home places, a lack of appropriate community services, and an absence of targeted discharge planning services and that, for some, poor quality practice is an issue. It is not necessarily the case that appropriate and timely discharge is simply a consequence of the obverse of these circumstances. Nor is it clear what configuration of arrangements leads to better outcomes.

THE STUDY MODEL
The key existing work draws on UK national databases and has explored in a statistical model (Fernández and Forder, 2002) the relationship between area characteristics, social and health care prices, levels of service provision and delayed discharge of older patients.

The model predicted that increased spending on home care services and supply of care home places was associated with lower levels of delayed discharge. There is an urgent need to understand whether and how these and other unmeasured factors explain why some areas are more successful than others in preventing or reducing delayed discharge. The findings from the project will provide invaluable evidence for an important aspect of the current policy debate, contributing to the evidence base for the work of the Change Agent Team and, at local level, entering the considerations of service arrangements in health and social care.

AIMS AND OBJECTIVES
The project aims to identify:
- The forms of discharge planning that are being used in those areas with demonstrably better outcomes in terms of length of stay, prompt discharge and low re-admission rates than would have been expected on the basis of area characteristics and general levels of service provision.
- Whether discharge planning appears more effective when conducted by individual specialist professionals (such as care managers) or teams, and whether these individuals or teams are better located in community or hospital settings.
- The levels of resources devoted to discharge planning in the successful areas.
- The characteristics of any particularly innovative or specialist types of discharge planning service provision in the successful areas.
- Whether good performance was associated with whole areas, or one or two hospitals or community teams within areas.

METHOD
Using the statistical model, the study will identify a number of geographical areas in which performance in terms of delayed discharge from hospital is clearly more successful than in other areas and to explore in detail the reasons why. Areas that out-perform statistical predictions will be the subject of more detailed in-depth case study. A major product of the
STAGES OF THE STUDY

Stage 1: Identifying successful areas

Six areas that out perform the model will be selected to reflect regional and urban rural differences. Other sources of data (such as HES) will be used to investigate whether the better than expected performance appears to be due to an overall area level effect or confined to one or two hospitals.

Stage 2: Update of literature review

A thorough literature search, including unpublished literature and user-generated literature will be undertaken to update the reviews conducted to date. The review will include the multiple perspectives of professional staff and others, and the interface issues with other agencies and services. This review will be used to generate any additional hypotheses about factors that would be expected to affect discharge rates.

Stage 3: Study of over-performing sites

A period of engagement with sites will follow the site identification process, in order to secure their participation in the study. Data will be collected using local policy documentation, followed by semi-structured interviews with key personnel and with service users and their carers by members of the research team.

The relationship between the discharge planning methods, the service characteristics and the quality of services (from the multiple stakeholders) will be examined in detail, taking into account the composition of teams and the contexts in which they operate. Innovative or key services identified as associated with effective discharge by respondents will be investigated and described in some detail and costed.

Stage 4: Development of a draft protocol

The writing up stage will produce draft practice protocol about those factors, or combinations of factors, identified as having a relationship to better outcomes.

Stage 5: Testing of the protocol in two further locations

Because local service variation will be a significant and important factor, this draft will be taken to two further services in order to assess the practicalities involved and potential resource and non-resource factors that would constitute obstacles to the implementation locally of the factors associated with better outcomes. This will include a consideration of resources currently devoted to discharge planning and the resource implications of introducing elements into local services that would improve outcomes. Refinement of the protocol will take place, taking into account the range of possible local determinants. The results will be presented to a special seminar for those services that have participated, and further revision of the protocol will take place after this meeting. If the results warrant it, wider distribution and consultation on the protocol will follow, along with further dissemination of the results of the project.

REFERENCES
