

EXPLAINER: Why ambulances are queueing outside Treliske

Dr Peter Levin

Recently ambulances have again been spending time waiting to unload patients outside Treliske's Emergency Department when they and their crews should have been on the road responding to 999 calls. Why is this happening? It is because the 'dispersal model' that the NHS in Cornwall unthinkingly relies on for moving patients out of the acute hospital after treatment has failed. Some joined-up thinking is called for.

While those ambulances have been queueing up outside Treliske, the Royal Cornwall Hospitals Trust has been reporting that they had more than 100 patients who after treatment were well enough to leave but were held up waiting for a place in a community hospital or care home, or for their family to collect them or a carer to see them back home.

The lesson the Trust draws is that more effective ways of getting those patients out, of 'dispersing' them, need to be found. Other than making payments to families to retrieve their relatives, or renting rooms in hotels, these ways are for other bodies to find.

As hospital clinicians (surgeons and doctors) themselves admit, a ward in an acute hospital is not a calm, safe place for patients to recover after treatment. Even during treatment for the condition that brought them in, through being confined in a hospital bed they suffer 'deconditioning', a loss of physical and emotional strength and morale. It is not surprising that families are often shocked by the state they find their relative in and are reluctant to fetch them home.

But unfortunately hospitals like Treliske don't regard it as their responsibility to do anything about this process. Clinicians are given the message that they should simply ask themselves: 'Can I do anything more to treat this patient?' If the answer is 'No' they are to schedule the patient for immediate removal. Their treatment episode is now finished: they are just another person to be dispersed somewhere.

Patients need to be provided with an intermediate stage of recovery and rehabilitation between treatment and discharge. They need active support from physiotherapists, occupational therapists and mental health specialists in a purpose-designed environment. (And they need to be cared for rather than nursed, nursing having become a very specialized profession in recent years.)

Community hospitals are the obvious places to provide this. Unfortunately NHS Kernow (Cornwall's clinical commissioning group) has completely failed to appreciate that. Instead it has pursued a policy of closing community hospitals, with 40 beds already lost and some Penwith residents being discharged from Treliske to care homes and community hospitals at the other end of the county, up to 70 miles from home. Meanwhile NHS Kernow claims, with no evidence, that in Cornwall there is an 'over reliance on hospital beds'.

What is needed is 'joined-up thinking' that covers a patient's entire 'pathway' from admission to hospital through diagnosis and treatment, then through recovery and rehabilitation, and finally on to a place of safety and security, preferably their own home. If community hospitals, instead of being closed, were dedicated to providing that middle recovery and rehabilitation stage, there would be somewhere for 'bed-blocking' patients in Treliske to move on to, and a major cause of ambulance queues would disappear.

Unfortunately such joined-up thinking is sadly lacking at present.

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For more information on this subject, with sources, visit
<https://spr4cornwall.net/do-we-really-have-enough-hospital-beds-in-cornwall/>