

Royal College of General Practitioners and Warwick Medical School
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Abstract Submission Form

PRESENTER'S DETAILS	
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Department or organisation Sandwell and West Birmingham Hospitals NHS Trust	
Category Innovation Project	
PRESENTATION DETAILS	
Authors Dr Irene Hernandez Sanchez With the support of: Dr Kanwaljit Singh, Dr Golam Yahia, Dr Heather Lodge	Title of Study GP lead wards: simply another home
What's the problem you are tackling? Patients in acute geriatric wards medically fit to be discharged to the community but having ongoing social needs or physiotherapy/occupational therapy needs are being discharged to GP lead wards. Concerns from GPs have been highlighted that they are receiving patients too soon from acute wards and very often are sent them back to A&E. Particularly worrying examples are patients discharged only 48 hours out of ITU or less than 24 hours on antibiotics for hospital acquired pneumonia. As far as I can see in the ward, this problem is probably related with pressure from bed managers for early discharges to improve the flow of patients in hospital, which sometimes can lead to rush decisions to discharge patients.	
How did/will you do it? I thought a good way to improve this issue would consist on a safety checklist that junior doctors/nursing staff should complete before sending patients to the GP lead wards, to minimise the number of re-admissions.	
What did you find? I cannot comment on this as still ongoing implementation. Results will be found by the date of the presentation.	
Why does this matter? The rate of readmission to hospital and failed discharges is a measure that care provided in the hospital does not meet the patient's needs in the community. This can pose a challenge to GPs when patients are bouncing between the community and hospital repeatedly. Hospitals discharging patients to non-acute wards and pressure from bed managers may lead to an increased rate of failed discharges due to a false feeling that they are still being cared for in a hospital setting. In turn, this leads to increasing the workload of A&E department and readmissions, contributing to a poorer experience of hospital from patients.	