



## **The influence of social care on delayed transfers of care (DTOC) among older people**

A National Institute for Health Research School for Social Care Research-funded project

### **Background**

A 'delayed transfer of care' (DTOC) occurs when a patient has been delayed at least one day after they were medically fit to be transferred/discharged. The National Audit Office (2016) estimated that delayed transfers among older people cost the NHS up to £820 million every year, with many requiring social care support from their local authorities (LAs) following discharge. At a time of financial austerity, the health and social care sectors need to work together to reduce, or prevent, DTOC.

### **Aims**

Is there a relationship between the discharge approach employed by a particular site and their DTOC rates? The project aims to answer two questions: 1) why delays are happening; and 2) how they might be reduced or prevented. The project aims to establish:

1. The extent of any relationship between DTOC rates, home care expenditure by local authorities, and home care and residential care supply.
2. Current discharge arrangements (across LAs and the NHS) and the relationship between specific discharge approaches and local DTOC rates among older people. Which

approaches are effective in reducing or preventing DTOC?

3. The effect of local context (e.g. home care and residential care beds supply, need and demand characteristics) on the impact of different discharge arrangements for older people.

### **Methods**

The research has three main elements.

1. A statistical analysis of the monthly LA-level DTOC data submitted to NHS England. The data will be used to create a panel of LA-level DTOC rates from 2010-2016, with data on both total number of patients delayed and total days delayed. This data will be further refined by the organisation responsible for the delay (NHS, LA, or both), and the reason for the delay. The DTOC dataset will be populated with data on LA home care expenditure, residential care beds and home care availability.
2. Representatives from NHS Trusts, NHS Foundation Trusts, Social Enterprises and Local Authorities will be invited to complete an online survey to identify their local discharge arrangements.

3. Data from the online survey will be used to develop discharge models for the quantitative analysis. This typology will be informed, as far as possible, by the results of the case studies.
4. Six case studies detailing the local transfer arrangements will be developed. Up to eight organisational representatives within each case study will be invited to participate in a face-to-face or telephone in-depth interview. The interviews will be conducted at a time and location preferred by the participant and will last up to 60 minutes.

### Study participation

Participation in the project is voluntary, and individuals will not be linked with any quotations used as part of the results of the study.

The research team follows the regulations set out in the Data Protection Act, which means that the recordings and the written transcripts will be stored securely, and only people directly involved in this research project will have access to them.

The project has a planned study phase of 24 months commencing in April 2017.

We have obtained ethical approval from the SRC Ethics Panel of the School of Social Policy, Sociology and Social

Research at the University of Kent (SRCEA reference 188). We have also obtained HRA approval (IRAS project ID 243467).

If you would like to participate in the DTOC project or would like more information, please contact Dr Karen Jones: 01227 827953 or [K.C.Jones@kent.ac.uk](mailto:K.C.Jones@kent.ac.uk).

You can contact Ms Nicole Palmer should you have complaints about the research.

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### Outputs

We expect to report findings through journal articles, reports and at appropriate conferences. We also plan to report findings on our project website.

### Research team

The staff conducting the study are: Dr Karen Jones, Dr Stephen Allan, Ms Gintare Malisauskaite and Mr Daniel Roland at the Personal Social Services Research Unit, University of Kent; Professor Yvonne Birks and Ms Kate Gridley at the Social Policy Research Unit, University of York.

#### **About the National Institute for Health Research (NIHR) School for Social Care Research (SSCR)**

The NIHR School for Social Care Research (SSCR) is one of the leading funders of research into adult social care practice in England.

The aim is to develop the evidence base for adult social care by commissioning and conducting world-class research. It was established in 2009, and is based at the London School of Economics and Political Science.

#### **Disclaimer**

This is research commissioned and funded by the National Institute for Health Research (NIHR) School for Social Care Policy Research (SSCR). The views expressed are those of the author(s) and not necessarily of the NIHR, School for Social Care Research, Department of Health and Social Care or NHS.