Moving patients to care homes would save hospitals money

HOSPITALS IN England should use the money being spent on delayed discharges to look after patients in care homes, a report suggests.

Think tank ResPublica said the move would allow money to be reinvested in the care and nursing home sector.

The think tank’s review, which was funded by care home providers and the GMB union, predicts that the NHS will spend £3.3 billion on delayed discharges over the next five years.

Paying for these patients to be looked after in care or nursing homes until other arrangements are made would cost only £835 million, the report said. The remaining £2.4 billion could be used to invest in the care sector by improving facilities, providing more training and increasing nurse numbers.

ResPublica’s figures are based on two assumptions: that the number of patients concerned will continue to rise at the same rate, leading to a 24% increase in delays to an average of 5,300 a day by 2020-21; and that there will continue to be a three- to fourfold difference between the average price of beds in hospitals and that in care homes, as set out by the NHS Reference Costs database and Health and Social Care Information Centre.

Report co-author Emily Crawford said the move would be a ‘win, win’, adding: ‘It would free up hospital beds while bringing investment into the care sector, where homes are at risk of going under.’

The report says the Better Care Fund, the government’s policy to encourage sectors to collaborate, is too bureaucratic and has too little impact.

However, British Geriatrics Society nurses and allied health professionals group chair Jane Buswell said: ‘Moving money from one under-funded system to another won’t help. Shared budgets work only when there is enough money.’

Life gets better for people in their seventh decade

A STUDY of more than 3,000 people born in March 1946 has found an average rise in wellbeing throughout the seventh decade of life.

The Medical Research Council has published the latest findings from its National Survey for Health and Development, the cohort study that celebrated turning 70 in February with parties in London.

Using the Warwick-Edinburgh Mental Wellbeing Scale, participants aged between 60 and 64 were asked to rank a 14-item scale with five response categories.

The questions covered a range of aspects of mental wellbeing, including feeling cheerful, confident, optimistic, useful and relaxed. When the same individuals were asked the questions again at age 69, there was an overall improvement in all 14 items that make up the wellbeing scale, compared with the responses they made when in their early sixties.

Regulator seeks to dispel misconceptions about revalidation

THE NURSING and Midwifery Council (NMC) is striving to dispel misconceptions about the new revalidation model before the first cohort of nurses and midwives complete the process to re-register this month.

All 685,000 registrants are required to revalidate by April 2019 and this April, around 15,800 registrants are completing their applications.

One misconception is that revalidation, which requires registrants to log into NMC Online, is time consuming and complicated because it requires registrants to upload their evidence online. However, the NMC says: ‘You will need to show all your evidence to your confirmer, but you will not be required to upload the evidence to the system as part of your application.’

Another misconception is that registrants cannot revalidate if they work in non-clinical roles. But the NMC says the system enables all registrants to demonstrate that they draw on their nursing or midwifery skills, knowledge and experience in their roles, even if they are non-clinical.

See analysis, pages 8-9, and opinion, page 11

For further information on revalidation misconceptions, go to tinyurl.com/huavfx6