

Evaluating discharge to  
assess pathways across  
Kent, Surrey and Sussex





**The project evaluated the impacts, capacity, processes and barriers in Kent Surrey and Sussex’s discharge to assess pathway.**

The intention was that the work would expand on existing knowledge and ensure wide service improvements. We therefore looked at the experiences and outcomes of service users and informal carers, recommending outcome and process measures for use in ongoing monitoring and engagement, and developing a toolkit for service improvement.

**| Project summary**

We held discussions with executive directors from the three Integrated Care Systems (ICSSs) across Kent Surrey and Sussex (KSS) who identified discharge to assess as a key priority that contributes to system sustainability, improves flow and access, improves processes and outcomes for patients, and supports post-pandemic working. They were keen to ensure the pathway works at optimal efficiency and quality to support improvements in the recovery of patients post discharge, and reduce occupancy in acute settings.

Discharge to assess (D2A) pathways had been implemented in different ways across the ICSSs, and the strengths and weaknesses of these differences were not known. We identified three themes that support an optimal D2A pathway: commissioning, multi-disciplinary working and information flows.

## | Addressing health inequalities

We selected three case sites that were diverse. These were from a range of demographic data focusing on deprivation and ethnicity.

We chose three very different sites. East Sussex has the highest level of deprivation across KSS as well as significant inequality. It is a coastal community and therefore a place of focus for support. Dartford, Gravesham and Swanley have the highest proportion of people from ethnic backgrounds and is largely urban. Surrey Downs is affluent and suburban, with few of the challenges of the other sites and therefore provided a contrast.

Questions focused on interactions and understanding between the providers, building on co-design and previous NHS England work. We interviewed staff, conducted an evidence review using Healthwatch data, and worked with information teams to understand and map information flows. Our patient panel supported the development of questions and interpretation of the findings.



“Very useful and timely, as the findings and feedback will now be incorporated into a whole year’s work plan around discharge and development of a transfer of care hub.”

Ben Keeble, Senior Programme Manager Urgent Care, Dartford, Gravesham & Swanley Health & Care Partnership, NHS Kent and Medway

## | Outcomes

We identified three themes that support an optimal D2A pathway:

### 1. Commissioning

How the service is financed, the structure and culture of the service, and what outcomes are services working towards.

### 2. Multidisciplinary working:

How the services in the pathway connected, the skills and knowledge of the teams, how care is coordinated along the pathway.

### 3. Information and knowledge exchange

How service users and carers are assessed and communicated with, how the information is managed and flows between teams, how the path is overseen.



These themes are supported by 62 specific points that were felt to be either barriers or enablers to a strong pathway. We have presented these findings in the form of a service improvement toolkit for commissioners and managers to review their D2A services against.

## | Implications for service improvement

D2A is considered a vital pathway in the support of acute care. The themes and findings that we have highlighted have been put together into a toolkit for commissioners and service managers to review their own D2A services against. Pathways can benefit from this additional focus on areas that are key to delivery, improving the flow of service users and the quality of their care accordingly.

We recommend that these aspects are reviewed by ICBs using the toolkit developed from the study. We suggest that focus is given to embedding strategy and understanding, operational oversight, and developing outcome measures to drive quality improvements.

The top six recommendations were:

- Use of the D2A service improvement toolkit to help identify and resolve blocks in the pathway.
- A local operational policy for the pathway is made available to all D2A providers.
- Communication, in all senses, requires improvement.
- Carers are often forgotten; their needs must be considered.
- Develop service user flow oversight.
- Develop a patient-reported outcomes measure for people discharged from urgent care pathways to aid service development.

## I Next steps

We have shared the findings across KSS through a series of workshops and we have linked with the Emergency Care Intensive Support Team. We are working with places to encourage use of the toolkit and the outputs:

- D2A Service Improvement Tool outlining the key themes that emerged to support a successful D2A pathway and the barriers and enablers to achieving this.
- Project Reports: full report, HCP place-based reports, service user and carer perspective evidence review report, and process and outcome measures report
- Short-read project summary, with links to online resources
  - Short video
  - Podcast
  - Policy briefing
  - Website
  - Academic publications

We are in discussion with NHS England's intermediate care and discharge team to share our work nationally, that adds to their previous insights.

## Resources

All of the project outputs are available from the web page:

- [Evaluating Discharge to Assess – a toolkit for service improvement](#)
- [D2A Service Improvement Tool available on Prezi](#)

## Key partners

- Dartford, Gravesham and Swanley Health and Care Partnership (HCP)
- East Sussex HCP
- Surrey Downs HCP

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The views expressed in this report are those of the authors and not necessarily those of NHS England, the National Institute for Health and Care Research, or the Department of Health and Social Care.



## More information

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### Care settings

- ✓ STP/ICS
- ✓ Acute trusts – in-patients
- ✓ Social care
- ✓ Community
- ✓ Domiciliary care
- ✓ Urgent and emergency
- ✓ Care homes

### Clinical areas

- ✓ Ageing

### Cross-cutting themes

- ✓ Quality improvement and culture
- ✓ Patient and public involvement and co-design

### Solution themes

- ✓ Treatment
- ✓ Management
- ✓ Communication and consultation
- ✓ Operations or logistics

### Innovation types

- ✓ Service

### Innovation status

- ✓ Roll-out