

Dr C J Edwards



10 October 2023

Dear Sir / Madam

RE: “Transfer of Care Delays”

ADDENDUM to my letter dated 26 September 2023.

Another contributing issue to this issue of delays is so called ‘bed block’.

There are a number of inpatients who could be discharged from acute hospital care if various criteria could be met.

- Investigations required before discharge are done expediently. This may require staffing of some areas out of hours to keep up with demand.
- Utilization of other ‘step down’ facilities outside of the acute care setting.
- The encouragement of early ward rounds by medical staff to identify patients suitable for discharge.
- Improving support facilities for care at home.
- An overall attempt to get back to the basics of some family responsibility for the care of relatives that is an integral part of many cultures.

As an example: Some years ago, my wife was admitted to the Royal with what was either a transient ischemic attack or migraine. The symptoms subsided within an hour or so but an MRI was suggested / required to exclude a ‘stroke’. Because the MRI facility was tied up with more urgent cases, it did not operate after hours and moving to a private facility to have this done was discouraged, she remained an inpatient for 3 or 4 days.

Although I do have some philosophical concerns with treating public patients within the private system, I am confident a reasonable mechanism to allow this to happen in some capacity would better utilize the broader medical facilities available in the community.

Once again, I realize much of the above has already been thought of and, in many instances acted upon.

Kind regards

Chris Edwards