Patients are ‘shunted like parcels’ in the night

Pressure on beds means tens of thousands moved

Chris Smyth Health Correspondent

Tens of thousands of patients are being passed around hospitals “like parcels” in the middle of the night to relieve pressure on NHS beds, The Times has learnt.

Doctors and patients’ leaders attacked the “dehumanising” practice of repeatedly moving vulnerable people when they should be asleep, which leads to longer hospital stays and puts health at risk. Ministers promised yesterday to crack down on needlessly shunting patients.

“Appalling” figures show that the number of patients being moved out of hours has risen by nearly 20 per cent in five years. One was moved 24 times at night during a long hospital stay.

“The biggest concern is not just the stress to the patient but the safety aspect as well,” Dr Mark Temple, Acute Care Fellow at the Royal College of Physicians, said. “Continuity of care is central to quality of care and it’s absolutely critical in terms of safety.”

Freedom of Information requests were used to ask every hospital in England for the number of patients who moved beds or wards between 11pm and 6am.

In the 58 trusts that gave figures, 156,766 people were shown to have been moved at night last year. Many raised questions over the accuracy of their own data, and others admitted that they did not keep such records.

Among the hospitals that were able to provide five years of data, night moves have risen by 17 per cent since 2010, and are up by 28 per cent overall.

“Patients are being moved around like parcels,” said Dr Temple. “This is not only stressful for the patient but also increases the risk of medical errors and infections. It is unacceptable and must be addressed.”

Dr Poulter, a Health Minister, said: “It can be distressing for patients and their families to move wards overnight and that’s why we will be asking trust boards to see what can be done to minimise transfers which are not for good clinical reasons or to improve patient care.”

“Too many patients are being moved at night, and we cannot accept this. There must be a better way of working to ensure patients are cared for when they are most vulnerable.”

“In the NHS continues to improve. We have more specialised wards, stroke services being a good example, so some of these transfers will ensure that patients get the best care from staff with the right skills. We would always expect to see an improvement in this area.”

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L’Wren Scott, the fashion designer and girlfriend of Sir Mick Jagger, was found dead in her apartment in New York yesterday. News, page 3; Obituary, page 50
 Patients describe how being shunted around wards is degrading and often dangerous, reports Chris Smyth

"You do have this immediate reaction if you're woken from a deep sleep your heart starts racing, thinking, 'What's wrong?" Suzie Shepherd says. "Nobody should be waking you up in the middle of the night so you're thinking it must be horrible news. But they're just moving you again." On one hospital stay, Ms Shepherd was moved between wards three times in the middle of the night, and she describes vividly the disorientation and indignity of being shaken awake to be taken by wheelchair down long, draughty corridors without any explanation.

One move was so rushed that nurses forgot to bring her medication with her or give her any water, and Ms Shepherd says that moves are more than inconvenient — they are a "fundamental breach of patient safety. They are, she adds, a symbol of the undervalued and impersonal care that goes some way to explaining why elderly people are so terrified of going into hospital.

Ms Shepherd, 50, from Leeds, was first moved "in the small hours" when she was in hospital with intestinal bleeding in 2009. It was very well established on the ward and very upset about being moved so was settled. The reason was that the emergency surgery bed was needed for the next patient," she says.

"It was very, very ill and I was sent sitting up in a wheelchair with the contents of my cup board and hospital notes on my knees. It was all done in a rush. I didn't have time to think about it, it was just 'off we go.'

She was kept on a surgical ward for five days before being taken to an ordinary ward when doctors decided not to operate. "It was done in the middle of the night and the nurses weren't prepared for me. I didn't have my medication, didn't have a jug of water, nothing. "I was capable of managing, but if I was elderly it would be continuing, unpleasant and totally unacceptable. It's totally unacceptable anyway. I rang my husband at home and asked him to ring the duty matron and tell them I didn't have any pain relief or anything to drink. I they dealt with it at the next morning by telling me off for calling the matron. The third time she was woken at night to be moved, "I was thinking this is ridiculous. I'm one of those people who has to laugh and I thought it was like Groundhog Day. But in the back of my mind alarm bells are ringing in terms of patient safety. Wards aren't as well staffed at night and mortality rates are higher. Nobody's familiar with your condition. So unfamiliar that a nurse on her new ward casually told her about her inflammatory bowel disease; it was the first she had heard of having the lifelong, incurable condition. "It was horrific," she says.

Last year, on her most recent hospital stay, she moved at night again. "It does feel as if the patient is there to fit the system rather than the other way around. It was literally, 'oh my goodness, there's a bed available, we need to move you.' I was blocking somebody else's bed, so that's how they dealt with it."

Personal contact with doctors and nurses who know her condition is lost to fit the needs of the system. "It's as if the patient is a parcel that's being moved on. You might as well be a Christmas present moving through Royal Mail. You are not regarded as being anything other than a thing that needs moving to enable another thing to come into your space. My mother has a similar condition to me. She's 69 and she will hang on because she doesn't want to go into hospital and deal with that impersonal approach to care."

Ministers to crack down on switching

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this is to be properly explained to patients and relatives, just as we would expect NHS hospitals to minimise cases where transfers are not made for clinical reasons." Research by the University of Cambridge published yesterday in the journal Management Science highlighted the dangers of overcrowding, finding that 16 deaths a week among hospitals is more than 925 per cent full NHS hospitals operate at an average occupancy of about 85 per cent.

Stefan Scholtes, Professor of Health Management at Cambridge Judge Business School, said: "When the tipping point was exceeded, patients began dying in significant numbers. We were shocked by the size of the effect."

If, as the data suggests, one in seven deaths are attributable to high occupancy, when hospital departments exceed the tipping point, then we have a Mid Staffs situation in many hospitals every once in a while."

The Royal College of Physicians' Future Hospital Commission has urged doctors not to move patients around wards at any time but instead send specialists to the bedside.

Dr Temple said that each ward move added a day or two to a patient's hospital stay. Hospitals were sometimes too willing to move people and 'clinical necessity can be a lot of a get-out clause,' he added.

Rob Webster, chief executive of the NHS Confederation, said the figures reflected wider strains on the NHS and social care. "This is a sign of general system pressure. If you look at pressure in the whole system it's going up. You could start by thinking this is just a hospital issue, but that isn't the case."