

Case study on hospital discharge concerns (for continuing health care): Mr. R

Mr R, who has physical and mental health needs, was discharged from hospital in a non-MCA compliant manner, without an appropriate advocate involved in the decision-making process.

He was subject to the 'discharge to assess' scheme. This scheme is in place to relieve some of the pressure on hospital beds and place people in alternative accommodation to hospital whilst awaiting DST assessment (decision support tool) for NHS Continuing Health Care funding.

He was discharged to a nursing home (paid for by health budgets). He did not have an appropriate family member or friend to advocate for him. He was referred to an IMCA, but the decision to place him in a care home was made before an advocate for Mr R had been consulted.

His placement subsequently broke down as the care home was not fully aware of all of his needs. Following this, he was admitted to a mental health ward. The IMCA involved raised concerns about how the hospital discharge process fits into the MCA and how important the role of an IMCA is in ensuring decisions are made in the best interests of the relevant individuals.

Barriers: The main barrier to this case appears to be how the legal framework of the MCA fits into the Discharge to Assess process, or to be more precise, how the Discharge to Assess process fits into the MCA for those who likely lack capacity to consent to being a part of that process.

Outcome: Mr R was moved to a placement which could not meet his needs and then admitted to a mental health hospital due to a breakdown of that placement.

Could the outcome have been different if IMCA involvement had been facilitated, or indeed if the 'Discharge to Assess' process was modified?