Delayed discharge and transfer of care

What's really causing NHS patient flow delays?

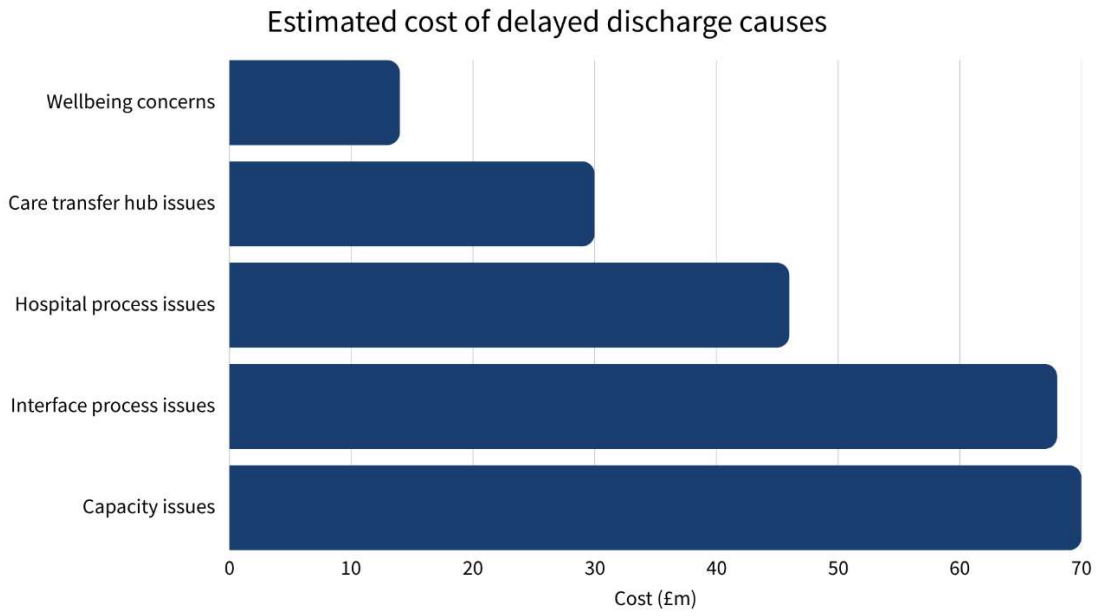
Examining the systemic barriers, communication challenges and capacity pressures that continue to impact patient flow across health and social care.

Where are we today?

The challenges around delayed discharge within acute settings are well documented and have been headline news in the media over the past few years. Significant funding has been invested to address delayed discharge, yet NHS England data continues to show high numbers of patients remaining in hospital despite no longer meeting the criteria to reside (NCTR).
In the May 2026 Acute discharge situation report, 61% of patients in the South of England who no longer meet the criteria to reside remained in hospital. When looking at this data we must ask ourselves: How did we get in this position, and what will it take to reverse this?
As with every headline, there is some nuance to this. On the next page is a list of the reasons attributed to delayed discharge of patients who no longer meet the criteria to reside. It's fair to say that there are multiple factors that have an impact on this trend.

'Capacity' and 'interface processes' are costing in the region of £70m per month whilst 'hospital processes' cost between £40-£50m with 'transfer of care hub issues' costing around £30m per month. The smallest cost is 'wellbeing concerns' at over £10m.

From the outside, it would seem that most of the day to day processes to take patients from Acute care back to their home, a community setting or long term care placement are broken. Our focus needs to now be on what can be done to improve these processes without ripping up all the good work within them. How



can we optimise processes across Health and Social care to enable safer, faster discharges and timely transfer of care?

What am I seeing in the NHS?

Through conversations with NHS Trusts, ICBs, Local Authorities and Social Care partners, one theme consistently emerges: Everyone understands the problem, everyone is working hard to address it, but the system remains fragmented. On the other hand, I can see that it will take more than just grit and determination to reverse the situation and to ensure that patients who remain in wards when they are medically fit are the exception and not the rule. Time will also be a constraint in this work. The recent ICB boundary changes (and upcoming changes) and mergers have the NHS in a state of flux to a level we have not seen before. Not only have we changed the landscape but many skilled and knowledgeable NHS professionals have left the NHS recently as you will have seen in National headlines. There is certainly an appetite to learn about new technologies such as Digital Transfer of Care but it’s fair to say what's lacking in the NHS is time and money to make such changes. Known challenges the NHS is facing.

Many systems are siloed and do not integrate with the EPR system within Acute settings. This leads to information being stored in multiple locations and in some cases, not in digital documents but on whiteboards and in paper documents. Finding the right information at the right time becomes a challenge which then has a knock on effect to the care of the patients. Before you know it, the decisions around their discharge roll into the next day and the process begins again.

Communication within any Hospital setting is key to ensure the multi-disciplinary teams (MDT), UEC leads and Transfer of Care leads (TOC) are on the same page and can jointly make decisions about a patient's condition and discharge. This process begins from admission and follows the patients through to their onward journey. For most, communicating internally with stakeholders works well enough to move through the discharge process (there will be outliers). Where we see communication breakdown is outside of the four walls of the hospital. The MDT and TOC teams need to liaise with partners across mental health, community settings, social care, local authorities and care homes. Each of these partners has their own processes, systems and decision making criteria which is not compatible with how the Hospital works. This creates a unique challenge which differs on a case by case basis and can often add to delays in the process. Although there are staff from across these partner organisations based at Hospitals, we still see challenges with regional communication. It has been the most common theme when speaking to NHS organisations about the challenges they face.

Visibility of capacity continues to be a challenges across the NHS with capacity cited as the most common reason for delayed discharge. Many organisations are seeking improvement in this area across the wider health and care system. Decisions can only be made using the information available at the time. If acute teams, community providers, social care and care homes are all working from different datasets, discharge planning becomes reactive rather than proactive. Creating a shared operational picture of capacity and demand can help partners make faster and more informed decisions while reducing unnecessary delays. Optimising this area could create ‘quick wins’ to release time which would be spent chasing this information. In practice, one team knows a patient is medically ready for discharge. Another team is waiting for a referral response and another is trying to plan capacity without knowing what demand is coming next. None of these teams are doing the wrong thing. The challenge is that they are often working from different information, in different systems and at different points in the process.

Standardising processes across NHS ICBs

Whilst every organisation operates within its own pressures and constraints, patients experience healthcare as a single journey rather than a collection of individual services. Greater standardisation of referral processes, discharge documentation and communication pathways could reduce variation and minimise the friction that currently exists between organisations during discharge and transfers of care. We have seen firsthand how this acceptance of the need to change and adopting similar processes across regions can lead to success.

12 years ago Digital Transfer of Care began in the Netherlands and has been a resounding success and is now used widely across health and social care teams. What started off in a small pilot in The Hague region is now a multi-regional platform that covers over half of the country.

The challenges these regions faced 12 years ago were remarkably similar to those faced by NHS organisations today:

- Fragmented communication
- Different processes between organisations
- Limited visibility of capacity
- Delays in decision making

Over time, standardised digital transfer of care processes helped reduce this friction. In 2026 this looks very different. What we now have are connected regions where the process is predictable, capacity is shared and communication is streamlined, reducing friction and creating the environment for safe and quick discharge and transfer of care.

Looking ahead

The reality is that delayed discharge is not solely a hospital problem, a social care problem or a community care problem. It is a system-wide challenge that requires a system-wide response. This will include technological changes and cultural changes to how care is delivered within the NHS.

Whilst capacity constraints will continue to exist, there is a significant opportunity to improve the way organisations communicate, collaborate and share information. Better visibility, streamlined processes and stronger partnerships across health and social care can help ensure that patients receive the right care, in the right setting, at the right time.

The organisations that make the greatest progress will be those that focus not only on creating additional capacity, but also on improving the flow of patients through the system. If we can achieve that, patients who no longer meet the criteria to reside may finally become the exception rather than the rule. Digital Transfer of Care is not the entire answer, but creating a shared view of patients, pathways, referrals and capacity may be one of the most practical steps NHS organisations can take today.

The technology already exists but the challenge is whether health and care systems are willing to align behind a common way of working. If they are, delayed discharge may finally become the exception rather than the rule.

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Source: May 2026 statistics >> Acute Discharge situation report by NHS England