

Fixing the discharge bottleneck:

A Practical, Pragmatic Solution to the Discharge Crisis

The problem that won't go away

Across England, more than 13,000 people remain in hospital beds each day, despite being medically ready to leave.

That number has barely shifted in years. The financial cost is staggering, estimated at £395 per patient per day, or £1.9 billion annually.

But the human cost is worse. These delays lead to avoidable harm, distress for families, staff burnout, and dangerous blockages across the entire system.

Ambulances wait outside hospitals that cannot move patients out. A&E departments fill with people who cannot be admitted.

Elective care lists grow longer. Winter pressures now start in September. Every part of the system is affected, and everyone agrees something must change.

Yet, year after year, the numbers stay the same.

The political pressure is real and so are the local challenges.

From the centre, the mandate is clear. NHS England has issued repeated directives calling for faster discharge and better integration. Funding has been pushed out via the Better Care Fund.

Winter planning depends on more timely step-downs. Politicians call it a scandal, and the public sees the headlines.

But at the local level, things are harder.

Hospital discharge leads, system planners, and social care managers are doing their best. They work late, chase options, and try to make the process work. Yet still the delays persist. Why?

The problem is not just about will. It is about structure. The system is not designed for smooth transitions - it is full of gaps, delays, and unclear ownership.

When a patient is ready to leave the hospital, they enter a no-man's land.

Is it a hospital issue? A care transfer hub issue? A social care issue? A funding issue? The answer is usually yes - to all of them. And that is the problem.

At the precise moment a person needs joined-up action, the system becomes fractured.

The join is the problem and that's where we work.

FCC specialises in making progress in the spaces between.

Between sectors, between silos, between intentions and impact.

In this case, we are focusing on the join between acute care and post-discharge support, where no one is truly empowered to act, and everyone is under pressure.

We believe this is not just a winter issue, it is a design flaw. And it is fixable.

To tackle this, we have partnered with Autumna - a purpose-led technology company that knows exactly where the gaps in care provision are, in real time.

Autumna maintains the UK's largest and most detailed directory of elderly care and retirement living options, with over 26,000 providers and a real-time understanding of availability.

Their tool, the Dashboard for Accelerated Discharge (DAD), generates a pre-qualified shortlist of appropriate care settings - residential, nursing, home care or live-in-within 60 minutes. It is designed to remove guesswork and delay.

With a 75% success rate in matching patients to appropriate placements, Autumna's software helps discharge teams move faster, with confidence, and with better outcomes for patients.

But technology alone is not enough.

A strategic partnership with purpose

Together, FCC and Autumna bring something powerful to the table: the ability to implement a proven digital solution, with the right local buy-in, governance, and facilitation to make it stick.

FCC leads engagement with NHS organisations, Integrated Care Boards, and local stakeholders. We introduce Autumna's capabilities, broker conversations, resolve sticking points, and support implementation.

We are not here to 'roll out an app'. We are here to define and create a working model that delivers immediate benefit and sets the foundation for long-term change.

Our role is to ensure the right people are in the room from the get-go, the blockers are surfaced and resolved, and the pathway from pilot to practice is supported by evidence, shared accountability, and a culture of improvement.

This is not a consultancy model or a vendor push. It is a partnership built on pace and purpose.

Built-in evaluation, real-world learning

Every project we run includes an embedded evaluation process. From day one, we will track impact on delays, on discharge flow, on patient experience and staff time saved.

We will also monitor what it takes to implement this model successfully, so others can follow.

We are not promising transformation overnight. We are promising measurable progress, captured transparently and shared widely.

Our goal is not just to prove this works in one place, but to create a template that can work anywhere.

The business case is compelling

Every day, every delayed patient is costing your system £395. Multiply that across even a small cohort and the opportunity becomes clear.

- A 20-bed reduction in delayed discharges = £7,900 per day = £2.8 million per year
- A faster discharge process means more capacity for electives, fewer ambulance delays, and better compliance with urgent care targets
- Staff waste less time on phone calls and spreadsheets, and more time supporting patients
- Risk of readmission is reduced when discharge is timely and appropriate

With modest investment - licence fees for the tool, modest implementation support, and some protected time for local teams, you unlock a system benefit worth millions.

In the current climate, that is not a nice-to-have. It is essential.

What happens next: The test phase

In Summer and Autumn 2025, we will run a test site to validate the model in different local contexts.

We are currently identifying sites that are:

- Ready to try something different
- Facing discharge pressures that feel stuck
- Where decision makers and organisational influencers are ready to lean into the process
- Those who are willing to collaborate across boundaries
- Open to short, focused implementation with practical support

The aim is simple. Clear the backlog now. And build a sustainable, evidence-based approach that reduces discharge delays all year round.

Why It Matters

Every patient stuck in a hospital bed who no longer needs to be there is someone whose life is on pause.

Every delay increases the risk of deconditioning, distress, and harm.

Every missed discharge is a missed opportunity for recovery, for independence, for dignity.

This is not just a system problem. It is a human one.

And while it may be complex, it is not unsolvable.

Together, with the right tools, the right people, and the right mindset, we can make a real difference.

Ready to Find Out More?

If you want to know more or your organisation wants to be one of our early adopters, to reduce delays, improve outcomes, and prove what is possible, then we want to hear from you.

Let's fix the discharge problem, together.

Visit our Discharge Hub www.futurecarecapital.org.uk/discharge

Or email our Chief Executive John Grumitt john@futurecarecapital.org.uk

About FCC

At Future Care Capital (FCC), we work where others hesitate to. As an independent, forward-thinking charity, we specialise in navigating the messy, high-stakes spaces that exist between health and care systems.

Our work is focused on making measurable improvements to outcomes, not on selling products or protecting vested interests. We exist to make care better, faster, and fairer for the people who rely on it.

FCC has a track record of convening the right people, breaking down silos, and embedding innovation where it matters most.

We work with health and care organisations across the UK to solve problems that have persisted for decades. We bring system intelligence, creative facilitation, and a relentless focus on action.

In 2025, we are turning our attention to one of the most urgent and expensive problems in health and care today: delayed hospital discharge.

Visit www.futurecarecapital.org.uk

About Autumna

Autumna is a highly curated database of *every* registered care provider in the UK, including all care homes and home care providers.

Currently supporting over 2,000 families a month to make an informed choice about their care, Autumna has developed a highly effective and trusted communication channel with adult social care providers, ensuring an accurate and speedy outcome for families.

Using the data and learnings Autumna has now developed a dashboard for hospital discharge teams to communicate, quickly and effectively with adult social care, in order to identify available and patient nuanced services.

www.autumna.co.uk/