



## UK-wide art campaign highlights problem of 'bedblocking'

Bed-based installations hope to raise awareness of patients stuck in hospital, which costs the NHS £550 a minute

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**O**ver the last month hospital beds have been popping up all over the UK - Chichester Cathedral, Princes Street in Edinburgh, Southampton and St Thomas's hospital, London, to name a few. One is a bed that had pillows and blankets made of sandpaper, another bed frame has various body parts attached to it, while one piece features a man lying in a park with a 3D model of human organs on his chest. These pop-up art installations are designed to raise awareness of the issues surrounding the number of older people stuck in hospital for longer than necessary as part of a new campaign called End Bed Blocking. The problem is one that plagues individuals, their families, the NHS, social care and other organisations. And this year could be the worst yet.

The scale of the challenge is vast, with 140,000 days lost in July 2018 alone because patients were trapped in hospital despite being fit to leave. One of the most common reasons for delays in discharging people is problems organising social care. Figures released last month show that delayed discharges from hospital have started to creep up again (after a period of improvements), with delays due to lack of social care from June to July 2018 up 6.2% and delays due to the NHS up 2.3%.

The forthcoming social care green paper, in addition to tackling the funding crisis, hopes to map out better links between health and other services, which could have an impact on the number of delayed discharges. Not before time. The expense is devastating - the National Audit Office in its 2016 report, found that, in England, the annual cost to the NHS is £820m. Recent findings from Age UK have calculated that delayed discharges from hospital due to social care not being in place costs the NHS the equivalent of £550 a minute. "There's a lot of resilience planning going on among trusts and clinical commissioning groups for the winter," says Pauline Stevenson, head of cancer commissioning performance improvement at North Central London CCG. "I know from working with trusts that they're already at full capacity.

"This is worse than any other year because of the hot summer we've had. We've already got lots of people going into hospital with asthma, chronic obstructive pulmonary disease and breathing issues. We're starting from a really behind position."

The impact on patients is clear. "The longer a patient is in hospital, the more they deteriorate physically," says Chris Tuckett, a physiotherapist specialising in falls, who supports the campaign. "By the time they're medically fit, they might not be physically fit and are unable to walk in some cases, so we have to wait for rehabilitation beds or a more intensive care package."

The End Bed Blocking campaign aims to provoke thought and debate, and to hopefully come up with some answers. It came about after staff at Elder, a startup that finds live-in care workers for people at home, received calls from worried family members about relatives who were stuck in hospital in the summer. "We thought ahead to winter and how [the problem] could build; we wanted to try to do something to solve it," a spokesman for Elder says. After putting a message on LinkedIn asking if anyone had been affected by delayed discharge, some artists replied saying they had and asked to be involved in a campaign. Word soon got around.

Sixteen artists have been involved in the £5,000 campaign so far, which is entirely funded by Elder. All will display their installation at a free exhibition in London on 12 October. Most were inspired to take part because of personal experience. Caitlin Dick, 24, who has just completed a master's in contemporary art and who displayed her installation in Edinburgh, remembers seeing her grandfather in hospital after he had suffered a stroke and crashed the car he was driving. He remained there for three months, had multiple mini strokes and then contracted pneumonia during his stay. "It was hard to watch this man you look up to, and who is such a strong character, in bed looking so frail," she remembers. "It was very emotional and worrying to have him in hospital, especially when he got ill from his stay there."



Hamish Pringle's art installation, in Chichester Cathedral, features a bed with pillows and blankets made of sandpaper. Photograph: Sam Brewster

Hamish Pringle, 67, who is about to start a postgraduate course in fine arts after a career in advertising, has heard about the problem from family members who are medical professionals, as well as having experience of it through his mother-in-law, who is 94. “My immediate reaction was that it was a classic example of attrition at work. You’ve got conflicts between multiple parties; all these people are rubbing up against each other trying to solve the problem.”

He used sandpaper to evoke a visceral reaction from people touching it in the hope they would then think that they wouldn’t want themselves, or anyone they knew, to be in that bed.

Some critics feel the campaign is undermined by the very fact of using the term “bedblocking”, implying that it is the patient’s fault they are still in hospital. Both Stevenson and Tuckett believe the term is hard-hitting and wrongly lays the blame with patients. Oakley Walters, marketing director at Elder, says: “Bedblocking as a term is wrong but it’s also the popular term for the situation. We had to start there and draw attention to its flaws in the hope that we can move beyond it.”

Despite the terminology, the artists believe the campaign can make a difference. “Art can help because it has a soft power,” says Pringle. “If the art works, it can provoke both conscious and subconscious reactions, which can be quicker and more meaningful than papers, presentations and conferences. For many people, an effective artwork can cut through and speak volumes about an issue.”

What the campaign can achieve is unclear though. “I think it gives the NHS something to think about,” says Stevenson. “We are always talking about innovation and how to do things differently. I would say this is what we should do. Trusts should look at possible alternatives to moving patients around the system.”

“I’m hoping it can have an effect,” says Tuckett. “I hope it will go a step further and get through to people who need to understand the complexity of the situation. That will help patients get better results.”

“We have to make sure that people understand it’s not the patient’s fault; it’s the system working against them.”

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