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Airbnb for recovering patients is a negligence risk

Plans to ease burden on the NHS must be considered, but not at the cost of accountability, Jonathan Wheeler writes

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It is hardly a secret that the NHS has a serious bed-blocking problem. With an ageing population, the prevalence of long-term health conditions and a government that demands greater efficiencies from an already beleaguered social care system something has got to give.

Surely, then, the proposal that NHS patients can be discharged from a hospital ward and into Airbnb-style accommodation during their recuperation ought to be welcomed as an innovative solution to a deepening crisis. However, there are concerns, not least over the suggestion that the pilot could be rolled out as early as next month.

The pilot will inevitably have an impact on the most vulnerable in our society. They will often be elderly, unable to live safely at home alone, without the benefit of support from family or friends. All too often we see harrowing candid footage of patients being mistreated by trained staff in regulated environments such as nursing homes.

What are the safeguards for those discharged into the care of strangers, possibly enticed by the idea of making up to £1,000 a month from their spare bedroom rather than the idea of providing a safe environment to their guest? Robust background checks will, as a minimum, be required.

From a legal perspective, the insurance position remains unclear. Patients recovering from even minor procedures can become unwell; infections can flare up and ulcers form, and these may lead to serious consequences for a patient. In some scenarios claims for compensation can arise from a negligent failure to spot or treat a patient's deteriorating condition.

In these circumstances there is both accountability and a clear potential legal remedy for a patient who can show that there has been a breach of the duty of care owed. If this controversial plan is to go ahead, it is essential that patients retain the ability to seek redress from the NHS, as opposed to the duty of care being outsourced to untrained “hosts” who will be ill-equipped to deal with medical complications arising, or worse still indifferent to them.

This proposal has the whiff of desperation and detracts from the real issue. Instead we should listen to our doctors, nurses and care providers who are not asking for additional space to house patients following minor procedures, but for greater investment in adequately trained care providers who can attend to people in the community and provide the aftercare they require when discharged.

The problem of people living, and living alone, for longer is one that is predicted to worsen significantly over the next two decades. We must start to recognise that the growing demand for adequate care outside of a hospital setting requires fundamental, targeted investment rather than seeking to outsource the responsibility to private individuals.

Initiatives to ease the burden on both the NHS and our creaking social care system should not be dismissed out of hand. Neither should legitimate concerns for an under-developed scheme.

Jonathan Wheeler is managing partner at the London law firm Bolt Burdon Kemp. Joshua Hughes, head of the firm's complex injury department, contributed to this piece