

Healthwatch Dudley

Patient experiences of hospital discharge

The Dudley Group Foundation NHS Trust
Russells Hall Hospital



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healthwatch
Dudley

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Executive Summary

Patient-centred hospital care requires a continuous effort to monitor and where necessary change the way that staff view and interact with patients, their carers and family members. There must be a clear recognition of the value of patient views and experiences and a willingness to share information and control over decisions about care and discharge. In 2014, Healthwatch England (HWE), the national consumer champion for both health and social care services provided for adults and children, set up a special inquiry into what happens when patients leave care settings and safe discharge. Healthwatch Dudley (HWD) collects public and patient views and experiences of accessing health and social care services in the Dudley borough. Dudley Metropolitan Borough is centrally located within the Black Country in the West Midlands with an official population of 314,400 in 2013.¹ In the summer of 2014 HWD undertook questionnaire survey work at the Russells Hall Hospital as part of the HWE inquiry into safe discharge in different care settings.

Methodology and Main Findings

A semi-structured questionnaire survey was used to collect patient views and experiences of discharge from hospital. In total 500 questionnaire surveys were handed out by nursing staff to patients being discharged over a week long period. It was partially or fully completed by 85 patients. Most felt they understood why they were in hospital and what was happening to them. There were high levels of satisfaction with the care provided in hospital. But there were some patients who were less certain about being ready to leave hospital. The majority of patients felt there had been adequate discussions of discharge procedures although there was scope to improve staff and patient communications and the extent to which all patients feel listened to by hospital staff. A number of patients indicated lower levels of satisfaction with the extent to which they had been involved in decisions about what was happening to them or had concerns about the extent to which family members had been involved in decisions about their care and discharge. It is pertinent to reflect on the extent to which these levels of satisfaction might, where appropriate, be improved. In terms of care plans (for patients who felt they were relevant for them) a number indicated they did not have one (and may not have needed one). It is necessary to ensure communications work well with patients including those who feel they should have a care plan but do not actually need one to reassure them that their care needs are being met. Some patients had to wait a considerable time to get their medications from the hospital pharmacy that they needed before being discharged or had concerns about ongoing medical, equipment, therapy and help at home needs being met after they were discharged.

Conclusions

Most patients felt they understood why they were in hospital and what was happening to them and were satisfied with the care they received. Often problems that did arise for patients concerned the ways that complex planning and discharge systems worked and failures in communications and feeling listened to. It is important to understand how

¹ Office for National Statistics (mid 2013 populations estimates), [http://neighbourhood.statistics.gov.uk/dissemination/viewFullDataset.do?instanceSelection=035058&productId=1813&\\$p_h=60_61&datasetInstanceId=35058&startColumn=1&numberOfColumns=8&containerArealD=6274997](http://neighbourhood.statistics.gov.uk/dissemination/viewFullDataset.do?instanceSelection=035058&productId=1813&$p_h=60_61&datasetInstanceId=35058&startColumn=1&numberOfColumns=8&containerArealD=6274997)

patients (and if appropriate their carers and family members) want to be involved in discussions and decisions about their care and discharge. A clear framework for engagement, starting at the time of admission to hospital or even earlier, must exist. And the advice and support available to patients to ensure their discharge is a comfortable and stress free process must be readily available. More specifically, patients' ongoing medical, equipment, therapy and help-at-home needs must be considered and effectively managed (with a plan of action or care plans where appropriate). Properly joined-up and integrated health and social care services are essential to deliver high quality outcomes for patients on their journeys in hospital and after discharge.

Introduction

The aim should be to ensure that wherever possible and from the outset there is effective communications and information sharing between patients and staff regarding care and possible discharge options. Healthwatch Dudley has clearly set out its desire to listen to what people have to say about primary (doctors, pharmacists, dentists and opticians) and secondary (hospital) health care services and care or nursing home services. Dudley Metropolitan Borough is centrally located within the Black Country in the West Midlands. The Dudley Group NHS Foundation Trust comprises Russells Hall Hospital and two smaller outpatient centres the Corbett and Dudley Guest hospitals. Russells Hall Hospital is a medium sized facility providing services to the population of Dudley, Stourbridge and the surrounding towns and villages.

In the summer of 2014 Healthwatch Dudley started a semi-structured questionnaire survey study at the Russells Hall Hospital. It collected patient views on their experiences of discharge from hospital. In total 500 questionnaire surveys were handed out by nursing staff to patients being discharged over a week long period. Most respondents felt they understood why they were in hospital and what was happening to them. There were high levels of satisfaction with the care provided in hospital but some patients were less certain about being ready to leave hospital. The majority of patients felt there had been adequate discussions of discharge procedures. However, a number of patients had lower levels of satisfaction with the extent to which they had been listened to and involved in decisions about what was happening to them or had concerns about the extent to which family members had been involved in decisions about their care and discharge. In terms of care plans it is necessary to ensure communications work well with all patients including those who feel they should have a care plan but do not actually need one to reassure them that their care needs are being met. Some patients had to wait a considerable time to get the medications they needed prior to being discharged or had concerns about ongoing medical, equipment, therapy and help at home needs being met.

Hospital Discharge: Policy and Context

The aim, from the outset, must be to effectively involve patients, wherever possible, as partners in discussions and decisions about their care and discharge planning. The emphasis needs to be on ensuring there is effective communications and information sharing between patients and staff regarding care and discharge options. Patient centred care also requires staff to spend sufficient time listening to patient, carer and family member views on hospital care and discharge processes.

A typical hospital discharge pathway sets out what should happen to patients on arrival at hospital and for the rest of the time that they spend there (see appendix 1, on page 25). First there is pre-admission screening (assessment at accident and emergency or a medical assessment unit) with decisions on care options (home with support, intermediate care or something else) or to admit to a ward (and assessment, engagement with carers, provision of information and agreeing a preliminary discharge date). Next, is the identification of any additional needs and a decision on whether there is a need for referral to hospital based services (medical team, therapy or diagnostics) or the integrated health and social care

discharge planning team (community based health and social care services). There may be a multidisciplinary assessment involving the patient and carers and a decision on NHS continuing care or transfer to intermediate care. Then the discharge planning team will review the assessment and care pathway, the transfer to stepdown and complete discharge information and coordinate the execution of the discharge plan. A discharge letter will be provided for the patient prior to discharge or transfer.

In 2003 the Department of Health said ‘Patient-centred care must be about more than simply ensuring patients are kept informed and up-to-date with what is happening with their care as passive players in the process’.² More specifically, hospital care transfer or discharge is an essential part of care management in any healthcare setting. It is important health and social care systems are proactive in supporting patients and their families or carers to either return home or transfer to another setting.³ The British Medical Association has pointed out patient views on their care must be valued and they should be able to discuss arrangements for their discharge with hospital staff and receive full information on their diagnosis and health and social care needs as well as being able to ask questions where they are unhappy.⁴

In turn, excellent hospital discharge planning requires close collaboration between patients and, where appropriate, their carers and family members to identify, early on, potential problems through effective information exchange that facilitates timely interventions to deal with matters that could impact adversely on discharge processes.⁵ The NHS Choices website stresses hospital discharge policies should state how patients and family members or carers will be involved in discharge planning and how patients will get the support they need to be discharged safely.⁶ In 2010 the Department of Health identified key steps in the discharge planning and decision-making process (see Diagram 1 on page 10).⁷

² Department of Health (2003) ‘Discharge from hospital: pathway, process and practice’, <http://www.wales.nhs.uk/sitesplus/documents/829/DoH%20-%20Discharge%20Pathway%202003.PDF>

³ Department of Health (2010) ‘Ready to go? Planning the discharge and the transfer of patients from hospital and intermediate care’,

http://www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/EastMidlands/PandEI/Ready_to_Go_-_Hospital_Discharge_Planning.pdf

⁴ British Medical Association (2014), ‘Hospital discharge: the patient, carer and doctor perspective’, <http://bma.org.uk/-/media/files/pdfs/about%20the%20bma/how%20we%20work/professional%20committees/patient%20liaison%20group/plg%20patient%20discharge.pdf>

⁵ Katikireddi, S.V. and Cloud, G.C., (2008) ‘Planning a patient’s discharge from hospital’, British Medical Journal, <http://www.bmj.com/content/337/bmj.a2694>

⁶ NHS Choices website: <http://www.nhs.uk/NHSEngland/AboutNHSservices/NHShospitals/Pages/leaving-hospital.aspx>

⁷ Department of Health (2010) ‘Ready to go? Planning the discharge and the transfer of patients from hospital and intermediate care’, http://www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/EastMidlands/PandEI/Ready_to_Go_-_Hospital_Discharge_Planning.pdf



Diagram 1: Discharge planning

The patient discharge or transfer planning process needs to start before or on their admission to hospital. Next, it is necessary to identify whether the patient has simple or complex discharge or transfer planning needs and to involve the patient and where appropriate their carers or family members in decisions about their care. The aim must be to develop a clinical management plan for every patient within twenty-four hours of admission to hospital. It is important to ensure there is a co-ordinated discharge or transfer of care process through effective leadership and handover of responsibilities at ward level. Meanwhile, an expected date of discharge or transfer should be decided within 24-48 hours of admission in discussions with the patient, carers and family members. At the same time, the clinical management plan should be reviewed with the patient each day and any necessary action taken to update progress towards the discharge or transfer date. At all times it is essential to involve patients, carers and family members in discussions so that they can make informed decisions that deliver a personalised care pathway and maximise patient independence. Discharges and transfers from hospital need to take place over seven days to deliver continuity of care for the patient. And a discharge checklist used 24-48 hours prior to transfer with decisions to discharge or transfer patients made each day.

Healthwatch England Special Inquiry: Unsafe Discharge

Healthwatch England is the national consumer champion for both health and social care services provided for adults and children. It was established in line with proposals set out in the Conservative and Liberal coalition government's Health and Social Care Act 2012. In 2014 it launched its first national special inquiry into what happens when patients are discharged from a hospital, nursing or care home, or mental health setting and the issue of safe discharge.⁸ The inquiry was set up in response to initial evidence obtained from local Healthwatch organisations that described situations where patients were being discharged without the support they needed to feel safe and ready to move forward.

Healthwatch Dudley

There are 147 independent Healthwatch organisations that are the consumer champion for health and social care services provided for adults and children at the local level. Healthwatch Dudley is keen to listen to public and patient views on primary healthcare services provided by doctors, pharmacists, dentists and opticians, secondary healthcare services provided by hospitals and care or nursing home services. The intention is to ensure local people are involved in the design and procurement of health and social care services that meet their genuine needs. In turn, there is a robust process of relevant information collection and evidence-based feedback on patient and public views to organisations and individuals responsible for commissioning or delivering local health and social care services. Healthwatch Dudley's contribution to the Healthwatch England special inquiry on hospital discharge comprised questionnaire survey work giving patients at the Russells Hall hospital an opportunity to comment on their experiences of being discharged.

Dudley Metropolitan Borough

Dudley Metropolitan Borough is centrally located within the Black Country in the West Midlands. It includes the three main towns Dudley, Halesowen and Stourbridge. But locally the borough is divided into five townships, which are Brierley Hill (including Kingswinford), Dudley and Netherton, Sedgley, Halesowen, and Stourbridge. In 2012 there was an official population of 312,925 with most people (88.5%) describing themselves as White British. Other significant ethnic groups are Pakistani, Indian, Polish, Latvian, Lithuanian, and Mixed White and Black Caribbean. The health of people living in the borough is mixed compared with the England average. Life expectancy in the most deprived areas is 9.5 years lower for men and 5.8 years lower for women than in the more affluent areas. Health priorities for the borough include continued action to deal with inequalities in the way that different groups of people are able to get access to health and social care services, improving wellbeing and quality of life, reducing levels of obesity, and tackling alcohol-related harm.⁹

⁸ Healthwatch England (2015) 'What happens when people get sent home?', special inquiry: unsafe discharge from hospitals, care homes and mental health units, <http://www.healthwatch.co.uk/then-what-special-inquiry>

⁹ Dudley Unitary Authority, Health Profile 2014, Public Health England, [file:///C:/Documents%20and%20Settings/Admin/My%20Documents/Downloads/HealthProfile2014Dudley00CR%20\(2\).pdf](file:///C:/Documents%20and%20Settings/Admin/My%20Documents/Downloads/HealthProfile2014Dudley00CR%20(2).pdf)

The Dudley Group NHS Foundation Trust

On the 1st October 2008 The Dudley Group of Hospitals was authorised as a Foundation Trust and took the name 'The Dudley Group of Hospitals NHS Foundation Trust'. The Trust consists of Russells Hall Hospital with two smaller outpatient centres, Corbett and Dudley Guest, which are run as one main unit. A key ambition is to provide more opportunity for local people to shape the way hospital services are provided in the future. As well as a Board of Directors and Non-Executive Directors there is a Council of Governors (comprised elected public and staff representatives and appointed partner organisation representatives) and a public Membership that are involved in discussions about the way that the hospital provides healthcare services for local people.¹⁰

Russells Hall Hospital

Russells Hall Hospital is a medium sized hospital located in the heart of the Black Country providing services to the population of Dudley and the surrounding area (around 450,000 people living in mainly urban neighbourhoods). The hospital has around 687 beds and sees around 105,000 inpatients, 500,000 outpatients and almost 100,000 attendances at accident and emergency each year.¹¹ A patient leaflet 'Planning for discharge: Getting you home for lunch' sets out how discharge from hospital should work for the patient (see appendix 2 on page 26). The leaflet emphasises that planning for discharge will start as soon as the patient arrives at the hospital, if not before. A patient, their carers, family members and staff will work together to decide a discharge date and devise a discharge plan. At the same time, there will be discussions to decide what help a patient needs at home and whether they need to be transferred to a step down or transition bed in the community. The priority is to get the patient home and recovering as soon as possible. Importantly, any medication will be explained and a supply to take home will be provided for the patient. On the day of discharge a patient will be asked to move to the hospital's Discharge Lounge, while they wait for medication or transport home. A letter will be sent to the patient's doctor explaining the reason why they were in hospital and if a follow-up appointment, or further investigations, is required or help at home and equipment is needed this will be arranged.¹²

Methodology

A semi-structured questionnaire survey was used to gather patient views and experiences of leaving hospital or discharge from the hospital (see appendix 3 on page 27). Approximately 500 patients are discharged each week at the hospital. The Discharge Lounge is located adjacent to Ward C8 (stroke and general rehabilitation). Many patients move straight out of the hospital and its wards without passing through the discharge lounge. Most of the patients that use the lounge are there between 10.00am and 1.00pm. Discharge Facilitators help to deal with the more complex cases.

¹⁰ The Dudley Group of Hospitals NHS Trust, Annual Report and Accounts 2008/09 <http://dudleygroup.nhs.uk/wp-content/uploads/2014/02/AnnualReportApril2008toSeptember.pdf>

¹¹ Care Quality Commission, The Dudley Group NHS Foundation Trust, Russells Hall Hospital including Corbett and Dudley Guest, Quality Report, published 3 December 2014 http://www.cqc.org.uk/sites/default/files/new_reports/AAAA1771.pdf

¹² Planning for discharge: Getting you home for lunch, The Dudley Group NHS Foundation Trust, <http://dudleygroup.nhs.uk/wp-content/uploads/2015/01/Home-for-lunch-leaflet1.pdf>

Questionnaire survey

In total 500 questionnaires were handed out by nursing staff to patients being discharged from the hospital over a week long period between 30 June and 4 July 2014. They were in sealed envelopes that also included an explanatory letter (informing patients about the hospital discharge project and matters to do with confidentiality and how any findings would be used) and a postage paid return envelope (to Healthwatch Dudley offices). There were 87 questionnaires returned partially or fully completed by the cut-off date of 28 July 2014 (a return rate of 17.4%).

Analysis

The questionnaire survey was partially or fully completed by 85 patients (see Figure 1, below). Of these patients 83 indicated they were discharged from Russells Hall Hospital with 72 going back home (and 1 to a step down facility, 1 to the Queen Elizabeth Hospital in Birmingham and 9 to other unknown places). An interim report on findings was sent to HWE and Dudley Clinical Commissioning Group (DCCG) Quality and Safety Committee (see appendix 4 on page 31).

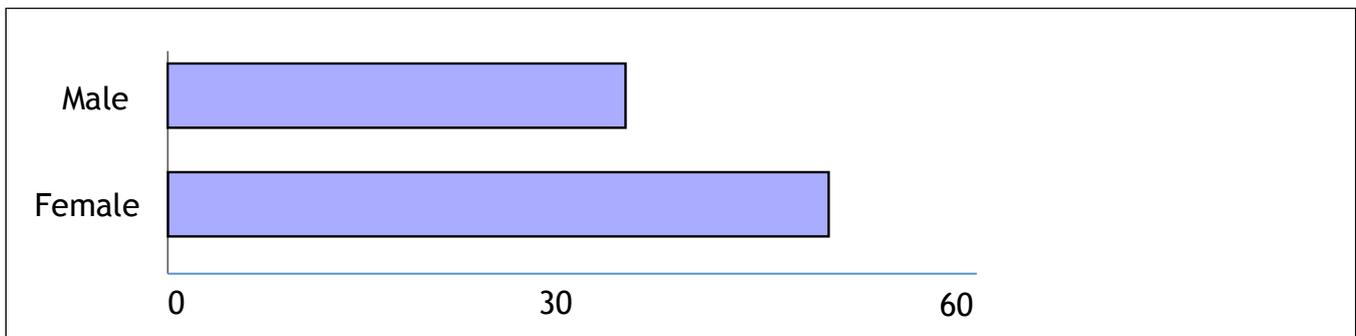


Figure 1: Patients gender

The questionnaire respondents comprised 41 male and 44 female patients. Meanwhile, a total of 85 patients answered the question on age (see Figure 2, below 13).

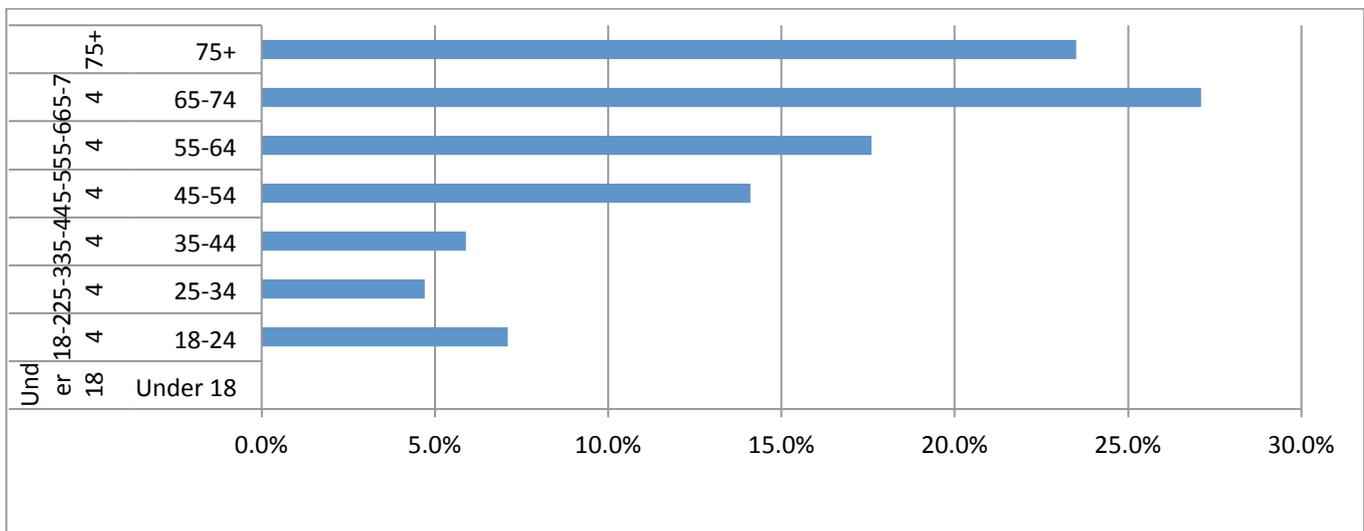


Figure 2: Patients age

Of these patients 43 (50%) were aged 65 and over with 20 (23%) of them aged 75 and over. For a full description of the age profile of patients see appendix 5 on page 33.

The question on ethnic origin was answered by 81 patients. Of these 78 (96%) described themselves as White British (see appendix 6 on page 34). The question on disability was answered by 85 patients with 29 (34%) of them respondents describing themselves as disabled in some way.

Time discharged

The majority of patients were discharged between noon and 6.00pm. The next most common times for patients to be discharged were between 6.00am and noon and between 6.00pm and midnight. No patients were discharged between midnight and 6.00am (see Diagram 2, below).

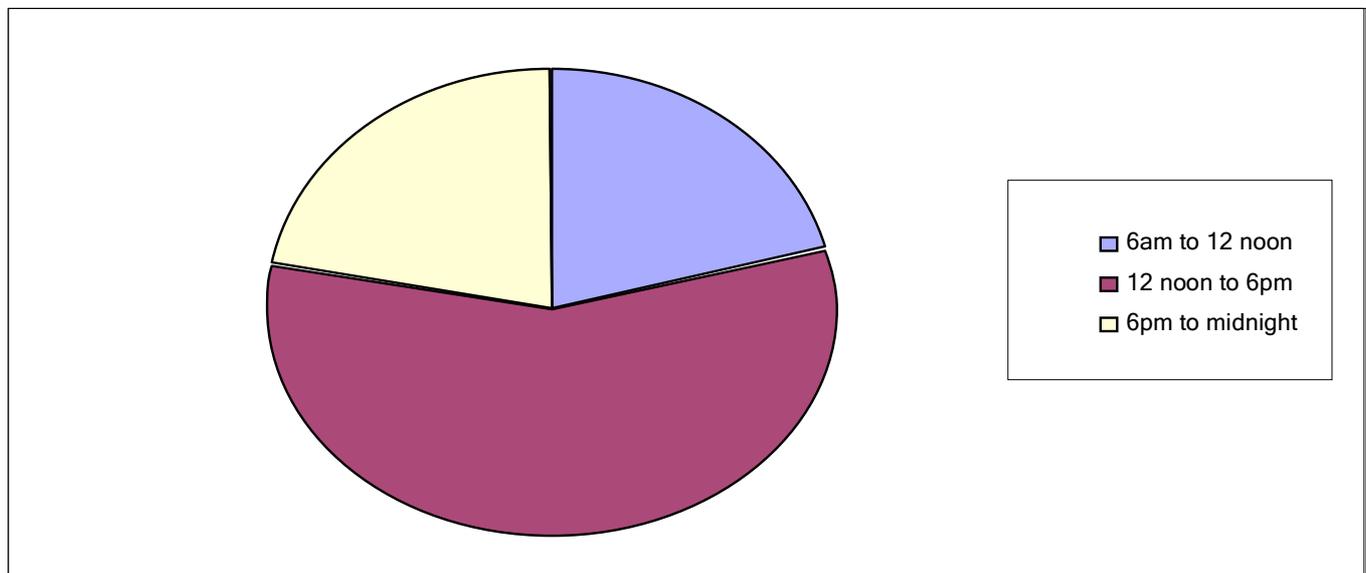


Diagram 2: Time a patient was discharged

Delays in Discharge

The majority (62 out of 78) of the patients who answered the question on delays in hospital discharge indicated that there had not been any delays in their discharge. However 16 (20%) patients did report that there had been a delay in their discharge (see Figure 3, below).

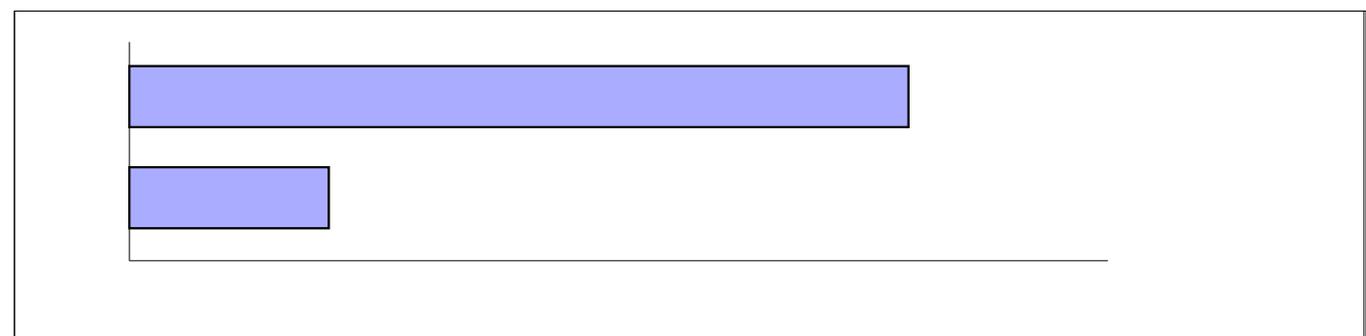


Figure 3: Delays in patient discharge

Did you have a care plan?

There were 55 patients who answered the question on care plans (where they felt they were relevant for them). Of these 32 (40%) said they had no care plan and 23 (28%) said they had a care plan (see Figure 4, below).

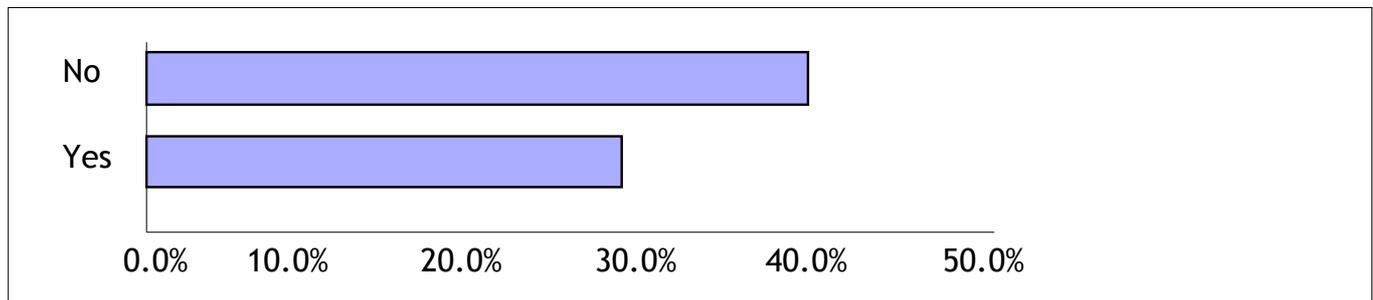


Figure 4: Patients and care plans

Were you given a copy of your care plan on leaving hospital?

Of the 45 patients who felt this question was applicable 25 (33%) said they were not given a copy of a care plan when they discharged from hospital and 20 (26%) said they were given a copy of a care plan when they were discharged from hospital (see Figure 5, below).

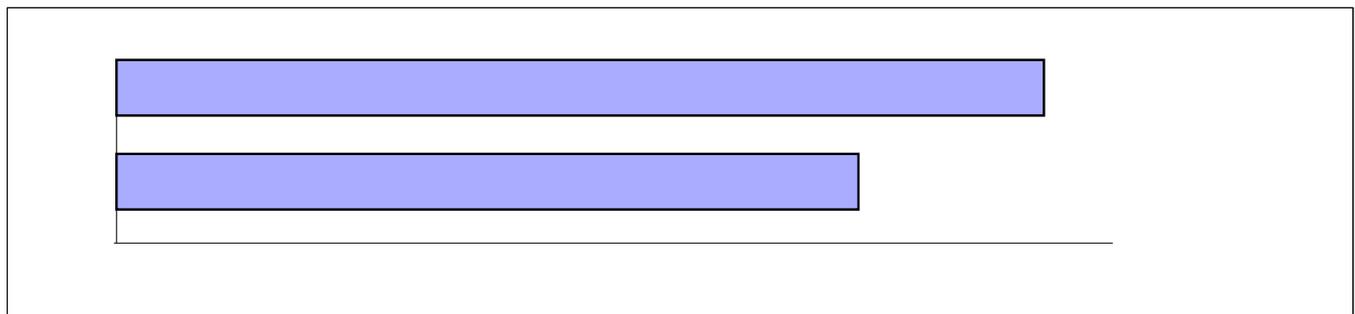


Figure 5: Patients getting a copy of their care plan

Fifteen questions used a Lickert scale technique, with a rating of 1 to 6 where 1 is 'not at all' and 6 is 'completely' in terms of patients feelings about how satisfied they are with their discharge from hospital or understand what has happened to them. Some questions had a not applicable option and where this was the case the corresponding tables have been adjusted to show only the results for those who felt the question was applicable to them.

Did you understand why you were in hospital?

A total of 84 patients answered the question on their understanding of why they were in hospital. Of these 79 (94%) gave a rating of 5 or 6 indicating they felt they has a good understanding of why they were in hospital (see Table 1 on page 16).

Respondents	Not at all						Completely	Total
	1	2	3	4	5	6		
%	1.19	1.19	1.19	2.38	5.95	88.10	100	
No.	1	1	1	2	5	74	84	

Table 1: Understanding why you are in hospital

Were discharge procedures discussed with you?

The question on whether discharge procedures had been discussed was answered by 84 patients. Of these 77 (81%) gave a rating of 5 or 6 indicating they felt there had been a satisfactory discussion of discharge procedures. However, 11 (13%) gave a rating of 1 to 3 indicating they felt less satisfied there had been adequate discussions about hospital discharge (see Table 2, below).

Respondents	Not at all						Completely	Total
	1	2	3	4	5	6		
%	4.76	4.76	3.57	5.95	13.10	67.86	100	
No.	4	4	3	5	11	57	84	

Table 2: Discussion of discharge procedures

Were you able to understand what was happening to you?

The question on understanding what was happening to you was answered by 83 patients. Of these 74 (89%) gave a rating of 5 or 6 indicating they felt very satisfied regarding what was happening to them in hospital (see Table 3, below).

Respondents	Not at all						Completely	Total
	1	2	3	4	5	6		
%	1.20	2.41	2.41	4.82	7.23	81.93	100	
No.	1	2	2	4	6	68	83	

Table 3: Understanding what is happening to you

Did you feel well enough/ready to leave hospital?

The question asking patients if they felt well enough and ready to leave hospital was answered by 85 patients. Of these 71 (83%) gave a rating of 5 or 6 indicating they felt satisfied they were well enough and ready to leave hospital. But 8 (9%) gave a rating of 1 to 3 indicating they felt much less certain they were well enough and ready to leave hospital (see Table 4 on page 17).

Respondents	Not at all						Completely	Total
	1	2	3	4	5	6		
%	4.71	1.18	3.53	7.06	11.76	71.76	100	
No.	4	1	3	6	10	61	85	

Table 4: Feeling well enough and ready to leave hospital

While you were waiting to be discharged, were your surroundings comfortable?

A total of 86 patients answered the question on how comfortable they were whilst waiting for discharge. Of these 78 (91%) gave a rating of 5 or 6 indicating they were very satisfied about the level of comfort of their surroundings whilst they waited to be discharged from hospital (see Table 5, below).

Respondents	Not at all						Completely	Total
	1	2	3	4	5	6		
%	2.33	1.16	3.49	2.33	12.79	77.91	100	
No.	2	1	3	2	11	67	86	

Table 5: Comfortable discharge surroundings

Did you feel listened to?

Patients were asked whether they felt listened to in hospital, before and during the discharge process. There were 84 patients who answered this question. Of these 67 (79%) gave a rating of 5 or 6 indicating they felt very satisfied they had been listened to. However, 10 (12%) gave a rating of 1 to 3 indicating they were less satisfied that they had been listened to (see Table 6, below).

Respondents	Not at all						Completely	Total
	1	2	3	4	5	6		
%	3.57	4.76	3.57	8.33	11.90	67.86	100	
No.	3	4	3	7	10	57	84	

Table 6: Feeling listened to

Did you feel involved in decisions about what was happening to you?

A total of 84 patients answered the question on involvement in decisions about care and discharge. Of these 65 (77%) gave a rating of 5 or 6 indicating they felt very involved in decisions about what was happening to them. But 14 (16%) gave a rating of 1 to 3 indicating they felt much less involved in decisions about what was happening to them (see Table 7 on page 18).

Respondents	Not at all						Completely	Total
	1	2	3	4	5	6		
%	4.76	2.38	9.52	5.95	10.71	66.67	100	
No.	4	2	8	5	9	56	84	

Table 7: Involvement in decisions

Were your family or relatives involved in decisions about your discharge?

The question on family involvement in decisions about hospital discharge was answered by 82 patients. Of these 24 indicated the questions was not applicable. Of the other 58 patients 35 (60%) gave a rating of 5 or 6 indicating they felt very satisfied with the level of involvement of family members in decisions about their discharge. But, 20 (34%) gave a rating of 1 to 3 indicating they felt much less satisfied about the level of involvement of family members in decisions about their discharge (see Table 8, below).

Respondents	Not at all						Completely	Total
	1	2	3	4	5	6		
%	29.31	1.73	3.45	5.17	5.17	55.17	100	
No.	17	1	2	3	3	32	58	

Table 8: Family or relative involvement

How well was your medication explained to you?

There were 80 patients who answered the question on medications. Of these 5 indicated the questions was not applicable. Of the other 75 there were 66 (88%) who gave a rating of 5 or 6 indicating they felt very satisfied about the way medication was explained. Nevertheless, 8 (11%) gave a rating of 1 to 3 indicating they felt much less satisfied about the way medication was explained (see Table 9, below).

Respondents	Not at all						Completely	Total
	1	2	3	4	5	6		
%	1.33	4.00	5.34	1.33	10.67	77.33	100	
No.	1	3	4	1	8	58	75	

Table 9: Medication explained

Do you feel hospital staff treated you with dignity and respect?

The question about being treated with dignity and respect was answered by 86 patients. Of these 78 (91%) gave a rating at levels 5 or 6 indicating they very much felt they were treated with dignity and respect by hospital staff (see Table 10 on page 19).

Respondents	Not at all						Completely	Total
	1	2	3	4	5	6		
%	2.32	0.00	3.49	3.49	9.30	81.40	100	
No.	2	0	3	3	8	70	86	

Table 10: Treated with dignity and respect

Were you happy with the arrangements for your transfer from hospital?

In total 86 patients answered the question on arrangements for transfer from hospital. Of these 31 indicated the question was not applicable. Of the other 55 there were 49 (89%) who gave a rating at levels 5 or 6 indicating they felt very satisfied with the arrangements made for their transfer from hospital to home or somewhere else. However, 5 (9%) gave a rating of 1 to 3 indicating they were much less satisfied with the arrangements made for their transfer from hospital to home or somewhere else (see Table 11, below).

Respondents	Not at all						Completely	Total
	1	2	3	4	5	6		
%	5.45	0.00	3.64	1.82	5.45	83.64	100	
No.	3	0	2	1	3	46	55	

Table 11: Arrangements for transfer from hospital

Do you feel your ongoing support needs are being met in terms of medical care?

The question on ongoing support needs and medical care was answered by 83 patients. Of these 18 indicated the question was not applicable. Of the other 65 there were 53 (82%) who gave a rating of 5 or 6 indicating they felt very satisfied that their ongoing support needs in terms of medical care were being met. But, 7 (11%) gave a rating of 1 to 3 indicating they felt less satisfied that their ongoing support needs were being met (see Table 12 on page 19).

Respondents	Not at all						Completely	Total
	1	2	3	4	5	6		
%	4.62	0.00	6.15	7.69	16.92	64.62	100	
No.	3	0	4	5	11	42	65	

Table 12: Medical care support needs

Do you feel your ongoing support needs are being met in terms of equipment?

There were 82 patients who answered the question on ongoing support needs and equipment. Of these 39 indicated the question was not applicable. Of the other 43 there were 33 (77%) who gave a rating of 5 or 6 indicating they felt very satisfied that their ongoing support needs in terms of equipment were being met. Meanwhile, 6 (14%) gave a rating of 1 to 3 indicating they felt less satisfied that their ongoing support needed were being met (see Table 13 on page 20).

Respondents	Not at all			Completely			Total
	1	2	3	4	5	6	
%	4.65	0.00	9.30	9.30	20.93	55.82	100
No.	2	0	4	4	9	24	43

Table 13: Equipment support needs

Do you feel your ongoing support needs are being met in terms of access to therapies?

In total 82 patients answered the question on ongoing support and access to therapies. Of these 41 indicated the question was not applicable. Of the other 41 there were 28 (68%) who gave a rating of 5 or 6 indicating they felt very satisfied that their ongoing support needs were being met. However, 9 (22%) gave a rating of 1 to 3 indicating they felt less satisfied that their ongoing support needs were being met (see Table 14, below).

Respondents	Not at all			Completely			Total
	1	2	3	4	5	6	
%	12.20	4.88	4.88	9.76	14.63	53.65	100
No.	5	2	2	4	6	22	41

Table 14: Therapy support needs

Do you feel your ongoing support needs are being met in terms of help at home?

The question on ongoing support needs and help at home was answered by 84 patients. Of these 48 indicated the question was not applicable. Of the other 36 there were 26 (72%) who gave a rating of 5 or 6 indicating they felt very satisfied that their ongoing support needs were being met in terms of help at home. However, 9 (25%) gave a rating of 1 to 3 indicating they were less satisfied that their ongoing support needs were being met (see Table 15, below).

Respondents	Not at all			Completely			Total
	1	2	3	4	5	6	
%	16.67	0.00	8.33	2.78	8.33	63.89	100
No.	6	0	3	1	3	23	36

Table 15: Support needs at home

Discussion

In 2014 preliminary findings from the Healthwatch England Special Inquiry into unsafe discharge in health and social care settings described how it seemed to work well for most of the patients surveyed by local Healthwatch organisations. The problems around discharge that did arise often involved communications and patients feeling they were not properly listened to or effectively engaged in discussions about discharge arrangements. At the same time, it can be difficult for patients to understand complex and highly technical discharge

planning processes and their responsibilities and entitlements. There was some evidence that pressure to free up hospital beds means some patients are being discharged before they are ready. In addition, some patients felt health and social care services were not joined-up enough and more could be done to better integrate local authority, hospital and general practice activities and actions to ensure there is a seamless patient journey.¹³

Most of the eighty-five patients returning the Healthwatch Dudley questionnaire survey on their hospital discharge experience at the Russells Hall Hospital felt they understood why they were there and what was happening to them. There were also high levels of satisfaction with the care provided and patients felt they were treated with dignity and respect. For example, patients said “The staff work extremely hard, they’re kind, friendly and can’t do enough for you” (female aged 35-44), “Staff were very good and hardworking ... surgeons [and] doctors [were] able to explain procedures that would take place in an understandable manner (male aged 45-54) and “My treatment in CCU [Coronary Care Unit] was second to none, they looked after me with skill, kindness and compassion ...” (female aged 65-74). In turn, most patients felt they were well enough and ready to leave hospital at the time they were discharged. However, eight patients were less certain about being ready to leave. It would be useful to consider whether anything more could have been done to help this group of patients (especially if some or all of them were at risk or had complex care needs).

Similarly, most patients felt there had been adequate discussions of discharge procedures. But eleven patients were less satisfied indicating there is scope to explore what opportunities there might be to improve staff and patient communications relating to discharge procedures and options. Such explorations could include learning from and building on the work of others to develop a hospital discharge pathway. For example, the Department of Health sponsored York Health Services work with its particular focus on matters like pre-admission screening and assessment procedures, early discussions about different care options, and decisions with the patient and not without them on care and discharge options. And as mentioned in the British Medical Journal there needs to be collaboration from the outset to identify problems through effective information exchange between hospital staff and patients.

[I] woke at 4.40 am with pain and sickness. Pain killers [were] administered but no anti-sickness tablets. [I was] told more pain killers [would be available] at 9.00 am. Asked when I would get anti-sickness [tablets] at 6.00 am, [the] medicine nurse said when she had time to get them. One hour later she said she’d forgotten [and] would fetch them. [I] finally had them shortly after 7.00 am. After 9.00 am [I] went to desk and asked for pain tablets [and was] told data sheets [were] in pharmacy and no one could administer pain tablets. [I] went back to desk several times for pain tablets as in considerable pain [and was] told [they] would be available [at] about 1.00 pm but [they] didn’t arrive then. Asked again and [they] finally arrived [at] about 1.20 pm. The time for discharge was not the problem but the fact I was in considerable pain during this time and nobody seemed to be concerned or care was the problem. Because of this my transfer home was more painful and difficult than it should have been (female aged 65-74).

¹³ Healthwatch England, ‘What happens when people get sent home?’, Special Inquiry, ‘unsafe discharge’ from a hospital, nursing or care home, or mental health setting in England, published on 1 September 2014, <http://www.healthwatch.co.uk/then-what-special-inquiry>

Ten patients experienced lower levels of satisfaction regarding the extent to which they felt listened to by hospital staff. In addition to listening to patients it is as the British Medical Association has emphasised important to also be seen to value and act on patient views and comments about their care and discharge arrangements. Meanwhile, it is crucial that the process outlined in the Russells Hall Hospital discharge leaflet for patients is monitored to ensure that it is working well for patients. It is crucial that patients, their carers, family members and hospital staff are able to work together from the outset to decide on a discharge date and begin to devise a plan for discharge. Fourteen patients experienced lower levels of satisfaction with the extent to which they had been involved in decisions about what was happening to them in hospital. These findings are likely to be interconnected since listening to patients and involving them in decisions about their care are both fundamental components of a genuinely person-centred approach to patient and staff communications. This concurs with the Department of Health view that patient centred care is about more than providing information and must also comprise a fully reciprocal dialogue around care and discharge options.

My husband was taken into RH [Russells Hall Hospital] following a 999 call. We advised them that a special procedure was being carried out by a liver specialist at the QE [Queen Elizabeth Hospital] the following day. It was imperative that he attended at 2.00pm and that he was not to have any food or drink or drugs from 9.00pm onwards. I was told to ring the next morning to see what time he was going to be transferred. I rang every hour from 9.00am and at 1.00pm was told that if we wanted him to attend the QE we would have to collect him privately, no ambulances were available. He would be taken to the reception and we would have to wheel him to the car. We couldn't get near to the hospital due to ambulances being parked without drivers. I am in my 70's [and my husband] couldn't stand [and] didn't know who we were. When we eventually got him in the car he had obviously had some sort of drugs administered. The nurse that brought him down rushed to the smoking area and left us. I asked if he haemorrhaged on the way to QE what should we do and the reply was dial 999 like anyone else would have to do. We got to the QE at 2.00pm and [he] was rushed into theatre only to find he had no discharge papers ... He died on the 28 August 2014.

The son of a patient with dementia said “Communication was terrible [and] information wasn't passed from ward to ward as mom was moved and when information was passed on it wasn't followed or plainly ignored ... [I was] not happy and was glad to get mom out of there”. There were twenty patients who had concerns about the extent to which family members had been involved in decisions about their discharge. It is pertinent to reflect on the extent to which these levels of satisfaction might be improved (recognising that some patients may not want any or much family involvement in decisions about their care). The NHS Choices website sets out the need for clear hospital discharge policies that show how patients, carers and families will be involved in care and discharge planning. Most patients were discharged between noon and 6.00pm and nobody was discharged between midnight and 6.00am (although five patients reported a delay in their discharge). In addition, most patients were satisfied with the comfort of their surroundings whilst waiting to be discharged. But five patients expressed reservations about the arrangements made for their transfer from hospital to home or somewhere else. As the Department of Health has stressed the key steps in discharge planning need to include a focus on assessing patient needs at the

time of admission and at regular intervals in the patient journey to identify hospital and post discharge care needs and plan coordinated inter-agency working to meet them.

In terms of care plans for patients (who felt it was something that was relevant for them) thirty-two patients indicated that they did not have one. Some of these patients may have needed a care plan and others may not have needed one. It is necessary to ensure that all patients who should have a care plan have one and communications work well with patients including those who feel they should have a care plan but do not actually require one to reassure them that their care needs are being met. In turn, for those patients feeling it was relevant twenty-five indicated they were not given a copy of a care plan on leaving hospital. Patients answering the question on how well medication was explained generally indicated high levels of satisfaction but eight were less satisfied indicating some scope for further improvement. Patients raising concerns said “[You] shouldn’t have to wait three hours for prescription medicines ... [to be] discharged (male aged 65-74), “I was discharged from ward B3 at 9.00am on Friday morning and I had to wait until 4.00pm in the afternoon for medication to come up from the pharmacy, which I thought was disgusting. This is not the first time it has happened, [it is] about time something was done about it” (male aged over 75) and [I had a] two hour wait for meds” (male aged 45-55).

While in hospital I was looked after very well, it all went wrong when I returned home. I was given the hospital-to-home information ... I had issues with the medication I was taking and was quite sick and in a lot of pain. I was told to contact my GP which I did [and] they ... said they did not have my [discharge] notes. My husband went to the surgery and they copied my discharge letter ... I chased them [the surgery] again the following day and they said they could not do anything for me ... On the 24 July the secretary [at the surgery] rang to see if I needed any help referring to my call on 7 July [and because] the Doctor said it had been a while and they had only just received my notes from hospital ... I said you had those notes on the day my husband brought them down to you and you copied them ... the whole process of aftercare is appalling. I have constantly chased to get the care I need. I suffer with anxiety and depression and all this does is add to my mental state (female aged 45-54).

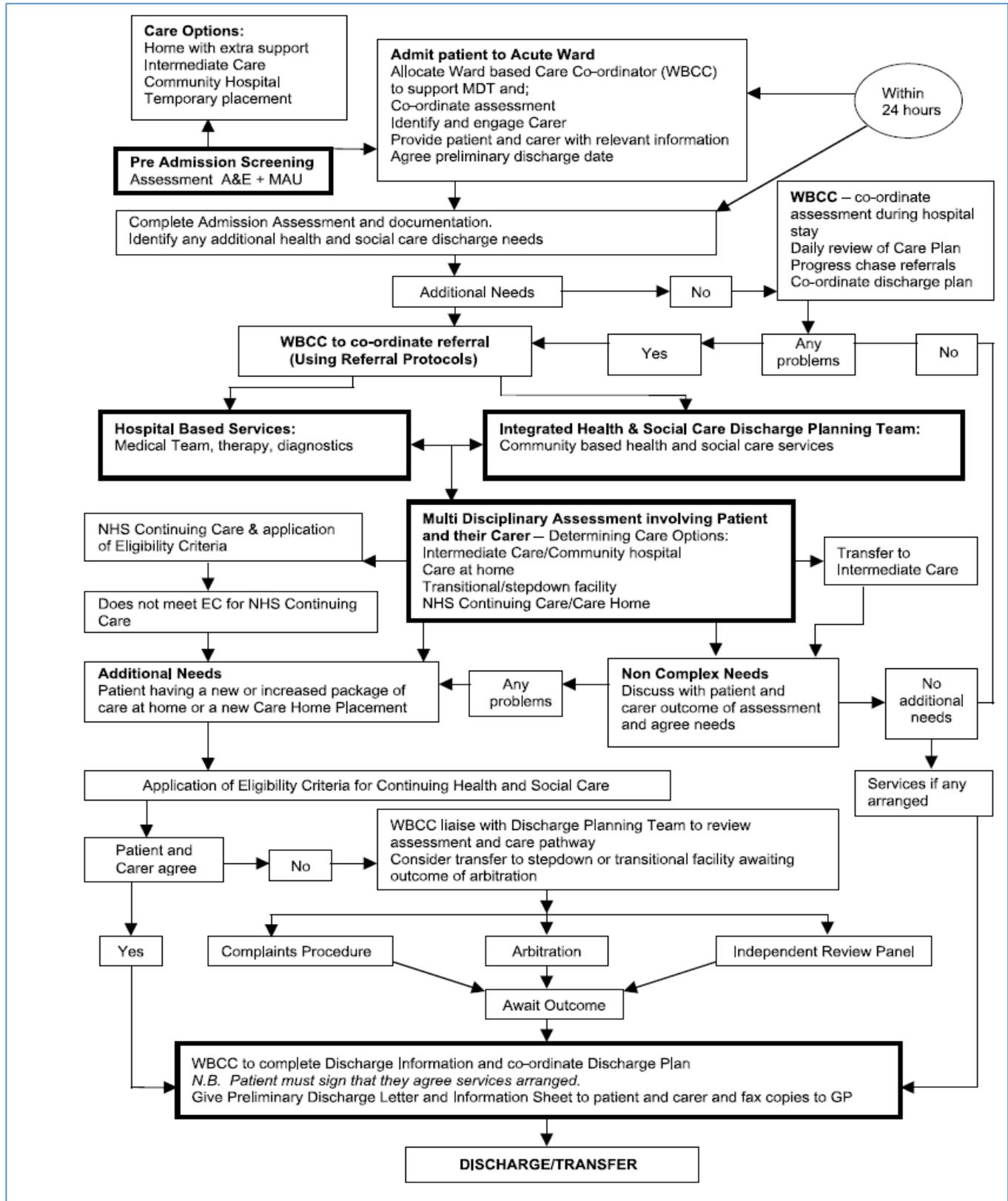
Seven patients indicated lower levels of satisfaction in response to a question asking if they felt their ongoing medical care needs were being met and six patients indicated lower levels of satisfaction in response to a question asking if they felt their ongoing equipment needs were being met. The type of equipment was not specified in the question so it could include medical apparatus or items and adaptations such as handrails or a lowered bath. Nine patients indicated lower levels of satisfaction in response to a question asking if their ongoing therapy needs were being met and nine indicated lower levels of satisfaction in response to a question asking if they felt their ongoing help at home needs were being met.

Conclusions

- Most patients felt they understood why they were in hospital and what was happening to them.
- Most patients were satisfied with the care they received and felt they were treated with dignity and respect.
- Problems that did arise for patients often involved difficulties in understanding complex systems and processes or failures in communications.
- Patients need to know that they (and where relevant their carers and family members) are being listened to and are appropriately involved in decisions about their care and discharge.
- A framework for patient involvement in discussions and decisions about their care and discharge needs to put them at the centre of things and see matters from their perspective.
- Patients, carers and family members need to feel confident that they will get the advice and support they need to ensure they feel their care needs are being met and they are ready to leave hospital when they are discharged.
- A patient's discharge from hospital is sometimes unnecessarily prolonged by delays in getting medications from the hospital pharmacy.
- Effective joined-up and integrated health and social care services are required to deliver high quality healthcare outcomes for patients during their time in hospital and after discharge.

Appendix 1: Hospital discharge pathway

Adapted from the Hospital Discharge Pathway developed by the liaison nurses, York Health Services, in Discharge from hospital: pathway, process and practice, Department of Health, 2003, p.56, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4116525.pdf



Planning for your discharge



What we will do for you

We will plan for your discharge as soon as you get here, if not before. We will discuss your discharge date and agree a plan together.

We will agree the help you need at home and involve your family and/or carer.

If you need to be transferred to a step down or transition bed in the community, we will send you to the first bed available. This may not be the one closest to where you live. Our priority is to get you recovering at home as soon as possible.



What we need you to do

You will be fully involved in planning your own discharge together with your family, carer or friend.

You will need to arrange your own transport home. Hospital transport is only for people who meet strict medical criteria.

Please make sure you have some outdoor clothes and your house keys if you are going home. Ensure your heating is on and you have enough food in. We can arrange a packed lunch for you to take home.

Please let us know if you need a Statement of Fitness



Your medication

Any medication you brought into hospital, and you still need, will be returned to you.

If you have started new medication during your stay, you will be given a supply to take home. Your GP will then prescribe more if required.

We will explain your medication to you before you leave. The name, strength and instructions for taking your medicine are written on the packaging. Each new medicine will have an information leaflet telling you about your medicine.



Day of discharge and follow-up

We aim to get you 'home for lunch' on your day of discharge. We will ask you to move to our Discharge Lounge, which is more comfortable, while you wait for your medication or transport home.

We will send a letter to your GP explaining the reason you were in hospital, giving details of your medication.

If you need a follow-up appointment, or any further investigations, we will arrange this before you leave or contact you once you have returned home.



Help at home and equipment

If we agree at home, a detailing service will be sent support services arranged for your discharge to be assessed home.

If you need home, we will help you with you.

Appendix 3: Questionnaire Survey



Have you recently been discharged from hospital within Dudley borough?

If so, Healthwatch Dudley would like you to complete this short survey (it should take no longer than 10 minutes).

You do not have to provide personal information unless you want to talk further about your experiences. By answering as many questions as you can you will help us to gain a broad view of different people's experiences of discharge from hospital.

Your views will be confidential and you will not be identifiable or passed on to any third party without your consent. The findings obtained from the questionnaire will be published on the Healthwatch Dudley website and reported to Healthwatch England (part of the Department of Health) as part of a Special Inquiry into patient discharge from hospital and social care settings.

PLEASE COMPLETE THIS SURVEY BY MONDAY 28 JULY 2014

The questionnaire can also be completed online at:
www.healthwatchdudley.co.uk/surveys

Healthwatch is the consumer champion in health and social care. It has significant statutory powers to ensure your voice is heard and taken into account by people who commission, deliver and regulate health and social care services.

Healthwatch Dudley
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Healthwatch Dudley
7 Albion
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Brierley
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3EE

2.

*1. Which hospital were you discharged from?

*2. What date were you discharged?

DD MM YYYY

Day, Month, Year

 / /

*3. What time were you discharged?

6am to 12 noon

6pm to midnight

12 noon to 6pm

Midnight to 6am

4. Were there any delays in your discharge?

Yes

No

5. Did you have a care plan?

Yes

No

Not Applicable

6. Were you given a copy of your care plan on leaving hospital?

Yes

No

Not Applicable

7. Where were you discharged to?

PLEASE ANSWER THE FOLLOWING QUESTIONS BY CHOOSING A POINT ON THE SCALE FROM NOT AT ALL ON THE LEFT HAND SIDE TO COMPLETELY ON THE RIGHT HAND SIDE

8. Did you understand why you were in hospital?

Not at all

Completely



9. Were discharge procedures discussed with you?

Not at all

Completely



10. Were you able to understand what was happening to you?

Not at all

Completely



11. Did you feel well enough/ready to leave hospital?

Not at all

Completely



12. While you were waiting to be discharged, were your surroundings comfortable?

Not at all

Completely



13. Did you feel listened to?

Not at all

Completely



14. Did you feel involved in decisions about what was happening to you?

Not at all

Completely



15. Were your family or relatives involved in decisions about your discharge?

Not at all

Completely

N/A



16. How well was your medication explained to you?

Not at all

Completely

N/A



17. Do you feel hospital staff treated you with dignity and respect?

Not at all

Completely



18. Were you happy with the arrangements for your transfer from hospital?

Not at all

Completely

N/A



19. Do you feel your ongoing support needs are being met in terms of medical care?

Not at all

Completely

N/A



20. Do you feel your ongoing support needs are being met in terms of equipment?

Not at all

Completely

N/A



21. Do you feel your ongoing support needs are being met in terms of access to therapies?

Not at all

Completely

N/A



22. Do you feel your ongoing support needs are being met in terms of help at home?

Not at all

Completely

N/A



23. Is there anything else that you would like to tell us?

24. Are you?

Male

Female

Trans

Prefer not to say

25. How old are you?

Under 18

35-44

65-74

18-24

45-54

75+

25-34

55-64

Prefer not to say

26. Ethnic origin

White British

White and Asian

Caribbean

White Irish

Any other mixed background

African

Gypsy/Traveller

Indian

Any other Black background

Any other White background

Pakistani

Chinese

White and Black Caribbean

Bangladeshi

Arab

White and Black African

Any other Asian background

Prefer not to say

Other ethnic group

27. Do you consider yourself disabled?

Yes

No

Prefer not to say

28. Would you like Healthwatch Dudley to contact you to talk to you further about your experiences?

29. Please provide your contact details if you would like someone from Healthwatch Dudley to contact you:

Appendix 4: Healthwatch Dudley - Patient Experience of Hospital Discharge: Interim Report

A questionnaire survey was handed out by nursing staff to patients being discharged from the Russells Hall Hospital, Dudley. This report, based on responses from 40 patients provides an interim summary of findings by exception (to highlight potential issues and concerns). The intention is to continue to collate responses to the questionnaire after the Healthwatch England deadline date for submission of material to inform their Special Inquiry. A more in-depth report will then be produced.

Respondents

Female	21
Male	17
No data	2
Total	40

Do you consider yourself disabled?	
Yes	12
No	24
Prefer not to say	2
No data	2
Total	40

Age	Number
18-24	3
25-34	3
45-54	6
55-64	6
65-74	10
75 and over	10
No data	2
Total	40

Ethnicity	Number
White British	37
No data	3
Total	40

What time were you discharged?

There were 38 responses to this question. No patient was discharged between Midnight and 6.00am in the morning, which might indicate a time that was inconvenient for them. There were 29 patients discharged between 6.00am and 6.00pm and 9 patients discharged between 6.00pm and Midnight.

Question	Responses	Yes	No
<i>Were there any delays in your discharge?</i>	36	6	-
<i>Were you given a copy of your care plan on leaving hospital? (where patient felt it was relevant to them)</i>	23	-	16

Question	Response	No. rating 1to3*
<i>Were discharge procedures discussed with you?</i>	37	6
<i>Did you feel well enough/ready to leave hospital?</i>	39	4
<i>Did you feel involved in decisions about what was happening to you?</i>	38	8
<i>Were your family or relatives involved in decisions about your discharge?</i>	37	12
<i>Do you feel your ongoing support needs are being met in terms of access to therapies?</i>	27	5
<i>Do you feel your ongoing support needs are being met in terms of help at home?</i>	22	7

*On a scale of 1 to 6 where 1=Not at all and 6=Completely

Patient Comments

'Only delays were waiting for Care Plan to be in place' (Male, 75+)

'7 hrs delay in discharge - I was discharged from ward B3 at 9am on Friday morning and I had to wait until 4 o'clock in the afternoon for medication to come up from the pharmacy, which I thought was disgusting. This is not the first time it has happened. About time something was done about it' (Male, 75+).

'Medication complicated, a daily schedule would be useful, also some medication names on sheet did not match brand names requiring an internet search to identify - this seems unacceptable' (patient's son) (Patient, Female, 55-64).

'Shouldn't have to wait 3 hours for prescription medicines to enable discharge' (Male, 65-74).

Appendix 5: Patient age

Age	Responses	Percentage
Under 18	0	0.00
18-24	6	7.06
25-34	4	4.71
35-44	5	5.88
45-54	12	14.12
55-64	15	17.65
65-74	23	27.06
75+	20	23.53
Prefer not to say	0	0.00
Total	85	100

Appendix 6: Patient ethnicity

Ethnicity	Responses	Percentage
White British	78	96.31
White Irish	0	00.0
Gypsy/Traveller	0	00.0
Any other White Background	0	00.0
White and Black Caribbean	1	1.23
White and Black African	0	00.0
White Asian	0	00.0
Any other mixed background	0	00.0
Indian	0	00.0
Pakistani	1	1.23
Bangladeshi	0	00.0
Any other Asian background	1	1.23
Caribbean	0	0.00
African	0	0.00
Any other Black background	0	0.00
Chinese	0	0.00
Arab	0	0.00
Prefer not to say	0	0.00
Total	81	100

