Following on from the Healthwatch Special Inquiry into hospital discharge which took place during July and August 2014 and the subsequent Healthwatch England Safely Home report, Healthwatch Bristol have revisited the subject and conducted a survey to see if the issues have improved.
HOSPITAL DISCHARGE
FOLLOW UP REPORT: NOVEMBER 2016

Healthwatch is the official framework through which local people can have their say about health and social care services. Healthwatch works on behalf of the whole of the community - children, young people and adults and needs people to tell it what’s going on in the health and social care services in their area. Healthwatch can tell services about patient experiences of care and hold them to account; it can also enter and view services such as care homes and hospitals, observe what is happening and report back to commissioners.

People can feel excluded from services and we know that access to services and treatment is not always equal to all, so Healthwatch also has a signposting function to navigate the health and social care system. Healthwatch Bristol is independent, transparent and accountable and powerful, with the strength of the law and the national influence of Healthwatch England behind it. Healthwatch Bristol is provided by The Care Forum.

W: www.healthwatchbristol.co.uk
W: www.thecareforum.org

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Introduction

Following on from the Healthwatch Special Inquiry into hospital discharge which took place during July and August 2014 and the subsequent Healthwatch England Safely Home report, Healthwatch Bristol have revisited the topic of discharge and conducted a survey to see if the issues have improved.

Key themes

While the number of responses was low, the following themes can be identified:

- **Overall satisfaction with discharge process:** respondents were generally happy or very happy with their discharge experience.
- **Improved experience of medication and delays (in comparison to 2014):** key issues concerning time delays and medication, highlighted in the 2014 report, were not raised as issues in this survey.
- **People who receive support post-discharge are satisfied with its quality:** a high proportion (73.5%) of respondents had received support post-discharge and noted organisations such as the British Red Cross, their GP, Bristol Community Health, Women’s Crisis House as examples. Of the people who received support post-discharge, 91.3% were either happy or very happy with the support they received.
- **The need for recommending community support post discharge does not appear to be happening in all cases and is still something people feel could be useful:** only 37.5% of respondents received information about community services they could use following their discharge; only 63.3% of respondents were given a contact name and number of someone they could contact post-discharge; only 56.7% of respondents were given information on what to do if things went wrong following their discharge; the top request for what would improve the discharge experience was to have more contact with someone to check on recovery progress.

Background (2014/15)

Healthwatch Special Inquiry - Discharge (2014)

In partnership with other local Healthwatch organisations, Healthwatch Bristol produced a special inquiry into hospital discharge which proposed four key recommendations:

1. **The discharge process for many patients needs to be planned and implemented more efficiently.** Where possible, planning should begin early in the patient pathway, and should include and incorporate all elements of safe discharge to avoid any delays. Where the exact date of discharge is uncertain, as much planning as possible should be completed in advance of discharge.
2. Discharge processes must include a thorough and effective process for ensuring that patients can access voluntary and community sector (VCS) support within their community. Patients should be empowered to maintain and improve their wellbeing post-discharge to avoid the potential for distressing and unnecessary readmissions. Healthwatch can provide a VCS signposting function for local Trusts as part of our commissioned service.

3. Where possible, and especially in circumstances that involve vulnerable and/or older people, the hospital should examine whether they could provide a ‘check-up’ service to patients after discharge. It is clear that many patients will not require this service, so the discharge process should include an assessment as to whether the patient would benefit from a ‘check up’ in order to avoid using resources unnecessarily.

4. Hospitals should consider whether they are doing enough to listen to the views of patients, families and carers during the discharge process. Views should be meaningfully incorporated into decision-making in order to empower patients to feel in control of their care.


This national report identified five core reasons for why people felt their hospital discharge was not a positive experience:

- People experience delays and a lack of coordination between different services.
- People feel left without the services and support they need after discharge.
- People feel stigmatized and that they are not treated with appropriate respect.
- People don't feel involved in decisions about their care or given the information they need.
- People feel that their full range of needs is not considered.

W: [http://www.healthwatch.co.uk/safely-home](http://www.healthwatch.co.uk/safely-home)

NICE Transition between inpatient hospital settings and community or care home settings for adults with social care needs, (2015)

The guideline was designed to improve people's experience of admission to and discharge from hospital settings and includes recommendations on:

- person-centred care and communication and information sharing before admission to hospital including developing a care plan and explaining what type of care the person might receive;
• admission to hospital including the establishment of a hospital-based multi-disciplinary team;
• during hospital stay including recording medicines and assessments and regularly reviewing and updating the person’s progress towards discharge;
• discharge from hospital including the role of the discharge coordinator;
• supporting infrastructure;
• training and development for people involved in the hospital discharge process.

W: [http://www.nice.org.uk/guidance/ng27](http://www.nice.org.uk/guidance/ng27)

**What we did (2016)**

Healthwatch Bristol:

- produced a survey online and as a paper copy which was distributed via British Red Cross Home from Hospital service, Brain Injury Rehabilitation Unit and We Care and Repair;
- promoted the survey through the Healthwatch Bristol e bulletin and general engagement work;
- carried out enter and view visits to the Bristol Royal Infirmary discharge lounge;
- linked with the Quality Trauma Discharge project being piloted by North Bristol NHS Trust. [http://www.health.org.uk/programmes/innovating-improvement/projects/quality-trauma-discharge](http://www.health.org.uk/programmes/innovating-improvement/projects/quality-trauma-discharge)

Healthwatch Bristol had aimed to gather 100 responses from the public. This unfortunately was not achieved with only 34 being received. However, the following analysis of those 34 responses shows clear trends in the feedback.

**The data**

*Abbreviations: University Hospitals Bristol NHS Foundation Trust (UHBT), North Bristol NHS Trust (NBT), Bristol Royal Infirmary (BRI) - this hospital is provided by UHBT, Brain Injury Rehabilitation Unit (BIRU)*
Question 1: Which hospital have you recently been discharged from?

In general responses from North Bristol NHS Trust (NBT) and University Hospitals Bristol Foundation NHS Trust (UHBT) were similar, however, where this is not the case it will be highlighted. However, it is important to note that as there were more responses collected from those coming home from a NBT facility than UHBT, this could have an influence on the concluding results.

Due to the nature of the data collection process there was potential for respondents to not live in Bristol and of the feedback received, five respondents were from South Gloucestershire and four from other neighbouring counties. Where the feedback is felt to be significant due to the commentator’s address, it will be highlighted.

Respondents were also asked to where they had been discharged. Only one person was not discharged to their home, instead stating discharge was to their mother’s home.

Survey responses have been ordered below to look at the discharge experience and then questions about post discharge support.
You said

Question 4: What information did you receive about your discharge?

Respondents were asked to tick yes, if they received information.

Additional comments were:
- The information I received was sufficient.
- Mix up of patients wrong discharge plan (nightmare).
- In the patient guide. It tells you everything in it.

There were significant differences to these findings between respondents coming home from an NBT hospital and respondents coming home from a UHBT hospital (however, it must be noted that overall there were more responses to the Healthwatch survey from people who had been discharged from NBT than responses from people who had been discharged from UHBT and for an accurate comparison of the two Trust’s, more data would need to be gathered):

NBT:
- 92% of respondents coming home from an NBT hospital said they were given information on their medication and why they were taking it.
- 30% of respondents coming home from an NBT hospital were given information about what to do if something goes wrong.
- 77% of respondents coming home from an NBT hospital said the hospital staff arranged and explained their discharge plan.

UHBT:
- 46% of respondents coming home from an UHBT hospital said they were given information on their medication and why they were taking it.
- 64% of respondents coming home from an UHBT hospital were given information about what to do if something goes wrong.
- 46% of respondents coming home from an UHBT hospital said the hospital staff arranged and explained their discharge plan.

Question 5: How did you feel about your discharge?
Overall respondents were happy with their hospital discharge experience. However, a significant difference to these findings were that for those respondents coming home from an UHB hospital, 17% said they were very unhappy with their experience. No one said this about their experience with NBT.

Question 9: Have you experienced any problems or challenges with your discharge or since you have left hospital?

<table>
<thead>
<tr>
<th>Yes</th>
<th>70.4%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>29.6%</td>
</tr>
</tbody>
</table>

Reasons for the problems or challenges are given below:

Illness/pain post discharge:
- I was given good advice but no support at home and an infection set in so now I have been readmitted into the BRI.
- There was swelling in my feet very badly, the right foot in particular. It went almost purple and it was very painful, I was not able to wear any slippers. I had an x-ray at Cossham hospital yesterday (21/07/16) but will not get the result until next week, so am finding walking very bad, even with frame.
- Pain management/toilet mobility issues. Has been a challenge since leaving hospital.
- Numbness in my left arm and hand.
- The pain continued much longer than expected.

A lack of support or adequate information/referral in the hospital:
- I was discharged after a long stay in hospital with no help with medication (numerous tablets). No dosset box was in place, so I had to contact my own GP who organised this for me. My family had to seek help regarding carers for me as I could not manage alone.
- I had a very sore back and I went to Hengrove Hospital drop-in and I was told it was kidney stones, then they transferred me to Knowle West Health Centre, they said it was kidney stones. I went to see my GP and she told me it was a water infection. Both those hospitals gave me the wrong diagnosis.
- Being a mental health service user, once people know what you have been in hospital for, you get verbal abuse, they call you things like, 'Mental, stupid, nutter and other things', being in hospital you get treated the same way.

A lack of support available post-discharge:
- Since leaving Brain Injury Rehabilitation Unit three months ago there has been no support, we were advised there may be a wait from HITU (Head Injury Therapy Unit).
- I am finding it hard dressing the scar on my face and the one from the skin graft on my leg.

Other:
- Two respondents stated it was a massive challenge.

**Question 12: What if anything, would have improved your discharge experience?**

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>More contact with someone to check on recovery progress</td>
<td>37.0%</td>
</tr>
<tr>
<td>Other, please specify...</td>
<td>33.3%</td>
</tr>
<tr>
<td>Less waiting times or gaps</td>
<td>29.6%</td>
</tr>
<tr>
<td>Better coordination between services and referrals</td>
<td>29.6%</td>
</tr>
<tr>
<td>Clearer information about what happens next</td>
<td>29.6%</td>
</tr>
<tr>
<td>Information in an accessible format to you</td>
<td>13.5%</td>
</tr>
<tr>
<td>More/better information about what has happened to you and your discharge</td>
<td>18.5%</td>
</tr>
<tr>
<td>Organisation of transport</td>
<td>14.3%</td>
</tr>
<tr>
<td>Your and/or your families or carers views were taken into consideration</td>
<td>11.1%</td>
</tr>
<tr>
<td>when your discharge plan was developed</td>
<td></td>
</tr>
<tr>
<td>Better coordination between discharge and pharmacy services</td>
<td>7.4%</td>
</tr>
</tbody>
</table>

Total: 27

Additional comments were:

Better access to information about the condition and discharge:
- To have a consultant focused that understood the patient.
- How my recovery might progress in the coming months.
- I am deaf and have difficulty in understanding long phone conversations - prefer contact by letter.

Better and more timely access to support post-discharge:
- It would be important and essential if carers are in place before you leave hospital after a long stay in hospital. It could be too late a week later!
- Not to wait so long for arrangements for care in my home.
Positive feedback:
- The discharge plan was clear and all went smoothly. I was very grateful for the care I received.
- Very happy with service. Came home in an ambulance.

Unclear/other:
- They wanted me home again.

37% of respondents thought having a named contact would have been useful to support them post discharge. A key element of the NBT Quality Trauma Discharge project was having a named co-ordinator who people could contact with any questions they may have. The feedback on this was very positive and had other knock on impacts in reducing visits to their own GP and improved self-care.

Question 6: Have you received support post-discharge?

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<thead>
<tr>
<th></th>
<th>%</th>
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<tbody>
<tr>
<td>Yes</td>
<td>73.5%</td>
</tr>
<tr>
<td>No</td>
<td>26.5%</td>
</tr>
</tbody>
</table>

Respondents noted various organisations such as Red Cross, their GP, Bristol Community Health, Women’s Crisis House, as well as family in the supplementary question which asked for details.
Question 8: If you answered yes in question 6, how was the support you received post-discharge?

Respondents were all positive about the support they received post-discharge.

Question 10: Did you receive information about other community services you could access for support

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<tbody>
<tr>
<td>No</td>
<td>62.5%</td>
</tr>
<tr>
<td>Yes</td>
<td>37.5%</td>
</tr>
</tbody>
</table>

The recommendation for referring and signposting people post discharge to services and support in the community was made in the 2014 report, however responses to this survey suggest that this is not happening for all people as it could be.
Conclusions

Overall Healthwatch Bristol was pleased to see there appears to be an improvement in the experiences of people being discharged from hospital which could be attributed to the CQUIN’s undertaken by both hospital trusts giving focus to the process.

While the number of responses was low, the following themes can be identified:

- **Overall satisfaction with discharge process:** respondents were generally happy or very happy with their discharge experience.
- **Improved experience of medication and delays from 2014:** key issues concerning time delays and medication, highlighted in the 2014 report, were not raised as issues in this survey.
- **People who receive support post-discharge are satisfied with its quality:** a high proportion (73.5%) of respondents had received support post-discharge and noted organisations such as the British Red Cross, their GP, Bristol Community Health, Women’s Crisis House as examples. Of the people who received support post-discharge, 91.3% were either happy or very happy with the support they received.
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- **There was a higher level of satisfaction from respondents being discharged from a NBT hospital than UHBT.** In 2015/16 NBT were implementing a CQUIN to improve discharge communication. They also, supported by The Health Foundation developed a Quality Trauma Discharge pilot which has had positive impacts. This focus on the discharge process is probably the reason for the differences.

Recommendations for consideration

1. All hospitals should formalise the sharing of information about community support post-discharge and information about what to do and who to contact with questions or should something go wrong to ensure that all patients receive this information.
2. All hospitals should respond to Healthwatch Bristol detailing how their discharge processes meet the NICE Transition between inpatient hospital settings and community or care home settings for adults with social care needs, December 2015.
3. UHBT should review feedback they receive on discharge experiences to investigate further whether the trends highlighted in this Healthwatch report are experienced by a wider cohort of UHBT patients and then look to learning locally to ensure they do not fall behind in the level of service and support they provide.

Next steps

Healthwatch Bristol will....

All the feedback Healthwatch Bristol gathers is analysed and used to inform the Healthwatch Bristol quarterly reports which are shared with Healthwatch Bristol partners including Bristol Clinical Commissioning Group, the Bristol Health and Wellbeing Board, Bristol City Council, the Care Quality Commission, NHS England and Healthwatch England. The quarterly report is also presented to the Healthwatch Bristol Advisory Group to propose further uptake of the issues identified in the report. The report will be available on the Healthwatch Bristol website (www.healthwatchbristol.co.uk) and circulated to our mailing lists via the monthly e-bulletin.

Looking forward....

Hospital discharge is a topic that is frequently raised with Healthwatch Bristol and so we will continue to monitor this feedback.

Healthwatch welcomes and encourages members of the public to continue to contribute their feedback to us using the communication methods included at the end of this report.

Healthwatch also supports members of community groups to become Volunteer Champions so that they can represent the experiences and needs of their community group. If you would like to find out more about volunteering with Healthwatch, please contact us using the details below.

Tell Us Your Story...

Healthwatch Bristol want to hear from you about your experiences so that we can tell services your needs to create the best local services.

Text us - text bris followed by your message to: 07860 021 603
Email us at: info@healthwatchbristol.co.uk

Call us: 0117 2690400

Write to us at: Healthwatch Bristol,
The Care Forum, The Vassall Centre,
Gill Ave, Fishponds, Bristol, BS16 2QQ

Or visit our website to see more at: www.healthwatchbristol.co.uk