

# What are people's experiences of hospital discharge?



## **Acknowledgements**

We would like to thank all our volunteers at both Healthwatch Enfield and Haringey for their time and hard work in making this project possible. We would also like to express our gratitude to the North Middlesex University Hospital Trust for their co-operation and support.

**This report can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.**

## Introduction

Between November and December 2017, Healthwatch Haringey and Healthwatch Enfield spoke to people who had recently been discharged from hospital about their experience of discharge and how this could have been improved.

Individuals were either contacted by telephone or approached face to face at engagement events to complete a survey about their discharge experiences. This survey forms part of engagement work carried out by all five Healthwatch organisations across North Central London on behalf of the Urgent and Emergency Care work programme in the North London Partners STP. The aim of this survey - as well as our other engagement work - is to inform the STP's future planning and priorities for improving urgent and emergency care, including the process of discharging people from hospital.

This report outlines the discharge experiences of 66 individuals living in Enfield or Haringey.

## Summary of key findings

- 62% of people we spoke to said that their discharge went according to plan
- Only half the people we spoke to said that they got all the information they needed when they were discharged (53%), and the same percentage of individuals felt well supported by health and care services now they were back at home.
- Just over half the people we spoke to (55%) said they would know how to get more support if they needed it - and various comments suggested that more 'what to do if' information (e.g. 'what to do if you are in pain') would be valuable
- Only 36% of people we spoke to had had a care plan made when they left hospital and 40% felt that their views and wishes were not considered, or only taken into account 'to some degree'. Having an interpreter present for people whose English is not strong and following the care plan once it has been made were both highlighted as important
- There were mixed views on the idea of discharge to assess - 38% thought it was a good idea, while another 33% did not think it was a good idea and 24% did not know. Overall, more concerns were raised about this idea than arguments made in its favour
- Half of the people we spoke to (51%) wanted to be given information face-to-face rather than on a leaflet or app. However, some individuals said that they would like to receive a letter that they can look back on over time.

## Methodology

### Discharge telephone calls

Both Healthwatch Haringey and Healthwatch Enfield used a set of questions that had already been developed by the five Healthwatch organisations across North Central London to capture people's experience of hospital discharge across our five boroughs (the 'NCL discharge survey').

Staff at North Middlesex University Hospital NHS Trust asked patients who were being discharged whether they would be willing to take part in the research. Those who agreed signed a consent form and provided a daytime telephone number and preferred time of day to be contacted. The Hospital then provided Healthwatch Haringey and Healthwatch Enfield with a list of 91 individuals willing to be called. Volunteers, staff and Board members of both Healthwatch organisations made the calls. All callers were fully briefed and provided with a list names to call, along with details about the time of day that each person preferred to be called. Callers were then able to make the calls in their own time. We advised all our callers to make three attempts to call each person.

We managed to talk to a total of 28 of these patients (Healthwatch Haringey spoke to 11 individuals and Healthwatch Enfield spoke to 17 individuals). The remaining people either did not answer after three attempts, no longer wanted to participate or their telephone number was no longer in use.

### Discharge surveys at engagement events

Furthermore, since September 2017 Healthwatch Enfield has been talking to individuals at engagement events to hear about their experiences of hospital discharge. Healthwatch Enfield has been using the NCL discharge survey at various locations across Enfield including pop up stalls at the North Middlesex Hospital, Chase Farm Hospital and local libraries.

Through this engagement, Healthwatch Enfield has collected an additional 38 responses to the discharge survey. This data has been included in this report.

**This report therefore reports the discharge experience of 66 individuals living in Enfield or Haringey.**

## What people told us about...

### Their experience of being discharged

62% of people felt that their discharge went according to plan, with a further 11% saying it went to plan 'to some degree'.

### What works well

Where discharge went to plan, people mentioned:

- Arrangements being made for the person to leave hospital, even though they asked to leave early against medical advice
- Being able to leave on the day that they were told they would be

### **What could be better**

People mentioned the following things that could have been better when they were discharged:

- Having to wait for medications to be delivered to the ward
- Not being able to find the nurse in charge of the person's care when it was time for them to go home
- Not being able to get information about when they would be allowed to leave, making it difficult to arrange for family to come and pick them up
- Not being given information about the individuals condition, medication and after care
- Waiting around for a long time and then suddenly being 'kicked out'
- One person still had no diagnosis when he was discharged and was referred to another hospital but had not been offered an appointment yet
- No transport arranged and having to take a taxi home
- Being discharged 'after dark', with one instance of an individual being discharged at 3am

### **Receiving information and support**

53% of people said that they felt they got enough information about what would happen after they left hospital. Where people did not get enough information, the things that would have been useful to know were:

- How long they should keep taking their medication for
- An explanation of what different medications were for and why they had been prescribed
- How to get a prescription for medication, if this has not been issued
- Any symptoms to expect during the healing process (e.g. any pain) and what to do if this happened
- The reason for any referrals that were made
- Who to chase up if any aftercare or visits are not arranged or the person has any complaints about these
- What social care support would be implemented for the individual
- How to obtain and order specialist equipment

- Information about date, location and frequency of follow up appointments
- Information on how to prevent the same problem reoccurring
- Information in writing in addition to verbal discussions, for those with memory problems/those wanting to revisit information at a later date
- Relevant information about return to work
- Having full information about test results

### Case study

*One person we spoke to was told that her husband would be visited regularly at home by a physiotherapist. When we called, her husband had been at home for several weeks and had not been seen by a physio. She was confused about who was supposed to be sending the physio (the hospital or Haringey Council), and so did not know who to speak to to complain.*

Only 53% of people felt well supported by health and social care services now that they were back at home. Where people did not feel supported, things they would like included:

- Better co-ordination between the hospital and the person's GP, with the GP calling to check up on the person a few days after discharge
- Some people were expecting visits (e.g. from community nurses, physio) that failed to materialise
- On the other hand, one person was visited when she was not expecting this and was not completely clear who the person who visited to check up on them was, describing them as a 'nurse' or 'carer'
- Some people felt the care they received was not enough but did not know how to appeal or challenge this decision
- One person had had her disability benefits stopped while she was in hospital and was relying on her daughters for financial support, this was not taken into account as part of her discharge

55% of people said they would know how to get more support if they needed it.

### Care planning

Only 36% of people we spoke to had had a care plan made for them when they left hospital - another 15% did not know whether they had or not.

- 53% felt that their views and wishes had been taken into account
- 24% did not feel that their views and wishes had been taken into account

- 16% felt that they had been taken into account to some degree

Suggestions that were made for how care planning could be improved included:

- Having an interpreter or family member present to interpret for the patient
- Discussions about care planning starting before the day the individual is discharged, to allow for advanced planning
- More detailed discussions about discharge plans
- Listening more to the patient's needs, wants and desires
- One person appeared to have had a care plan made as he was receiving two 45 minute visits from carers when he got home, however one of these had recently been stopped with no explanation

Note that this question was difficult for people to answer as they were not familiar with the term 'care plan', some referred to the quality of care they received in hospital rather than after discharge.

### **Discharge to assess**

38% of the people surveyed felt that it was a good idea for people who need a care plan to have this written after they leave hospital. 33% said that they did not think it was a good idea, and 24% didn't know what they thought about it.

Reasons given for thinking this was a good idea included:

- People are more relaxed and settled in their own home
- There is less noise and distraction
- It is an opportunity to check on the person once they are home
- This should include an occupational therapist (OT) assessment so that people are less at risk of falling when they get home

A few people expressed that they only felt this would work if it was on the same day as discharge. Concerns that were raised about this included:

- It could be difficult to arrange a time for the person to come and visit
- If it was done in hospital, the NHS would not have to send somebody out to people's homes
- Would save time to do it in hospital
- Two people had been home for several days (up to 10 days in one case) and had still not had a care plan made for them

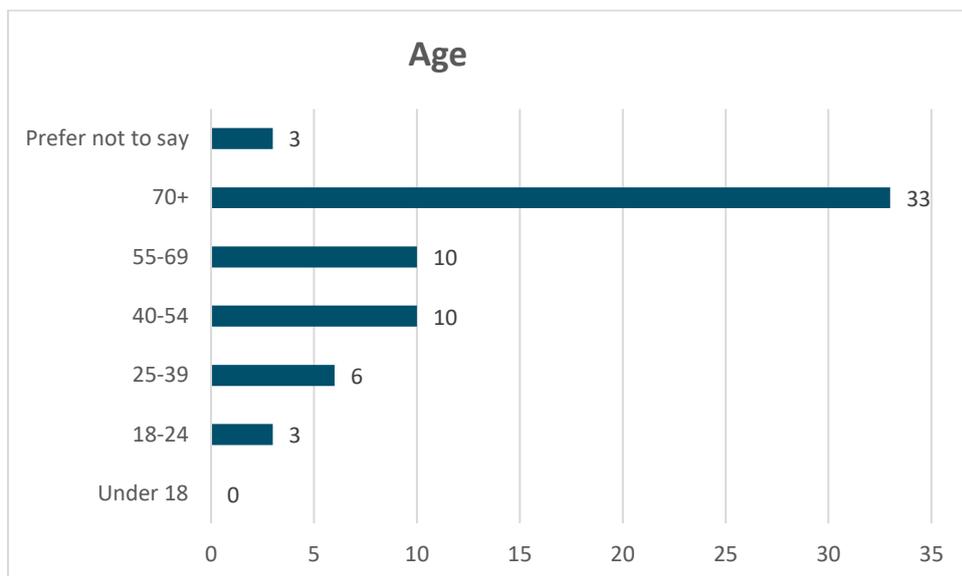
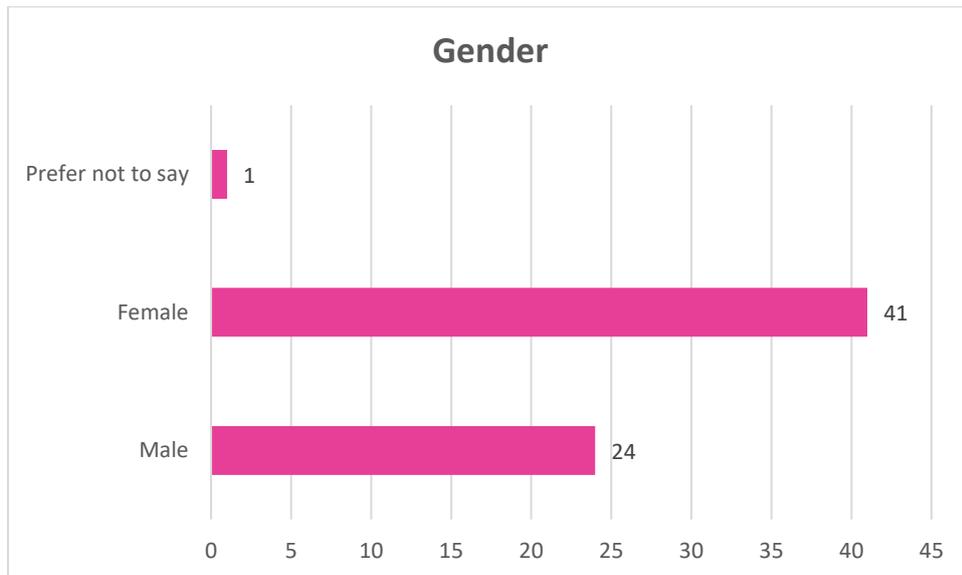
- Another person felt they would have to wait a long time for someone to come and visit them
- Would not have worked for mother who is bed-bound as she needed to have a hospital bed delivered in advance and carers there when she got home
- Another person would want her father (who has seizures) to have been assessed in hospital prior to discharge as well, as this helped reassure the family that he would be safe at home
- Not having an occupational therapy assessment at home before going home, meaning aids and adaptations would not be in place.
- Privacy being invaded by having healthcare professionals visit ones home.

### **Communication preferences**

Most people preferred information about health services to be given to them face-to-face (61%)

- 14% preferred it to be on a leaflet
- 6% preferred it to be on an app
- 18% of people preferred information to be in some other form, of which the most common suggestion was a personal letter sent to the patient or a follow up telephone conversation

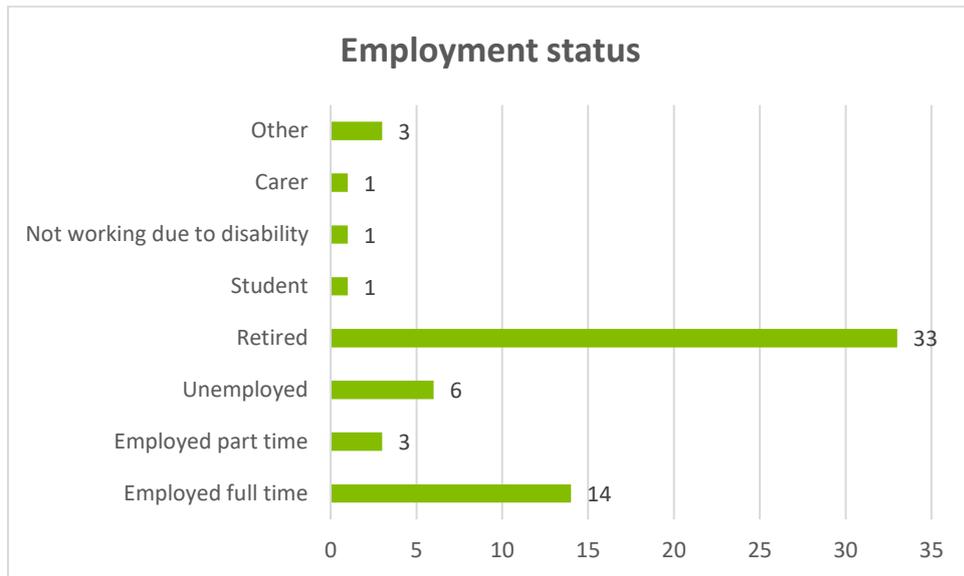
## Appendix - demographics of individuals who participated



### Ethnicity

Bangladeshi	1
Black British	5
Black African	1
British - Turkish Cypriot	2
Caribbean	3
Chinese	1
Greek Cypriot	11
Irish - British	6
Jamaican British	1
Mauritian	5
Polish	2
Somali	1
Spanish	1

Trinidadian British	1
Turkish	5
West Indian	1
White British	19
White European	2
Prefer not to say	3



This report has been written jointly by Healthwatch Enfield and Healthwatch Haringey.

If you would like to discuss this report or its findings, please contact:



Telephone: 020 8373 6283

Email: [info@healthwatchenfield.co.uk](mailto:info@healthwatchenfield.co.uk)

Website: [www.healthwatchenfield.co.uk](http://www.healthwatchenfield.co.uk)



Telephone: 0208 888 0579

Email: [info@healthwatchharingey.org.uk](mailto:info@healthwatchharingey.org.uk)

Website: [www.healthwatchharingey.org.uk](http://www.healthwatchharingey.org.uk)