



# Hospital Discharge Consultation

For Older Adults

October 2014

# Introduction

This report outlines the findings and recommendations for hospital discharge in Barnet. Alerted to local and national concerns about hospital discharge, Healthwatch Barnet approached its charity partner Advocacy in Barnet to undertake research into patients' and their carers' experiences. Advocacy in Barnet's extensive contacts and experience with patients, particularly older and frail adults, and their knowledge of hospital and discharge processes was considered valuable in liaising with a range of patients, some of whom would have experienced distressing or difficult experiences. Healthwatch England is undertaking a Special Inquiry into hospital discharge and this report has been sent as a submission of evidence of people's experiences.

This report is in two sections with the report from Advocacy in Barnet in Section 1 and the report from Jewish Care in Section 2. **The recommendations are the combined feedback from both organisations.**

## **Advocacy in Barnet**

Advocacy in Barnet is a registered Charity that offers a free, independent and confidential advocacy services to people who are aged 50 and over living in the London Borough of Barnet and surrounding boroughs. Advocates visit people in their own homes, in care homes, at day centres and on wards in hospitals.

The advocate's role is to inform people of their rights, represent their needs, secure their wishes, and empower them to speak up and where they cannot speak on their behalf. Advocacy in Barnet has been providing advocacy services to Barnet residents for over 17 years. Volunteers are at the heart of the organisation and form a large part of the delivery team. Advocacy in Barnet offers financial, hospital and care home advocacy services and end of life care services.

**Jewish Care** is the largest health and social care organisation serving the Jewish community in London and the South East. It runs over seventy centres, caring for more than 7,000 people and their families every week.

## **Healthwatch Barnet**

Healthwatch Barnet is part of a new national network, led by Healthwatch England, established in April 2013. It listens to the experiences and views of patients and service-users of health and social care. It promotes and supports the involvement of people in the monitoring, commissioning and provision of local care services; it liaises with Barnet Council and health and social providers to make recommendations to improve services and to highlight good practice. It has a place on the Health and Wellbeing Board and the Clinical Commissioning Board and represents people's views and experiences.

## Recommendations

Hospital discharge process as an issue has been acknowledged both by professionals and patients. From the research and feedback from patients it is clear that high number of patients are happy with the care and the discharge process, but that there are still a significant number of patients who are experiencing poor care whilst on Wards, poor discharge planning and disappointing after care.

The role of facilitator/co-ordinator to ensure a hospital discharge is timely and appropriate is a much need one for people who are vulnerable and have no other social network to support their wishes and preferences. Advocates also play a key role in supporting patients who are frail, unwell or have difficulty in comprehending their treatment and discharge processes.

Although, the report highlights some patients felt they were inappropriately discharged and some too early, it is fair to say that some patients are very keen to get home as soon as possible and often leave hospital declining an assessment. Evidence also suggests that, if a patient has an informal carer (either relative or friend) in place, it is often assumed the carer will provide care. Carers have rights to an assessment to ensure they are physically and mentally able to provide care and this is aspect of person centred care is often overlooked in hospital.

To aid patient recovery, to avoid delays and re-admission, we recommend that the following actions are undertaken.

1. For hospital providers to confirm their commitment to ensuring consistency in the care that is provided to patients and that every patient has a right to good nursing care experience. Providers should make it clear to patients and their carers on admission and discharge the standards of care that they should be able to expect.
2. That hospitals improve communication between professionals and patients and their carers. Patients to be asked whether they would like their family/carers to be involved in discussions and decisions relating to discharge and if so, for this to be a planned part of the system. Patients should have clear explanation of when professional hospital staff may need to contact carers or families without the patients' express permission (such as if the patient wishes to discharge him/herself against medical advice).
3. In some cases the keenness of some patients to get home is a contributory factor in a poor discharge, as is the hospital's over reliance on the informal carer to take too much responsibility; the hospital should be able to check with the informal carer that all is in place for an appropriate discharge. If enablement is not in place when the patient leaves hospital, it is very difficult to arrange once they are at home.
4. For Doctors and Consultants to maintain compassion and understanding whilst liaising with patients and their families.
5. To reduce waiting periods for discharges by improving medication and transport arrangements coordination.
6. To give enough notice to patients' family regarding patient's discharge date and time.
7. To encourage discharges before 6pm, and avoiding late evenings and night discharges.

8. To improve the planning of patients' after care plan by listening to patients' concerns and wishes.
9. To offer rapid and easy access to independent advocacy services on wards and on discharge.
10. Lastly, although, it was not one of the objectives of this consultation to identify how many patients had neither family nor friends, out of 124 patients Advocacy in Barnet spoke to, it was noted that at least 40% either had no family or friends or had family who lived far or had conflict within the family. It is critical for the discharge team to consider that elderly patients may not always have family or friends and plan discharge, including liaison with social care and voluntary organisations, accordingly. Communication about the Enablement Package could be improved.

## REPORT FROM ADVOCACY IN BARNET

### Project Aims and Objectives

The aim of the consultation was to gain feedback from patients on their experience of being discharged in the past 18 months from Barnet General, Chase Farm, Edgware Community, Finchley Memorial or Royal Free Hospitals.

The objectives were to utilise the questions (as outlined in the engagement agreement by Healthwatch Barnet and proposed by Healthwatch England) to undertake hospital discharge consultation and obtain feedback by holding:-

- 4 - 5 Focus groups to engage with no less than 40 older people who have used hospital services;
- Community survey/s in 2 hospitals and commercial centres to engage with no less than 40 individuals;
- 1:1 consultation to support engagement and participation to be undertaken with no less than 40 people in hospital, care homes, day centres and community settings;
- Invitees will represent a cross section of diversity including representatives of the Asian, Afro Caribbean communities and other BME groups, deaf people and carers in the Borough.

In order to achieve the objectives, Advocacy in Barnet employ the above-mentioned approaches to engage with patients and their relatives to seek their feedback. Twelve DBS checked volunteers were trained to engage in this consultation. Initially, three volunteers carried out a pilot run at a local Church community centre where five members participated in the consultation. This pilot activity helped with reviewing and revising the consultation document.

After the pilot work, a four weeks delivery plan was implemented where activities were carried out throughout the borough. The consultation was carried out as follows:

- Four volunteers carried out community surveys at Barnet General and Finchley Memorial Hospitals over a four week period.
- Ten volunteers engaged in seven focus groups organised at six community organisations.
- Volunteers also engaged with Barnet residents at two health centres, two community centres, three libraries and three care homes.
- Through Advocacy in Barnet's Hospital Advocacy Project, volunteers carried out 1:1 consultation with fifty patients (recently discharged from the Royal Free Hospital).

In total 124 members of the public have been reached and supported in completing Hospital Discharge Consultation.

### Background

Hospital discharge issues and the need for its improvement have been in the news for some years now. "In 2013, there were concerns over 78,424 hospital bed days lost due to delayed discharges. Brimelow, A. Delayed Hospital Discharges Examined. BBC News. <http://www.bbc.co.uk/news/health-25059887> . Accessed 15th August 2014.

Some months ago hospital discharge process was again in news, this time it was around patients being discharged late at nights and its impact on the patients' recovery. "Growing pressure on NHS hospitals has led to hundreds of thousands of patients being discharged in the middle of the night, despite efforts to cut back on the controversial practice, it has been revealed." Nadra Ahmed, chair of the National Care Association said: "They are going back without any relevant information about how their care might have changed, what the diagnosis might have been, their paperwork is not following

because people are off duty, and often [patients are] without the relevant medication they need for the following day or even through the night.”

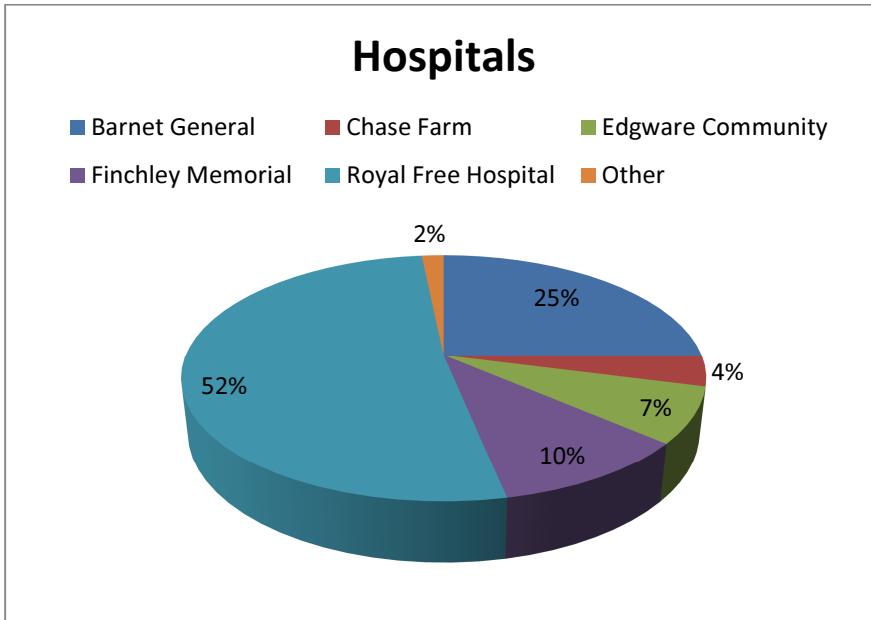
Healthwatch England (HWE), the national umbrella body for all local, is currently undertaking a special inquiry into people’s experience of hospital discharge. HWE has unique powers to advise and can require organisations such as the Care Quality Commission and Monitor to respond in writing and on public record to justify their decisions. HWE uses the evidence, collected from local Healthwatch, to advise the Secretary of State for Health, NHS England and local authorities about the changes that are needed to improve people's experiences.

Healthwatch Barnet’s Year 2 priorities include liaising with and supporting older adults. Individual Barnet residents had provided case studies about their poor experiences of hospital discharge and this, linked with the national issues, prompted HWB and AiB to undertake further research in this area. It is hoped that this research will be helpful to the providers and commissioners of local services, to help improve not only patients’ experiences but also their longer-term care and their wellbeing.

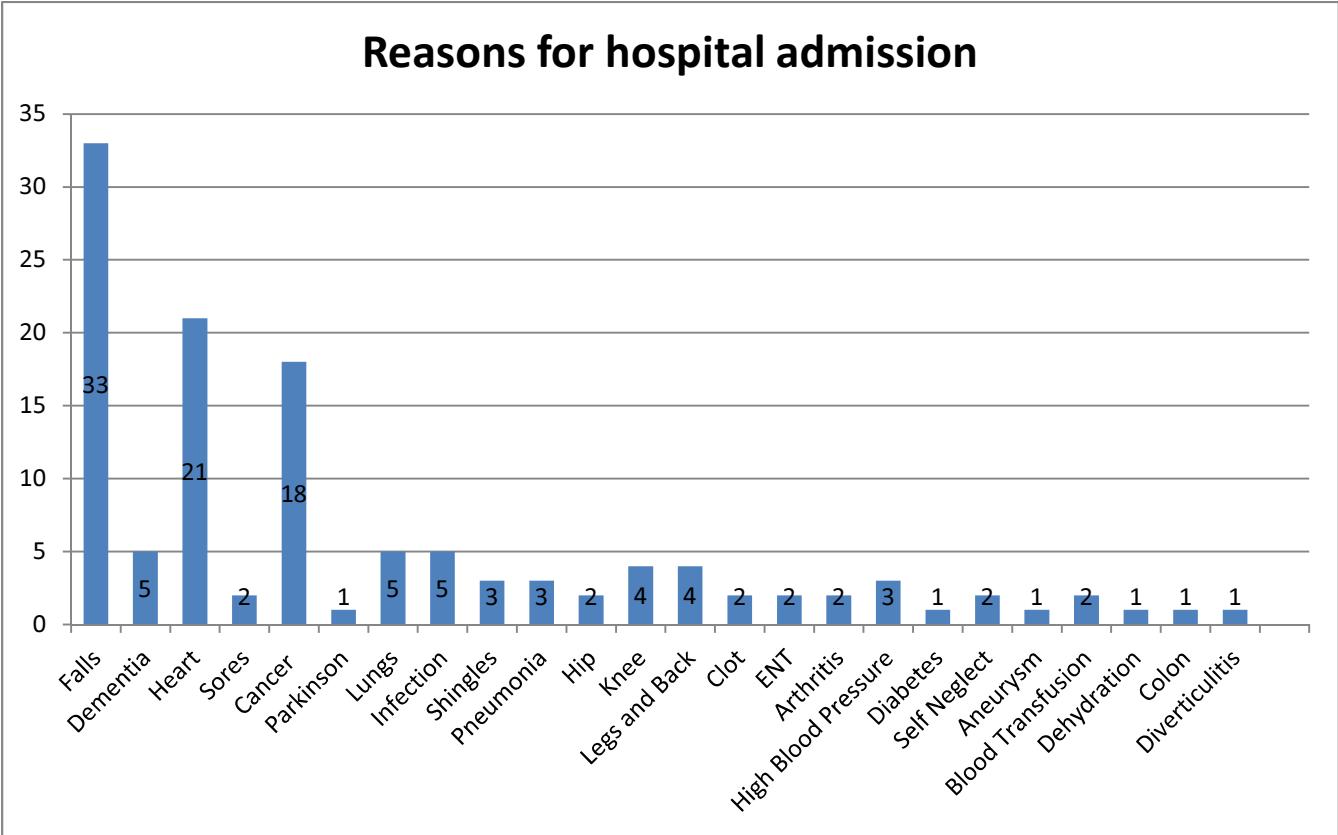
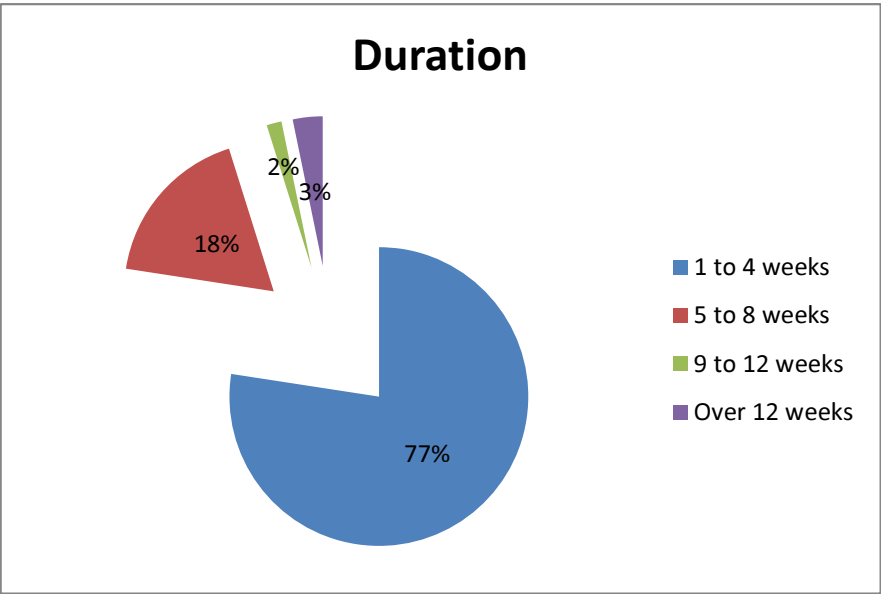
# Key Findings

## Profile of Hospital Admissions

The following diagrams show the profile of hospitals used, the duration of the stay and reason for hospital admission.



Hospitals	Numbers
Royal Free	64
Barnet General	31
Chase Farm	5
Edgware Community	9
Finchley Memorial	13
Other	2
<b>Total</b>	<b>124</b>



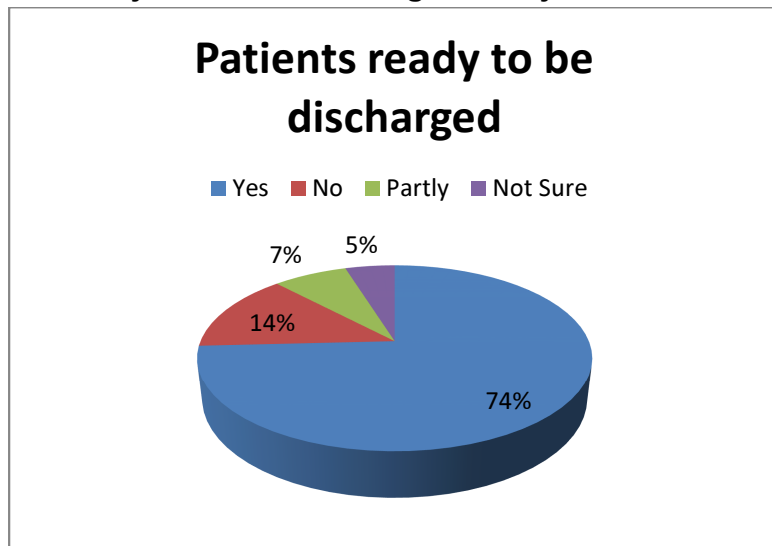


## Key Findings: Summary of Patients' Experience

The following section provides details of the patients' experiences of discharge. This is shown as

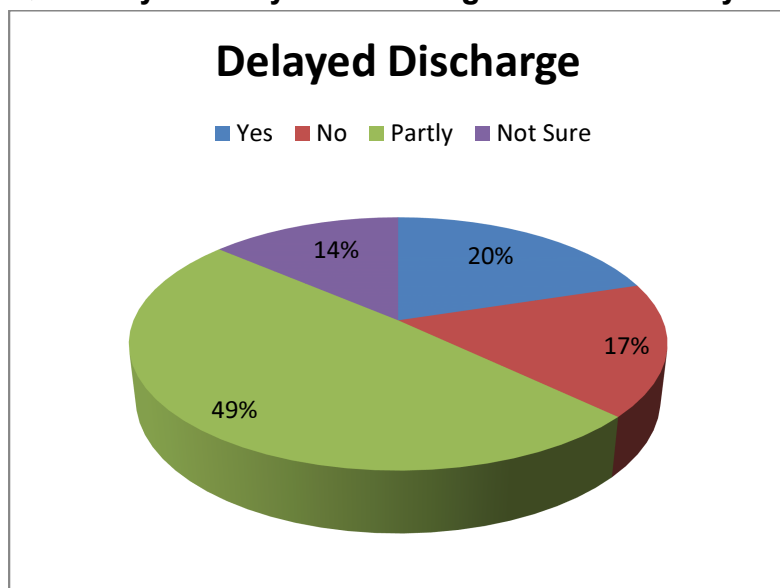
- A pie-chart showing patients' overall experience at all hospitals.
- A table to show the patients' experience at specific hospital settings.

**Q1. Did you feel well enough / ready to leave the hospital at the time you were discharged?'**



Hospital	Yes	No	Partly	Not Sure
Royal Free	72%	17%	6%	5%
Barnet General	80%	7%	13%	0%
Chase Farm	60%	40%	0%	0%
Edgware Community	67%	22%	11%	0%
Finchley Memorial	84%	8%	0%	8%

**Q2. 'Did you feel your discharge had been delayed?'**



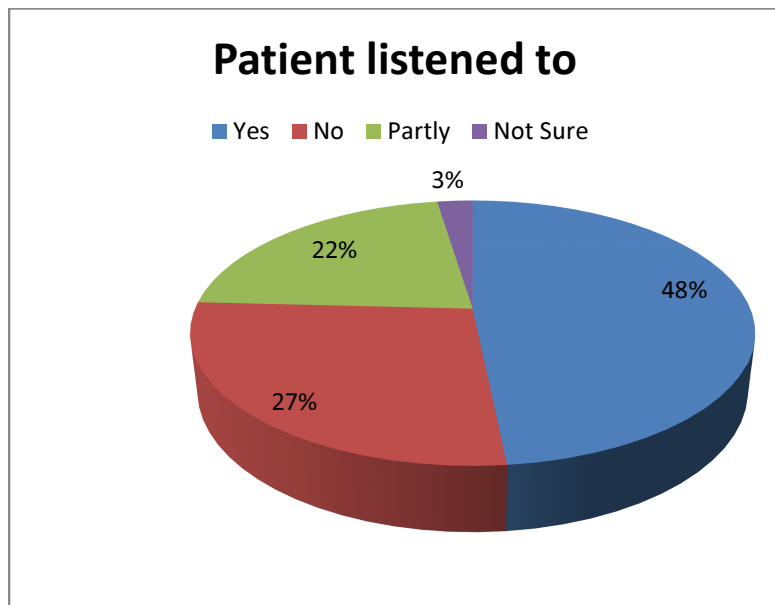
Hospital	Yes	No	Partly	Not Sure
<b>Royal Free</b>	27%	41%	22%	10%
<b>Barnet General</b>	16%	52%	13%	19%
<b>Chase Farm</b>	20%	60%	0%	20%
<b>Edgware Community</b>	11%	78%	0%	11%
<b>Finchley Memorial</b>	0%	78%	7%	15%

**Q3. Did staff explain your choices when they were making plans for you to leave hospital?**



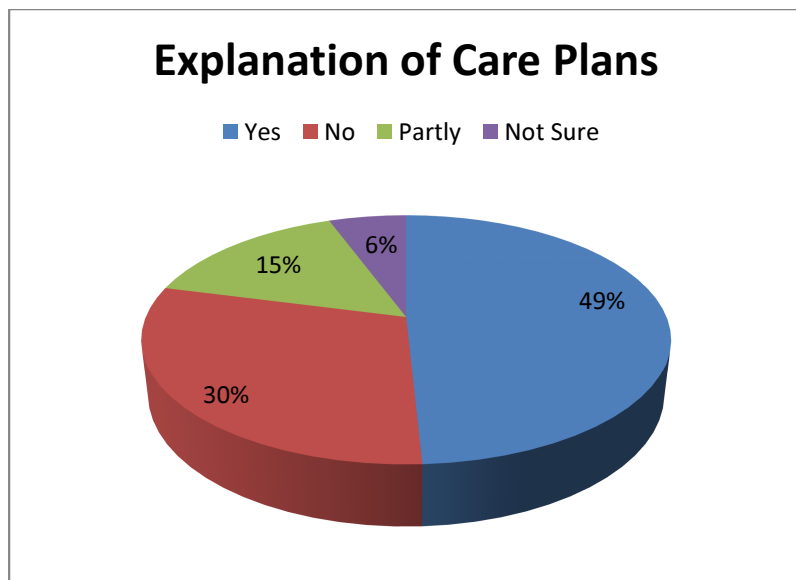
Hospital	Yes	No	Partly	Not Sure
<b>Royal Free</b>	33%	20%	42%	5%
<b>Barnet General</b>	52%	19%	16%	13%
<b>Chase Farm</b>	60%	40%	0%	0%
<b>Edgware Community</b>	56%	11%	33%	0%
<b>Finchley Memorial</b>	84%	8%	0%	8%

**Q4. Were you given the chance to talk about anything that you were worried about before you left hospital?**



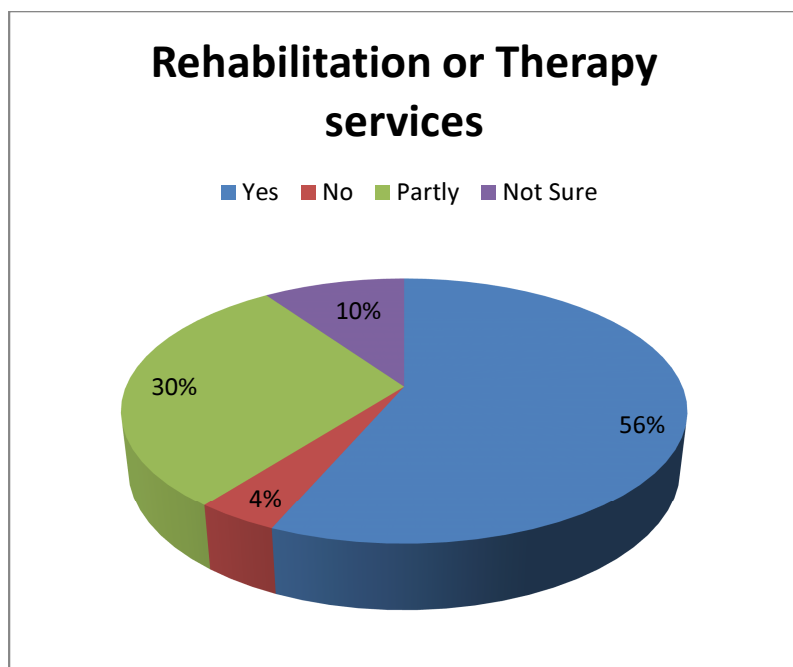
Hospital	Yes	No	Partly	Not Sure
Royal Free	39%	19%	38%	4%
Barnet General	47%	35%	18%	0%
Chase Farm	60%	40%	0%	0%
Edgware Community	56%	11%	33%	0%
Finchley Memorial	92%	8%	0%	0%

**Q5. Did the staff explain and help you to understand the plans that were made for you when you left hospital?**



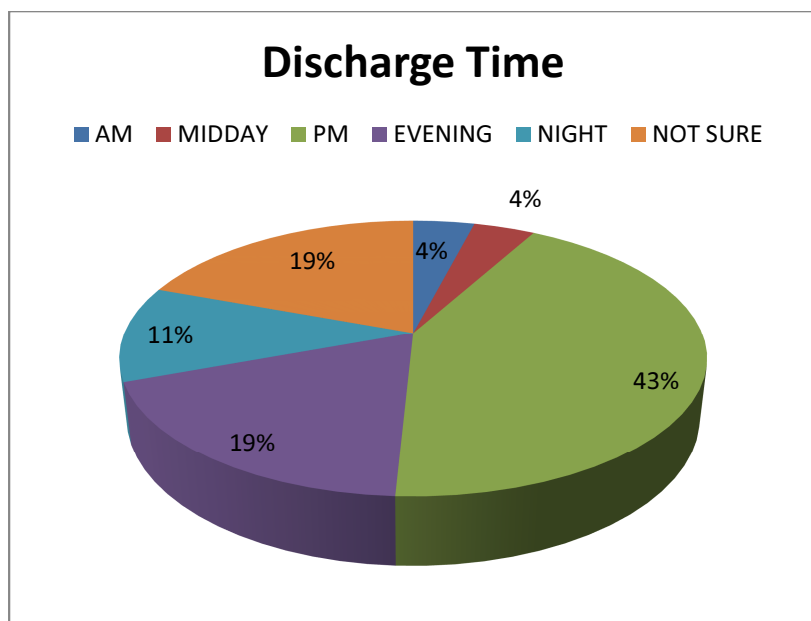
Hospital	Yes	No	Partly	Not Sure
Royal Free	41%	14%	44%	1%
Barnet General	45%	26%	16%	13%
Chase Farm	60%	20%	0%	20%
Edgware Community	55%	11%	34%	0%
Finchley Memorial	92%	8%	0%	0%

**Q6. Were you offered any rehabilitation or therapy services?**



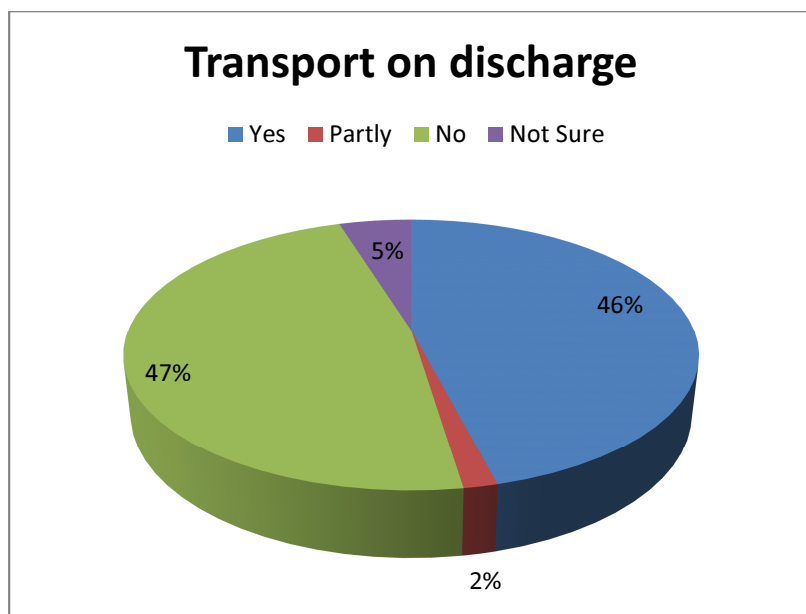
Hospital	Yes	No	Partly	Not Sure
Royal Free	40%	25%	5%	10%
Barnet General	52%	32%	0%	16%
Chase Farm	80%	20%	0%	0%
Edgware Community	56%	44%	0%	0%
Finchley Memorial	45%	47%	0%	8%

**Q7. Do you remember what time were you discharged from hospital?**



Hospital	AM	MIDDAY	PM	EVENING	NIGHT	NOT SURE
<b>Royal Free</b>	3%	2%	42%	27%	9%	17%
<b>Barnet General</b>	3%	13%	42%	23%	10%	9%
<b>Chase Farm</b>	0%	0%	60%	0%	0%	40%
<b>Edgware Community</b>	22%	0%	33%	0%	0%	45%
<b>Finchley Memorial</b>	0%	0%	47%	0%	0%	53%

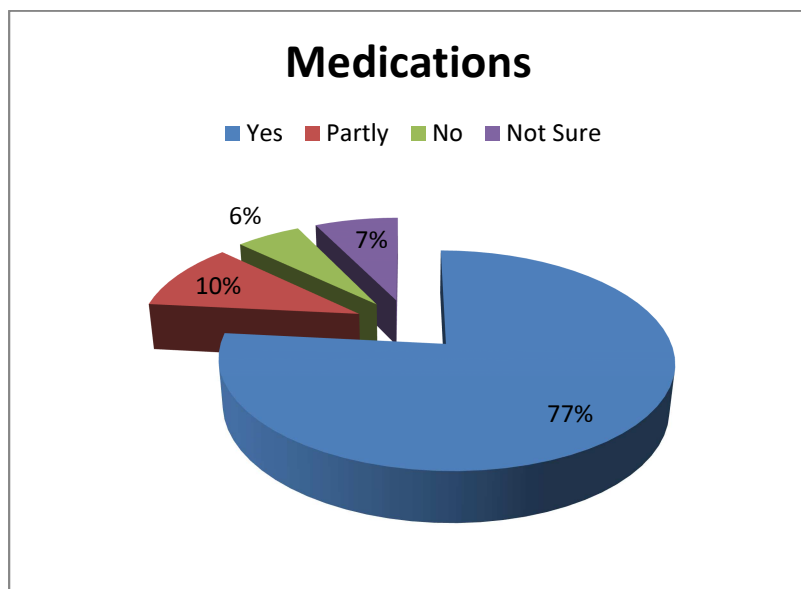
**Q8. Was transport arranged for you?**



Hospital	Yes	No	Partly	Not Sure
Royal Free	52%	43%	0%	5%
Barnet General	39%	61%	0%	0%
Chase Farm	20%	80%	0%	0%
Edgware Community	45%	44%	11%	0%
Finchley Memorial	46%	54%	0%	8%

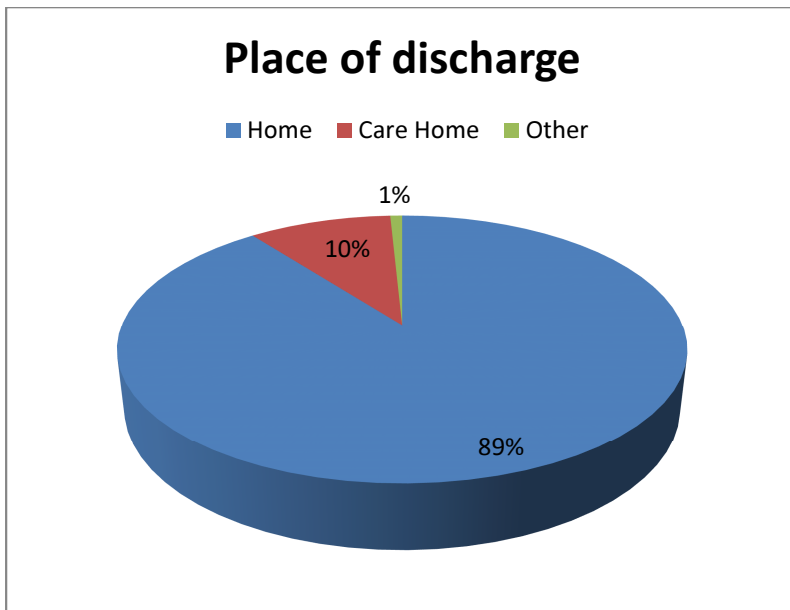


**Q9. Were you given clear instructions regarding your medication?**



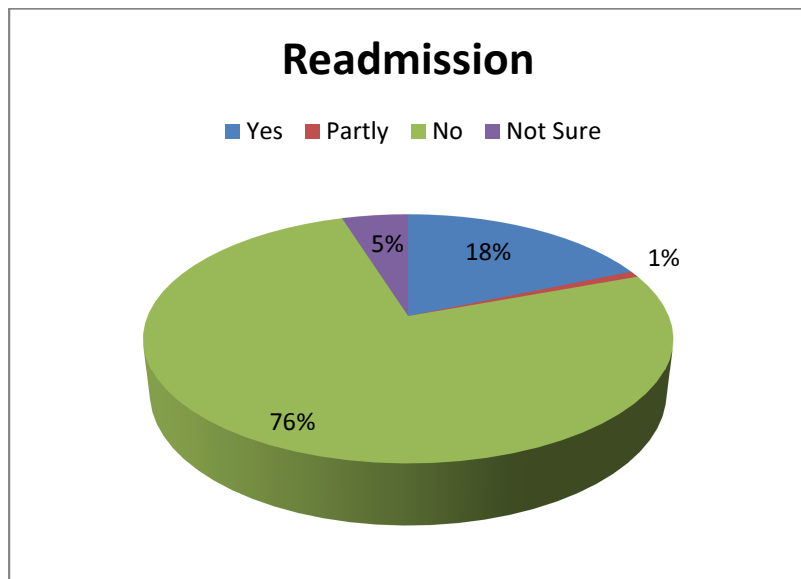
Hospital	Yes	No	Partly	Not Sure
Royal Free	74%	6%	9%	11%
Barnet General	80%	10%	7%	3%
Chase Farm	60%	0%	40%	0%
Edgware Community	89%	0%	11%	0%
Finchley Memorial	84%	0%	8%	8%

**Q10. Where were you discharged to?**



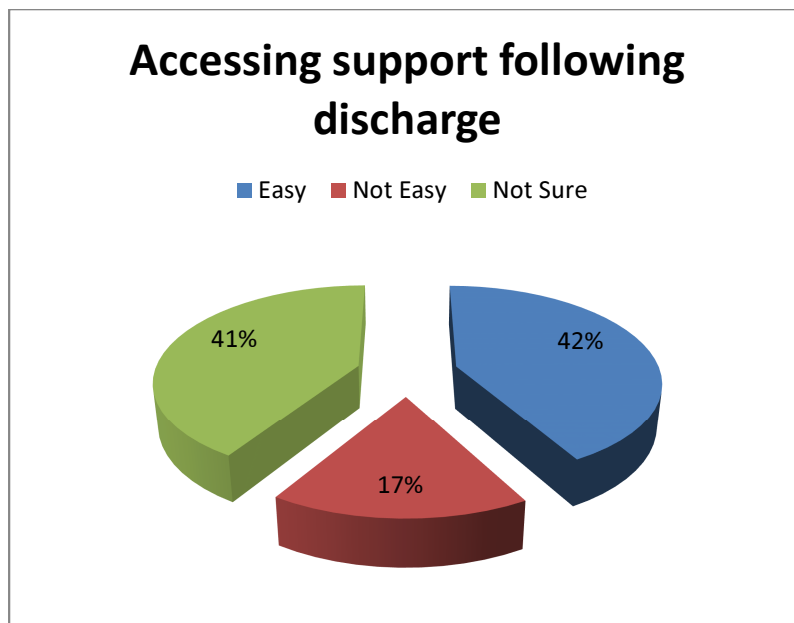
Hospital	Home	Care Home	Other
Royal Free	88%	11%	1%(hospice)
Barnet General	97%	3%	0%
Chase Farm	100%	0%	0%
Edgware Community	100%	0%	0%
Finchley Memorial	100%	0%	0%

**Q11. Were you readmitted within 28 days for the same or a related problem?**



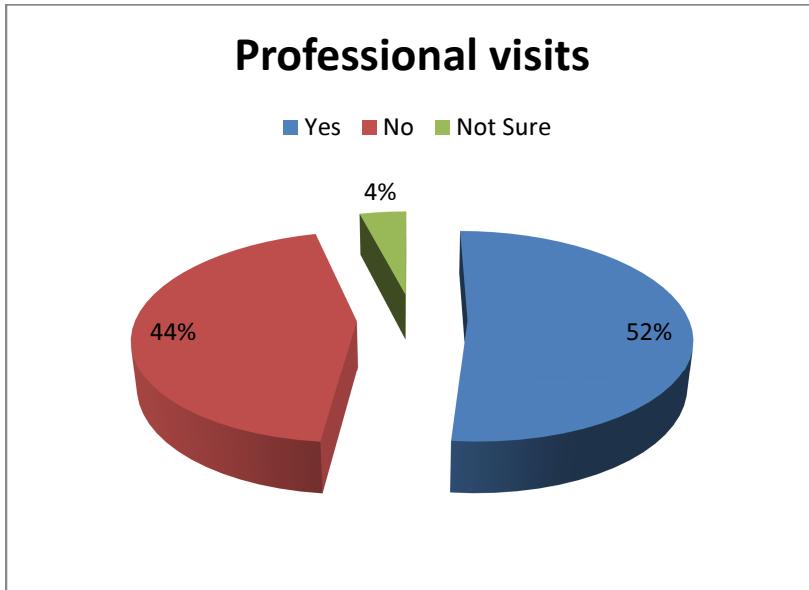
Hospital	Yes	No	Partly	Not Sure
Royal Free	19%	73%	0%	8%
Barnet General	26%	71%	3%	0%
Chase Farm	40%	60%	0%	0%
Edgware Community	11%	89%	0%	0%
Finchley Memorial	0%	92%	0%	8%

**Q12. How easy was it to obtain support following discharge?**



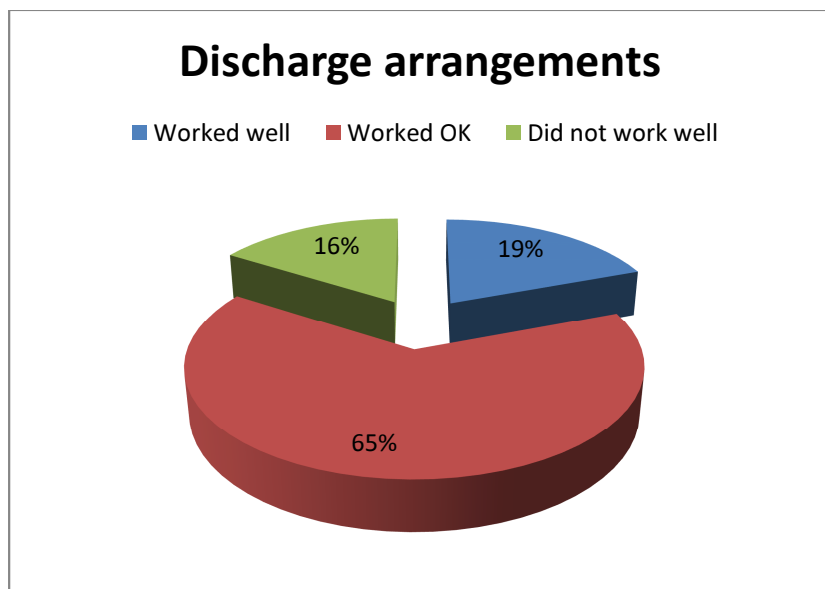
Hospital	Easy	Not Easy	Not Sure
Royal Free	37%	19%	44%
Barnet General	42%	13%	45%
Chase Farm	40%	40%	20%
Edgware Community	75%	11%	22%
Finchley Memorial	53%	8%	39%

**Q13. Did anyone contact you to find out how you were getting on following your discharge including your GP?**



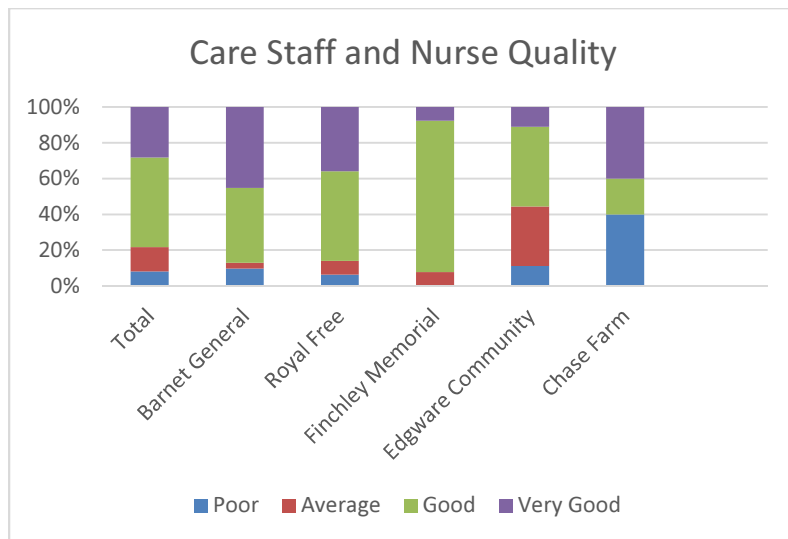
Hospital	Yes	No	Not Sure
Royal Free	59%	36%	5%
Barnet General	32%	68%	0%
Chase Farm	80%	20%	0%
Edgware Community	67%	22%	11%
Finchley Memorial	38%	54%	8%

**Q14.How did the arrangements work out when you left hospital?**



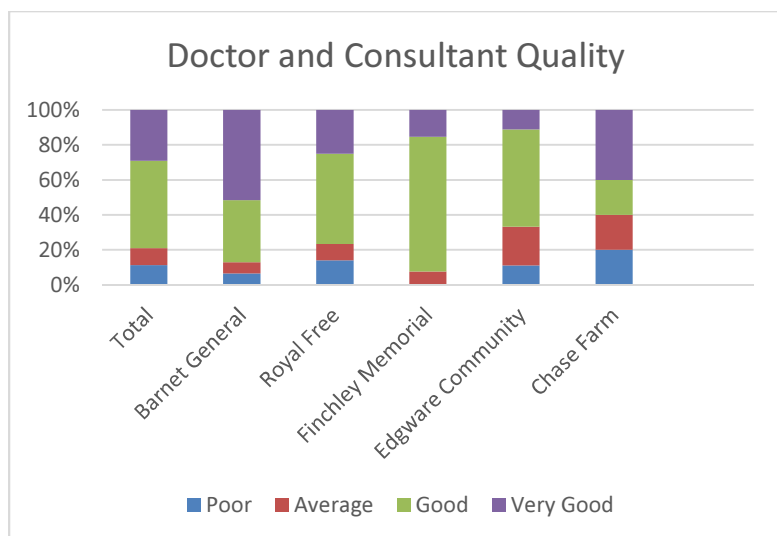
Hospital	Worked well	Worked OK	Did not work well
Royal Free	18%	59%	23%
Barnet General	55%	45%	7%
Chase Farm	0%	60%	40%
Edgware Community	0%	78%	22%
Finchley Memorial	0%	100%	0%

**Q16. How were you treated by healthcare staff including nurses?**



<b>Hospital</b>	<b>Poor</b>	<b>Average</b>	<b>Good</b>	<b>Very Good</b>
<b>Royal Free</b>	6%	8%	50%	36%
<b>Barnet General</b>	10%	3%	42%	45%
<b>Chase Farm</b>	40%	0%	20%	40%
<b>Edgware Community</b>	11%	33%	45%	11%
<b>Finchley Memorial</b>	0%	7%	85%	8%

**Q17. How were you treated by the medical team including Consultants / Doctors?**



<b>Hospital</b>	<b>Poor</b>	<b>Average</b>	<b>Good</b>	<b>Very Good</b>
<b>Royal Free</b>	14%	9%	52%	25%
<b>Barnet General</b>	6%	6%	36%	52%
<b>Chase Farm</b>	20%	20%	20%	40%
<b>Edgware Community</b>	11%	22%	56%	11%
<b>Finchley Memorial</b>	0%	8%	77%	15%



## **Key Findings: Qualitative Responses**

These responses relate to Royal Free London sites and not those managed by CLCH. The qualitative information provided by patients showed that many had positive experiences, but there are still patients that have faced poor after care, uncooperative and insensitive staff, poor communication, long waiting times and staff not involving family/cares.

### Poor after care

*Discharge papers should be legible, back up at home, I live alone. Asked, but no response. In hospital nursing, poor. Prior to admission waited 8 days for a bed. Wrist smashed up, ended up with metal plate and nuts and bolts. Organised my own private physio therapy- as NHS not helpful, should have been discharged earlier. Chase Farm*

*Would have preferred a better after care. Very disappointed with no after care. PACE team said they would refer me to Barnet Social Work team but never did. Also, they discharged me a day later. Royal Free.*

*Where he had to go in to hospitals after discharge for further tests, Doctors did not inform him of any results. He also struggled as did not have an interpreter to help him question these hospital visits. Barnet Hospital*

*As I have had so many frequent stays in hospital I would have welcomed being discharged to a care home for a short period prior to returning home. This is because I live alone and am unwell and have little support around me. My health progresses very slowly – had I been placed in a short stay care home I believe this would have assisted me greatly. Royal Free.*

*Didn't come home with a closed medication box, medications were very messed up.' That made him very anxious and worried. Barnet General*

*Another patient mentioned that although he found care provided by nurses good, he was prescribed with incorrect medication that then caused problems with his kidney, and he had to be admitted for that. Royal Free.*

### Uncooperative and insensitive staff

Another issue raised that was quite dominant was about the uncooperative and insensitive approach from doctors and consultants.

*Results of the scan were incorrectly analysed and my whole family were called as Doctor told them that I was dying. It was extremely upsetting and disturbing for me and my family. And no apologies were received from the Doctor. Royal Free.*

### Communication issues

Another common issue raised was around ineffective and inefficient communication not only between the ward team but also between patients / carers and ward team.

*I would like to have one person appointed to me so that I could be informed about all aspects of my discharge.’ Another relative said that she received calls from at least 5 different professionals that made things very complicated and her very restless. Barnet Hospital.*

*Communication between members of staff team terrible and he was concerned about the accuracy of the records. Relative of a deceased patient mentioned that his father was put into palliative care without consulting the family and that the family was given only 24 hours’ notice about this. Despite of his and his family’s requests Doctor stopped all the treatments and the patient was send to a care home where he died 3 days later. Family felt they were misguided by the ward team and Doctors, however, nurses were very good. Royal Free.*

*Found it very difficult to arrange a family member to be at his house at 10pm. Also, was given a very short notice before he was discharged. Hospital name was not mentioned.*

### **Not involving family/carers**

**From the consultation, a common theme emerged of, not involving family, carers or next of kin in the discharge process. This led to confusion, delayed discharges and readmission.**

*Admitted in the hospital due to dehydration and carer’s stress. This was due to her not being involved in the discharge process when her husband was discharged. Barnet Hospital.*

*Whilst I was being moved backwards and forwards between two hospitals, no one informed her family members of her movements. Barnet Hospital.*

*Discharge process was poor, none of her family members were involved in it and the aftercare was hopeless. Royal Free.*

### **Long waiting times**

**The other common areas that are worrying are around, long waiting periods once the patients have been informed of their discharge, late evenings and nights’ discharges and giving short notices to the family of discharges.**

*I waited four and half hours for medication only to be told none was necessary. Waiting time to be discharged, after being told you can go home, too long.’ Barnet Hospital.*

*Another patient said, ‘Short notice about discharge. Long delay of 7 hours, waiting for medication and instructions on how to administer. Barnet Hospital.*

*Was rushed to get out of the hospital. Barnet Hospital.*

*One carer was told by the discharge manager that she needed to discharge her mother as they desperately needed a bed. Royal Free.*

# Methodology

This section provides a summary of the data collection techniques and the reason for using them. The research was conducted using a mixed method methodology, based on both quantitative and qualitative research designs. Focus groups and interviews were carried out concurrently with surveys and the results were analysed together.

Using surveys and focus groups, strengthen the ability to draw conclusions as well as confidence in the conclusions themselves. The interviews, focus groups and surveys examined different dimensions of the same experiences.

## Surveys

Self-completion survey questionnaires were employed to gather quantitative data about service users' experiences. 44 participants were recruited to complete our questionnaire and take part in our survey. The questionnaire included 6 open question and 19 closed questions. The questionnaire further collected the participants' demographic backgrounds. The questionnaire targeted service users aged 50 years and older, both male and female, and from most of the Borough's geographical areas. The questionnaire further represented the research population's diverse ethnicity, and occupational and socio-economic status.

## Focus groups

A total of 30 participants, aged 50 years and older, were recruited to participate in 7 focus groups. We spoke to mixed sex groups with a composition that was representative of the Borough's diverse ethnic, religious and socio-economic backgrounds.

## Interviews

A total of 50 participants, aged 50 and older, were recruited to participate in 1:1 semi-structured interviews.

## Ethics

The ethical issues of transparency, confidentiality, informed consent and avoidance of harm, amongst others, were taken very seriously as they relate directly to the integrity of this piece of research and to Advocacy in Barnet in general. The research adhered to the professional codes of practice, legal requirements and compliance with the Data Protection Act 1998 (DPA).

## Challenges

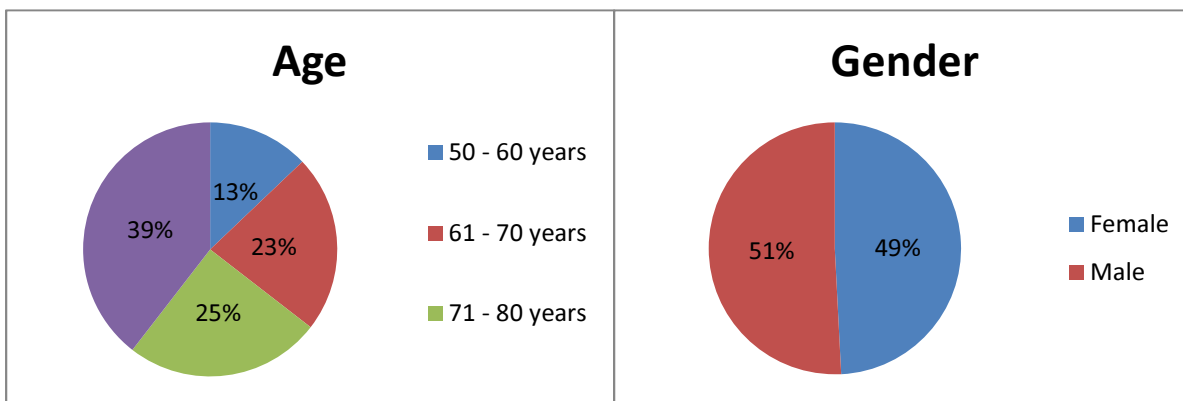
Advocacy in Barnet has achieved the target of engaging 124 patients / carers in the Hospital Discharge Consultation process. However, it also faced a few challenges in supporting patients to give feedback:

- A number of people were concerned of the consequences of giving feedback. Advocacy in Barnet reassured participants that they did not have to disclose their names, and if they did want to put their names on the survey form and wanted to keep their names anonymous then that was possible to.
- Some had language barriers due to English not being their first language.
- A number of people who did not meet the criteria of 'being discharged in the last 18 months' still wanted to give their feedback. Unfortunately, where the survey was specifically carried out for patients being discharged in the last 18 months, although we spoke to patients who wanted to share their discharge experiences before 18 months, such information does not form part of this report.
- Arranging sessions at various day centres at a short notice was difficult, as day centres have activities booked months in advance. This is always a challenge with consultation and we are pleased to have achieved engagement with 124 individuals in a short timescale.

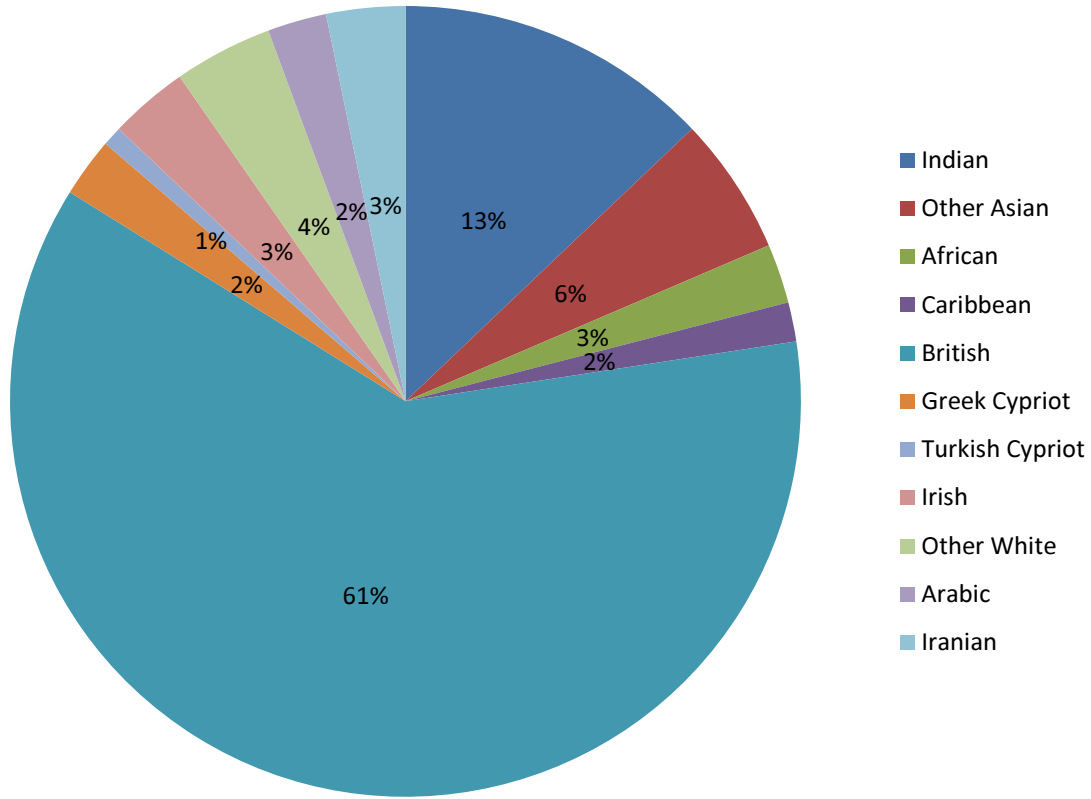
## Demographic Profile

In total 124 members of the public were encouraged and supported in completing Hospital Discharge Consultation.

In total 124 members of the public were encouraged and supported in completing Hospital Discharge Consultation. Out of 124 members of the public nearly 40% were over the age of 81 years, with a small percentage in the age band of 50 – 60 years. We were pleased to achieve nearly a 50:50 ratios in regards to participants' gender, despite male engagement in such consultations traditionally being hard to achieve. We liaised with patients of various abilities including people with hearing impairments and those from various ethnic backgrounds including Iranian, Asian, European and Afro Caribbean.



# Ethnicity





## Hospital Discharge Consultation Questionnaire

Advocacy in Barnet are carrying out a 'Hospital Discharge Consultation' in Barnet on behalf of Healthwatch Barnet. The aim of this consultation is, to gain feedback from patients' on their experience of being discharged in the past 18 months from either Barnet General, Edgware Community, Chase Farm, Finchley Memorial or Royal Free Hospitals. This consultation is scheduled for the month of July 2014 and the findings will be reported back to Healthwatch Barnet. Healthwatch Barnet will then put forward these findings to the Local Authority which will be further used to improve the discharge process. Any information you provide us with will be used specifically for the aforementioned purpose. We will inform you of the findings once the consultation has ended (if you wish to be informed). Thank you in advance for your help and time.

### A) About you (please circle / tick your answer)

1. Age:    50 – 60                      61 – 70            71 – 80            81 and over
2. Gender:    Female                      Male
3. Post Code:    N2 N3 N12 N20 NW2 NW4 NW7 NW9 NW11 EN4 EN5 Other:.....
4. Ethnicity: .....

### B) Discharge details (please circle/tick your answer)

5. Please tick which hospital/s were you discharged from:  
Barnet General    Edgware Community    Finchley Memorial    Royal Free    Chase Farm
6. How long did you stay in hospital?  
1 – 4weeks            5 – 8weeks            9 – 12weeks            over 12 weeks
7. What were you admitted for?.....

### C) Please tell us what happened when you were being discharged from the hospital. (please circle / tick your answer)

8. How were you treated by healthcare staff including Nurses?  
Poor                      Average                      Good                      Very Good
9. How were you treated by the medical staff team including Consultants / Doctors?

Poor                                      Average                                      Good                                      Very Good

10. Did you feel well enough / ready to leave the hospital at the time you were discharged?

Yes                                      Partly                                      No                                      Not sure

10a. If not, what would you have liked to have happened? What additional care or time did you need? .....

10b. If yes, did you feel your discharge had been delayed? Yes      Partly      No      Not sure

11. Did staff explain your choices when they were making plans for you to leave hospital?

Yes                                      Partly                                      No                                      Not sure

12. Were you given the chance to talk about anything that you were worried about before you left hospital? Yes                                      Partly                                      No                                      Not sure

13. Did staff explain and help you to understand the plans that were made for you when you left hospital? Yes                                      Partly                                      No                                      Not sure

14. Were you offered any rehabilitation or therapy services? Yes      Partly      No      Not sure  
Please detail .....

15. Do you remember what time you were discharged from hospital?.....

16. Was transport arranged for you? Yes                      Partly                      No                      Not sure

17. Were you given clear instructions regarding your medication? Yes      Partly      No      Not sure

**D) Please tell us what happened after you were discharged from the hospital.** (please circle / tick your answer)

18. Where were you discharged to?                      Home                      Care Home

19. Were you readmitted within 28 days for the same or a related problem?

Yes                                      Partly                                      No                                      Not sure

20. How easy was it to obtain support following discharge? Easy                      Not Easy                      Not sure

21. If you were discharged to a care home, did you feel the care home was well equipped to deal with your illness and care needs? Yes                      Partly                      No                      Not sure

22. Did anyone contact you to find out how you were getting on following your discharge including your GP?      Yes                              No                              Not sure

23. How did the arrangements work out when you left hospital?

Worked well                              Worked OK                              Did not work well

**E) Please tell us, what do you think could be improved for people in your position when being discharged from a hospital.**

24. What would you have wanted to happen when you were discharged, what support would you have liked?.....  
 .....

Any other comments:  
 .....

Thank you ☺

If you would like us to inform you of the findings of this consultation then, please leave your name and contact details:

Name:.....

Number:.....

Address:.....

*You can email your completed form to Heena Cornwell on [heena@advocacyinbarnet.org.uk](mailto:heena@advocacyinbarnet.org.uk)*

*Or you can post it to us on the below address*

***Advocacy in Barnet***

*4-5 The Concourse, Grahame Park, Colindale, London NW9 5XB*



# REPORT FROM JEWISH CARE

## Project Aims and Objectives

Healthwatch Barnet contracted Jewish Care to monitor positive and negative hospital discharges we experience via our resources who have direct contact with members of the public. We anticipated being able to identify particular groups of people affected, such as vulnerable adults who have dementia and no advocate. We also wanted to know what, if any, are the causes of a recurrent admission. We hoped it would highlight gaps in service delivery for Jewish Care and provide the information Healthwatch require to feedback to Healthwatch England.

Jewish Care asked for responses on all local hospitals. The data and comments below relate to hospital providers, not just CLCH settings.

## Methodology

Over a 3 month period from July-September, we asked the Registered Managers of our 12 care homes, 2 day care and 2 dementia day care centres, domiciliary and social work teams to complete a questionnaire (attached) when they were involved in a hospital discharge.

Wherever possible, we requested the person who experienced the discharge to also complete a questionnaire (attached).

The data is based on 26 patient responses and 24 health professional responses. During the 3 months, reminders were sent by email, telephone and face to face which did result in a small increase in responses. There was some confusion about the content of the questionnaire and the responses give suggestions of how it could be improved if doing a similar survey in future.

Hospital	Total	Satisfied	Dissatisfied
Finchley Memorial	3	2	1
Edgware Community	1	1	
<b>Total</b>	4	3	1

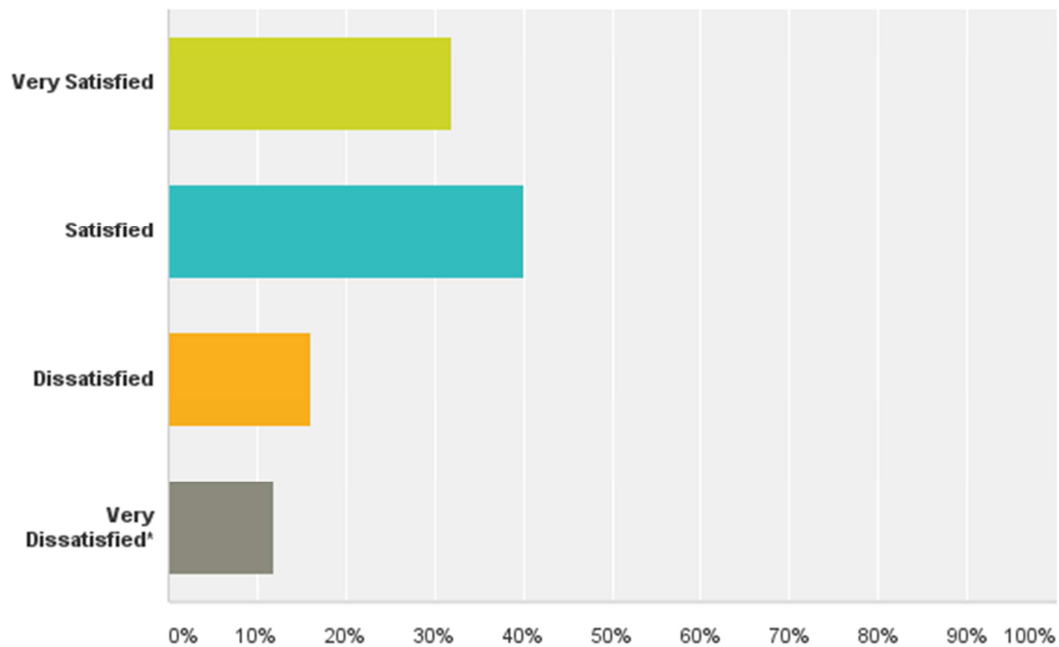
## Key Findings

### 1. Satisfaction/Dissatisfaction.

The majority of patients were either very satisfied or satisfied with their hospital discharge experience. However, 28% were unhappy with their experience.

#### Q13 How satisfied were you with your hospital discharge experience?

Answered: 25 Skipped: 1



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The fact that the large majority of patients were satisfied is encouraging. Positive feedback includes:

- *"I cannot emphasise how good the care was."*
- *"Everything went without problems"*
- *"Very happy with input. Sent ward a thank you letter"*
- *"Nurses very helpful."*

However, the proportion of patients that were dissatisfied was high. Typical complaints include:

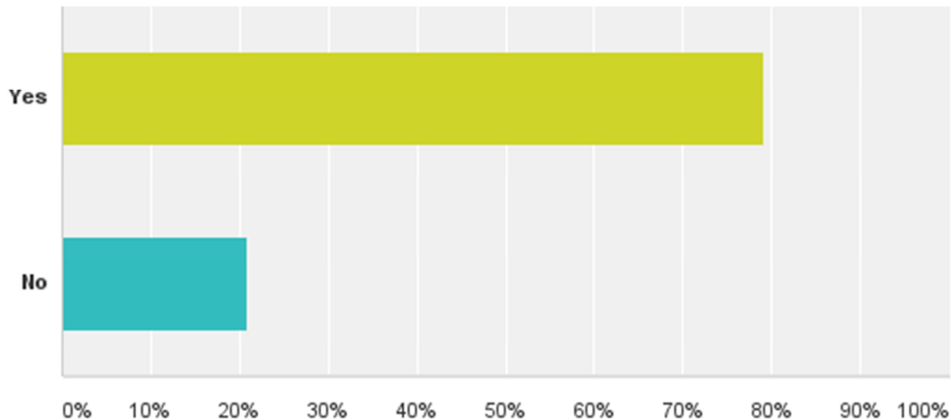
- *"I felt the process was too slow."*
- *"I did not feel ready to go home." (See key message 2)*

## 2. Health conditions.

Whilst the majority of people felt able to leave hospital, 20% of respondents felt unable to leave hospital.

### Q4 Were all your health conditions considered before your discharge and did you feel able to leave hospital?

Answered: 24 Skipped: 2



A significant number of discharged patients had negative comments about their discharge:

- *“I felt I was turfed out.”*
- *“I felt that I should have stayed longer in hospital as I was not feeling well and was very weak.”*
- *“I was still bleeding when I was discharged.”*

Healthcare professionals also appear to suggest that some patients have not been discharged appropriately, with 10% claiming that they have experienced an inappropriate discharge in the last 6 months.

- *“Sometimes, residents are discharged from hospital without their hearing aid, dentures or walking stick and have to be chased up without success.”*
- *“In one case, the ward discharged a resident without her medication or discharge summary notes. These were sent later in the evening after the care manager complained.”*
- *“Discharge was mid-afternoon, but client had to wait a further 2 ½ hours to wait for his medication. He is now on a bed downstairs; cannot get upstairs to have a shower. When his wife commented on this she was told that he will just have to manage with a bed bath. However, after 9 weeks in hospital and several health issues, there is no enablement package and wife is doing everything.”*

According to healthcare respondents, reasons why patients may have been discharged early often result in poor communication between nurses and discharge co-ordinators and also include:

- *“I insisted I was discharged.”*
- *“My daughter insisted I did not stay long in hospital”*

### 3. Transport

#### Patients requiring transport consistently referenced the long wait times.

Of the 8 respondents requiring transport to get home, only one was within an hour. The remaining 7 patients had to wait between 1 and 3 hours, with one patient having to wait more than 3 hours.

- *"I was satisfied with the hospital experience, but very dissatisfied with the long wait for transport."*
- *"I had to wait too long for transport, I cannot walk like I used to."*

Social care staff have similar concerns about the delays in releasing patients:

- *"I feel the time between being told you are being discharged and actually being discharged is too long. This resident felt like she was waiting a long time for transport to come back to home."*
- *"Waited too long for the medication to be delivered from the pharmacy."*

Example scenario from the survey:

- *"A resident who had been in hospital with a fractured tibia was now medically fit for discharge. We had been to assess in the morning and it was agreed she would come back in the afternoon. At 7.00pm the resident had still not arrived after numerous calls to hospital and assurance she would be. At 8.00pm I rang the ward and protested that a 97 year old should not be discharged at this time of night. The resident turned up at 8.30pm. Complaint made to ward but I did not follow it up."*

### 4. Help after discharge

#### Feedback suggests that most patients felt it was easy to obtain help if they needed it after discharge.

Positive feedback includes:

- *"It was very easy and I was advised to be seen by an after care team."*
- *"They arranged a care package of daily care for six weeks."*

However, some respondents appeared unhappy with the level of aftercare:

- *"It was not even discussed."*
- *"I was not offered an enablement package. This has now been put in place 3 weeks late."*

From responses from healthcare professionals who were asked if the person had mental health, disability, dementia or palliative needs, 9 patients had dementia, 2 were palliative and 2 had mental health. The responses were mostly from carers working in our care homes. They were acting as an advocate for the resident and we anticipate, without their involvement, the resident/patient would not have been able to voice their wishes and preferences about their discharge experience.

An example scenario from the survey about not understanding discharge process:

*"Needs not met. No kosher meals, although requested. Scared of infection; filthy ward – no cleaners. Client chose to leave 2 days early – no package of care offered. There were no cleaners on ward so unable to bath; bathrooms and toilets were unhygienic and no district nurse referral"*.

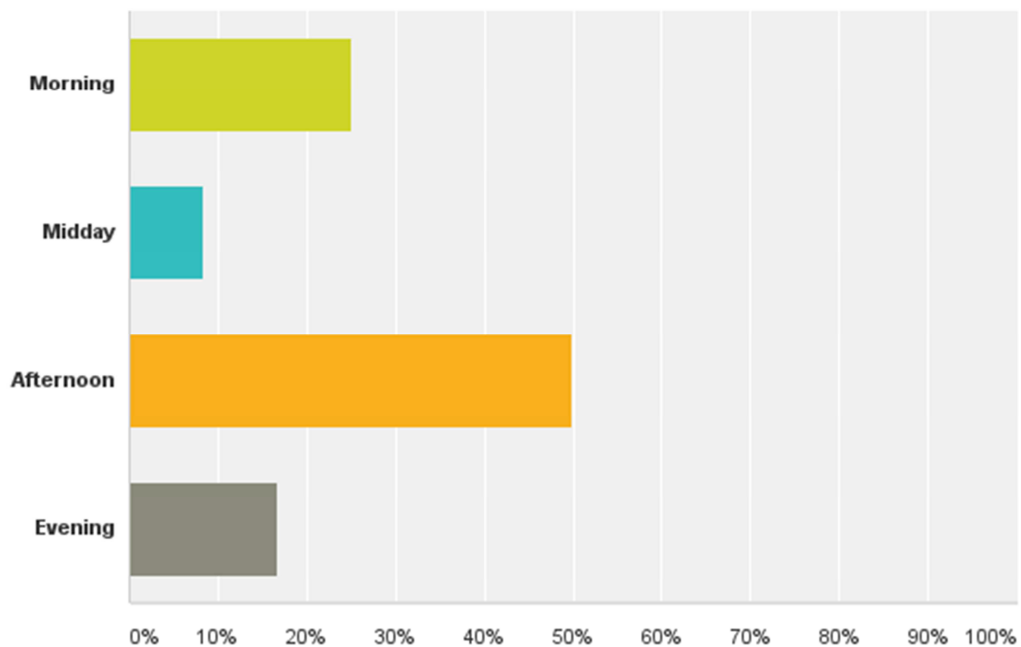
## 5. Time of discharge

### A significant number of patients were discharged in the evening

Although most patients were discharged during the day, 17% were discharged in the evening, which reduces the likelihood of a successful discharge. Patients released in the evening have difficulties arranging transport and it can be disorientating for the patient. For others returning home at night, there are concerns about lack of food in the home and ability to shop.

#### Q12 What time of day were you discharged?

Answered: 24 Skipped: 2



## **Thank you.**

**Advocacy in Barnet would like to thank all the volunteers, participants and organisations that gave their valuable time and worked with us to help us complete this research.**