



Healthwatch England Special Enquiry on Hospital Discharge “Then What....?”

Healthwatch North Somerset Report July 2014

Background

To contribute to the special enquiry, Healthwatch North Somerset chose to seek the views of service users at a local drop in centre for the homeless and vulnerably housed. We chose to engage informally, through attending a drop in session, and we chose to focus on this specific group of people, as they are particularly vulnerable and never more so on discharge from hospital. This method of engagement enhances the ability of this hard to reach group to engage more effectively than a more formal survey. Added to this, they are also a group in society who are hidden, whose voice is seldom heard and who are often excluded from more formal methods of engagement.

The homeless centre, based in Weston super Mare, is run as a charity, receives no statutory funding and relies entirely on donations, in a large part from local churches. It is open during the day, serves free hot drinks and a two course cooked meal each day it is open, and offers some facilities such as showers, a clothes bank, a head massage therapist and a space for people to talk and be listened to in confidence. They can also issue food bank vouchers.

The organisation makes referrals to other voluntary sector groups in the area, for example those who deal with substance misuse and deposit guarantees to help people into rented accommodation.

What we did

The two community engagement workers from Healthwatch North Somerset spent two mornings at the centre in Weston super Mare and spoke in depth to the coordinator on duty as well as to service users. The sample was small, as this is a very hard to reach group and it is impossible to know in advance how many people will show up on any given day, our study was designed to be qualitative in approach and provide a snapshot view of several individual's personal experiences. The responses received from each case study give an insight into some individual experiences in North Somerset at Weston General Hospital. In the course of analysing the qualitative data from this enquiry across the country, some correlations may become evident, and it may transpire that these experiences are not unique cases but indicative of wider issues across the country.

Interview with centre coordinator

There have been several cases within the last 6 months where service users have been discharged from hospital without the hospital having checked that they had somewhere to go. In one of these cases, the individual in question was street homeless and was discharged still very unwell, and was subsequently re admitted four times in the following two week period. This individual was also an intravenous drug user, and reported that when he was discharged, not only did he have nowhere to go and was not asked this question, but he could barely walk and does not feel that he was medically fit for discharge, and had no shelter.

Alcoholics discharging themselves is something that they see and hear at the centre often, and there is a subsequent lack of coordination with community services at point of discharge, or with voluntary sector organisations working in this area. Clients have complained about there being no 'after care' once they have left hospital, and no coordination or checking if they have any support in the community.

There appears to be a strong feeling that hospitals don't want addicts on the wards, therefore they are discharged as soon as possible.

Case Studies

Healthwatch North Somerset spoke with several service users who had recent experience of being discharged from the local hospital.

One, whose case was also discussed by the centre coordinator, above, reiterated that he had not felt he was well enough to be discharged, and that on leaving the hospital, had fallen several times. He had nowhere to go and the question was not asked prior to discharge. He was then readmitted several more times within the same fortnight. He felt that he was not involved in any way in discharge planning and that the hospital "just wanted rid of him" because they were "not bothered" about drug users and alcoholics. He does not recall telling hospital staff that he was

homeless but did say that he had no one to help him. He says he was not offered any support after discharge or signposted to anywhere else.

When asked what could be improved, one service user said that staff need to be aware that not everyone has a place to go or family to support them and that they should not be allowed to discharge people from hospital without making sure that a) they are well enough to leave (even if they are a drug user) and b) that they will be followed up. There should be automatic coordination with community services. This was a view that all service users spoken to agreed.

The service users who contributed to the discussion had similar experiences to share, and all felt that they were treated differently to “normal” members of the public, either because they were homeless or because of their substance misuse (NB, not everyone we spoke to had a drug or alcohol problem). They also felt that the hospital considered that no follow up or support was required on discharge and that there was a lack of follow up, after care and coordination.

Summary

- There was a lack of coordination between the Hospital discharge team and community based services.
- There was a lack of establishing that there was support in place for vulnerable people on discharge, including access to shelter.
- The service users were unable to articulate their vulnerability and it appears that they weren't all asked about their personal situations.
- There was a lack of clarity on discharge and by the service users about any follow up care and/or treatment required.
- This is a hard to reach and hard to manage group of vulnerable people, some of whom are clearly slipping through the net.