



# Discharge and Medication Supply at The James Cook University Hospital February 2016



Contents Page

<b>Executive Summary</b> .....	2
<b>Introduction</b> .....	2
Healthwatch Middlesbrough .....	2
The James Cook University Hospital.....	3
Discharge and Medication Supply .....	3
The Discharge Suite .....	5
<b>Rationale</b> .....	5
Aim and Objectives .....	5
<b>Methodology</b> .....	6
<b>Results</b> .....	7
How many patients were given a discharge time.....	7
Number of patients waiting for medication .....	7
Waiting times for medication.....	8
Transport .....	10
Overall experience of the discharge process .....	11
General feedback .....	11
<b>Analysis</b> .....	12
The Discharge Suite .....	13
<b>Conclusion</b> .....	14
<b>Recommendations</b> .....	14
<b>Acknowledgements</b> .....	17
<b>References</b> .....	18
<b>Appendix</b> .....	19
1. Hospital Questionnaire .....	19
2. Online / Postal Questionnaire .....	20

## Executive Summary

This report presents the information gathered during Healthwatch Middlesbrough's investigations into discharge and medication supply at The James Cook University Hospital.

The aim of this investigation was to gather views and experiences from patients who had recently been admitted to The James Cook University Hospital to determine if long waiting times for medication supply was resulting in delays in discharge.

Healthwatch Middlesbrough has gathered information from 99 patients, family members and carers who have given mixed views and experiences regarding their stay.

Feedback gathered during the visits and via an online /postal questionnaire showed that the majority of people were very happy with the care they had received during their stay although some felt that some improvements regarding medication supply and the discharge process could be made.

Healthwatch Middlesbrough have made some recommendations for The James Cook University Hospital regarding better utilisation of the discharge suite and improved communication between staff and patients at the point of discharge.

## Introduction

### Healthwatch Middlesbrough



Local Healthwatches have been set up across England to create a strong, independent consumer champion with the aim to:

- Strengthen the collective voice of citizens and communities in influencing local health and social care services to better meet their needs.
- Support people to find the right health and social care services for them by providing appropriate information, advice and signposting.

Healthwatch Middlesbrough works with local people, patients, service users, carers, community groups, organisations, service providers and commissioners to get the best out of local health and social care services. This doesn't just mean improving services today but influencing and shaping services to meet the needs of the local communities tomorrow.

Healthwatch Middlesbrough is steered by a Board of volunteers, commissioned by the Local Authority and accountable to the public. Healthwatch Middlesbrough are the only non-statutory body whose sole purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak-out on their behalf.

Healthwatch has:

- The statutory right to be listened to; Providers and commissioners must respond to Healthwatch within 20 days of submission of requests for information or reports.
- The statutory power to Enter & View publicly funded health and social care services.
- A statutory seat on the Health and Wellbeing Board.

### The James Cook University Hospital

Situated on Marton Road in Middlesbrough, The James Cook University Hospital is one of Europe's most modern hospitals. James Cook provides an extensive range of district general hospital services and specialist services including neurosciences, renal medicine, spinal injuries, major trauma, cardiothoracic, vascular surgery and cancer services (South Tees Hospitals NHS Foundation Trust, 2015).



A recent inspection by the Care Quality Commission found services at the James Cook University Hospital to be caring, responsive and well-led although it 'requires improvement' in areas around safe and effective care (Care Quality Commission, 2015).

### Discharge and Medication Supply

The patient discharge process is the final step of treatment during a patient's length of stay in hospital.

**60% of older people have three or more medicines changed during their stay** (RPS, 2012)

A timely discharge is when the patient is discharged home or transferred to an appropriate level of care as soon as they are clinically stable and fit for discharge. The discharge process represents the final contact between the patient and the hospital health professionals, and the outcomes of all procedures undergone by the patient are recorded at this stage (Nagaraju, 2005).

**The likelihood that an elderly patient will be discharged on the same medicines that they were admitted on is less than 10% (RPS, 2012)**

Discharge planning is a complex activity, particularly in the context of offering new services outside the hospital. In addition to this, we have an increasing older population who often have extremely complex

care needs. Effective discharge planning is crucial to ensure timely discharge and continuity of care. It also aids healthcare providers use limited resources effectively and to avoid unnecessary readmissions. (Nursing Times, 2013) As with all hospital Trusts, The James Cook University Hospital has its own policies and arrangements for discharging patients.

When a patient arrives at the hospital, the staff will develop a plan for their treatment, this includes discharge planning. If a patient requires more specialised care after leaving the hospital, the discharge (or transfer) procedure is referred to as complex discharge. This is required when a patient has ongoing health and social care needs, requires community care services or if they are going to be discharged to a residential or care home. In addition to the hospital staff, a patient's discharge or transfer may involve other healthcare professionals such as their GP, local authority or independent and voluntary organisations. (NHS Choices, 2014).

Discharging patients from hospital can be a time consuming process and often results in patients waiting for their medication and temporarily blocking beds (The Pharmaceutical Journal, 2001). If medication is required, then the patient is usually supplied with enough for two weeks from the day of discharge. The patient will also be given a discharge letter which explains what medication has been given and if it is to be continued when the patient leaves the hospital. A copy of this is also issued to the patient's GP. If the medication is to be continued then it is the patients and GPs responsibility to ensure further supplies are issued.



A fast discharge process can ensure early availability of patient beds, which in turn, can reduce the waiting times of patient admissions or even reduce the incidence of patient rejection due to unavailability of beds (Nagaraju 2005).

## Discharge Suite

The James Cook University Hospital recently opened a discharge suite on 23<sup>rd</sup> September 2015. It is based on ward 29 and is open 8:00am until 6:00pm weekdays. The aim of the discharge suite is to help patients get home quicker and to ease pressures on the wards. When a patient is ready to leave the ward, they can be transferred to the discharge suite to wait for their medication to be delivered and / or their transport home. The discharge suite has 20 chairs and 4 beds and can accommodate up to 300 patients a week. The suite is managed by two trained nurses and two healthcare assistants.



There is also a dedicated patient transport ambulance for patients who are in the discharge suite. In addition to this, the suite also has priority service in the pharmacy so patients using the suite can get home faster than they would from the wards. Any patient (except for those experiencing severe confusion) are able to use the discharge suite as long as they have a prescription written and it has been sent to the pharmacy (South Tees Hospitals NHS Foundation Trust, 2015).

## Rationale / Aims and Objectives

### Rationale:

During a recent public engagement event, concerns were raised to Healthwatch Middlesbrough regarding long waiting times during the discharge process at The James Cook University Hospital. Members of the public expressed their frustration about delays for medication supply before being allowed to go home and questioned why the hospital could not issue a prescription to the patient to take away with them and to get dispensed at a community pharmacy. Due to the numbers of concerns raised, Healthwatch Middlesbrough felt that it was necessary to investigate this further.

### Aim:

- To establish and determine, to what extent, medication supply at discharge is causing delays for patients waiting to leave the hospital.

**Objectives:**

- Research and gain an understanding of the discharge process and medication supply.
- Gather patient feedback and waiting times for medication in the form of a questionnaire to be completed by Healthwatch staff on the wards and in the discharge suite.
- Analyse questionnaire responses and determine what, if any recommendations can be made to improve patient experience and reduce waiting times for medication at discharge.

**Methodology**

Healthwatch Middlesbrough gained approval from The James Cook University Hospital to carry out this work investigating patient experience and waiting times at the point of discharge. Healthwatch staff arranged to carry out this investigation in areas of the hospital relating to the discharge process, this was agreed to be on the wards and in the discharge suite.

The main method of data collection was the use of a questionnaire, designed by Healthwatch staff to gather information from the patient, family member or carer regarding the time and date of discharge, if the patient was waiting for medication and if so the length of time they had been waiting. In addition to this, Healthwatch Middlesbrough also asked for patient's viewpoints and suggestions to help improve the way they obtain their medication upon discharge from hospital. To establish figures for waiting times, Healthwatch staff made observations and tracked patients during data collection in areas of the hospital, such as the discharge suite to determine how long patients had to wait before leaving the hospital.

Due to limited time constraints of Healthwatch staff, follow up phone calls were also conducted with a select number of patients, approximately one week following the visit. These calls were made to determine what time the patients received their medication and to establish if the service had met their needs and expectations. (See Appendix 1 for a copy of the questionnaire used by Healthwatch Middlesbrough.)

In addition to this, Healthwatch Middlesbrough created an online questionnaire for patients who had previously been discharged from The James Cook University Hospital. This was publicised on Healthwatch Middlesbrough's website, Facebook, Twitter and Streetlife pages to ensure a wide range of data was collected. In addition to this, the online link was posted in a newsletter to Healthwatch Middlesbrough's members. The questionnaire was also posted out, with a stamped addressed envelope, to members of the public who requested a paper copy. (See Appendix 2 for a copy of the online / postal questionnaire.)

Healthwatch Middlesbrough also requested information from the hospital staff to help understand their policies and procedures relating to the discharge process.

This work was completed between August 2015 and January 2016.

## Results

Healthwatch Middlesbrough collected data from a total of 99 patients, 70 from the wards and discharge suite and 29 of which completed the online/postal questionnaire. 31 follow up phone calls were also carried out.

### How many patients were given a discharge time?

Healthwatch staff gathered information about whether each patient spoken to had been given a discharge time. Whilst speaking to the patients, varied responses were given. Some patients had been given a specific time of discharge, when asked one patient stated 'about 3pm, an ambulance is booked' while other patients were unsure of a time and had responded with 'sometime today', 'as soon as bloods come back and meds are ready' and 'I'm not sure'. One patient in particular explained that they had been told several different planned discharge times and that there had been 'a few hitches'. Table 1 below shows the number and percentage of patients who had been told an expected discharge time.

Discharge time given?	Responses (number of patients)	Percentage (%)
Yes	50	50.5
No	39	39.4
No answer given	10	10.1

Table 1: Questionnaire responses from patients when asked if they had been given a discharge time.

### Patients waiting for medication:

As the focus for this investigation was around waiting times for medication, Healthwatch determined if each patient was waiting for medication to be supplied before being discharged. The responses are presented in the table below.

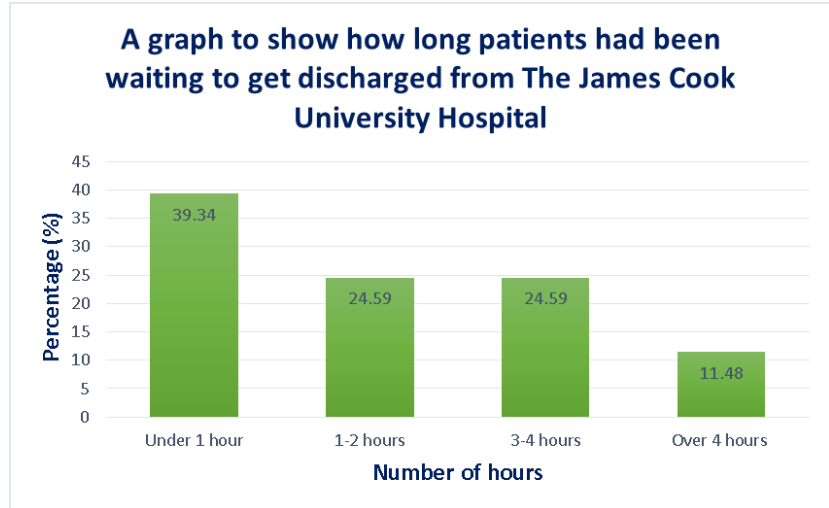
Table 2: Questionnaire responses from patients when asked if they were waiting for medication.

Patients waiting for medication?	Responses (number of patients)	Percentage (%)
Yes	51	51.5
No	40	40.4
No answer given	8	8.1

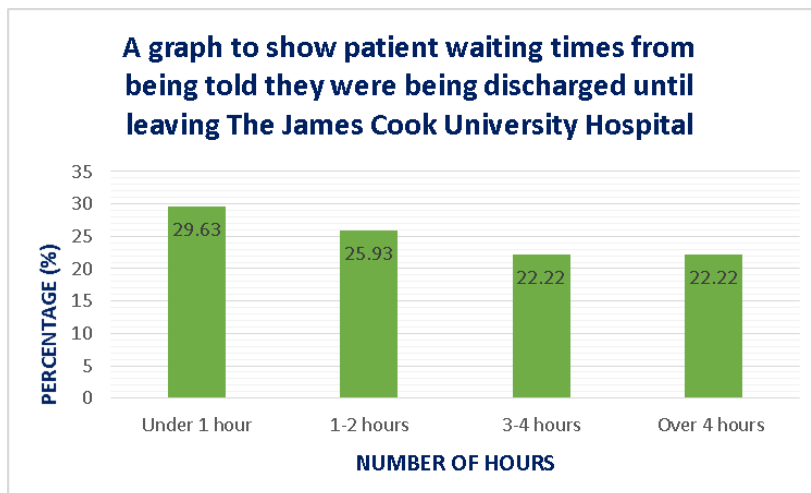


## Waiting times for medication:

When Healthwatch staff asked patients how long they had been waiting to get discharged, the results varied from under one hour to over four hours. The breakdown of these results can be found in graph 1 & 2. It is to be taken into account that Graph 1 shows the waiting times of patients who completed the questionnaire in the hospital with Healthwatch staff, these result show how long the patient had been waiting at the time they were spoken to prior to being discharged (not the actual discharge time). Graph 2 shows the feedback from patients who completed an online or postal questionnaire whose feedback of waiting times was from the time they were told they were getting discharged until leaving the hospital.



**Graph 1:** Results of patient waiting times for discharge from the questionnaire completed on the wards and in the discharge suite.



**Graph 2:** Results of patient waiting times for discharge from the online / postal questionnaire.

Whilst speaking to patients about these waiting times, many had experienced problems obtaining their medication. One patient explained that the staff in the discharge suite had to chase their medication because there was no record on their 'tracker system' due to issues on the ward system. Another patient explained that

the experience of delays waiting for medication on discharge was 'not a new thing, it goes back many years' and that 'the excuse is always the same... we can't get a porter to go to pharmacy'. Other comments Healthwatch staff received from patients included: 'I could not collect the medication from a

pharmacy myself, we had to wait for a porter to retrieve the medication and bring it to the ward', 'took all day to get my medication' and 'they asked me to come and collect the prescription the next day'.

There was also concerns expressed by patients and family members regarding medication being 'lost' in the hospital. Feedback from one of the questionnaires explained that the patient's medication was not sent down from the dispensary and when the hospital staff were asked to return the patients original set of medication which they had brought into the hospital with them, it took 'around an hour' for it to be located. Another patient also explained how their medication was brought in from home but then 'lost in A&E'. Therefore the patient had to wait for a new prescription to be issued.

A total of 13 out of the 99 who completed the questionnaire explained that the delay waiting for their medication resulted in them or a family member having to return to the hospital the next day to collect the medication or find alternative arrangements to get their medication e.g. arranging for their GP to issue a prescription for missing item(s). Many of these patients expressed their frustration with this as they had to arrange for transport, pay for parking charges and find the time to deal with this inconvenience.

When Healthwatch spoke to one patient, it was found that there was an issue obtaining one particular medication for them. The patient had arrived in the discharge suite at 8:30am, it soon became apparent that the hospital did not stock the item requested. After several attempts by hospital staff to contact the patient's consultant to try and arrange for an alternative item to be prescribed, the patient had to leave several hours later without their medication and had to follow this issue up with their GP, with no support from the hospital.

Healthwatch staff also asked for patient's views and suggestions for ways to improve how they obtain their medication when being discharged from The James Cook University Hospital. Responses received included patients asking for the hospital to issue a prescription that can be dispensed at their local community pharmacy and allowing the patient to go to the hospital pharmacy to collect their medication themselves rather than waiting on the wards or in the discharge suite for it to be delivered.

## Transport

As of the 15th October 2015, the discharge suite obtained its own patient transport ambulance to help ensure patients were discharged and got home within a reasonable amount of time from the discharge suite.



When Healthwatch staff spent time in the discharge suite, it was brought to their attention that there were some issues regarding patient transport. In addition to the comments received from patients 'I was told I could go home last night' and 'it was too late to arrange transport', on a few occasions Healthwatch staff also observed poor co-ordination of transport for patients in the discharge suite. On one particular day, the patient ambulance picked up one patient and took them to Brotton before returning back to the hospital to pick up the next patient who was going to Easington, in East Cleveland. Staff felt it would make more sense and save time if both patients were taken at the same time and for the ambulance to make two drop offs on the way as they were both going to the same area.

Some patients and family members also expressed their dissatisfaction with the hospital transport system. Healthwatch staff observed many patients waiting several hours for transport home. Whilst completing the questionnaire with a couple of patients, it emerged that they had actually been told that they were fit to go home the previous day but due to lack of patient transport, they had to stay in hospital another night before being sent to the discharge suite early the next morning to then have to endure another wait until an ambulance became available.

One particular patient was very disappointed as she had checked with the driver who brought her into hospital that there would definitely be transport available on the evening to take her home and they had confirmed this. However, on the evening the patient was told that she would not be able to go home until the next morning due to it being too late to arrange patient transport which left her feeling very disappointed as she had not been warned to bring an overnight bag with her just in case.

Overall experience of the discharge process:

On the online / postal questionnaire, patients were asked to rate their overall experience of being discharged from The James Cook University Hospital. The results can be found in table 3. The majority of patients rated their experience as 'good' however responses varied from unacceptable to excellent.

Rating	Responses (number of patients)	Percentage (%)
Unacceptable	4	14.8
Poor	5	18.5
Fair	6	22.2
Good	7	25.9
Very Good	2	7.4
Excellent	3	11.1

Table 3: Results from the online/postal questionnaire when patients were asked to rate their overall experience of the discharge process from The James Cook University Hospital.

General feedback:

Whilst completing this work at The James Cook University Hospital, we also welcomed feedback, comments or concerns about the patients overall experience. Healthwatch Middlesbrough received copious amounts of positive feedback regarding the hospital staff. The majority of the patients we spoke to during our visits were extremely thankful of the care they had received by the staff and their friendly nature. Some of the responses we received included: 'They were excellent', 'The staff on ward 27 were magnificent' and 'care from medical, nursing, radiology, receptionists has been first class'.

We also received some negative feedback, a couple of patients Healthwatch staff spoke to explained that the vegetarian food choices were very limited and one patient decided to go to the hospital restaurant to pay for the food themselves as they were not happy with the choices on the menu.

Whilst in the discharge suite, Healthwatch staff observed elderly patients who appeared confused and disorientated waiting long periods of time for patient transport to take them home. In addition to this, Healthwatch also received some feedback from relatives who had to wait with their elderly family members in the discharge suite. Two examples of which are:

**"We have been here since 7 this morning (the hospital not the discharge suite) and it is now 2pm. Due to mums dementia I have not been able to leave her to go to the toilet or get something to eat."**



“Dad fell asleep in the discharge suite and woke up very confused and upset. It would be helpful to have a dedicated part of the discharge suite for people living with dementia. Also do wards and A&E let the discharge suite know they are sending a person with dementia?”

### Analysis

Due to its size and huge range of specialised services, The James Cook University Hospital has discharged over 28,000 patients between the beginning of October and the end of December (2015). Each day the hospital dispenses upwards of 400 prescriptions, making the hospital pharmacy extremely busy.

Whilst carrying out this work, many patients told Healthwatch that they would prefer to go and collect their medication themselves from the hospital pharmacy. This was raised with the hospital staff and they explained that the hospital’s current practice is to send the discharge medication issued to the ward or discharge suite. It is then checked through with the patient and relatives by a nurse. Reasons for this are that the hospital pharmacy is located at the back of the hospital and is only accessible via a service corridor, where the porters use electric trucks. Due to this, the hospital pharmacy is not easily accessible or suitable for patients and relatives to visit themselves. To help improve waiting times, The James Cook University Hospital plans to introduce dispensing carts on some wards to allow routine discharge prescriptions to be dispensed.

Another issue raised with Healthwatch staff was ‘Why can’t the hospital issue a prescription for the patients to get dispensed at a community pharmacy?’ Hospital staff explained to Healthwatch that hospital prescriptions differ in several ways from the green ones you would usually obtain from your GP. Although frequently called prescriptions, they are actually legally classed as a ‘patient specific direction’ which is a written instruction from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient. Community pharmacies are unable to dispense these hospital ‘prescriptions’ as they have different contractual arrangements and therefore incur different dispensing fees e.g. Patients who are not exempt from prescription charges may be expected to pay for their items in a community pharmacy whereas they would not be charged for the item(s) if dispensed in a hospital pharmacy. In addition to this, due to the highly specialised services the hospital provides, the community pharmacies may not stock the range of medicines which you would usually find in a hospital pharmacy.



It is the hospitals obligation to ensure that patients have at least two weeks supply of medicines to take home. Some of the patients Healthwatch spoke to had experienced a lengthy wait whereas others appeared to get their medication without delay. Speaking to the hospital staff, it is important to understand that the dispensing process is a very complex one. All prescriptions must be clinically checked prior to dispensing, if any problems are highlighted which could risk patient safety then the prescription may need to be re-written which could result in a delay.

Patient medication is delivered to the wards and discharge suite at certain times by pharmacy messengers. The James Cook University Hospital staff are currently reviewing this but the wards have the use of a 'pharmacy tracker system' to view discharge prescriptions which indicates when they are ready for collection to help ensure a timely discharge.

### Discharge Suite

Following a request for information, The James Cook University Hospital provided Healthwatch with the figures regarding the number of patients being discharged via the discharge suite between October and December 2015. The results can be found in table 4 below.

Date (Week ending)	Total number of discharges from The James Cook University Hospital	Total number of patients discharged from the Discharge Suite	% of patients discharged from Discharge Suite
04-Oct-15	1610	111	6.9%
11-Oct-15	1659	121	7.3%
18-Oct-15	1706	113	6.6%
25-Oct-15	1671	164	9.8%
01-Nov-15	1575	141	9.0%
08-Nov-15	1688	145	8.6%
15-Nov-15	1705	141	8.3%
22-Nov-15	1616	132	8.2%
29-Nov-15	1648	125	7.6%
06-Dec-15	1704	122	7.2%
13-Dec-15	1618	137	8.5%
20-Dec-15	1685	127	7.5%

**Table 4:** A table showing the number of patients who have been discharged from the discharge suite in relation to the number of total discharges from The James Cook University Hospital.

These results show an average of 8% of patients in the hospital are being sent to the discharge suite before being discharged. The Trust website states that the discharge suite has capacity to discharge up to 300 patients per week therefore the results show that the suite is not being utilised as well as it could be, averaging 132 patients per week.

Hospital staff also explained to Healthwatch that when patients arrive in the discharge suite, priority is given to these patient's prescriptions in the pharmacy to help ensure a timely discharge. When the wards do not send patients to the suite then this cannot happen and patients are more likely to experience longer waiting times for their medication.

### Conclusion

Healthwatch Middlesbrough gathered a wide range of feedback from the 99 patients who completed the questionnaire, both in the hospital and via post / online. Most patients who Healthwatch Middlesbrough spoke to had nothing but praise about the care they had received from the staff at The James Cook University Hospital. However, it was brought to Healthwatch's attention that some improvements are required in the planning and co-ordination of the discharge process in particular with regards to medication supply.

### Recommendations

Following this work that Healthwatch Middlesbrough has completed at The James Cook University Hospital, the following recommendations are suggested:-

1. The discharge suite can accommodate up to 300 patient per week, however the figures show that the suite is only averaging 132 patients per week therefore Healthwatch Middlesbrough recommends better utilisation of the suite, ensuring ward staff are aware of its role in the discharge process as this will get patients off the wards and one step closer to going home. In addition, this will keep beds free for urgent admissions. One of the suggestions is to introduce weekly targets for the wards to ensure they send patients to the discharge suite at the earliest opportunity. The Trust could also ensure all ward staff are aware of the discharge suite and how best to utilise it by sending out an information or training package for staff to read and complete.

#### **Response from South Tees Hospitals NHS Foundation Trust:**

With current equipment the maximum number of patients the suite can accommodate is 45 per day (225 per week). Ongoing staff training and information sharing is resulting in increased numbers of patients being discharged via the suite. In addition staff are regularly reminded via the internal intranet system.



In addition to this at the daily 8 o'clock bed meetings, patients ready for discharge are discussed which includes the best route for them. The Trust has a target of 25% of patients to be discharged that day before 12 noon.

2. Healthwatch Middlesbrough would also like to recommend better co-ordination and booking of the patient transport ambulance for patients waiting in the discharge suite. The staff need to ensure patients are kept updated regarding expected waiting times and encourage multiple drop offs if this can be accommodated to save both time and cost.

**Response from South Tees Hospitals NHS Foundation Trust:**

Transport is provided by a private company. The Trust continues to monitor the effectiveness of this service. When the discharge suite opened, 3 vehicles were allocated to cover transport of patients from all areas of the hospital. Since the discharge suite opened, one of the private ambulances has been allocated solely for the use of discharge suite patients. The private ambulance service proves more cost effective than NHS ambulance services during the discharge process. In reply to the recommendation, the tender for the private company is under renegotiation and as part of that process the Trust is exploring having a member of the company's staff in situ to improve the service. Discharge suite staff do their utmost to ensure patients are transported as efficiently as possible ringing family members and taxis when the private ambulance service reaches capacity.

3. Following raised concerns regarding patients with dementia / learning disabilities, Healthwatch would like to recommend that staff on the wards and in A&E communicate with the discharge suite staff to make them aware of patients being sent to the suite who may require additional assistance and support. It is also recommended that these patients are dealt with as high priority to ensure they can be discharged in a timely manner to prevent any potential distress or upset for the patients or family members.

**Response from South Tees Hospitals NHS Foundation Trust:**

In keeping with operational policy if made aware the discharge suite will not accept patients with dementia or confusion. Unfortunately, there are times when ward/A&E staff do not handover the relevant patient information prior to transfer. If and when this issue does occur the discharge suite staff would not return the patient to the transferring





ward/department as this would further disorientate the patient. This would be fed back to the ward / department manager and staff are encouraged to report this through the incident reporting system for investigation by the relevant clinical centre. The organisation continue to raise awareness of the criteria for admission to the discharge suite. It should be noted that in some cases this may be a judgement on where best to locate a patient who is vulnerable. A busy, loud A&E department may not be the best place for a particular patient and a risk assessment is made to relocate them to a calmer more appropriate department such as the discharge suite.

4. As a lot of the frustration patients faced whilst waiting for their medication, was wondering why they could not go and collect the medication themselves, Healthwatch recommend that the hospital staff explain to the patients reasons for this e.g. poor accessibility. Healthwatch staff were also made aware that the Trust plans to introduce dispensing carts on the wards. Healthwatch would encourage this to be followed through in a controlled manner to help speed up the delivery of discharge medication.

**Response from South Tees Hospitals NHS Foundation Trust:**

Dispensing carts have been introduced on several wards and will be rolled out to more wards in the near future. This will take some of the pressure off the pharmacy department, improving the discharge process for patients waiting of medication. Medication for patients in the discharge suite is fast tracked via our internal systems and at each stage of the process can be monitored by discharge suite staff.

5. Healthwatch would also like to recommend that patients are kept well informed at every point of the discharge process. By giving each patient an expected time of discharge, keeping them regularly informed about transport arrangements and any medication delays with reasons for this will help to improve patients trust in the hospitals procedures, ensuring they feel involved in the planning of their discharge and also preventing any unrealistic expectations arising.

**Response from South Tees Hospitals NHS Foundation Trust:**

The staff within the discharge suite do provide patients with transport updates.

### Acknowledgements

Healthwatch Middlesbrough would like to thank all staff at The James Cook University Hospital who have been involved in this piece of work, in particular those in the discharge suite. The Healthwatch team were met with a friendly and professional staff team, who have been extremely accommodating and co-operative during our visits.

Healthwatch Middlesbrough would also like to thank all of the patients, relatives, friends and carers who have given their time to complete the questionnaires and provide information about their experience of medication supply and discharge from The James Cook University Hospital.

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## Appendix 1 - Hospital Questionnaire



### Medication at point of discharge

Ward:	Bay number:
Date:	Time:

1. Which area do you live in?  Postcode for example TS1.
2. Have you been given a discharge time?  
Yes  No
3. Are you currently waiting for your medication?  
Yes  No
4. How long have you been waiting?  
Under 1 hour  1-2 hours  3-4 hours  4 hours plus
5. Is there anything you think could be done to improve the way you obtain your medication when you are discharged from hospital?

To enable us to check that the service you received met your expectations once you were discharged we would like to contact you in about a weeks' time? Do you agree to a brief follow up call?

Yes  No

Contact details:

Signature of patient

Completed by:  
Healthwatch Middlesbrough

Appendix 2 - Online / Postal Questionnaire

**healthwatch**  
Middlesbrough

The James Cook University Hospital Discharge and Medication Questionnaire

1. Have you or a family member been discharged from The James Cook University Hospital in the last 3 months?

- Yes  
 No

2. Are you completing this questionnaire on behalf of yourself or a family member?

- Myself  
 Family member

3. Which area do you live in? Please provide the first half of your postcode e.g TS3

4. Whilst in hospital were you given a scheduled discharge time?

- Yes  
 No

5. How long did you have to wait from the time you were told you were being discharged until leaving the hospital?

- Under an hour  
 1 - 2 hours  
 3 - 4 hours  
 Over 4 hours

6. Did you have to wait for medication before being discharged?

- Yes  
 No

7. Did you experience any problems obtaining your medication? If yes, please explain.



8. From your experience, is there anything you think could be done to improve the way you obtain your medication when you are being discharged from hospital?

9. How would you rate your overall experience of being discharged?

- Unacceptable
- Poor
- Fair
- Good
- Very Good
- Excellent

10. Are there any other comments you wish to share regarding your stay at The James Cook University Hospital?

If you wish to share more of your views and experiences about the local health and social care services in your area or become a member of Healthwatch Middlesbrough then you can get in touch with us using the contact details below.

Email: [healthwatchmiddlesbrough@pcp.uk.net](mailto:healthwatchmiddlesbrough@pcp.uk.net)

General telephone: 01642 688312

Information & Signposting query: 08081729559

Post: Healthwatch Middlesbrough, Catalyst House, 27 Yarm Road, Stockton-on-Tees, TS18 3NJ