



Healthwatch Kent - January 2017
Report on: Discharge from
Darent Valley Hospital



Foreward from our Chief Executive

It will be no surprise to anyone that we hear about discharge from hospital from people all over Kent. It is one of the top issues we hear about.

It's not just one issue though. We hear about all sorts, from confusion around when patients may or may not be discharged, to discharges late at night, through to patients being kept in hospital because there is no alternative place to go.

Hospital discharge is a complex issue that involves many organisations, departments and people. When a patient is ready to leave hospital, the priority for the hospital, Kent County Council, Clinical Commissioning Groups (CCGs) and the community services is to ensure that the patient can move back home with the care they need, or to an appropriate care home or nursing setting.

Longer stays in hospital can have a negative impact on people's health, particularly older patients as they quickly lose mobility and the ability to do everyday tasks. And of course, there is the financial impact of patients staying in hospital longer than needed.

We wanted to explore all these issues and understand how all these elements work together. We have focused this project on North Kent and Darent Valley Hospital. We intend to repeat this work in East and West Kent too. Where we find best practice or innovative solutions we will share them with everyone, so they can all benefit. Where we find issues, we will work with individual departments and organisations to find a solution.

If anyone has an experience of being discharged from Darent Valley Hospital then do please get in touch and share with us your story. Call us anytime for free on 0808 801 0102, email info@healthwatchkent.co.uk or text 07525 861 639.

Steve Inett

Chief Executive, Healthwatch Kent



Contents

Our aim	04
What did we see? The positives	05
What did we see? The challenges	06
The challenges for Healthwatch Kent in working with Darent Valley Hospital	08
Our recommendations	09
How did we go about it?	10
Healthwatch Kent	11



Our aim

We wanted to truly understand the issues that affect hospital discharge in North Kent. Through this we want to identify and unravel the issues that may prevent people from having a 'good' discharge and to uncover best practice and innovative solutions.

How did we go about it?

In total, we spoke to 125 people including

- Patients, carers and families
- Practice Managers
- Care Home Managers
- Kent County Council
- Darent Valley Hospital staff
- Gravesham Place
- Voluntary organisations

We also took part in a Rapid Improvement Workshop, organised by NHS England which included frontline staff, senior managers and commissioners from health and social care, where we fed in our findings from this project and practical solutions were designed to improve discharges. We shall take part in the reviews of its work to see if that process addresses our recommendations.






What did we see? The positives

Patients shared many positives

- The Discharge Lounge is a positive, welcoming space for patients who are waiting to be discharged. The staff in the Lounge have time to talk to patients about any anxieties and check transport and care packages are in place.
- We saw staff in the Discharge Lounge proactively supporting patients during our three visits there.
- Waiting for medication can cause delays for patients. We saw Discharge Lounge staff proactively seeking and collecting the relevant medication to enable patients to go home.
- Frailty Navigators are working across the hospital to identify and support patients who are deemed to be frail. They provide intensive support to frail patients to help them be discharged and to prevent falls when they return home.
- 88% of patients said they felt well enough to go home when they were discharged.
- We heard lots of positive comments about the staff. One ward sister even offered to deliver medication on her way home from work, to a patient who had been waiting for a discharge prescription!
- Out of the patients who were informed about what support they were receiving on leaving hospital, 88% told us they received this support.

The positives from professionals

- So far, we have heard largely positive reports about the new patient transport system provided by G4S.
- When an electronic discharge notification works, it works really well. However, this is not always the case (see page 7).
- During this project, we have taken part in an exercise, facilitated by NHS Improvement, to bring all parts of the Discharge process together, called the Rapid Improvement Event. This includes the Hospital, Social Care, rehabilitation services and the voluntary sector. We have seen several great initiatives discussed and explored.



“I had to wait for transport and medication but in the end I only waited in the discharge lounge for about 2 hours, which I thought was pretty good”.





What did we see?

The challenges

The challenges from patients

- Patients and professionals told us that people are often unclear about what they should do after being discharged. They usually go to their GP for answers, which is draining GP resource. Patients were not being referred directly to District Nurses when needed.
- Many of the patients we spoke to in the Discharge Lounge seemed frustrated about waiting for transport. They didn't realise that the Lounge is designed to be a place to wait and was not an indicator of immediate discharge.
- Just under a third of patients (30%) told us that they didn't feel involved or listened to in their discharge.
- 44% of patients told us that the date and time of their discharge was not discussed with them.
- 5% of patients told us they were discharged after 10pm. If a carer was involved, this went up to 17%.

"Last Friday they told me possibly Monday, then they made sure my wife was present in discussions. They have been very accommodating and wanting to involve family"

- Over a third (37%) of patients didn't get a copy of their discharge/care plan.
- Carers were not routinely involved in decisions. 62% of people told us that their Discharge Plan was not discussed or agreed with family or carers.
- 36% of patients who needed some extra care or support weren't told what that would be.

Challenges for Darent Valley Hospital

- At the time of our 2nd visit (September 2016) Darent Valley Hospital was experiencing huge demand. On a daily basis the hospital is over capacity which means they are constantly short of beds. To cope they use what they call escalation beds which are added into the wards. Added to this, there are over 60 patients every day who could be discharged if there was a place for them to go. This places a huge pressure on the whole system.
- These 60 patients are medically well enough to leave hospital, but often there is nowhere for them to go. For some patients there may not be a suitable care home available locally. This is particularly tricky for patients who have Dementia or complex issues.
- Patients needing intense care packages also find it hard to find a suitable bed regardless of which part of the 'system' is paying for it whether that comes from private funds, the NHS or social services.
- Patients who have impaired Mental Capacity with no next of kin or Power of Attorney in place will invariably be delayed. There can be a wait of months for Court of Protection to award Power of Attorney and for self-funding patients it is difficult to get support from social care in Kent to fund an interim placement.
- Although unintentional, sometimes families can cause delays. At times,

"Was expecting to go home after the weekend and then they came and said he could go home today (Friday). Daughter came to pick him up and said as he wasn't expected home nothing was ready"

families can either not agree or are unhappy with the recommended course of action for the patient. That might be because the proposed Care Home has a poor CQC rating or there is a dispute about Continuing Health Care (CHC) funding. Although the guidance states that CHC assessments should not take place within a hospital setting we have been told by the Hospital that they are taking place regularly because of a lack of other options. Disputes between health and social care funding are often the causes of a delayed discharge too.

- We've heard from people and professionals that sometimes families feel their loved ones have a right to stay in an acute hospital for as long as it takes to find a long-term place, or there is an expectation that all rehabilitation and care should happen in hospital. This mis-understanding often leads to loss of independence and increased risk of hospital acquired infections, and makes care needs on discharge higher.



What did we see? The challenges continued.

- Delay can also occur when relatives can only engage with the hospital or visit Care Homes in their non-working hours, which is understandable, but still has an impact on the patient. Similarly, when families do not live locally and the patient needs to have support in making a placement decision, this can be more time consuming and cause further delay.
- Housing issues including the need for cleaning, or a generally poor environment are additional challenges that affect peoples' discharge. We heard from one family that their landlord didn't want carers entering the property or for a bed to be placed downstairs which meant a further delay whilst an alternative was found. In addition we heard about carers feeling unsafe to enter a property.
- On other occasions, lack of community-based rehabilitation services to support people at home can also mean patients stay longer in hospital. We also heard about delays and waiting times for patients needing care packages to support them at home. We heard from one family who waited 20 days for a suitable care package to be arranged.
- Finally, we heard that at times, hospital systems delay patients. This is usually only by a couple of days but the lack of enough staff to undertake assessments can add to peoples' stay.

The challenges for other professionals

- We heard that the Discharge paperwork is not always completed on time. Practice Managers told us that they often wait weeks, even months to receive it and the patient usually arrives for treatment within a few days of discharge, meaning they are treating them without understanding the details of their hospital stay.
- When a discharge notification is hand written, there is a risk of error. We heard about one patient who was given the wrong medication because the hand writing couldn't be read.
- We heard several cases where death notifications had not been received by professionals sometimes for many months.
- We heard about significant issues with care packages. We heard how difficult it can be to get complex packages in place and the time it takes to get them sorted. We also heard from Care Home managers about their challenges including patients being discharged to them without their agreement.

- All of the Practice Managers we spoke to felt that some of their patients had been discharged too early.
- GP Practices told us their concerns that patients are arriving daily who need treatment such as dressings that required changing but they don't have Practice Nurses available to treat them.
- When patients are discharged, those that need it, are told to go the GP to get a note to sign them off work. This has a huge impact on Primary Care and results in a significant waste of GP time.
- Several Care Homes reported concerns around discharge late at night (after 10pm) and residents arriving cold, soiled and in one case a Diabetic patient, who had not received any food or drink that day.

"Very delayed. Came at 10am to discharge lounge. Now 1.40pm still waiting. Not happy. Pharmacy tablets - not come down. Probably getting a mini cab as it's too late for brother or sister to come by car. They would have come this morning."





The challenges for Healthwatch Kent in working with Darent Valley Hospital

There were a number of challenges in arranging access to the hospital that caused significant delays in this project.

We saw senior managers under lots of pressure which meant they often took longer than anticipated to respond to requests for information or arranging visits. When dates for visits were offered, some were very short notice to arrange with our volunteers, but we tried to accommodate this where possible.

We also saw disruptions in continuity of senior management with people going on maternity leave or to new posts, and others acting up into those positions. The Trust were worried that some patients may be too confused or upset to talk with us.

Despite the challenges we have consistently asked to speak with patients who have a delayed discharge but to date this has not been successfully facilitated. Only two of the 125 people we spoke with had any significant delay to their discharge. Whilst we are reluctant to publish this report without being able to raise the voice of such a key group of people we felt there was no more we could do to reach these patients without the support of the Hospital.

We would like to thank the staff that supported our visits and gave their time to help us gather the experiences of patients, families and carers.



Our recommendations



- 1) Continue to invest and support the Discharge Lounge and make maximum use of it.
- 2) Continue to support the Frailty Navigators.
- 3) The work that is being done collectively with the whole health and social care system via the Rapid Improvement Workshop is vital and must proceed at pace to drive improvements both for the system and for patients.
- 4) Discharge paperwork must be completed at the bedside, a copy given to the patient /carer and sent electronically to the GP and any relevant caring professional.
- 5) Darent Valley Hospital need to better understand the resource, capacity and service within GP Surgeries and District Nursing. Equally, there is an opportunity for the whole system to explore the ways it might be able to help support the Trust.
- 6) Better relationships with local Care Homes must be developed including a clear process which allows them to share concerns they have.
- 7) Carers and family members must be routinely involved in discussions around discharge and the care plans.
- 8) Patients should be provided with information for their employers at the point of discharge, to relieve some pressure on GPs.
- 9) The purpose of the Discharge Lounge as a place of waiting and not immediate discharge should be explained both on the ward and in the lounge. This would help patients to better understand and relieve some frustrations.
- 10) To work with Local Care Homes and agree a Discharge curfew which has some flexibility for times where there are extreme cases or pressures.
- 11) Communication with families about the impact on the patient staying in a hospital bed. This could be aligned to communication on pathways such as discharge to assess so families and patients understand the benefits of receiving this care outside of hospital.
- 12) Better integration and working practices between the professionals involved in discharge. There are currently too many blockages in the system which prevents this integration happening.
- 13) Healthwatch Kent and the Trust to work hard on maintaining a positive constructive relationship by meeting regularly, understanding each other's challenges and sharing information .



How did we go about it?

Summer 2015: Healthwatch requests access to Darent Valley Hospital to talk to patients who were being discharged. We wanted to talk to patients who were being discharged and then follow their experience to their next place (home, care home, rehab etc).

November 2015: Healthwatch Enter & View to Gravesham Place.

January 2016: Questionnaires sent to family members of Gravesham Place patients.

January 2016: Request access to Gravesham Community Hospital

February 2016: Questionnaires also sent to Home Enablement families.

March 2016: Enter & View visit to the Discharge Lounge and wards at Darent Valley. No access to delayed discharge patients.

June 2016: Healthwatch collated findings to date and presented a report to Darent Valley Hospital and the Clinical Commissioning Group. Discussed our frustrations in getting access to patients. Agreed the importance of reaching patients who are medically well enough to be discharged, but are not released due to other reasons. These patients are known as having a delayed discharge.

July 2016: Published an online survey. Also worked with the CCG, local Patient Participation Groups, voluntary, community groups, all local Councillors and MPs.

August 2016: Campaign in local media to gather patient feedback.

September 2016: 2 Enter & View visits to the Discharge Lounge and wards. No access to patients with a delayed discharge.

September 2016: requested access to Gravesham Community Hospital to visit patients which was denied.

September 2016: met with Care Homes and Practice Managers to hear feedback.

October 2016: met with the Trust to raise frustrations.

October 2016: Telephone follow up with sample of patients from September Enter & View visits

November 2016: met with the Trust to raise frustrations.

December 2016: Visited the Trust to talk to patients with a delayed discharge but only two patients were found for us to talk with.



Response from Darent Valley Hospital

It is essential that we are able to safely and promptly discharge patients from hospital once they have completed their acute phase of care.

We have been working hard to streamline the discharge process and identify where barriers exist and determine how best to overcome them. We have committed considerable resources to improving the patient pathway and now work towards an estimated discharge date from when each patient first arrive in the Trust. We are working together with colleagues from different organisations across county who are involved in facilitating patient discharge, to develop a robust and sustainable solution.

This report is a valuable contribution to the work that we are progressing, we would like to thank the team at Healthwatch for the time and effort they have put into producing it.



Healthwatch Kent

Healthwatch Kent is the independent voice for local people in Kent.

We gather and represent people's views about any health and social care service in Kent.

Our role is to understand what matters most to people and to use that information to influence providers and commissioners to change the way services are designed and developed.

Our FREE Information and Signposting service can help you navigate Kent's complicated health and social care system to ensure you can find and access the services that are available for you. Call us on 0808 801 0102 or email info@healthwatchkent.co.uk



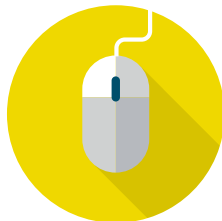
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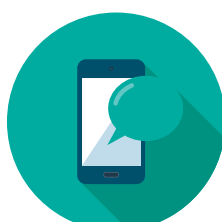


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Call 0808 801 01 02 to arrange a visit



By Text:

Text us on **07525 861 639**.
By texting 'NEED BSL', Healthwatch's British Sign Language interpreter will make contact and arrange a time to meet face to face.



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