Transfer of Care Project
The Rutland Patients' Experience

Initial Findings

August 2016 - March 2017

Acknowledgments

Healthwatch Rutland and the Better Care Fund would like to thank all those who took part in this project:

The members of the public who shared their stories

Front line staff who shared their experiences

Healthwatch staff and volunteers who gathered the information

Health and Social Care Providers for listening to the information gathered

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1. Introduction and Background

As the organisation with the statutory responsibility for gathering the views, concerns and experience of the people of Rutland in all matters regarding Health and Social Care, Healthwatch Rutland had been hearing from the public about issues with transfer of care. The issues highlighted included delayed transfer of care, discharge from hospital without sufficient support in place, discharge from hospital when the individual requires rehabilitation rather than in-home support and confusion over what social care support is available on returning home. Some people believed that their transfer of care experience could be improved.

Rutland County Council (RCC), East Leicestershire and Rutland Clinical Commissioning Group (CCG), Leicestershire Partnership Trust and Health providers and commissioners have shown their commitment to improving the local discharge processes that help patients to return home in a timely manner, tackling something which is currently an issue nationwide, and improving the patient experience in this area. There is significant work going on across health and social care to improve the integration of the services required for successful transfer of care.

In addition, the Rutland Integration Executive Group which oversees local health and care service integration, including by steering the Better Care Fund programme, had highlighted the need to gather patient experience and to hear the voice of service users as services evolve. This would allow them to plan and provide the best care possible. As Health and Social Care are also working more closely together to provide integrated services, it was also important to start to invite feedback on the whole experience of transfers of care, rather than each organisation only hearing about its respective parts of the jigsaw.

Therefore, the aim of this joint Healthwatch Rutland/Rutland Integration Executive project was to have a positive impact on transfer of care approaches for Rutland patients. Healthwatch Rutland used the project to capture key messages from service users, carers and front-line staff and to feed these into an ongoing, iterative process of review and improvement by the Rutland Integration Executive Group.

The project gathered information from those Rutland residents who were discharged from hospital/acute care and whose care was then transferred to either social care or local GPs. It did not cover those people who were discharged from hospital/acute care without a requirement for further care. The project ran from August 2016 until March 2017.

Due to data protection laws, providers were unable to provide Healthwatch Rutland with details of patients fitting the project criteria. Participants were therefore recruited via media adverts and flyers given to potential participants by front line workers.

Data was gathered through semi-structured interviews. Evidence was gathered from people who had recent experience of acute hospitals, community hospitals, 'interim' care home beds (used for reablement, further assessment or rehabilitation) and those using domiciliary care. The gathering of patient experience emphasised qualitative not quantitative feedback, to generate case studies which were anonymised. The emphasis was on generating a smaller number of high quality insights into patient journeys and experiences rather than operating a larger tick box survey. A total of 24 people were interviewed for the project. This included 11 patients/service users and family members and 13 front line staff.

Although funding for the project was provided by the Better Care Fund by the Rutland Integration executive group, Healthwatch Rutland remains independent. Findings were not influenced by any member of the Rutland Integration Executive group or others. Healthwatch Rutland's responsibility was to accurately report what patients/clients and front-line staff said.

2. Summary of Findings

The following areas for discussion were identified:

- Praise for Front Line Workers
- Advocacy
- Equipment
- Non-emergency Transport
- Interim Beds
- Pharmacy
- Communication
- Loss of Personal Items
- Shared Assessments

3. Praise for Front Line Staff

We heard

Considerable praise from all project participants for some of the front-line workers they had come across during their transfer of care. Many front-line staff were commended for the professionalism, care and compassion shown to patients/clients. Many participants spoke of how all the workers they came across could make the difference between a negative or positive experience. The following were mentioned by several project participants as having had a positive impact on their experience:

Community/District Nurses

Members of the REACH team

Rutland Community Agents

Physiotherapists supporting clients in their homes

Staff at Rutland Memorial Hospital

The stroke rehabilitation team from Leicester General Hospital.

4. Advocacy

The Care Act 2014 states that:

Local authorities must involve people in decisions made about them and their care and support. No matter how complex a person's needs, local authorities are required to help people express their wishes and feelings, support them in weighing up their options, and assist them in making their own decisions.

The advocacy duty will apply from the point of first contact with the local authority and at any subsequent stage of the assessment, planning, care review, safeguarding enquiry or safeguarding adult review. If it appears to the authority that a person has care and support needs, then a judgement must be made as to whether that person has substantial difficulty in being involved and if there is not an appropriate individual to support them. An independent advocate must be appointed to support and represent the person for the purpose of assisting their involvement if these two conditions are met and if the individual is required to take part in one or more of the following processes described in the Care Act:

- *a needs assessment*
- *a carer's assessment*
- *the preparation of a care and support or support plan*
- *a review of a care and support or support plan*
- *a child's needs assessment*
- *a child's carer's assessment*
- *a young carer's assessment*
- *a safeguarding enquiry*
- *a safeguarding adult review*
- *an appeal against a local authority decision under Part 1 of the Care Act (subject to further consultation).*

We heard

No patients interviewed for the project were aware of the possibility of an independent advocate, or of any assessment done by staff of their suitability for requiring an independent advocate. They were also not aware of any other patient support available such as Patient Advice and Liaison Service (PALS). Some patients said they were not able to be fully involved in the process, particularly in hospital when they were ill, confused and emotional, and hence felt confused about their ongoing care. In addition, family members told us that they were unaware of the possibility of an independent advocate for their relative, or of any assessment done by staff. They were also not aware of organisations such as PALS available to support their relative in hospital. This did not create an issue when the family member was able and willing to support their relative, however, we were told of family members who were either geographically distant, or who did not have a close personal relationship with their relative. Front line staff told us that they had never come across an independent advocate, and some front-line staff stated that they fulfilled this role.

A theme identified across the project was that those patients with engaged, close, able relatives, who were fully involved in their care, had a significantly more positive experience than those that did not have this level of family support.

The project has highlighted the complex nature of advocacy assessments and when support of this type is required. It also highlighted the lack of understanding of the process by the public and by some front-line staff. It also showed a lack of awareness of other support available such as PALS, available in acute hospitals.

Response

RCC have begun significant work to review procedures for the availability and use of independent advocates under the Care Act 2014, including how the availability and access to advocacy can be communicated to patients.

A brochure is being produced to provide patients and their families with straightforward information about hospital discharge and care options, to provide them with another source of orientation. This will include information on advocacy services and when these are appropriate to be used.

Next Steps

It has been identified that the three providers contracted (through a collaborative Leicester, Leicestershire and Rutland (LLR) procurement led by Leicestershire County Council, with the exception of Independent Care Act Advocacy in the City) for independent advocacy services are:

- Age UK
- LAMP
- POhWER

The delivery of these contracts is being reviewed to confirm that all the services required are being provided. RCC and Healthwatch Rutland will be working together on this issue.

Leicester, Leicestershire and Rutland are undertaking an audit to find out when and where advocacy has been offered/arranged. In addition, workshops have been provided to front line staff to raise the profile of advocacy and to create a better understanding of its appropriate use.

5. Equipment

We heard

People were largely satisfied with the provision of equipment in their homes to allow them to be discharged from hospital (either acute or community). They felt that they had the equipment they required, it was of a good standard and was arranged in good time to allow for their transfer back home. Many highlighted the work of the REACH team in enabling equipment to be organised.

Many participants told us that they found it difficult to return equipment once it was no longer needed. It was difficult for patients and their families to know or find out whether equipment needed returning to the Local Authority or whether it belonged to health organisations. They felt this was a waste of resources.

Response

RCC will be discussing with health colleagues to confirm what type of equipment might be returned for further use and what may need to be destroyed. Also, they suggested investigating whether a social enterprise could be supported in providing a local service to re-use equipment safely.

We heard

It was reported to us that the company contracted by RCC and Health providers to deliver equipment (such as walking frames), would not deliver outside the boundaries of Rutland. This had created difficulties for a patient in the John Van Geest ward at Stamford Hospital, as they would not deliver a walking frame to Stamford Hospital to allow her transfer to a reablement bed in a care home in Rutland.

Response

RCC suggested they would discuss this issue with the company delivering equipment. They would look to ensure that the contract allowed for some flexibility to ensure people were not put in this situation if a portion of their care was outside of Rutland county borders.

6. Non-emergency Transport

We heard

Non-emergency transport is currently provided by ARRIVA. We heard of a number of issues with this transport that had a negative impact on participants' experiences. These issues included:

- Wrongly equipped vehicles arriving for a journey, for example the wrong size wheelchair being provided.
- Delays in transport arriving to transfer patients to care homes, community hospitals or to their own home.
- ARRIVA staff being unwilling or unable to carry care home residents upstairs (when using the lift was not possible as the resident was unable to sit).
- Care home residents, or reablement patients arriving at Care Homes late at night, when less staff are on and able to compete a satisfactory transfer of care. Many care homes are now refusing to receive residents/patients after a specified time which could lead to a delay in discharge from hospital.
- One patient commented that a delayed transport, coupled with being over heated and over strapped in to the vehicle resulted in his condition declining during the journey.

Next Steps

Recently it was announced that the contract for providing non-emergency transport would be provided by Thames Ambulance Service Limited (TASL) from 1st October 2017. It is hoped that Healthwatch Rutland can work with the new provider, informing them of the data collected from this project, to ensure a more positive patient experience.

7. Interim Beds

RCC have developed a new health and social care funded interim beds project in Rutland. This allows for patients to be discharged from acute or community hospitals and have a period of supported care to enable further reablement or a period of assessment. This may take place in a person's own home or in a residential care home setting. The usual period for care in this project is 3 ½ weeks but can be up to six weeks or longer depending on the purpose of the support and medical reason for this option.

We heard

Patients and their families told us that there was some confusion as to what the care offered in care home interim beds included. Some thought that it was

rehabilitation but felt that physio support dropped off significantly during the period. Others felt it was convalescence and that this was very useful in giving them more time to feel confident about a return home.

Response

RCC said that the interim bed option was working well to enable people to leave hospital sooner who were not yet ready to go straight home, but that it was still fairly new. They suggested that communications could be better to ensure that patients and their families expectations were managed. They also confirmed that there may be a need for clarification with the care homes as to what type of care was being commissioned from the care homes in respect of interim beds.

We heard

Some care home staff felt that plans for transferring patients back home could be started earlier in the person's stay in an interim bed. It was mentioned that home adaptations could sometimes be rushed at the end of a patient's stay and it was felt this occasionally led to a delay in the patient's transfer home.

Response

RCC confirmed that they remain committed to care planning at the earliest opportunity when a patient moved to an interim bed in a care home.

We heard

Some people reported to us that although interim beds were very welcome as a step towards going home, they were not always in a totally suitable setting. For example, two participants told us that they stayed in a care home where nearly all residents had advanced dementia. Both of the participants did not have any cognitive impairment and found it difficult staying in a setting such as this.

Response

This issue was reported late in the project so has only recently been highlighted to RCC. They will respond when able.

8. Pharmacy

We heard

A number of participants commented on pharmacy delays at Peterborough City Hospital which either delayed their discharge, or in one case caused distress for a Dementia patient awaiting discharge back to a residential home.

Of particular concern to care home staff were issues with communication in regard to changes in medication for residents returning to a care home after a hospital stay. A number told us about missing prescriptions, a lack of clarity on what medication the patient was prescribed and also that frequently they had to clarify

with the hospital whether a resident had already been given that day's dose of medication. In one situation, a patient's morphine patches had been removed by the hospital and not replaced. When the patient was discharged, there was no communication to the care home that the patient required these vital pain management patches put on again. It was only due to the patient's distress that the care home found that she had had no pain medication for over 24hrs.

Next Steps

Healthwatch Rutland will ensure that these issues are raised with health providers. It is hoped that this patient insight will serve to influence changes in systems to ensure a reduction in hospital pharmacy delays and to improve communication about prescribed medication when patients are discharged.

9. Communication

We heard

The complexity of understanding the health and social care system caused a lot of anxiety for patients and their families. In particular, families of social care self-funders found it difficult to navigate the care system when trying to organise either residential care for their relative or domiciliary support at home. No one interviewed was aware of the brokerage support available, at a small cost, to self-funders by RCC when setting up care for a relative. There was much confusion over different types of funding such as Continued Health Care (CHC) support and issues such as needs assessments.

Some participants told us that there were misunderstanding about their next steps of care. For example, a number commented that they believed they were coming home to a package of care, but actually had reablement support in place and were therefore disappointed with the level of care provided. Some commented that they didn't really understand what was being proposed when they were feeling so unwell in hospital.

Families told us that they were frightened of their relative being discharged from hospital to home if they felt that the support being offered wasn't sufficient and their relative lived alone.

There was much confusion from patients and families regarding the use of 'jargon' across the health and social care environment. One participant gave us an example of five names they had come across for different types of beds: interim, transitional, block, reablement, rehabilitation and ICT.

Patients and family members stated that there were times when information needed to be communicated face to face and not just as printed matter.

Response

It was felt by Healthwatch Rutland that some of the issues above could be addressed with the use of independent advocates, if appropriate. It was also felt by RCC and Healthwatch Rutland that the way information was communicated to patients and their families needed reviewing.

In February 2017, Healthwatch Rutland organised a workshop with RCC for project participants and other members of the public to review some revised RCC communication products. This enabled RCC to hear from the public as to when information should be provided in a patient's transfer of care, and what information was important for patients and their families to have. It also highlighted where jargon was being used and made suggestions for making the material more user-friendly.

Next Steps

It is proposed that when the RCC communications materials have been revised considering the information gathered at the February 2017 workshop, another similar event be planned by Healthwatch Rutland to allow for public participation in this important work.

10. Loss of Personal Items

We heard

Several participants told us about the loss of personal items during their transfer of care. Most felt that this had happened at the acute hospitals (both Peterborough and Leicester). Relatives told us of the loss of personal documents including paperwork on care planning/DNR etc provided by GPs but lost in hospital. We were also told of the loss of personal items such as dentures and spectacles. This had caused a great deal of distress.

Next Steps

Health providers will be made aware of these findings. It is hoped that procedures for the safety of patients' personal items can be improved so that these situations don't happen.

11. Shared Assessments

We heard

We were told by several participants that they felt that they were assessed numerous times and that if assessments could be shared across the health and social care system that this would make transfers easier and potentially provide

savings for the system. In one situation, due to a transfer from abroad, the system did not allow trust in prior assessments so the patient was admitted to an acute hospital for 3 days for assessment, even though he had been discharged home and travelled back from abroad.

Next Steps

It is understood that there is already work underway across the health and social care system to allow for more integration, including shared assessments. This aspiration is supported by the findings of this project.

12. Conclusion

The project has successfully collected first-hand experience of the transfer of care for Rutland people. This information has informed providers and commissioners and changes are already being made. Healthwatch Rutland is committed to continuing to work with the local authority and health care providers to ensure that the public's experiences are captured. This allows for informed decision making going forward and can help health and social care to provide the best experience possible for the people of Rutland.

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