

Healthwatch Kent - September 2017
Discharge from Hospital in West Kent



Foreword

We hear from people about their experience of being discharged from hospital all over Kent.

We've recently done a large project in North Kent where we spoke to 145 people about their experiences. We heard some positive stories but also the not so good stories. For example, we heard about elderly carers struggling to cope at home and when they then became ill both themselves and the cared for person went to hospital and found it difficult to get the right care to get them both home. We also heard from a man who was at Darent Valley Hospital for 87 days while he waited for the right care to be available for him to go home.

We have committed to talking to people in both West and East Kent too, to see if the same picture is repeated across Kent.

In West Kent, we have spoken to 89 people to date about their experience of being discharged either from Maidstone or Tunbridge Wells Hospital. We've spoken with patients who have left hospital and are now receiving care in a care home or cottage hospital. We've also heard from people who are receiving care in their own homes. We also spoke to 18 people whose discharge from hospital had been delayed.

We know that discharge is a complicated subject and is very particular to each and every person. Some people want to go home before they are ready, others may be worried about returning home. It's a complex and often emotional issue that also involves a lot of organisations and people. When a patient is ready to leave hospital, the priority for the hospital, Kent County Council, the 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 in West Kent. We have already started looking at the situation in East Kent too so by the end of the year we will be able to take a view across Kent about discharge.

We have shared everything we've heard with the hospital, community services and social services. We will continue as always to highlight best practice to all organisations across Kent. We make a number of recommendations in this report and we will be working with the organisations involved to ensure they are acted upon. We will published an Impact report to chart our progress in 6 months.

Do keep sharing your experience of being discharged from any hospital in Kent. We work closely with all the hospitals and we will anonymise and share your story directly with them so you can help to improve the service for others.

You can contact us in confidence at any time on 0808 801 0102, email info@healthwatchkent.co.uk or text 07525 861 639.

Steve Inett

Chief Executive, Healthwatch Kent



Executive Summary

Our Aim

We wanted to truly understand the issues that affects hospital discharge in West 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 99 people including

- Patients, carers and families
- Practice Managers
- Care Home Managers
- Kent County Council
- Maidstone & Tunbridge Wells Hospital staff
- Patient Transport staff from G4S
- Tonbridge Cottage Hospital staff
- Voluntary organisations






What did we see? What did people tell us?

It is important to note that this report details what we saw and heard during our conversations with patients and what patients choose to share with us during these visits and through our surveys. This is a snapshot and is not intended to be a detailed research exercise.

Patients shared many positives

- We spoke to a young homeless patient who was being supported not only to find accommodation but also to apply for benefits and to register with a GP. We also spoke to an 80 year old patient who had been evicted from his home. He was not yet ready to be discharged but the team were seeking accommodation for him.
- A care package for a male patient was being organised to ensure the carers would be the same as his wife's carers as she had Dementia and it was important that she would not be distressed by new faces.
- We invited 300 patients from the Home First service to give us feedback but none shared any negative stories.



“I was very happy with the way I was discharged”



What did we see? What did people tell us?

- We heard lots of positive feedback about the care offered by nurses and clinicians
- Many people felt very involved and informed about their discharge
- Several patients felt their discharge had been well planned
- 61.5% of patients said they felt well enough to go home when they were discharged
- Out of the patients who were informed about what support they were receiving on leaving hospital, 88% told us they received this support.



Very good
treatment
“gold stars”



“I was very
happy with
the way I was
discharged”



“Discharged from
Maidstone hospital
last weekend.
Excellent care from all
team. Well informed
throughout stay.”



What did we see? What did people tell us? Continued



The positives from professionals

- We heard about the strong working relationships between the people that commission and provide services especially between the West Kent Clinical Commissioning Group and Maidstone & Tunbridge Wells Hospital Trust.
- We learnt about the importance of a strong integrated discharge team which includes health, social care, rehabilitation, frailty and housing experts.
- Primary care staff told us that they felt their patients were well looked after both in hospital and in the community when they return.
- We did not hear about the same tensions in West Kent Primary care that we did in North Kent where we heard about professionals struggling to support patients who had been discharged without appropriate information and medication



What did we see? What did people tell us? Continued

The challenges from patients

- We heard a lot about delays for people waiting to be discharged especially those waiting for medication and patient transport.
- A small number of patients told us they were discharged after 10pm.
- Most patients were discharged to their own home with a care package or equipment to assist them.
- Carers told us that they wanted to feel considered and listened to when discharge is being planned.
- As with North Kent, we heard about significant delays when patients are waiting for care packages.

“I was in a chain from 8.30am, I had to wait for the doctor, then the phlebotomist and the results, 2.00pm I was told I was ok to go home and waited 2.5 hours to go to the discharge ward. I waited 2 hours more for medication and over 2 hours for transport, arriving home at 9.40pm, totally exhausted”





What did we see? What did people tell us? Continued

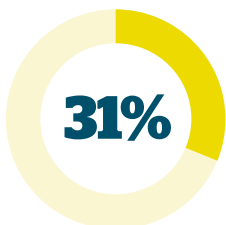
- Several patients had been told that because they lived in East Sussex, they would be significantly delayed due to the lack of services in East Sussex.
- Several patients at Tunbridge Wells Hospital talked to us about the lack of physiotherapy offered during their stay in hospital. Most felt their mobility had decreased during their hospital stay which ultimately meant their rehabilitation took longer.
- We heard from an elderly blind lady who had to be re-admitted following a fall at home despite an assessment detailing that she was safe to return home. The patient had been very nervous to return home and didn't feel listened to.
- One lady told us that she had been a delayed discharge for 9 days as there was no-one to buy her bread and milk at home.



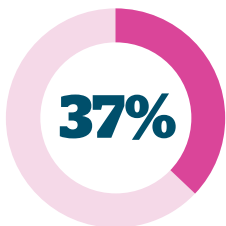
“I feel guilty about taking up a bed when it is needed by other people”



What did we see? What did people tell us? Continued



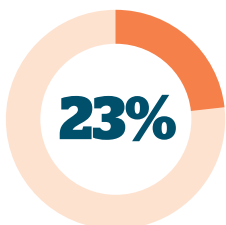
...of patients told us that they didn't feel involved or listened to in their discharge



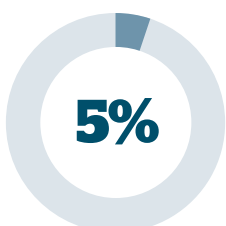
...of patients told us that the date and time of their discharge was not discussed with them



...of patients had not been informed of the care and support they would receive after discharge



...of patients did not know who to contact if they had a problem following their discharge



...of patients didn't get a copy of their discharge/care plan



What did we see? What did people tell us? Continued

Challenges for Maidstone & Tunbridge Wells Hospital Trust

- At the time of our visit, there were around 100 patients who were ready to be discharged from hospital, but could not be discharged. This is due to a range of reasons including delays in finding suitable care at home and a lack of beds in the community. This is particularly tricky for patients who have Dementia or complex needs. This causes a huge pressure on the whole health system.
- We heard that the Hospital Trust has been working proactively to secure beds in local nursing homes to ensure patients can be discharged from the hospital.
- A quarter of patients at Tunbridge Wells Hospital are residents from East Sussex. This means that the hospital has more organisations and 'systems' to work with which we heard causes problems for all concerned.
- 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.
- Discharge for patients who are from further afield can cause delays. We spoke to a patient who was awaiting a care package to be provided by Reading Clinical Commissioning Group so that she could return to her local area
- Although well-meaning, family decisions can also cause delays. At times, 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 it is taking place regularly because of a lack of other options. Conversations between health and social care to agree the correct amount of funding can also cause delays.
- 5 people we spoke to had had their discharge delayed because they were waiting for equipment to arrive so that they could return home. Some of these patients were waiting for help from a removal firm to make space for the equipment. We saw the same issue in North Kent too with people experiencing long waits for removal firms especially elderly patients who were unable to move furniture themselves.



What did we see? What did people tell us? Continued

The challenges for other professionals

- Staff felt that in some cases patients arriving at the Cottage Hospital did not arrive with full information or a care plan.
- Delays are often caused because Doctors complete Discharge paperwork later in the day.
- Community staff raised concerns about patients losing mobility and strength during their hospital stay meaning it takes longer to help the patient return home.





Our recommendations

Our recommendations have been shared with all the organisations involved. We will continue to work with these organisations to make improvements. An Impact report detailing our progress will be published within 6 months.

1. Further work to reduce delays in the hospital discharge process including waits for medication and patient transport.
2. Closer and more efficient working between the wards and patient transport (which is provided by a different organisation) to ensure delays are reduced.
3. Carers must be more involved and considered when discharge is being planned
4. Kent County Council need to work alongside Maidstone & Tunbridge Wells NHS Trust in their conversations with East Sussex County Council to ensure adequate provision in place in order for people to be discharged back to East Sussex in a timely manner. There is clearly not enough provision of services currently.
5. West Kent Clinical Commissioning Group to work with High Weald Lewes & Havens Clinical Commissioning Group to ensure adequate service provision for patients being discharged to East Sussex.
6. The work that is being done collectively with the whole health and social care system is vital and must proceed at pace to drive improvements both for the system and for patients.
7. Discharge paperwork must be completed at the bedside and sent electronically to the patient/carer, the GP and any relevant caring professional earlier in the day.
8. The level of physiotherapy within the hospital should be reviewed especially for those patients whose mobility needs to improve prior to discharge.
9. 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.
10. A better system needs to be developed when people need help to make space for equipment.
11. Continue the excellent integrated approach to discharge and encourage other parts of Kent to do the same.
12. Healthwatch Kent will work with West Kent Clinical Commissioning Group to gather more feedback from patients who have used the patient transport service provided by G4S.



How did we go about it?

- We carried out 6 Enter & View visits to 4 locations during April and May 2017, with 2 final visits in August.
- We were invited to visit 2 patients who had been discharged home to talk about their experience.
- We gave packs of information to 300 patients who were discharged from hospital to home as part of the Home First service.
- We met with Care Home staff and Practice Managers to gather their feedback as well as commissioners.
- 32 people completed our online survey to share their experiences of their discharge process.
- During those visits we spoke to 57 patients and many staff.





Response from Maidstone & Tunbridge Wells NHS Trust

The Trust would like to thank Healthwatch Kent and all its volunteers for their work in gathering this feedback. We have a strong working relationship with Healthwatch Kent and welcome their input into this hugely important area.

Discharging patients from hospital is a complex issue and no-one case is the same. We value all the feedback that this report gives us and recognise many of the issues.

We will be working with Healthwatch and our colleagues within Kent County Council and other partner organisations to progress the specifics on these recommendations. We understand that Healthwatch Kent will publish an Impact report detailing our collective progress in six months time.



Response from Kent County Council

Kent County Council feel that the report is a good report and a fair and accurate reflection of discharges from Hospitals in West Kent. We note the difference in issues reported in relation to the North Kent and West Kent areas and will always seek to influence learning across Kent, as a pan Kent partner.

Kent County Council (KCC), West Kent Clinical Commissioning Group (CCG), the Kent Community Health Foundation Trust (KCHFT) and the Hospitals have been working together to improve the discharge process from hospitals in West Kent. These partners have also worked with East Sussex County Council to share learning and support people to be discharged back home to East Sussex, in a more timely fashion, as delays in discharges out of County were noted. An integrated discharge team is in place to help manage discharges, support a reduction in delayed transfers of care and contribute to better outcomes for people wherever they live.

Some discharge to assess services have been in place in West Kent for a while and KCC have been pleased to note the positive feedback received in relation to this, as we helped jointly implement this initiative. This service has both helped KCC to manage flow through our own enablement service and manage demand for longer term services.

Home First will be the local discharge to assess service for the West Kent area from the end of October 2017 and we hope to see the discharge situation further improve from that point. The Home First pathway continues to evolve jointly between KCC and Health and working practices are reviewed regularly to ensure that we maximise the pathway and seek to manage more assessments outside of Acute sites.

KCC would agree that timely communications, transport and medication are the three key reasons for delayed discharges and we are happy



Response from Kent County Council Continued

to support health partners in better understanding and improving this situation, through the multi-disciplinary work of the Integrated Discharge Team. We agree that work must continue to be managed at pace across the whole health and social care system to drive improvements as discharge issues are often complicated, with the cause often rooted in a number of system or process failures.

KCC would welcome improvements in the level of physiotherapy supported within the hospital as earlier involvement would support improvements in mobility prior to discharge, improve the pace of rehabilitation and reduce demands on the need for stretched, longer term services.

Kent County Council and Health partners are currently reviewing services provided for Carers in Kent, considering key areas of focus moving forward

and the impact these services have. Comments within this report relating to Carers involvement in discharge and making space at home to receive enabling equipment have been noted and will inform this review and those of other associated commissioning plans.



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



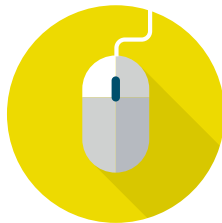
By Telephone:

Healthwatch Kent
Freephone 0808 801 01 02



By Email:

Info@healthwatchkent.co.uk



Online:

www.healthwatchkent.co.uk



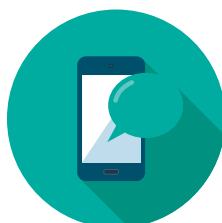
By Post:

Write to us or fill in and send a Speak out form. **Freepost RTLG-UBZB-JUZA**
Healthwatch Kent, Seabrooke House,
Church Rd, Ashford TN23 1RD



Face to Face:

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.



Healthwatch Kent

Seabrooke House, Church St. Ashford, TN23 1RD

Tel 0808 801 0102

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info@healthwatchkent.co.uk

www.healthwatchkent.co.uk