

Horsham District Older Peoples' Insight into Hospital Admissions

Adding depth and understanding around hospital admissions and stays for Horsham District older residents and working together to find better support for residents

October 2017



Partner organisations involved in this project

This project was delivered by a unique partnership of community and voluntary sector and local authority partners: staff and volunteers from Age UK Horsham District, Healthwatch West Sussex, Horsham District Older Peoples Forum, Horsham District Council's Community and Wellbeing Teams, Horsham and Mid Sussex Clinical Commissioning Group, and West Sussex County Council's Partnerships and Communities Team and Public Health and Social Research Unit, all working together to listen to local residents and providers.

For more information on this project or to invite a member of the partnership to come and talk to your network about this work, contact Judith Packer on 0330 222 5613 or via email judith.packer@westsussex.gov.uk



The [Horsham District Older Peoples Forum](#) (HDOPF) is a **free to attend, non-political, voluntary group** that acts as the 'ears' and gives a 'voice'; for people aged 60 and over who reside in the Horsham District Council area or who care for someone who is.

[Age UK Horsham District](#) is a local, independent charity that works with older people throughout Horsham District, operating under the same geographical area as Horsham District Council.



Your local **watchdog** for health and social care services to find out where care is working well and where it could be improved. [Healthwatch West Sussex](#) records what people tell us and share this insight **anonymously** with those who make decisions about our health and social care services



[Horsham District Council](#) works to put the customer at the heart of our work, maintaining and improving services in the most efficient way that we can. Current priorities include: Communities - Support our communities, Economy - Improve and support the local economy, Efficiency - Great value services and Environment - Manage our natural and built environment.



[West Sussex County Council](#) is a diverse organisation providing services to the residents which enable them to make decisions and choices about how they live, work and play so they can lead long, healthy and happy lives. Services range from schools, social care, economic development, through to Libraries, Fire and Rescue, Trading Standards, Transport, Highways and many more.



Introduction to the project by the Horsham District Older Peoples Forum Chairman

Dear Reader

I am proud of the partnership that has been forged between ourselves, as the voice of local older people, the local charity Age UK Horsham District, the Parish and Neighbourhood Councils, Horsham District Council, West Sussex County Council, our colleagues in the health sector, the health watchdog charity Healthwatch, local older people, volunteers and members of very local groups.

However, I am not proud to be in a society where older people find it difficult to do such basic things as get to and from hospital in a manner that does not become exorbitantly expensive or unnecessarily distressing.

At the Horsham District Older Peoples Forum we have heard stories of people struggling with these problems time and again and it was great to actually get some hard data from our friends at Public Health, so that we could begin to get the picture of what was really happening. We have taken that directly to older people, to gather insight of their experiences.

What this report gives me is hope that there is a lot of energy amongst people from the statutory organisations, local councils, volunteers, parishes and charities that want to work together to make this better for us all. The suggestions are not expensive or time consuming - mainly they are common sense.

As always we would love to hear from you, the reader, and we can be contacted via Healthwatch 0300 012 0122

(helpdesk@healthwatchwestsussex.co.uk) or HDOPF (hdopforum@gmail.com) or through our forum website www.horshamdistrictolderpeoplesforum.btck.co.uk .

Martin Bruton

Contents

Page 1 - 6

[Top Tips for local people and service providers](#)

Page 7

[Why we did this work and who we listened to](#)

Page 8 - 9

[What the hospital admissions statistics told us](#)

Page 10 - 21

[What local people told us about their hospital admissions and stays](#)

Page 22

[Next steps](#)

Page 23 - 25

[Parking information](#)
(as at July 2017)



Top Tips for local people and service providers

#HELPMYNHS

Here are the things people told us they had done to make their hospital experiences easier, the tips we have discovered through this work and what local GPs and services have suggested may help people to have a good hospital experience.

Using Public Transport

If you are planning to travel to hospital using public transport you can get details by visiting www.travelinesoutheast.org.uk or you can call them on 0871 200 2233 (calls costs 10 pence per minute, plus your phone company charge.)

For further community transport and travel information visit <https://www.westsussex.gov.uk/roads-and-travel/> or call 01243 777100 (from 8am to 6pm Monday to Friday.)

Parking

Do not forget to take your Blue Badge when you go to hospital.

If you do not have one you can find out more by visiting <https://www.westsussex.gov.uk/roads-and-travel/parking/blue-badge-scheme-and-disabled-parking/> or you can speak to Age UK Horsham District on 01403 260 560.

It is worth **asking staff** if there are any parking concessions, as hospitals should offer concessions to some patients and their family and friend carers.

We have included details of parking concessions and information in an [appendix](#), detailing current costs and some ways these can be reduced at the top 10 hospitals Horsham District residents attend.

○ Using Community and Voluntary Transport Services

Across West Sussex, teams of dedicated voluntary drivers provide a vital and much needed service. Volunteering in this way is also a vital and rewarding part of peoples' lives - see how this changes lives through a community transport [case study](#).

Community Transport is a key part of getting people to and from hospital but it is important everyone, including patients and hospital staff, recognise that available services vary across the district. People must avoid putting pressure on individual volunteers by asking them to support in ways they are uncomfortable with or are outside their guidance. For example, they cannot give physical support with mobility, reading medicine packaging for instructions or administering medication.

Some drivers have wheelchair accessible vehicles, some can only take folding wheelchairs provided the person can self-transfer to the car seat and get in and out of the car unaided. **It is important to let your local scheme know what specific needs you have to avoid journey delays.**

For information on community transport services visit <https://www.westsussex.gov.uk/find-my-nearest/community-transport-provider/>

○ Non-Emergency Patient Transport Services

This is a free service available to people who cannot use public or other transport due to their medical condition, and includes those who are attending outpatient clinics, being admitted to or going home from hospital wards or those who are needing life-saving treatments such as radiotherapy, chemotherapy or renal dialysis or DVT treatment.

For more informaton about these services visit <http://www.scas.nhs.uk/our-services/non-emergency-patient-transport-service/>. You should also be able to pick up a leaflet about this service at your GP surgery.

Your first journey must be booked by a healthcare professional or by calling the Central Booking Line on 0300 123 9841 (between 7am to 8pm, Monday to Saturday, or 8am to 5pm on Sunday.)

○ Be prepared

Some community pharmacies can provide a FREE bag and information about taking your medicines to hospital. Hospitals can also give you a bag.

Use your Green Bag when you come into hospital, when you leave, or if you move to another healthcare place. Put all your medicines into the bag (or get someone to do this for you), if possible in their original containers, and include an up to date repeat prescription, which has a list of all your medicines.

Having information in this recognisable bag lets the hospital know what medicines you have been taking. This keeps you safer and saves time.

If you have one, you could also ask someone to put your Community Link Pendant inside the bag.

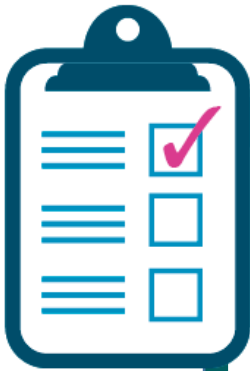
You may also want to put together a 'hospital bag' and keep this close to your front door - just like expectant mothers do - so you have things you may need in hospital close to hand.



○ Know where to find help when you get home

There are a range of organisations that can offer you support at home, either if you are caring for someone or if you yourself need practical help. These should be discussed with you and your family or friends before you leave hospital. It is important to start having discussions with the hospital team about returning home as early as possible.

For some people, returning home will mean recognising there could be limitations on what you are still able to do for yourself, depending on how the medical condition has affected you.



Your stories help Healthwatch to make recommendations

Peoples experiences have been anonymised (and we have used false names) before sharing their stories.

Healthwatch is **recommending to** local decision-makers, community leaders and support organisations that they look closely at the top tips section.

Over the coming months **we will be discussing this insight** with people who plan, buy, provide and monitor health, care and community services, so together we can find solutions to some of the challenges older Horsham District residents face. In December 2017 we will bring people together again to see what has changed and what still needs to be worked on.

We asked people what they felt would have improved their hospital experience or helped them to be more ready to come home. Here are some of the suggestions local older people gave. Also included are points we have gained from listening to people at our event in September.

These are explored in detail within the report.

- More communication between staff and patients. *A nurse turning up with an injection into my stomach with no forewarning or an explanation for this, isn't great.*
- Write it down. *If people are unwell [or deaf as another patient was] it's hard to follow instructions and if the hospital changes things it gets harder still.*



- More flexible visiting hours to reduce parking issues.
- Early advice on blister packs. *I got confused about the tablets I was taking and ended up back in hospital. Blister packs help now.*
- Given explanations on how to manage things like a catheter (when still fitted) on discharge. *The night system took some getting used to and there were several spillages of urine at night.*
- Staff having a more person-centred approach by involving the family or having a greater appreciation for the anxiety felt by some people who live on their own.
- Having an index of all NHS, social services, organisations and helplines - in pocket size, which can be sent to all Horsham District households, surgeries and be on social media.

Horsham District Council, in partnership with the Horsham District Older Peoples Forum has produced a [directory](#) of services for older people containing information on subjects including; emergency services, Armed Forces, benefits and pensions, charities, community groups, day centres, lunch and social clubs, education, loneliness, housing, sport, fitness and exercise and much more. The directory will be reissued this autumn and be available from the District Council as a hard copy or online. Please note that this is in an A4 format and not pocket-sized.

- All appointments relating to planned treatment should be on one letter, e.g. pre and post-operative appointments detailed together (as experienced through treatment at Stanmore Hospital).
- Better explanation of what to expect.
- Patient liaison in A&E would help people who are waiting to know what is happen/reasons for delay etc.
- A care-coordinator in every GP surgery (currently only in Horsham and Mid Sussex Clinical Commissioning Group member practices) to signpost services and help older/vulnerable people in particular.
- No discharges from hospital should be made after 9pm and people should always have a package of care.
- In the short-term, a crib-sheet for support organisations, such as Community Link, so that issues such as which service should I call, can be easily addressed.

- Hospital staff should be more proactive in identifying patients who may struggle to manage their medication or follow-up treatment (such as eye drops) at home, this could be showing them more slowly how to do something or encouraging them to visit their community pharmacy.
- Would more networking and information sharing support voluntary transport schemes to come together more to help them deal with issues like risk assessments, maximising service usage and future-proofing, safeguarding (people who use their service and their volunteers), signposting to alternatives and recruitment?

Various insight and discussions at our project events highlighted the potential benefits of developing support and connections between community and voluntary transport providers across the district. This might be through more opportunities to network and share information, challenges and good practice, and/or by the development of shared resources or toolkits to support the range of activities offered by different groups. This is something that partner organisations will explore with local providers.

- Suggestion that free bus passes should not be universal, as this could save money that could be used better in rural locations.
- Can multi-generational work be looked at or commissioned buses/escorts be utilised in between school runs, to support local people to get to appointments. Or could car-sharing, be looked at?
- Communities need to be aware that there is support available to 'fill in the gaps'. West Sussex County Council's Partnerships and Communities Team is working with residents in Pulborough to develop a *Good Neighbour scheme* to help them take on a co-ordination role and to make better use of local resources.

Why we did this work and who we listened to



This project follows discussions at the Horsham District Older Peoples Forum with members and at the Horsham District Health and Wellbeing Partnership meetings. There was a belief amongst the partnership organisations that older residents were having lots of problems getting to and from hospitals.

Attention had been given to hospital locations but not peoples' experience. As there did not appear to be any current insight on this, it was agreed there needed to be a clearer understanding of local peoples' lived experiences.

This work has used Hospital Episode Statistics¹ (2015/2016) as a tool to help explore residents experiences against what is known about through this data.

We held an Insight Workshop in July 2017 with over 26 attendees. Combining responses to an online survey throughout July and manual story collection by partners an additional 48 responses were recorded.

26 further representatives participated in a Workshop in September to gather input from the County and District Councils, various community transport and neighbourhood associations, care coordinators and community organisations.

Thank you

We would like to thank everyone who has supported us to understand some of the challenges Horsham District residents' face when accessing hospital treatment and to acknowledge the fantastic support we received from volunteers and staff. We would also like to recognise the ongoing commitment and dedication people offer to older residents.

We were delighted to have Dr Mackenzie from Horsham and Mid-Sussex CCG join us at our July event and would like to thank him for giving up his time to listen to peoples' experiences.

60+
Residents
shared their
stories

20+
Organisations
shared
challenges &
experiences

1 - The partnership group approached the West Sussex County Council's Public Health and Social Research Unit (PHSRU) to collate some information about the hospital admissions and discharges among patients in Horsham District. Together, we defined a set of questions and explored the 2015-16 Hospital Episodes Statistics data (Admitted Patient Care statistics, NHS Digital), which is a record of all NHS inpatient hospital activity in England. A series of presentations were created to use as starters for conversations in the insight groups with residents and organisations in July and September 2017. An abridged version of the data is given in this report. For more information about the PHSRU and public health in West Sussex see: www.jsna.westsussex.gov.uk

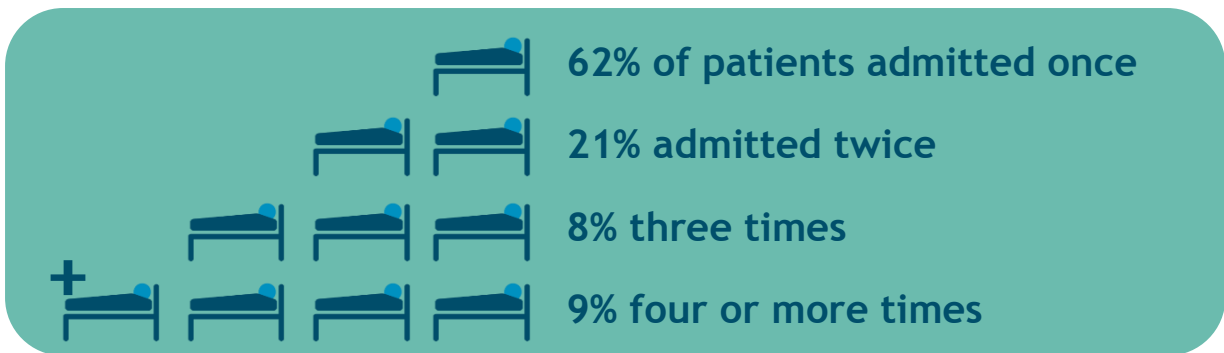
What the hospital admissions statistics told us



14,579
Planned admissions

7,660
Emergency admissions

Nearly 4 in 10 residents, over 50, were admitted more than once

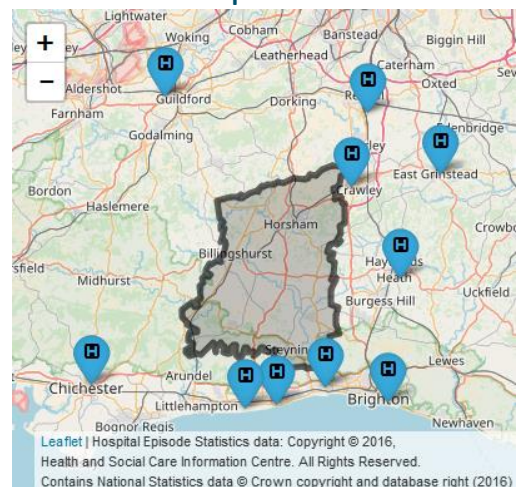


ENTRANCE

88.5% of hospital admissions were to 10 hospitals³

Hospitals with the most admissions

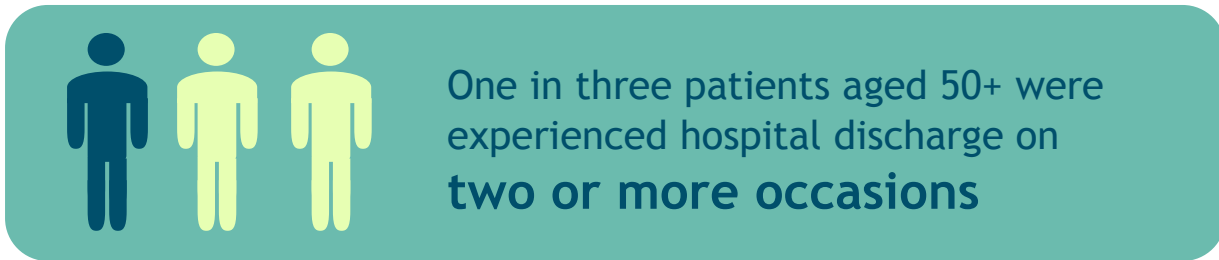
- 1) Worthing Hospital
- 2) East Surrey Hospital
- 3) St Richard's Hospital
- 4) Crawley Hospital
- 5) Royal Surrey County Hospital
- 6) Princess Royal Hospital
- 7) Royal Sussex County Hospital
- 8) Southlands Hospital
- 9) Queen Victoria Hospital (East Grinstead)
- 10) BMI - Goring Hall Hospital



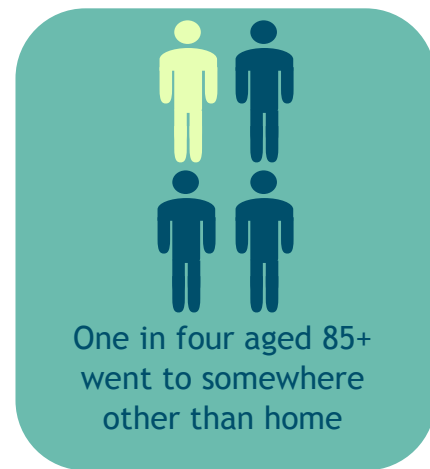
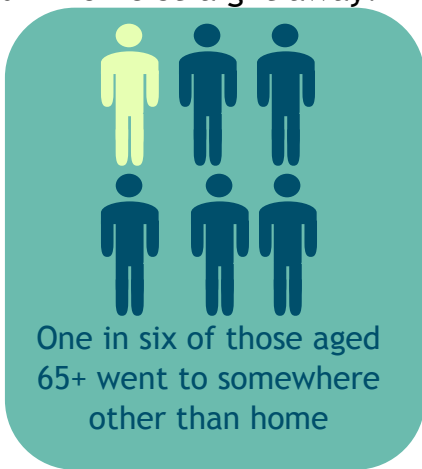
2 - Admissions include those to acute and community hospital sites (as well as mental health hospital sites). In some cases, a patient may be admitted to a community hospital such as Horsham Hospital for monitoring and this activity is recorded as an emergency admission in the HES data despite the hospital site not strictly having emergency beds.

3 - Not all episodes were linked to valid hospital treatment sites. Hospital site was unknown for 214 admissions.

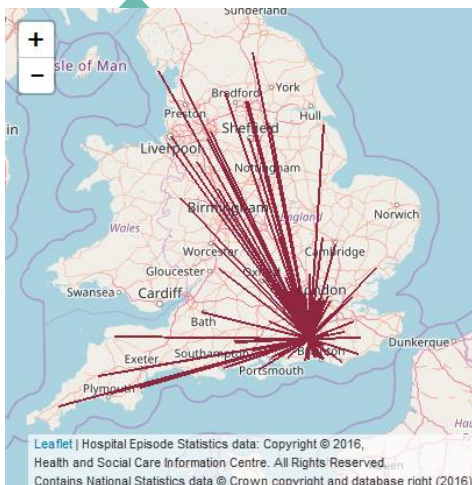
Leaving hospital



The majority of patients returned to their usual place of residence (86% of discharges) following an **Emergency** hospital stay but as age increases, fewer of these patients return home straight away.



137 hospitals discharged patients to their home in Horsham District.



Estimates of travel time by car⁴ show that residents living in the North and West of Horsham district may travel further to get home, on average, than those in the south east of the district.

The average journey time to home, for residents in Horsham district, was estimated to be 34 minutes by car, over an average distance of 18 miles. **One in twenty-five** journeys home were estimated to take more than one hour.

Three quarters of discharges home were made by five hospitals.

4 - This is an estimate of the distance between the hospital site and the population weighted centroid of the patients' home neighbourhood by road and travel time by car to get an approximate idea of how far patients and visitors would have to travel to and from hospital as a result of the hospital stay

What local people told us about their hospital admissions and stays



I think the NHS is an incredible gift, we need to take pride in it and value all the people who work within it. They all had a part in saving my life.

Patient choice



ENTRANCE



Large numbers of respondents were admitted to hospital for emergency treatment, either through contacting 111 or 999 or via their GP.

For those who had planned treatment, there was an **almost even split** between **those who chose the hospital they wanted** to be treated at (with some contacting the hospital directly) **to those who said they did not choose.**

Paula had muscle pain: so I rang the NHS helpline and they called an ambulance. A paramedic came after a delay due to demand and told me to stay at home. The pain worsened overnight. The next day I called the helpline again, who called an ambulance again. It took them half a day to come to me and to agree to take me to hospital. I arrived at Worthing Hospital, which was very busy. The paramedics had meal breaks cancelled due to the demand, and the ambulance had to be parked across the carpark and my trolley wheeled in. I was eventually diagnosed with an inflamed and infected gallbladder and clot on my lung. The care I received in hospital was very good but getting it was very stressful and painful. (January 2017)

Another patient told us: My GP always sends me to East Surrey Hospital, never Princess Royal.

The rapid access was great but I feel like my surgery could have sent me sooner, or done something different to avoid an escalation of poor health. (Early 2017, 10 days hospital stay and then another 5 days, with one week in between.)

All admissions were via A&E. Only difficulty was with the ambulance service. There is a need for the key information on patient to be available. (7 stays over the last 18 months.)

Getting to and from hospital

Travel and parking were a common issue for many people. Some had found solutions to some of the challenges in getting to and from specific hospitals.

Note: Trust websites have details on how to get to a hospital, including links to information on local buses. We recognise that this is not good for all patients - as one person put it: *You have to be savvy with mobile phones where public transport is concerned.*

Eileen said she was referred to A&E, where she had a day of investigation to discover a large pelvic mass. I had a specialist referral within 2 weeks and appointments within 3. I then had urgent surgery following MRI scans. All my visits I made independently as I have family to help. Any extra stress was caused by parking problems and fear of being late for appointments. So I ask for lifts now to ensure I can be dropped off and go straight in without having to park myself. (March 2017, Royal Sussex County Hospital)

Sandra finds parking an issue. This should be on a 'coupon basis' if you are being treated. A 'tax on sickness' is bad.

A visitor to East Surrey Hospital (Redhill) shared that the extended visiting hours there have had a really positive impact on parking. I can now always find a space and am therefore not late for appointments.

More resources like the No.17 bus that goes round in a loop.

John told us he was given no options about transport. There's just an assumption you can get there yourself. The NHS needs to be more proactive about this.

Getting to appointments, especially at East Surrey Hospital and for residents in the north, is cost prohibitive. People can also be confused by the range of transport providers.

For people using public transport, or private hires, there can be issues in getting from the transport to where they need to go for their treatment or appointment. Local residents are struggling without a 'door to door' service.

Not knowing how long you will be at hospital is an issue - we heard how people overpay for parking or as we have previously heard, have to keep topping up their parking ticket. Others found a lack of information an issue.

Frank told us buses are good for Horsham residents to Horsham Hospital. Never certain how long you will need to park for, especially when getting blood tests. Sometimes pay for 2 hours and only need 20 minutes or vice versa.

Peter was told you could get a bus from Horsham to East Surrey Hospital but couldn't find out how or where to get it. My letter didn't have this information on it.

See the [ways](#) you can finding out about transport options.

Here are some of the other challenges people experienced in trying to get to and from hospital appointments.



Alice, who is in her early 80s, has free transport from Nuthurst to get to hospital appointments.

I find the hours waiting for the driver to turn up difficult, as I can't see and am worried I will miss them when they arrive outside.

Bruce, due to a brain injury, needs to arrive early when he has to go to hospital, so he can find his way around but issues with the non-emergency patient transport services has made this difficult. *I booked transport to get me there for 2pm but because it didn't turn up on time I had to get a taxi. When I tried to arrange my transport to get me back home, I was told "if you can get yourself there, you can get yourself home!"* (March 2017)

Please note: Bruce's experience was during the period that Coperforma was responsible for this service. The non-emergency Patient Transport Service is now provided by South Central Ambulance NHS Foundation Trust.

Other patients said that getting home was a challenge if you had been taken to hospital by ambulance.

For family and friend carers, particularly those who are co-dependent on each other, they can experience anxiety when not being able to go in an ambulance, or on transport, at the same time as the patient. *People are relying on taxis but this can get very expensive.*

Monia went to a nursing home before coming home and she told us, *there was no provision made for transferring me to the nursing home. I had to get a taxi and this was a very painful experience.*

Colin is still upset by his wife's end of life experience of transport *my wife was left outside, whilst others were collected to go home on the mini bus. It took her 3.5 hours to get home, as she was the last drop off. She arrived home cold and very distressed.*

Carers Support West Sussex often hear complaints from family and friend carers that long journey times on patient transport had left people tired, confused and hungry. This is particularly difficult if the person is the first on the bus and last off the bus because of the planned route.



Others have faced difficulties in recovering the cost of their transport because they could not get the money back if they were not getting Attendance Allowance.

The timing of a hospital appointment can present real challenges.

George shared how tricky his journey to St. Barts Hospital had been.

I had a follow-up appointment for a heart scan but due to train cancellations I had to run to get there on time.

A support worker told us about her customers experience of getting to Moorfields Eye Hospital. Not only can this lady not see very well, she had to get to London for an 8.30am appointment

Similarly, David found going to a London hospital for a 2pm appointment an issue because his visit meant he had to travel back home with the rush hour crowd.

A community transport provider received a call at 3am from a worried resident who had been told to get to East Surrey Hospital by 8am that same day (from South of the District).

Local residents also rely on private hire companies and the lack of disabled option or accessible vehicles, can be an issue for people.

Getting home

Planning for patients to leave hospital seems to vary across local hospitals. We heard how a lack of early warning on the time a patient was going to be ready to leave hospital, or long discharging timing, makes it difficult for friends and family carers and for patients who need to book community or private transport.

Getting home was a challenge for most of the people who did not have family to help them, including those who rely on Community Transport or neighbourhood schemes.

Frank said he was ready at 4pm but waited another 4 hours for the hospital transport.

David didn't have transport to get him home and had to pay out £100 for a taxi. When I asked about hospital transport the nurse laughed in my face and said 'get an Uber'. Not very helpful when you don't have a smartphone.

Dawn's neighbour, who lives on his own and is in his 90s, had a pre-planned operation. He was discharged after just 2½ days. When the community transport arrived to take him home, the driver went to the ward and my neighbour was dressed and keen to get home. He refused a wheelchair, saying he wanted to walk. When the driver pulled up outside the hospital, having collected his car, my neighbour stepped out, tripped and fell. As he fell he wet himself and was then very upset. It was only then that the hospital appeared to become concerned.

The loss of a Community Link Pendant (which happens regularly) causes local people, and the service provider a lot of issues, when hospital staff do not realise it is missing until the person is almost ready to go home. Particularly if they are returning home late. Royal Surrey Hospital is very good at giving early notice on missing pendants and this helps the services to get a replacement from organisations in time for the person getting home.

We heard the growing concern that in some areas the volunteer drivers providing community transport to older people, are themselves getting older and new volunteers are not coming forward.

Drivers have reported how they often feel pressurised to support people (both from individuals and hospital staff) to provide support that they are not comfortable in providing.

Some community transport services have to charge for two journeys or send two drivers (charged as two journeys) if appointments are over two hours. This practice varies across schemes and villages.

We heard how some older people have struggled to arrange a non-emergency patient transport journey because of difficulties in hearing or following the automated instruction.

Hospital Parking

Parking has caused some people issues and in Sarah's case a significant amount of money. [I spent £1,500 over 4 months, to visit my relative in hospital.](#)

There was clearly a lack of knowledge amongst local people and services, and amongst hospital staff, as to who can get reduced or free parking.

We heard that at East Surrey Hospital, in Redhill, the person who is the patient's main carer can get a **Carers Passport** not only does this help you to continue your caring role for the patient, it can get you free parking.

Others shared the huge benefit of having a Blue Badge at some hospitals. For more information and how you can apply to have a blue badge visit

<https://www.westsussex.gov.uk/roads-and-travel/parking/blue-badge-scheme-and-disabled-parking/>



Parking guidance

Government guidance states that concessions, including free or reduced charges or caps, should be available for the following groups:

- disabled people
- frequent outpatient attenders
- visitors with relatives who are gravely ill, or carers of such people
- visitors to relatives who have an extended stay in hospital, or carers of such people
- carers of people in the above groups where appropriate
- staff working shifts that mean public transport cannot be used

The guidance states: Trusts should consider installing 'pay on exit' or similar schemes so that drivers pay only for the time that they have used. Additional charges should only be imposed where reasonable and should be waived when overstaying is beyond the driver's control (e.g. when treatment takes longer than planned).

We have included details of parking concessions and information in an [appendix](#), detailing current costs and some ways these can be reduced at the top 10 hospitals Horsham District residents attend.

Community Transport Case Study



I gave up my full time job after having a heart attack, which left me feeling a little worthless and bored. Once I had got the all clear from my GP I started to think about my future and what I could do with my time. My wife was certainly keen for me to get out from under her feet!

I became a volunteer driver because I enjoy driving, meeting new people and wanted to fill some spare hours.

You may want to consider becoming a volunteer driver ... it's certainly giving me so much more than I expected. Your local community transport scheme would love to chat this over with you.



We hope this story has inspired you, if you are looking for a new interest or a way to support your community.

This is also something local GPs, social prescribers and Care Coordinators may wish to talk to people about. Volunteering is a great way of overcoming individual challenges and is fantastic for building confidence and self esteem.

Hospital experiences

71% of the people who answered survey questions about their hospital experience, reflect they felt they had a good experience, with comments such as:

Staff were very helpful.

Generally a positive experience -staff are hard working and caring.

Very good -treatment described in detail and although very painful, the advance warning helped.

Care given, once in the system, was faultless; specialists, nursing care and outpatient follow ups all excellent with a few minor admin exceptions due to lack of communication mainly. The staff are professional, caring and their expertise is obvious and life saving.



1 in 5 people who answered questions about their hospital stay felt that their experience had been poor or very poor.

For one patient they had a frightening experience and told us *I was immediately labelled as a 'dotty' old lady and 'confused' when I'm just deaf!*

What people shared at our event and through the survey responses shows the impact of hospitals under pressure due to the volume of people accessing them, against the number of staff available.

Betty was in A&E for 14 hours. I had to ring the MRI Unit from my bedside, as the doctors kept saying they were busy and couldn't get me in. When I rang, they got me in straight away!

Bob went to hospital to have samples taken from his prostate. On my way home I noticed that I was bleeding over my trousers and this was because no one gave me anything for this eventuality.

Grace described one ward as being disgusting, germ ridden - it had major cleaning people in hazmat-like suits.

Dorothy said of her experience Staff were predominately kind and doing their best. Attention to medication/observations etc. was fine but they missed nutrition and needed prompting to address my loss of weight. Slightly missing out on the whole picture. I was also perhaps discharged too soon and had to be readmitted.

Sarah, went to hospital as an emergency. I feel I got stuck there for a week with no communication, as doctors were too busy. I could have been released earlier.

Getting ready to leave hospital

Preparing patients to leave hospital should start on day 1 of the person's stay in hospital. Good communication between staff, the patient and their family and friend carers is vital throughout the person's stay to make sure people are prepared for leaving hospital.

Just under two thirds of the people who responded to the survey questions around their discharge felt they were informed or prepared for coming home again, with people telling us:

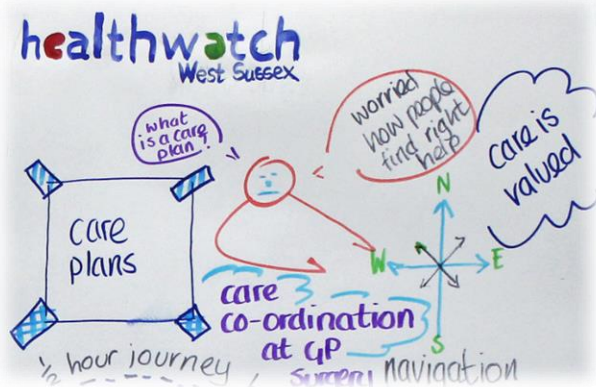
I was generally well prepared. *The support from IV nurses has been good, and my GP has been supportive.*

I rushed to get home and put pressure on the staff about this. *I think I was a bit unfair.*

Very well prepared by the nursing staff, with all medications and instructions required. *They ensured I had support at home.*

Lots of information and a named person to contact if we had any concerns once home.

The hospital followed up with a call regarding the medication.



Others felt less confident about the way they had been involved in the plans for leaving hospital.

Janice told us the information she had been given was reasonable but *I got some conflicting information from different staff. Would not say I was 'prepared' for coming home but I was given forms to organise repeat tests before my outpatient follow-up.*

Tony didn't feel well prepared, saying *I needed more information on suitable diet.*

Michael feels his after-care wasn't planned, *as rehabilitation was not offered and my discharge care plan and support at home wasn't coordinated.*

One patient shared that their discharge was presented as *"You do want to get home don't you"*. *The most positive approach is given and it's not considered how this can work at home, e.g. mobility. The fact that physio will take weeks to arrange in the community is*

[Carers Support West Sussex](#) has the capacity to offer support to families when people are in hospital and on returning home. There are also [Home From Hospital Services](#) to support people once they are back in their own homes. However, hospital staff do not appear to be consistently informing local people of these type of services or encouraging them to explore or make contact with the services.

For some, leaving hospital did not run smoothly:

Fiona shared her experience, when the condition of my relative was seen to be "medically fit" then the hospital was desperate to get him discharged. What they did not understand was that it was important he had rehabilitation which was not offered and that getting a social care package together in Steyning is incredibly difficult. We had to try 60 agencies to get one that could provide the care necessary. But that did not prevent some people at the hospital saying he was bed blocking!

Katie felt there is pressure to get people out of hospital, in her case East Surrey Hospital. The consultant said to me 'we have to let you go' even though I was still ill and had to go home alone. I was back in the next day because I was so unwell. Luckily I have enough friends that supported me through this crisis.

John said on Saturday the doctor said to me 'you are fit to go home' but I needed my discharge record written up before I could leave and this took a long time.

Another person, who was also discharged on a Saturday, ended up back in hospital on the Monday and felt it was just too early.

Paula was given the wrong medication late on a Friday evening, telling us, no one goes through the prescription with you.

Some more people we spoke to had delays in getting medication:

I waited 5 hours for medicines to be prescribed.

My husband was discharge to the day room but had a long wait for his medication.

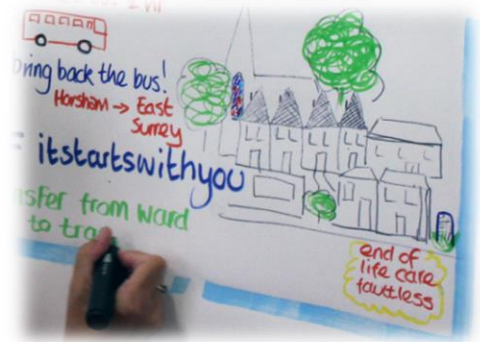
At our community organisation event in September there was a feeling that hospital staff assume once they have told someone something they get it. This has led to some serious issues such as people doubling-up on their medication because 'they have always taken two tablets' not recognising that the dose has increased.

Following a discussion of local variation across the District, in the discharges home (rather than to a residential home), it was noted that community support may be linked to the higher numbers of discharges home, which may be absent in more isolated rural areas. This warrants further exploration.

Once home from hospital

People told us a number of things they had found helpful when they were home.

- ✓ *Having a community nurse, who had the time and inclination to help me with a number of health problems.*
- ✓ *I was able to contact the ward and Macmillan nurses if necessary and they called me in the first week to check on me too, so very well followed-up once home.*
- ✓ *Having my physiotherapy appointments promptly, meant my treatment all worked out well.*
- ✓ *Care plan was in place, so it worked out well because of the hospital outreach team.*
- ✓ *After my second operation I did have to see the practice nurse at my GPs surgery quite a few times, as well as the community nurse. They were all first class.*



On the flipside, some patient experienced difficulties once they got home:

Betty said the follow-up process was confusing enough for us, and we consider ourselves to be very capable and willing to ask questions. We are very concerned for people who aren't so lucky.

Veronica told us I need to return a lot of equipment that is in my garage at the moment, but I don't want to make the long trip back to the hospital, as it's a horrendous journey. I don't know what to do with the items?

Another resident spoke of the links to proactive care team and felt this could have been better. It is consistently bad communication that ensures the treatment and discharge are more likely to fail than succeed.

Peter told us the telephone number I had been given by the visiting nurses did not operate, so it was a bit useless really.

A Community Link worker visited someone this week, as their alarm pendant had been lost in hospital. When I got there the person was very worried as a health professional had accidentally taken the medication information sheet the hospital had issued. The person didn't know what they should be taking and it was too late to call their GP. In the end, I called 111 for help.

Commissioning of a more joined up Sussex-wide 111 and Out of Hours service is now being designed and local people have been asked to share their views on how the new services will look. If we can get this right, this may make the above experience a thing of the past.

Joyce said one of my neighbours, who is in his 80s, was sent home after an eye operation with eye drops but because he was very shaky he was unable to use them himself and we couldn't get any health services to come up to do this.

Joyce was sitting next to a partially sighted, older lady, who had experienced a similar issue but had gone back to the hospital and a member of staff had taken the time to show her how to do this herself in a way that gave her the confidence to persevere until she got the knack.

We heard from community services the challenges people face, when they are told they can go home but often have more complex issues on their return home which can result in them being readmitted.

Community Transport services recognise they are supporting older people to be readmitted back to hospital, as a result of infections, particularly chest infections. They have written to GPs on occasions to highlight concerns for older people who have been left vulnerable. Community Transport Providers at our September event had also observed that the level of frailty, even for those they support on shopping trips is increasing.

It has also been recognised that there are a lot of services on offer but often, there is poor co-ordination or in many cases people are simply not aware of what is available (both individuals and those that support them).

Those who support people in their own homes are also finding that voluntary and community services are shrinking (through economic pressures and other factors) and it is getting harder to find solutions for people. Experiences of long waiting lists and lack of capacity within services is becoming a real issue.

Next steps

We want to continue to hear from local people about their experiences and if any of the tips mentioned in this report have worked for them. If you would like to comment on this report in any way please contact us on 0300 012 0122.

All Healthwatch publications are shared with the Care Quality Commission and Healthwatch England and can be found on the Healthwatch West Sussex website <http://www.healthwatchwestsussex.co.uk/our-work/our-reports/>

Healthwatch is always listening

Simply inviting people to share their experiences of health and care has enabled us to get closer to what is happening in Horsham District and we will continue to make sure we use every opportunity to amplify what people have told us about their experiences.

Please contact us if you want to be part of our growing team of local residents who are getting involved in making positive changes.

Parking information - July 2017

Hospital parking is a common issue raised by patients, both in terms of lack of spaces and the cost.

You may wish to explore parking close to the hospital and websites such as www.parkopedia.co.uk are easy to use and will give you a range of options and prices.

The following information was taken from Trust websites in July 2017. Please check with hospitals to ensure this information is still accurate.

Hospital	Blue Badge Holders	Concessions	Parking Charging		Notes
Crawley	Free, provided you park in a disabled bay and show badge.	n/a	Each hour	£1.00	Parking is very limited at Crawley Hospital, and is managed by Crawley Borough Council. If you have any questions about parking, you should email parkingservices@crawley.gov.uk or phone 01293 438218
			4-12 hour	£5.00	
			over 12 hours	£25.00	
East Surrey (Redhill)	Free in some areas but not in visitors car park	7 day pass costs £20, which caps the day cost to £3.00. Disabled parking areas around the East Entrance, adjacent to the visitors' car park and in Maple Drive in front of and just beyond the Main Entrance. There are free car parking spaces reserved for chemotherapy patients outside the unit.	First 15 minutes	Free	Price from 23 January 2017
			Up to 2 hours	£3.00	
			2-3 hours	£4.00	
			3-6 hours	£5.00	
			6-10 hours	£6.00	
			10 - 24 hours	£12	
			Over 24 hours	£25 per day	

Hospital	Blue Badge Holders	Concessions	Parking Charging		Notes
Goring Hall (Worthing)					
Queen Victoria (East Grinstead)	Free	There is no charge for motorcycle parking.	0-3 hours 4-10 hours	£1.00 per hr £4.00	Charges apply from 8am-6pm Monday to Friday.
Royal Surrey (Guildford)	Free	Oncology £3.50 per day or £15.50 per week	Up to 2 hours 2-3 hours 4-6 hours 6-24 hours Weekly	£4.00 £4.50 £6.50 £9.50 £20.50	Prices from 1 October 2016.
Royal Sussex and Sussex Eye (Brighton) Princess Royal and Sussex Orthopaedic (Haywards Heath)		Concessions are available for cancer centre patients, patients who are in hospital for a long period and their relatives and carers. Parking is free for specific patient groups such as those undergoing regular dialysis.	Up to 2 hours 2-3 hours 4-6 hours 6-12 hours 12-24 hours	£2.50 £3.80 £5.00 £10.00 £18.00	Onsite pay-on-foot car parking is available on site however it is over-subscribed and long waits are common.

Hospital	Blue Badge Holders	Concessions	Parking Charging		Notes
Southland (Shoreham)			Up to 1 hour	£1.30	Car parking at Southlands Hospital is being expanded during the second half of 2017 so that by the end of the year there will be nearly 200 spaces for patients and staff.
			1-2 hours	£2.60	
			2-3 hours	£3.50	
			4-24 hours	£4.70	
St Richards (Chichester)	Blue badge holders can park for free in designated disabled spaces but normal charges apply in the main car parks	For patient admitted to hospital for more than 14 days the next of kin or a nominated visitor will be offered reduced parking costs of a maximum rate of one hour charge/visit for any further visits.	First 15 minutes	Free	If you are parking on or around the hospital site, you are asked to allow an extra 30 minutes as parking is limited. If you have an appointment and can't find a space please ask a parking wardens for help
			Up to 1 hour	£1.60	
			1-2 hours	£2.60	
			2-3 hours	£3.50	
			3-4 hours	£6.00	
			4-24 hours	£4.00	
Worthing	Not free - normal parking charges apply.	Motorcycles pay a flat day rate of £1 Seven day ticket for patients and visitors: £22.00	First 15 minutes	Free	If you are parking on or around the hospital site, you are asked to allow an extra 30 minutes as parking is limited. If you have an appointment and can't find a space please ask a parking wardens for help
			Up to 1 hour	£1.30	
			1-2 hours	£2.30	
			2-3 hours	£3.50	
			3-4 hours	£5.90	
			4-6 hours	£7.60	
			Up to 24 hours Overnight (10pm-7am)	£2.00	



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