Intermediate Care Journeys Summary Report (October 2017)

What is Healthwatch Warrington?

Healthwatch Warrington is the local consumer champion for health and social care and a registered charity (1172704). This means that we gather the views of local people and make sure they are heard and listened to by the organisations that provide, fund and monitor care services.

We are part of a wider national network, supported by Healthwatch England, which aims to ensure that local residents and communities get the best out of health and social care services.

What is the purpose of this summary report and who is it for?

As such, Healthwatch Warrington commissioned a research project that would explore intermediate care and its relationship to the wider health and social care system (from the perspective of local people).

The findings of our project offer a snapshot insight into the views and lived-experiences of local services users, carers and professionals. Healthwatch Warrington will use this evidence to make recommendations that encourage positive change and highlight areas of good practice. Ultimately, the report also gives local people the opportunity to share their voice through an independent organisation and understand more about other people's care journeys.

Given the integrated nature of intermediate care and its connection with other services (such as hospitals and social care providers), this report will cover aspects of care journeys that involve multiple services, and consequently, it will be shared with a number of providers, commissioners and key decision makers.

Intermediate Care in Warrington – understanding the local context

Intermediate care in Warrington "is provided jointly by health and adult social services. It provides a range of re-ablement services and therapies to people over the age of eighteen"[1].

[1] https://www.warrington.gov.uk/info/201192/support_to_live_at_home/204/intermediate_care

Within intermediate care, different services from different organisations work with the same person sharing a common purpose: to enable that person to recover from ill health as well as they can and regain as much independence as possible.

Warrington Borough Council states that intermediate care aims to;

- "Help people to remain as independent as possible in the community by providing short-term rehabilitation programmes in order to help people to reach their individual potential and to remain living in their own homes
- Prevent inappropriate hospital admission and ensure that if you are admitted to hospital you have a safe discharge and do not have to be re-admitted to hospital
- Help people to remain as independent as possible and thereby reduce the need for long term care and support
- Reduce the need for residential and nursing placements"[2].

What matters in Intermediate Care?

Ten years ago, at the start of the shift towards better integrating health and social care at local authority level, research revealed that (for older people) four main issues arose at the interface between intermediate care and social care:

- Unwanted change of carers
- The introduction of charging
- The inappropriate use of respite care due to capacity problems
- The lack of appropriate commissioned home care services leading to integrated care services being unnecessarily tied up.[3]

Research studies have also shown that involving patients and their carers in collaborative decision making about the objectives of care and the place of care delivery is central to achieving the aims of intermediate care[4].

Given that the purpose of intermediate care is to enable someone to be as well as they can be following an operation or course of treatment (for a change in their health due to an illness or worsening of an ongoing condition), there is a need for a person-centered approach.

Healthwatch Warrington is an independent consumer champion of the views and experiences of patients, people using health and social care services, carers and the wider public. Therefore, Healthwatch Warrington was approached in late 2016 in order to ascertain more about services and experiences of intermediate care within the Borough. Consequently, Healthwatch set out to explore what local people may have to say about their service experiences through a series of structured interviews.

[2] *Ibid.*
[3] Research, Policy and Planning Journal Vol. 25 No.1 Social Services Research Group 2007
[4] Health and Social Care in the Community

Gathering people's views

In total, 20 individual accounts of health and social care services in Warrington were discussed and explored in order to better understand the functioning of intermediate care and its fit with other services (13 interviews and 7 case studies).

Healthwatch Warrington learned that some people had a positive experience from end to end, while some people had the opposite. The work also highlighted that presently, there are issues in practice around involving patients in decisions about their treatment and discharge.

A comparison of the features of the positive accounts with the negative accounts revealed unsurprising, but very significant issues - Healthwatch Warrington found that intermediate care works best when communication is good and the professionals in different services listen to one another and coordinate their approaches with the patient, families and carers as their shared focus.

When communication and/or professional connections are limited/poor, pace of recovery can be slowed and resources wasted. Our work also found that sometimes patients and their families and carers are inadequately supported to understand when a condition has entered its final phase and the time left to the patient is limited. It matters that people are well supported to make the most of what remains, and to be supported effectively during end of life care.

Intermediate Care Services in Warrington

Intermediate care services in Warrington take different forms and are provided by different organisations including:

Brampton Lodge: residential care home run by Care Concepts (social care and intermediate care services are provided by Warrington Borough Council, physiotherapy services are provided by Bridgewater Community Healthcare NHS Foundation Trust, while nursing care is provided by Brampton Lodge. Medical care and support is provided by Stockton Heath Medical Centre.

Padgate House: residential Intermediate Care and nursing support, provided by Warrington Borough Council and Bridgewater Community Healthcare NHS Foundation Trust.

Intermediate Care at Home: The Intermediate Care at Home Team provide personal care services in people's homes; delivered jointly by Warrington Borough Council and Bridgewater Community Healthcare NHS Foundation Trust.

To work well, intermediate care relies upon effective links between social care, GP surgeries, pharmacies, hospitals and community healthcare services. It is a complex area of service provision and Healthwatch Warrington became aware that while some experiences of intermediate care services had been very positive for local people, this had not been the case for everyone.

This raised two questions:

- Are there any common threads to satisfactory experiences and/or unsatisfactory experiences?
- If there are common threads, what do they tell us about how to improve experiences in the future?

Methods

Between November 2016 and April 2017 Healthwatch Warrington set out to explore, with the help of colleagues at WIRED and in the Local Authority, the experiences of patients, families, and their carers in our local Intermediate Care services.

Intermediate Care is a broad term which includes a wide range of services in different settings. Therefore, it is a subject that does not easily lend itself to a questionnaire based approach. As such, a semi-structured interview was designed by Healthwatch Warrington (see Appendix 1).

People who might like to take part in the research were identified through referrals from WIRED, and approaches were made to British Red Cross and Intermediate Care at Home Services at Warrington Borough Council. In addition, Healthwatch Warrington visited Brampton Lodge in order to talk to patients who were part-way through their intermediate care journey.

As many people are referred to intermediate care through hospital discharge (as a prelude to returning home), it made sense to consider features of effective discharge in the interview design. The Healthwatch England report 'Safely Home'[5] (published July 2015) revealed the most common dissatisfactions people express when they feel that their discharge has not been managed well:

- Delays and a lack of co-ordination between services
- Feeling left without the services and support needed after discharge
- Feeling stigmatised and discriminated against and not treated with appropriate respect because of their conditions and circumstances
- Not involved in decisions about their care or given the information they need
- Not having the full range of their needs considered.

These findings led Healthwatch England to identify 5 key things people expect from an effective discharge process:

1) To be treated with dignity, compassion and respect
2) That individual needs and circumstances are considered as a whole – not just their presenting symptoms
3) To be involved in decisions about their treatment and discharge

[5] http://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/170715_healthwatch_special_inquiry_2015_1.pdf

4) To move smoothly from hospital to support in the community
5) To know where to go for help once discharged.

Work by Healthwatch Warrington (published June 2016) also explored patient journeys and experiences of mental health services.[6] This interview based enquiry found a strong relationship between the extent to which an individual felt they were treated with respect and dignity and the levels of confidence they expressed about asking questions and/or raising a complaint.

Worryingly, people who did not feel respected did not rate their care as effective and also lacked confidence to speak out - making it unlikely that problems would be identified and solved. Aspects of respect, confidence and satisfaction were also embedded into the interview designs.

Alongside the one-to-one interviews conducted by an independent qualitative researcher on behalf of Healthwatch Warrington, a number of anonymous case studies were provided through WIRED's Hospital Discharge Carer Support and GP Liaison project.

The stories shared by Julie Howson (Hospital Discharge and GP Liaison Coordinator, WIRED Warrington Carers Services for Adult and Young Carers) were used for data triangulation purposes and in a formative sense (informing how best to structure our approach and make contact with individuals).

Please note, in accordance with ethical considerations, personal data has been anonymised and informed consent has been obtained from those individuals taking part in the project.

Results

- Seven anonymous case histories were shared by WIRED Warrington Carers Services for Adult and Young Carers.
- Thirteen one-to one-interviews took place: 9 with patients and 4 with carers.

The stories gathered came from women and men of varying ages (so that a diverse range of perspectives were recorded). However, monitoring information was not collected during the one to one interviews, as this was not considered to be relevant to the overarching research question. Family or carers were approached to share their experiences, or on behalf of those care recipients with either capacity issues, communication support needs, or that had since passed away. This was a primarily qualitative study, which explored an overall sense of the range of patient and family or carer experiences; so the information gathered has been treated as a single data set. The experiences shared included residential stays, care at home arranged by the local authority and care at home (purchased privately).

[6] http://www.healthwatchwarrington.co.uk/wp-content/uploads/2015/07/Mental-Health-Project-Report-Final-Version.pdf

What Was Heard?

Case Histories:

The case histories provided by WIRED frequently provided an overview of the entire care journey; from initial treatment, to intermediate care and eventual outcomes for patients and their family or carers.

In each of these instances, it was clear that the patient and their family or carers warmly welcomed the support of Julie from WIRED. Understanding and navigating the complexities of moving from hospital treatment into intermediate care settings can present a significant challenge to patients and can be overwhelming. There were repeated instances of patients and family members reporting that they did not know, or understand, why certain decisions were made; for example, the purpose of transfers between other providers and the likely progression of health conditions.

Some experiences related to individuals diagnosed with terminal conditions - where the conversations taking place with professionals somehow left family members and patients themselves with the impression that intermediate care was there to 'help them get better', rather than maintaining quality of life for as long as possible. When someone's health deteriorates to the point that they are living with a terminal illness and a cure is no longer possible, this a huge issue to try and understand. For example, a husband only understood his wife's condition three months after an initial emergency hospital admission and an intermediate care stay in Padgate House, where he was told that: "there is nothing we can do for her".

Of course, it is important to recognise that intermediate care settings are not usually appropriate for delivering palliative care (however, the end of life stage of a condition may develop when someone is already receiving this type of service, etc.).

Though it can be difficult for healthcare professionals to know for certain whether the explanations given to patients and families have been understood, in the first instance, and then are remembered accurately later on, it is possible that in some instances patients and families had been advised but later had no memory of the conversations.

What the case stories do illustrate, is that effective communication with patients and families is vital. People do need to clearly understand the path of treatment, the purpose of treatment and the likely outcomes from the treatment in order to exercise an informed choice and be in a position to make the most of what lies ahead. When patients are moving through the system from one service to another, it cannot be taken for granted that the previous professionals working with the individual have explained everything adequately.

Something else emerging from the case histories was the powerful influence that phrasing questions can have upon care.

For instance, a member of staff asking “Can you get upstairs?” was replied to as “Yes” by an individual who never liked to make a fuss. Instead, asking “how do you get upstairs?” would have revealed that stairs presented a significant difficulty.

When one patient was asked “do you want to go home?” they understandably replied “Yes” and were discharged before everything needed was in place. Asking “when would you feel able to go home?” might well have yielded a different outcome.

Interviews

In Healthwatch Warrington’s advocacy work, the subject of the attitude of service provider staff repeatedly arises. In Healthwatch Warrington’s Mental Health study in 2016, attitude clearly sets the tone for interactions and had an impact on the things people felt confident to ask about and what they were willing to share.
In the intermediate care interviews, features of staff attitude were often mentioned; unprompted, and ranged from very good to very poor (relating to the conduct of service representatives encountered during different stages of the care journey). For example:

“Everyone was marvellous from the beginning to the end – nothing was too much trouble”. – *Padgate House Service User*
“Everyone was excellent. The ambulance men were marvellous”. – *Intermediate Care at Home Service User*
“The carers had a caring attitude and were professional too”. - *Intermediate Care at Home Service User*
“There was a lady from catering who was very nice and used to help me back to my room”. – *Brampton Lodge Service User*
“The staff are kind and helpful”. – *Brampton Lodge Service User*
“The nurse is a lovely person but is not interested”.
“The Ward Sister couldn’t care less”. - *Brampton Lodge Service User*

Alongside the open narrative questions, there were also a number of scored questions.

Interviewees were asked to respond to five statements from the Healthwatch England’s enquiry into effective discharge (‘Safely Home’). Interviewees were asked to indicate the degree to which they were satisfied with that aspect of the care received (‘discharge’ here may refer to either hospital discharge into intermediate care or the point when intermediate care ended).

Responses were scored 1 to 5, with 1 being ‘not at all satisfied’ and 5 being ‘completely satisfied’.

There were a total of 16 responses, gathered from 13 people.

It is important to note that some people were scoring more than one experience (such as when they had used more than one service) and not all interviewees provided an answer to each question posed (as some individuals interviewed had not yet returned home, or moved into their new residential situation).

Therefore, to reach the scores shown below, all individual scores have been added together and divided by the number of individuals who responded to that particular statement.

The average scores and response rates were as follows;

Statement **Average Score**

1. The patient was treated with dignity, compassion and respect - **4.4**

   (Based on 16 responses from 12 people, with a rating range from 1 to 5)

2. The patient's needs and circumstances were considered as a whole - not just their presenting symptoms - **3.8**

   (Based on 12 responses from 12 people, with a rating range from 1 to 5)

3. The patient was involved in decisions about their treatment and discharge - **2.7**

   (Based on 13 responses from 12 people, with a rating range from 1 to 5)

4. The move from care to support available in the community went smoothly - **4.0**

   (Based on 9 responses from 9 people, with a rating range from 1 to 5)

5. The patient understood/knew where they could go for help once discharged - **4.6**

   (Based on 9 responses from 9 people, with a rating range from 1 to 5)

Scores of 4 or above indicate that respondents were 'very' to 'completely' satisfied overall. The mid-point of the scale was 3, which represents a view of being partly satisfied.

The above, as well as interview narratives, indicated that there were some common issues around a lack of involving patients in decisions about intermediate care; such as consulting them about the setting where care would be delivered (2.7 was the average score, suggesting partial satisfaction). Frequently, this would occur prior to discharge from hospital and patients were left confused and with the best (alternative) options perhaps being overlooked.

For example, one patient told us that despite being happy with their intermediate care, no one had explained to them why they were being sent to Brampton Lodge and that this was arranged by their relatives and social worker.

Where another patient lived in supported accommodation, it was suggested that that staff perhaps made the assumption that offering intermediate care in a more formal setting was not necessary; in which case, a consultation and assessment of the patients' circumstances should have taken place regardless.

It was felt by interviewees, that even if the correct procedures and decisions are taking place, this should be communicated better with them (this would help to alleviate anxiety and better set expectations).

The next lowest score of 3.8, related to consideration of the patients' needs and circumstances as a whole. While this is much better than 2.7, it should be noted that half of respondents scored this statement at less than 5.

The bulk of the interviews involved gathering narrative feedback from patients, families and carers in terms of the 'story' of their care journey. It must be stressed that there were stories of very good care, as well as accounts of experiences that were not satisfactory.

Given that intermediate care is focussed upon moving the patient on to living as independently as possible, we asked specifically about what gave people confidence to go home.

What was it in your opinion that gave you/the patient the confidence to go back home?

- "That everything was in place from adaptations to services. The key people who made this a success were the Occupation Therapist and Physiotherapist, they were consistent support throughout the journey. - *Intermediate Care at Home Service User*
- My daughter and Social Worker insisted that I had carers at home. I value my independence very highly". – *Padgate House Service User*
- "Having the carers and physiotherapist and the support of family". - *Intermediate Care at Home Service User*
- "The sun was shining outside". – *Padgate House Service User*
- "I couldn't wait to get back home". – *Brampton Lodge Service User*
- "I wanted to go back home as I value my independence and love my home". – *Padgate House Service User*
- "I was not 100% confident, as I was worried my legs would give way, but my daughter and friend gave me confidence; plus equipment was made available at home". - *Intermediate Care at Home Service User*
- "I didn't feel confident because of steep stairs at home, but I felt I had to get on with it". - *Intermediate Care at Home Service User*
- "No one is talking about my options to move on". – *Brampton Lodge Service User*

Overall, those patients, families and carers that reported high levels of confidence to ask questions, or raise concerns, tended to also feel that the journey through different services worked well enough.

Discharge advice given to patients, families or carers is reported as varying a great deal; from excellent verbal and written information, together with contact numbers for future questions or problems, to very little.

It was also clear that in certain cases, the provision of intermediate care may have been lacking, or absent entirely, at crucial stages of the care journey. For example, a patient did not receive timely intermediate care support (despite a cancer diagnosis), which placed a great strain on his carer and led to further hospital visits before this support was secured. This was, in part, attributed by the carer a lack of communication between services.

One patient asked to be admitted to Padgate House from hospital (the stairs in their house were steep, there was no downstairs toilet and they lived alone). However, this request was not accepted and home carers were assigned instead (which the patient felt was not appropriate for their circumstances). On reflection, this could relate to resources / capacity, during the busy January period.

Similarly, another patient with a cancer diagnosis struggled to access appropriate intermediate care, having been offered an unsuitable palliative care package at Padgate House (relating to cancer rehabilitation) and then not offered any psychological or emotional support when they returned home from hospital.

A patient receiving intermediate care services in their home was also concerned about faulty equipment, as well as carers coming at inconsistent times (which was believed to be due to the pressures placed on them to travel to different appointments with a short time allowance).

However, there were plenty of examples of things ‘going right’. For instance, one patient was given both verbal and written information in advance about the intermediate care they were due to receive; including a comprehensive care plan. This patient expressed a wish to be admitted to Padgate House, for a certain period of time, and this preference was respected; making them feel involved in the decision process. Once the patient was back home, they received follow up carer visits for a time and a social worker’s contact number (should any further problems arise). In fact, the whole process from hospital discharge, through to the return to home went smoothly and in partnership with the patient.

In a further example, a patient receiving intermediate care in their home felt that their carers providing holistic treatment, as they were aware of their circumstances treated them as an individual with unique needs.

Drawing on a range of insights from patients, relatives, carers and professionals, instances of good practice and areas requiring some improvement have been identified.

It was clear from the findings that patients and carers really valued intermediate care services when they are accessed and recognised the benefits of having an effective system in place. The compassion, professionalism and dedication of staff members can help to make all the difference in the perceived quality and effectiveness of intermediate care received by patients.

On balance, the most obvious issue that needs to be addressed was the reported lack of involving patients in decisions about their treatment, or explaining why certain decisions were made, which emerged as a recurrent theme in the interviews. According to 13 responses, the average satisfaction score with this element of intermediate care was 2.7, which puts it below 'partly satisfied'.

Although rich evidence was gathered, it is also important to bear in mind that this study was based on a relatively small sample of patient stories. Therefore, we would urge services (from hospitals to intermediate care facilities) and commissioners to work together to explore this issue further. This will allow them to improve communications and consult with patients and staff in order to find suitable solutions to the issues identified.

What are the implications?

In the British Medical Journal, researchers showed that positive relationships exist between patient experience, as well as both self-rated and objectively measured health outcomes[7]. This means there is evidence that what patients feel about their experience of treatment and care has an impact on how well it works for them. The recommendation from the BMJ research is that clinicians should 'resist side-lining patient experience measures as too subjective or mood orientated', as they have a contribution to make to both clinical effectiveness and patient safety.

Healthwatch Warrington's own work is also points to a clear need to provide patients, families and carers with sufficient, timely, intelligible information to support informed choice. It is incumbent upon professionals to take the time to check understanding of the medical condition, prognosis and the purpose of care (and intermediate care) when patients move from one service to another. When patients and families or carers are proceeding on a basis of incomplete or inaccurate understanding, especially in the case of individuals with terminal conditions, it can give rise to unrealistic expectations of what intermediate care can achieve and lead to later disappointment and added distress.

Many of the problematic issues identified relate to the planning, or pre-hospital discharge stage of the care journey. These findings, therefore, will be of particular relevance to those services responsible for co-ordinating the transfer from hospital to intermediate care (such as Intermediate Care Teams).

[7] Weldring, S., and Smith, S. M. S. (2013) Patient-Reported Outcomes (PROs) and Patient-Reported Outcome Measures (PROMs). *British Medical Journal*, (6), pp. 61-68

Recommendations

In May 2017, the King's Fund published a briefing, which stated that "the radically changing needs and expectations of the communities they serve" is not all about money.[8] Much can be achieved with improvements to current ways of working. In the briefing it is suggested that there are four behaviours that are central to compassionate care, namely:

- **Attending** – paying attention to the other and noticing how they are
- **Understanding** – making an appraisal of what it causing distress (or contentment)
- **Empathising** – having a felt reaction to how the other feels
- **Helping** – taking thoughtful and appropriate actions to help relieve suffering and promote wellbeing.

Compassion is one of the six core values in the NHS Constitution, and as such, is a reasonable patient expectation of any NHS funded service.
If the following recommendations were brought to life in intermediate care in Warrington (through the four behaviours of attending, understanding, empathising and helping), Healthwatch Warrington proposes that patient experience would improve significantly and calls on service professionals to;

1. Involve patients in decision making about treatment, options and discharge;
2. Support care staff to be able to have meaningful and difficult conversations with advice, guidance and training; and
3. Invest time to check patient, family and carer comprehension of the patient's state of health, purpose of treatment and anticipated programme/length of treatment at every transition between services.

Next Steps

Healthwatch Warrington believes that it is possible to have a health and social care system, provided by the state, which delivers universally high quality care for everyone. In addition, Healthwatch Warrington is confident that we can make change happen through playing our part, reflecting on our practice and improving our performance, to influence services to be the best they can be.

Arising from this summary report there a number of things Healthwatch Warrington will do to play its part in enabling intermediate care to learn and improve:

- Share this document with Warrington Borough Council, Warrington and Halton Hospitals NHS Foundation Trust, Bridgewater Community Services and other services to bring our recommendations for change to the attention of key decision makers;
- Utilise this report and our awareness of the importance of values to enrich our understanding of what to notice when visiting care settings (in order to get a meaningful sense of the patient and family or carer experience);

[8] West, M., Eckert, R., Collins, B., and Chowla R. (May 2017) Caring to Change: How Compassionate Leadership Can Stimulate Innovation in Health Care. *King's Fund*, (p.1)

- In light of the above, undertake Enter and View visits to Padgate House and Brampton Lodge in order to observe service delivery and talk to patients, carers and staff to gain further insights and make recommendations for service improvement;
- Complete discussions on joint decisions following this report and ensure wide circulation plus follow up with key people in relevant services to ask about progress; and
- Continue to deliver and encourage 'Shared Decision Making' awareness and training (Expert in Me) in partnership with AQuA, Bridgewater and Warrington CCG for care staff, patients, relatives, carers and volunteers to better participate in meaningful care conversations.

Appendix 1 – Semi structured interview design

Interview No.

Date

Name

Background
Context

-
-
-
-
-

Feedback on Service

-
-
-
-
-

Feedback about intermediate care experience

-
-
-
-

When you think about the intermediate care service you/the patient received, is there any person or provider you would recommend? Yes/No

Looking back, do you feel you/the patient received intermediate care from the right place, at the right time? Yes/No

Notes:

Appendix 2 – Provider Response from Warrington Borough Council

The Intermediate Care Service would like to thank Healthwatch Warrington for their report, and are pleased that amendments too many of the factual inaccuracies in the draft report have been amended following our meeting. The provider would like to make the following comments: As the report states "many people are referred to intermediate care services through hospital discharge", and Healthwatch therefore "felt it made sense to consider features of effective discharge." (Page 4)

However the provider is concerned that the report lacks clarity on these two different functions, hospital discharge processes (which the intermediate care service is not responsible for) and the provision of Intermediate Care Services. It is worth noting that assessments for intermediate care bed based provision, for people who are in hospital are conducted by hospital therapy staff, although this is not referenced in the report.

The report states that the information gathered is from people whose experiences include "residential stays, care at home arranged by the local authority and care at home purchased privately". (Page 5)

This would suggest that the people interviewed may have had experience of being discharged from hospital and receiving statutory care provision, but have not received an intermediate care service. It is therefore unclear whether all the experiences and views gathered relate to Hospital discharge processes and ongoing statutory care provision or intermediate Care Service Provision.

The provider would like confirm that it does not provide end of life services, however there may be an occasion where a person's condition or terminal illness is unknown prior to them receiving an Intermediate Care service.

If a diagnosis is made that the person is at the end of their life whilst receiving intermediate care services, attempts at rehabilitation are discontinued with immediate effect and appropriate end of life care sought .(Page 6)
The provider totally agrees with the powerful influence that phrasing of questions can have for a person and the effect this can have on their responses. However it is unclear whether the examples cited were asked within the Hospital or Intermediate Care setting.

Intermediate Care Services work with people to determine and achieve their outcomes and goals, which may often include being able to ascend /descend their own stairs confidently as they have done previously. Assessments are person centred and concentrate on asking how the person achieved tasks previously, currently and what their future aims are.

In relation to the scored questions (page 7 -11) It is disappointing that "some people were scoring more than one experience (such as when they used more than one service)", as this does not clearly identify that the conclusions relate specifically to Intermediate Care Services. If they had this would have given targeted feedback on Intermediate Care Services.

The provider would welcome clarity on how 16 responses were received from 12 people to one question (Statement 1). Or how 13 responses were received from 12 people (Statement 3). Page 8

With reference to the case studies described on Pages 9-10 the provider would like to make the following comments: The aim of intermediate care is always to provide the service within the persons own home wherever possible rather than within intermediate care bed based provision. This supports the ethos 'my own bed is best', promotes independence and in most cases is the persons preferred choice. Bed based provision is provided on the basis of need.

Intermediate Care Services, in particular, Padgate House do not provide "palliative care packages" All people receiving an intermediate care service receive a care plan which outlines the goals they wish to achieve and outcomes that are important to them.

The report "implications" Page 11, conclude that "many of the problematic issues relate to the planning, or pre- hospital discharge state of the care journey. These findings therefore will be of particular relevance to those services responsible for co-ordinating the transfer from hospital to intermediate care (such as intermediate care teams). The provider would like to advise that the intermediate care service do not discuss or assess transfers to an intermediate care bed with people in hospital.

The provider accepts the recommendations, Page 12, of the Kings Fund briefing, and will continue to build on the four behaviours which it believes are already embedded within the Intermediate Care Service

Karen Povall

Head of Intermediate Care and Hospital Discharge Service

healthwatch
Warrington

your voice counts

We want to hear about the care you received from a local healthcare service.

Whether you've had a positive experience or there is room for improvement, have your say on the Healthwatch Warrington website today. You can even leave feedback anonymously.

Leave feedback now:

www.healthwatchwarrington.co.uk

Telephone: 01925 246893 Email: contact@healthwatchwarrington.co.uk
The Gateway, 85-101 Sankey Street, Warrington WA1 1SR