



Going Home

Patient experiences of leaving hospital (discharge)

June 2020



What was the project about?

We spoke to people in Buckinghamshire about their experience of leaving hospital (discharge). We wanted to know:

- if they felt staff were aware of their existing care needs
- if they felt included in conversations about any care they needed after they left hospital
- what they understood about the support they would get on leaving hospital, follow up care and plans for ongoing treatment
- if they were given details on other community or voluntary services
- if they were contacted by community teams/other services after leaving hospital.

Why did we do the project?

One of Healthwatch Bucks priority areas for 2019-20 was adult social care and community care (care closer to home). We wanted to understand patient experiences of leaving hospital to see what going well and what needs to be improved.

What did we do?

We developed a questionnaire with Buckinghamshire Healthcare NHS Trust, Frimley Health NHS Trust and Buckinghamshire Council. This was available online and in paper format to be given to patients at Stoke Mandeville Hospital and Wexham Park Hospital on their discharge. Due to staff capacity at the hospitals, most responses came from the online questionnaire.

Responses were collected from December 2019 to February 2020.

What did we discover?

In total we had responses from 31 people. The small number of responses means that it is hard to draw firm conclusions from the data.

We asked what hospitals people had been discharged from. Table 1 shows that:

- most people (18) had a stay at Stoke Mandeville Hospital. No one reported a stay at Buckingham Community Hospital
- there was an even split of those that received care at home before their stay and those that did not.

| Q3 Hospital discharged from | Q9 Did they have care at home after discharge? | | Total |
|-----------------------------|--|-----------|-----------|
| | Yes | No | |
| Amersham Hospital | 1 | | 1 |
| Stoke Mandeville Hospital | 10 | 8 | 18 |
| Wexham Park Hospital | 1 | 4 | 5 |
| Wycombe Hospital | 2 | | 2 |
| Other | 2 | 3 | 5 |
| Total | 16 | 15 | 31 |

Table 1 - Where the patient was discharged from and if they had care at home after

We checked to see whether it was just particular groups that needed care at home after hospital. We again found an even split by age and gender (Table 2 and Table 3).

| Q26 Age | Q9 Did they have care at home after discharge? | | Total |
|-------------------------|--|-----------|-----------|
| | Yes | No | |
| 18-25 | | 1 | 1 |
| 26-35 | 2 | 2 | 4 |
| 36-45 | 2 | 2 | 4 |
| 46-55 | | 1 | 1 |
| 56-65 | 1 | | 1 |
| 66-75 | 1 | 2 | 3 |
| 76-85 | 3 | 2 | 5 |
| 86+ | 3 | 2 | 5 |
| Would prefer not to say | 1 | 1 | 2 |
| (blank) | 3 | 2 | 5 |
| Grand Total | 16 | 15 | 31 |

Table 2 - Age of patient and care at home after

| Q28 Gender | Q9 Did they have care at home after discharge? | | Total |
|-------------------------|--|-----------|-----------|
| | Yes | No | |
| Female | 7 | 7 | 14 |
| Male | 5 | 5 | 10 |
| Would prefer not to say | | 1 | 1 |
| (blank) | 4 | 2 | 6 |
| Grand Total | 16 | 15 | 31 |

Table 3 - Gender of patient and care at home after

Only five of the people we heard from already received care at home before their hospital stay. One person reported that they had care at home before their hospital stay but not afterwards.

| Q5 Already received care at home | Q9 Did they have care at home after discharge? | | Total |
|----------------------------------|--|-----------|-----------|
| | Yes | No | |
| No | 12 | 14 | 26 |
| Yes | 4 | 1 | 5 |
| Grand Total | 16 | 15 | 31 |

Table 4 - Care at home before and after discharge

We checked whether the hospital stay was planned or unplanned. Most were unplanned. This didn't vary based on whether they already received care at home.

Therefore, the majority of people we spoke to had an unplanned stay in hospital and did not receive care at home beforehand.

| Q5 Already received care at home | Q4 Was their stay in hospital planned? | | Total |
|----------------------------------|--|-----------|-----------|
| | Yes | No | |
| No | 4 | 22 | 26 |
| Yes | 1 | 4 | 5 |
| Grand Total | 5 | 26 | 31 |

Table 5 - Care at home before and planned stay

We asked people whether they knew how long they were likely to stay in hospital. All those with a planned admission said “yes” (5). Only two people with an unplanned stay said “yes”.

| Q7 Knew how long they would be in hospital | Q4 Was their stay in hospital planned? | | Total |
|--|--|-----------|-----------|
| | Yes | No | |
| Does not apply | | 1 | 1 |
| No | | 23 | 23 |
| Yes | 5 | 2 | 7 |
| Grand Total | 5 | 26 | 31 |

Table 6 - Length of stay and whether stay was planned

We asked people if they felt staff were aware of their existing care needs. Only two of the five people that already had care at home said that staff were aware of care needs.

| Q8 Staff were aware of care needs | Q5 Already received care at home | | Total |
|-----------------------------------|----------------------------------|-----------|-----------|
| | Yes | No | |
| (blank) | | 5 | 5 |
| Does not apply | 1 | 4 | 5 |
| No | 2 | 8 | 10 |
| Not sure | | 1 | 1 |
| Yes | 2 | 8 | 10 |
| Grand Total | 5 | 26 | 31 |

Table 7 - Awareness of care needs and care at home before

We asked people different questions depending on whether they had care at home after their hospital stay or not. We have looked at these two groups separately in the sections below.

People who needed care at home after their stay

A “discharge coordinator” is a health or social care practitioner who is responsible for coordinating a person’s discharge. They are the central point of contact for health and social care practitioners, the person and their family during discharge planning.

Most people said they did not have (8) or were not sure (6) if they had a discharge coordinator. Only one person was sure that they did.

| Q6 Did you have a discharge coordinator? | No. of responses |
|--|------------------|
| Does not apply | 1 |
| No | 8 |
| Not sure | 6 |
| Yes | 1 |
| Grand Total | 16 |

Table 8 - Did you have a discharge coordinator?

Sixteen people told us they needed care at home after hospital. However, only 15 responded to the additional questions (Q10 to Q13). Not everyone answered all the questions.

- + Only one person told us they had used the Buckinghamshire Council Brokerage Service. Three people were not sure.
- + Just over half of the people told us they felt included in conversations about their care after hospital (8).
- + Most people were not given information on what social care and support they would be given at home (7). Five people told us they were, and one person was not sure.
- + Three people told us they were given details of community/voluntary services that could help. One person was not sure.

A full breakdown is shown below in Table 9

| | Yes | No | Not sure | Does not apply |
|---|-----|----|----------|----------------|
| Q10 Used the Buckinghamshire Council Brokerage Service | 1 | 11 | 3 | |
| Q11 Felt included in conversations about their care after hospital | 8 | 5 | 2 | |
| Q12 Given information on what social care and support they would be given at home | 5 | 7 | 1 | 2 |
| Q13 Given details of community/voluntary services | 3 | 9 | 1 | 2 |

Table 9 - Responses to additional questions on discharge

Preparing to leave hospital (discharge)

A second person dropped out of the survey at this point. Twenty-nine people responded to these questions. Not everyone answered all the questions.

This is what people told us about their experience of leaving hospital (discharge).

Information and advice

- + Just over half (15 people) told us they were provided with the information needed to manage their own care at home.
- + Most people told us the information on their medications was adequate (14). 8 people told us it wasn't.
- + Just over half of responses said that they were not given information on who to contact with questions and concerns or were not sure if they had been given it (total 14). 13 people told us they were.
- + Half the people told us they had issues with getting transport home and were not offered advice.

A full breakdown is shown below.

| | Yes | No | Not sure | Does not apply |
|--|-----|----|----------|----------------|
| Q14 Provided with information to manage their own care | 15 | 10 | | 3 |
| Q17 Was information about medication adequate | 14 | 8 | | 5 |
| Q18 Given information on who to contact with questions or concerns | 13 | 10 | 4 | |
| Q19 Advice offered if issues with transport home | 5 | 5 | 1 | 15 |

Table 10 - Information and advice at discharge

Timing of discharge

We asked people when they found out they were going home and if they felt they had enough notice.

The table below shows that people that had care at home after they left hospital usually had more notice than those that did not need subsequent care at home.

| Q15 When were you told you were going home? | Q9 Did they have care at home after discharge? | | Total |
|---|--|-----------|-----------|
| | Yes | No | |
| On the day | 7 | 10 | 17 |
| The day before | 5 | 1 | 6 |
| Two or more days before | 2 | 1 | 3 |
| Total | 14 | 12 | 26 |

Table 11 - Notice of discharge and care at home after

- + Most people felt they had enough notice, including about two-thirds of the people that were discharged on the same day (11). Otherwise, the responses were mixed, as shown below.

| Q16 When were you told you were going home? | Q16 Was this enough notice? | | Total |
|---|-----------------------------|-----------|-----------|
| | Yes | No | |
| On the day | 11 | 6 | 17 |
| The day before | 3 | 3 | 6 |
| Two or more days before | 2 | 1 | 3 |
| Total | 16 | 10 | 26 |

Table 12 - Notice of discharge and whether this was enough

Follow-up contact

We wanted to know if people had been told they would need follow-up contact. If so, we wanted to check that this happened within three days.

- + Most people were not told or were not sure if they needed to be contacted by their GP/practice nurse (total 17), 11 people were told

| Q21 Was the patient told if they needed to be contacted by their GP/practice nurse? | No. of responses |
|---|------------------|
| Yes | 11 |
| No | 12 |
| Not sure | 5 |
| (blank) | 1 |
| Grand Total | 29 |

Table 13 - Information about follow-up contact

- + Of those that were told, six people told us they were not contacted, or were not sure, if their GP or Community Nurse contacted them within 3 days of leaving hospital. Three said they were contacted within this time.

| Q22 Did the GP/practice nurse contact the patient within 3 days? | No. of responses |
|--|------------------|
| Yes | 3 |
| No | 3 |
| Not sure | 3 |
| Does not apply | 2 |
| Grand Total | 11 |

Table 14 - timing of follow-up contact

And finally

+ Almost everyone told us they went home with all personal belongings, one person did not.

| | Yes | No | Not sure | Does not apply |
|--|-----|----|----------|----------------|
| Q20 Went home with all personal belongings | 24 | 1 | | |

Table 15 - Did the patient go home with all personal belongings

Overall Experience

We asked people to rate their overall experience from Very Good to Very Bad. Only 23 people provided a rating.

| | Q9 Did they have care at home after discharge? | | Total |
|--------------|--|-----------|-----------|
| | Yes | No | |
| Very Good | 2 | 4 | 6 |
| Good | 4 | 3 | 7 |
| OK | 2 | | 2 |
| Bad | 2 | 2 | 4 |
| Very Bad | 3 | 1 | 4 |
| Total | 13 | 10 | 23 |

Table 16 - Overall experience and care at home after

There is some indication that people that had care at home after discharge had a poorer experience. This is better shown in the chart below:

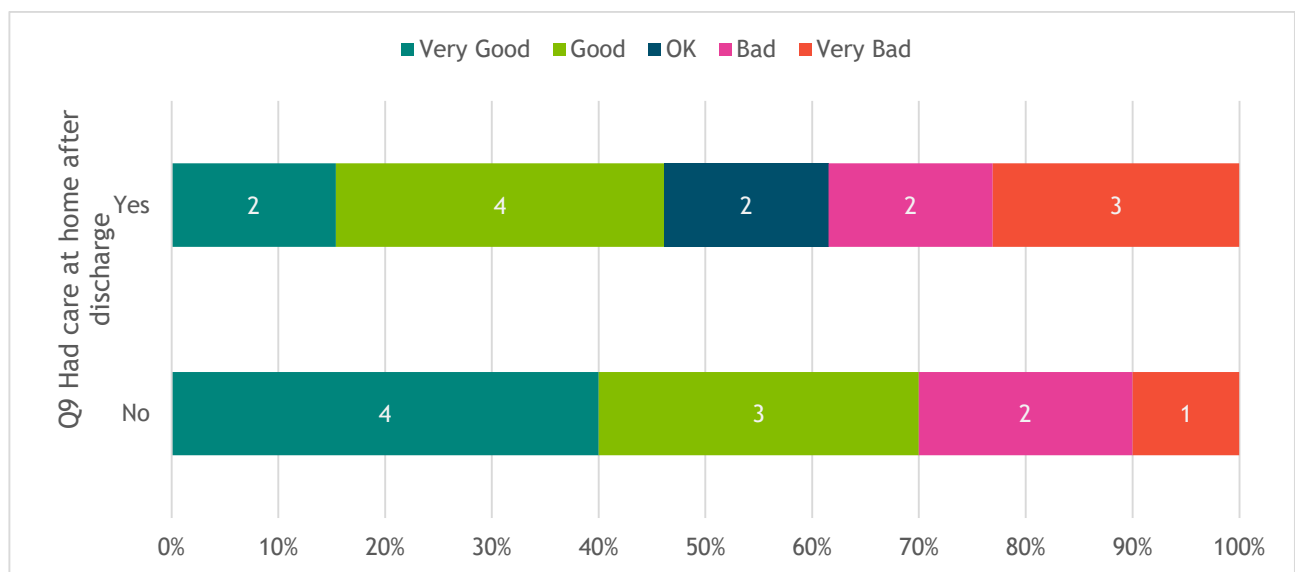


Figure 1 - Overall experience and care at home after

Looking more closely, there seems to be some link between overall rating and:

- information about length of stay

- inclusion in conversations on care
- information about self-care
- information about medication.

However, with such a small dataset we cannot draw any firm conclusions.

Comments about their care

We asked people what was good about their experience.

People who needed care at home after their stay

“Due to a stroke, mobility was greatly reduced. Nurses helped practice getting in and out of the car before discharge day to ease concern about whether my mum and dad would be able to manage on their own.” *Amersham Hospital*

“The ward staff and nurses were very good, competent and caring and communicated very well with the family when asked.” *Stoke Mandeville Hospital*

“(What was good) Provision of equipment needed at home; brokerage service; transport” *Stoke Mandeville Hospital*

“The care of the discharge staff and the lady who stayed and cared for me all day long in the recovery ward.” *Stoke Mandeville Hospital*

People who did not need care at home after their stay

“Service and care was superb.” *Wexham Park Hospital*

“This time was sent home from the ward whereas last time was sent to a discharge lounge where (they) had to sit for 4 hours after spending 4 weeks ill in bed very bad system at the John Radcliffe”

“The staff who looked after my discharge were very attentive and helped me so I didn’t get too anxious.” *Stoke Mandeville Hospital*

“We had a festive (over Christmas) stay, staff were exceptional in our unplanned arrival.” *Stoke Mandeville Hospital*

“Polite staff.” *Stoke Mandeville Hospital*

“The staff were informative and helpful and didn’t rush me even though space was limited in the hospital. I was given plenty of information on how to care for myself at home and what to do if I had concerns” *Stoke Mandeville Hospital*

We also asked people what was bad about their experience.

People who needed care at home after their stay

“No communication or care” *Wycombe Hospital*

“Supposed to leave one day then delayed...meds weren’t returned and no meds sent for 6 hours. GP was not notified of discharge.” *Wexham Park Hospital*

“The family had to do all the research and we were only told the afternoon before that he had to come home the next morning. It all worked out ok, but a little more notice and advice would have been helpful.” *Stoke Mandeville Hospital*

“We waited for 9 hours, no solution or insight to solve the problem, the GP says to go talk to hospital. We call and the department never answers.” *Stoke Mandeville Hospital*

“The worst night of my life. Discharged at 5pm even though a member of staff was concerned I still had a high temp and high heart rate.” *Stoke Mandeville Hospital*

“After being promised they would be allowed to “leave shortly”, 8 hours later and no communication or release - they were put in a position where they had to discharge themselves. Pathetic communication and broken promises. Patient was a carer. The extra stress waiting around all day is helpful to no one.” *Stoke Mandeville Hospital*

“Staff took no notice of mental health issues... told (they) had a care Co-Ordinator before initial discharge... no-one mentioned that this was mental health community care not physical health... wasn't informed that (they) should have had input from social worker, so spent another 2 weeks in hospital bed blocking. The Drs didn't communicate with (them), either physical or mental health, in spite of being capable of a conversation and decisions.” *Stoke Mandeville Hospital*

The nature of these comments from people that needed care after they were discharged seems to reflect the lower overall ratings.

People who did not need care at home after their stay

“Waited 6 hours for medication and paperwork. Had to move from bed as it was needed had to wait for hours for discharge in a general waiting room.” *Stoke Mandeville Hospital*

“Uncaring, no help. Basically, just told to get out.” *Stoke Mandeville Hospital*

“When prescribed a particular potent medication we should have been alerted to new side effects.” *Stoke Mandeville Hospital*

“Length of time waiting to be discharged. Not being updated on how long it would take.” *Stoke Mandeville Hospital*

Recommendations

The following recommendations apply to Buckinghamshire Council, Buckinghamshire Healthcare NHS Trust and Frimley Health NHS Trust.

Ensure that all patients, and their family/carer where appropriate, are:

- told that they have a discharge coordinator and what their role is
- fully informed as to what social support they will be given at home.

When they go home, patients/family/carers should be:

- given appropriate information about medication and any self-care they should perform
- told who they should contact for questions or concerns
- told if there will be further contact, **or not**, and who will contact them (e.g. GP/practice nurse)
- told about community and voluntary services that can help when they go home
- offered, or directed to, advice if they have difficulties with getting transport home.

We recommend to Buckinghamshire Healthcare NHS Trust

- make sure patients with mental illness understand who will co-ordinate their physical health needs and who will co-ordinate their mental health needs

Appendix 1 - Demographics

| Gender | No. of responses |
|-------------------------|------------------|
| Female | 14 |
| Male | 10 |
| Would prefer not to say | 1 |
| (blank) | 6 |
| Total | 31 |

Table 17 - Gender of the patient

| Age | No. of responses |
|-------------------------|------------------|
| 18-25 | 1 |
| 26-35 | 4 |
| 36-45 | 4 |
| 46-55 | 1 |
| 56-65 | 1 |
| 66-75 | 3 |
| 76-85 | 5 |
| 86+ | 5 |
| Would prefer not to say | 2 |
| (blank) | 5 |
| Total | 31 |

Table 18 - Age of the patient

| Ethnicity | No. of responses |
|-------------------------|------------------|
| Mixed Other | 1 |
| White British | 21 |
| White Irish | 1 |
| White Other | 1 |
| Would prefer not to say | 1 |
| (blank) | 6 |
| Total | 31 |

Table 19 - Ethnicity of the patient

Appendix 2 - Survey

Because we only wanted to hear from people that had been discharged to their own home. The online survey began with a screening question:

“Did you go back to live in your own home after you were discharged?”

Below you can see the paper survey we sent out. For reference, we have added question numbers to this version which were not on the original. Question 1 was not on the paper copy. The order of questions 19 to 22 was also changed in the online version.

Your experience of leaving hospital

Introduction

Healthwatch Bucks is an independent organisation that listens to you and works with the people that run your health and care services to make them better.

We want to hear about your experience of leaving hospital (discharge). You are being invited to take part in a questionnaire. Your response will help us to find out what is working well and what is not.

We will write a report based on what people tell us. We will share our report with Buckinghamshire Healthcare NHS Trust, Frimley Health NHS Trust and Buckinghamshire County Council based on what patients tell us. We will make recommendations to them and ask them for a response.

The report and response will be published on our website.

The information you provide will be included in our report, but it will be totally anonymous.

Thank you.

| Q2 I am completing this survey as | |
|-----------------------------------|--|
| <input type="radio"/> The Patient | <input type="radio"/> Carer/Relative/Friend of the patient |

| Section 1 - Going into hospital | |
|---|--|
| Q3 | Please tell us which hospital the patient was discharged from |
| <input type="radio"/> Amersham Hospital | <input type="radio"/> Buckingham Community Hospital |
| <input type="radio"/> Stoke Mandeville Hospital | <input type="radio"/> Wexham Park Hospital |
| <input type="radio"/> Wycombe Hospital | <input type="radio"/> Other |
| Q4 | Was the stay in hospital planned? |
| <input type="radio"/> Yes | <input type="radio"/> No |
| Q5 | Did the patient receive care at home before their hospital stay? |
| <input type="radio"/> Yes | <input type="radio"/> No |
| Q6 | Did the patient have a “discharge coordinator”? (someone to arrange their discharge and care once leaving hospital) |
| <input type="radio"/> Yes | <input type="radio"/> No |

| | |
|--------------------------------|---|
| <input type="radio"/> Not sure | <input type="radio"/> Does not apply |
| Q7 | Did the patient know how long they were likely to stay in hospital? |
| <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Not sure | |
| Q8 | Did the patient feel the hospital staff were aware of any existing care needs? |
| <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Not sure | <input type="radio"/> Does not apply |
| Q9 | Did the patient need care at home after hospital? |
| <input type="radio"/> Yes | <input type="radio"/> No (Skip Section Two below) |

Section Two - Arranging care at home

| | |
|--------------------------------|---|
| Q10 | Did the patient use Buckinghamshire County Council's brokerage service? (this service provides a trained broker to help the patient find the right care after they leave hospital) |
| <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Not sure | <input type="radio"/> Does not apply |
| Q11 | Did the patient feel included in conversations about their care after hospital? |
| <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Not sure | <input type="radio"/> Does not apply |
| N/A | If the patient wanted the views of family/carer included in conversations around care after hospital, did they feel that they were included? |
| <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Not sure | <input type="radio"/> Does not apply |
| Q12 | Was the patient given information on what social care support they would be given at home? |
| <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Not sure | <input type="radio"/> Does not apply |
| Q13 | Was the patient given details of any community/voluntary services that could help? |
| <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Not sure | <input type="radio"/> Does not apply |

Section 3 - Preparing to leave hospital (discharge)

| | |
|---|--|
| Q14 | Was the patient provided with the information needed to manage their own care at home? |
| <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Not sure | <input type="radio"/> Does not apply |
| Q15 | When was the patient told they were going home? |
| <input type="radio"/> On the day | <input type="radio"/> The day before |
| <input type="radio"/> Two or more days before | |
| Q16 | Did the patient feel they were given enough notice about when they were going to be discharged? |
| <input type="radio"/> Yes | <input type="radio"/> No |
| Q17 | If the patient was given any medications, was the information adequate? |
| <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Not sure | <input type="radio"/> Does not apply |
| Q18 | Was the patient given any information on who to contact with questions or concerns? |
| <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Not sure | |
| Q21 | Was the patient told if they needed to be contacted by their GP/practice nurse? |
| <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Not sure | |
| Q22 | Did the GP or Community Nurse contact the patient within 3 days of leaving hospital? |
| <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Not sure | <input type="radio"/> Does not apply |
| Q19 | If the patient had issues with getting transport home, was advice offered? |
| <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Not sure | <input type="radio"/> Does not apply |
| Q20 | Did the patient go home with all personal belongings? |
| <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Not sure | |

Section 5 - Patient experience

| | | | | |
|-----------------------|---|-----------------------|-----------------------|-----------------------|
| Q23 | What was the patient's overall experience of leaving hospital? | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Very bad | Bad | OK | Good | Very good |
| Q24 | What was good? | | | |

| | |
|------------|---------------|
| | |
| Q25 | What was bad? |
| | |

About the patient

Q26 Age

- 56-65
- 66-75
- Would prefer not to say
- 76-85
- 86+

Q27 Ethnicity

- Asian/British Bangladeshi
- Asian/British Indian
- Asian/British Other
- Asian/British Pakistani
- Black/British African
- Black/British Caribbean
- Black/British Other
- Chinese
- Gypsy/Roma
- Other: Please specify
- Mixed Other
- Mixed White and Asian
- Mixed White & Black Caribbean
- Other Ethnic Group
- Traveller of Irish Heritage
- White British
- White Irish
- White Other
- Would prefer not to say

Q28 Gender

- Female
- Would prefer to self describe:
- Male
- Would prefer not to say

If you require this report in an alternative format, please contact us.

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