Hospital Experience and Discharge Survey

March to November 2020

Introduction

Local Healthwatch have been set up across England to create a strong, independent consumer champion with the aim to:

- Strengthen the collective voice of citizens and communities in influencing local health and social care services to better meet their needs.
- Support people to find the right health and social care services for them by providing appropriate information, advice and signposting.

Healthwatch Stockton-on-Tees works with local people, patients, service users, carers, community groups, organisations, service providers and commissioners to get the best out of local health and social care services. This doesn't just mean improving services today but influencing and shaping services to meet the needs of the local communities tomorrow.

Healthwatch Stockton-on-Tees is steered by a Board of volunteers, commissioned by the Local Authority and accountable to the public. Healthwatch Stockton-on-Tees are the only non-statutory body whose sole purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak-out on their behalf.

The service is managed by Pioneering Care Partnership, a leading third-sector charitable organisation aiming to improve health, wellbeing and learning for all.

Healthwatch Stockton-on-Tees has:

- The statutory right to be listened to.
- Providers and Commissioners must respond to Healthwatch within 20 days of submission of requests for information or reports.
- The statutory power to Enter & View publicly funded health and social care services.
- A statutory seat on the Health and Wellbeing Board.

Background and Methodology

During these unprecedented and changeable times, as a result of the Coronavirus pandemic, Healthwatch Stockton-on-Tees has continued to engage with local people in order to find out peoples' experiences and views of the pandemic and how this has impacted on their lives and their health and wellbeing.

At the beginning of the Covid 19 pandemic back in March 2020 the NHS urgently needed to free up capacity in hospitals to cope with the anticipated surge in demand from COVID-19 patients. To support this, a new hospital discharge process was introduced nationally.

This focused on getting people out of hospital quickly, to free up 15,000 beds and support the faster movement of patients in and out of hospital. People leaving hospital who may need out-of-hospital support to recover would now have their ongoing support needs assessed after they were discharged (usually in their own home), rather than in hospital. This 'Discharge to Assess' model placed a new responsibility on acute hospital teams to work closely with community health and social care services to ensure people get the support they need after leaving hospital.

The hospital discharge policy:

On 19 March 2020, the Government issued national guidance on hospital discharge that all hospital trusts, community health services and social care providers in England have been required to adhere to from 20 March.6

Under the new guidance, acute and community hospitals are required to discharge all patients as soon as it is clinically safe to do so. Below we set out key aspects of the guidance issued in March, which was in place throughout the period of our research. An update to the hospital discharge guidance issued in August maintained the same key principles.

Information on the new arrangements
The guidance states that information explaining the new hospital discharge process should be shared with all patients on admission to hospital.

Discharge
When a patient is ready to be discharged (following discussions with the patient, their family and any professionals involved in their care), patients should be escorted to the hospital discharge lounge within an hour.

Within two hours of arriving in the discharge lounge, discharge coordinators should arrange any voluntary sector support and immediate practical help for those who have no one else to do this, such as food shopping and turning the heating on. The patient should then be discharged. These time targets have been relaxed in the August update, with the expectation that all patients are discharged on the same day that a decision to discharge is made.

Hospital Discharge Government Guidance (March 2020): https://www.gov.uk/government/publications/coronavirus-covid-19-hospital-discharge-service-requirements

Pathways
Patients should be discharged onto one of four pathways. It is estimated that 50% of patients are to be discharged home from hospital with no or minimal support, 45% of patients with support from community health and social care services (mostly in people's homes), and 5% of patients would be discharged to a care home (people on pathway two and three).

Follow-up visits and assessments after discharge
According to individual need, patients on pathway 0 should receive short-term assisted living support from voluntary care sector organisations. Patients on pathways 1 - 3 should be assessed for a recovery support package after leaving hospital. A lead professional or multidisciplinary team should visit patients at home on the day of or day after discharge to arrange for the support they need. Discharge services should operate at a minimum seven days a week, from 8am to 8pm.

Choice of care home
For patients whose needs are too great to return to their own home, a suitable rehabilitation bed or care home should be arranged. During the COVID-19 pandemic, patients are not allowed to wait in hospital until their first choice of care home is available. This means that they may be placed in the first available care home, though care coordinators should follow up to ensure that people are able to move as soon as possible to their first choice.

Funding
From 20 March until the end of August, all post-discharge community support was fully funded by the NHS, to ensure the smoothest possible implementation of these new arrangements and avoid confusion about funding responsibilities.

From 1 September, post-discharge care is only funded by the NHS for six weeks. During this time, patients should receive an eligibility assessment for further funding or their care packages, alongside consideration of someone's longer-term care needs.

Testing
When the hospital discharge guidance was released on 19 March, there was no requirement to test people for COVID-19 before they were discharged, although the guidance suggest that where patients had been tested, COVID19 test results were to be included in documentation that accompanied the person on discharge. From 15 April, it has been a requirement to test anyone being discharged to a care home. From 18 September, test results must be shared with the care home before discharge, unless otherwise agreed.

The effectiveness of this approach was reviewed by Healthwatch England, who, with support from the British Red Cross, undertook a national survey which resulted in almost 600 people passing comment. This was published in October 2020, and a copy of the report can be found here: Healthwatch England and Red Cross Report.

The key findings of this survey showed that there were many positives to be gained from taking the approach outlined in the new discharge arrangements, alongside areas that required further improvement.

Amongst the positives identified were:

- National policy and dedicated funding for hospital discharge reduced bureaucracy by quickly setting up more efficient ways of working between health and social care services and standardising their handover processes.
- The new approach encouraged collaboration and better information sharing between health and social care services.
- Most patients who were provided with information explaining the new discharge process found it clear and easy to understand.
- Most respondents (60%) discussed where they were to be discharged to and were moved to their preferred location. Although it is to be noted that 28% did not have these conversations about their placement and preferred location.
- The public valued hospital staff for their caring attitudes, clear explanations and treatment during an extremely challenging period for both the public and healthcare professionals.

Areas of concern included:

- The survey found that 82% of respondents did not receive any follow up visits, as required under the 'Discharge to Assess' procedure and nearly one in five of these (18%) reported having unmet needs.
- More than one in three (35%) respondents did not receive contact details of a health professional they could get in touch with if they required further support or advice after leaving hospital, despite the national policy stating this should happen.
- Almost two thirds of the respondents (61%) did not receive information about the new discharge process. Owing to restrictions on hospital visits, there was also an increased need for families to have clear lines of communication with hospital staff and patients. However, family members encountered difficulties being kept up to date.

- Nearly one in ten (8%) survey respondents were discharged at night with approximately two thirds (64%) of those not being asked if they needed transport support.

- 30% of those who were tested for COVID-19 while in hospital did not receive their test results before they left. Not receiving test results before discharge into the community was raised as a barrier to ensuring people were able to manage their care safely after discharge and avoid putting family and carers at risk. This was particularly problematic for staff in care homes who had a responsibility for keeping other residents safe.

Although this was a national survey, it was heavily promoted by Healthwatch Stockton-on-Tees, and local residents are likely to have contributed to the report findings.

However, we wanted to engage specifically with residents of Stockton-on-Tees to find out for ourselves whether these outcomes were being replicated locally. In addition, we wanted to explore other issues in relation to having been in hospital during the pandemic.

We are aware that for many patients, access to visitors was severely restricted and this could pose significant issues, particularly for those who experienced communication difficulties. This also impacted upon carers who were unable to visit their loved ones, either to provide support and comfort or to keep up to date with their situation.

The importance of clear and regular communication between patient/family members and hospital staff is also of great importance and we wanted to find out how this was being managed.

As a result, we designed two specific surveys, one for people who had been in hospital since March 2020, and another for carers or family members. These were promoted on our social media outlets as well as in our regular Healthwatch Stockton-on-Tees newsletter, distributed to over 500 subscribers.

In addition, we promoted the surveys with our network of contacts, including with staff at the University Hospital of North Tees, who kindly agreed to promote the surveys on our behalf. It is, therefore, slightly disappointing that only 15 responses have been received.

We also produced a survey specifically for care homes across the Borough in order that they too were able to share their views in respect of admissions and discharges to and from both residential and nursing care services. This replicated, to some extent, an earlier survey undertaken by Stockton Borough Council, and may be part of the reason why only two responses were received.

The survey was open from 15 September 2020 until 30 November 2020.

Survey Results:

Patient Survey

Responses to the survey were received from ten people who had been in hospital since March 2020. Nine had received in-patient treatment at the University Hospital of North Tees and one at the University Hospital of Hartlepool.

Most respondents (four) had been discharged during the month of August with others having been discharged between March and September 2020.

We asked: 'When you were in hospital, were you given information explaining that the process of leaving hospital had changed due to coronavirus?' Three people told us that they were given this information but six told us that they were not. One was unsure. However, those that did receive information confirmed that this was clear and was easy to understand.

We also asked: 'How long did you wait between being told you were well enough to leave hospital and actually leaving?' The biggest majority, six people, told us they waited between 2 and 24 hours whilst the others were discharged between 1 and 2 hours. One person could not recall whilst another skipped this question. Three people told us their wait was for transport, a further three for medication whilst two said they had to wait to be seen by the doctor.

The next question asked whether the person had felt they had been prepared for leaving hospital. Three people told us they had felt well prepared whilst five felt somewhat prepared. One person felt they had not been adequately prepared for discharge.

We then asked if people were informed that they would get a follow up visit at home, as the 'Discharge to Assess' procedure required. 'Before you were discharged, were you told you would receive support from health and/or social care services after you left hospital (for example home visits from a community nurse or home care worker)?'

Seven out of the ten people who responded to the question told us that they had not been told that they would get a follow up visit once they had been discharged from hospital.

Following on from this people were asked whether they were given any information about who they should contact if they needed any further health advice or support once they had left hospital. Six people told us that they were given this information, but four people said they had not received it.

We then asked whether people had been tested for Coronavirus whilst they were in hospital. This question was asked even though initially it was not a requirement to do so. However, the guidance did change in April 2020 and anyone who was being discharged to a care home was required to have been tested. Only one of the respondents was admitted to a care home. Seven people told us they did receive a test and six said they had been given the results of this before they were discharged.

The next question was about access to transport at the point of discharge. This did not pose particular problems to the people who responded, although six people said that they were not asked whether they would need transport once they were ready for discharge. The majority of respondents (six) did not require transport whilst only two people told us they did require transport and that this was arranged for them. Only one person required hospital transport, whilst eight people were collected from hospital by family or friends.

Eight people told us that they returned to their home, one went to stay with relatives. One person said that they were discharged to a care home and that although the home they went to was not their first choice they did, in fact, move to their preferred setting at a later date.

We wanted to know whether people had received a follow up assessment visit after they were discharged. 'After leaving hospital were you visited by a health care professional to assess your support needs. (This is called a discharge assessment)?' Eight of the people who responded told us that they received no such visit and one reported that they still had needs that had not been met. The two people who said that they had received a visit told us that this was on the day after they were discharged.

Finally, we asked, 'In your own words please describe your experience of receiving treatment, contact with family/friends, communications with hospital staff and your experience of leaving hospital. Tell us how supported you felt and how well the NHS and social care services helped you, to recover/manage your condition. Please refer to what you were in hospital for and the specific services you received, where you can. Tell us what went well and what could have been better.

The following responses were received:

- 'I have been admitted and discharged from North Tees Hospital over 20 times since March. I have received some excellent care on the maternity ward but feel very disappointed and let down by the care I received on the adult wards, as the majority of time I was given incorrect information or not received treatment or medication which I desperately needed'.

- 'Poor care on ward 27, nurses appeared too busy chatting to provide the care that I needed at the time I needed it. Given conflicting advice on ward 27 regards to seeing a doctor, and my medication'.

- ‘The hospital was very busy with several patients testing positive for Covid-19 whilst I was there. I was seen to very quickly by some lovely staff and sent for CT scan and had several thorough examinations. Once they had agreed with my problem then put me on a nil by mouth and sent me up to SDU where I was told that I was going to be operated on probably that day.

  After the next set of rounds and talking to a consultant, she agreed that I needed surgery and then the next thing I had a nurse saying they were removing my drip and they were going to discharge me. I waited for several hours for the paperwork and then once given I was told I could make my own way home and that I would be sent for scans within the next week and would be operated on in roughly 6 weeks. It’s almost October now and still nothing.’

- ‘Although there was a long wait to see a specialist, I was happy and felt safe with the hospital and the methods adopted to combat corona.’

- ‘I was admitted with pneumonia (not COVID) however had I not needed a CPAP machine (resulting in me needing to be on a specialist ward), I would have been put on a COVID ward and risked contracting the virus. I am still waiting for my follow up chest x-ray and have ended up needing more antibiotics as I still have a shadow on my lung which I found out when I went to an urgent care centre (COVID screening unit) at The Friarage, Northallerton as I had a chest infection. Again, I had a COVID test taken simply because I had a temperature.’

- ‘I was admitted to the EAU by my GP as I needed an urgent blood transfusion and was told that a bed had been booked for me. I arrived at the hospital at 6.30pm and I was still in EAU at 02.00 until a bed was available. I expected that the treatment would be started immediately however it was not started until 05.00 they then said that I needed an infusion of Iron, which they did as soon as the blood transfusion was completed. They then said that I would have to have a CT scan which was scheduled for 3pm that day.

  A few hours later the doctor advised me that I was being discharged and that I would have an appointment sent to me to have a CT in outpatients. I also had to have a colonoscopy and endoscopy, for which I got an appointment. I attended this appointment and the whole experience was very positive, the staff were fantastic, and attentive, they listened to what I had to say, and were very sympathetic, as I was very anxious about the procedure. I was only there for 3.5hours, and from admission to discharge, it was perfect.’

- 'I was admitted because of complications following operation for bowel cancer. This was the fifth time. Each time I was treated well and staff were friendly and helpful. On discharge I was issued with necessary medications and discharge notification. I live alone but do not require help around the house or with personal chores.'

Family Member/Carer Survey

Responses to this survey were received from five family members/carers of people who had been in hospital since March 2020. All five said that their responses were in relation to the University Hospital of North Tees. Three patients had been discharged in September, whilst the other two were discharged in April and May respectively.

Three people told us that their relative had been given information about changes to the discharge procedure and that this was clear and easily understood. However, one said 'no' and another was unsure whether information had been given.

The majority (four) told us that the wait to leave the hospital after being discharged was between 2 and 24 hours, mostly as a result of waiting for medication, whilst one person had to wait for transport to become available. It was pleasing that everyone who responded was of the view that their relative/friend was prepared for discharge.

However, two people said that there had been no mention of the fact that a follow up assessment visit would be carried out. One person had not received any information about who they should contact in the event of any further health advice or support after being discharged.

Given the fact that most people were discharged in September, four of the five people who responded said that their relative/friend had received a test for Coronavirus whilst in the hospital and had been informed of the result before they were discharged.

Four out of five patients were discharged back to their own homes, with the other going to stay with family members. Only one person required hospital transport, although three people told us that no discussion had taken place with the patient about transport needs when they were ready to leave the hospital.

We then asked, 'after leaving hospital was your relative, friend or client visited by a health professional to assess their support needs (this is called a discharge assessment)?' four out of five people told us that no such visit had been received. The one person who did receive such a visited waited for over a day. We were told that one person still had support needs that had been unmet and that this was as a result of them having to isolate for seven days.

Only one patient was said to have 'lacked capacity' to communicate and fully understand what they were being told whilst in hospital, although his relative told us that the hospital staff did try to keep them informed about what was happening, although communication between themselves and the hospital 'could have been better'. A further two relatives told us that they did not feel they had been kept sufficiently informed about the condition/treatment of their relative/friend whilst in the hospital. The following further responses were received:

- 'But only by asking all the time. Felt like we got a lot of contradicting information from all the different doctors and junior doctors on the ward.'

- 'It was almost impossible to get in touch with a member of staff to find out how my Mother was doing, what were the plans and did she need anything dropping off for her.

- 'My wife was admitted to hospital over a 15-week period either 1 week or 4 to 5 days due to problems with her long-term catheter and on the 31st July she passed away with sepsis due to the long term catheter.'

We asked, 'as a carer did you feel sufficiently involved and informed in decision-making about your relative or friend's discharge from hospital?' Two people replied that they had not been involved, but should have been, whilst one replied 'to some extent'. This additional comment was received:

- 'Again, due to the pandemic I was not able to see her up until the final two days that she was on end of life. The previous admissions I was unable even travel with her in the ambulance as she needed a lot of help drinking and feeding her during the admissions. That was until end of life and we were told we could stay with her so we did feel that we had missed those days we could not see her although the patient hub were very helpful in letting us know her condition.'

The next question asked: 'as a carer, do you feel that your own caring responsibilities were considered in the decision making about your relative, friend or clients care and support after they left hospital?' Two people replied 'to some extent' but two said that they did not feel their own caring responsibilities had been considered. However, one person told us:

- 'I had cared for my wife for 44 years and knew everything there was to know for caring for her as previous admissions before the pandemic I was asked to come to the ward to assist my wife with feeding her and giving her drinks.'

Finally, we asked: 'In your own words, please describe your experience of your relative or friend whilst being cared for in hospital and after they had been discharged from hospital. What went well? What could have been better?' The following responses were received:

- 'The Nursing care was hit and miss; some nurses were great, and others were awful. Had to wait for long periods of time for IV medication to be administered on several occasions which went well over the time they were due. When relative asked for specific tasks to be carried out sometimes had to ask three- or four-times same thing before the task was done.'

- 'Lack of feedback.'

- 'What were the plans and did she need anything dropping off for her. Obviously, we couldn't visit the ward and so we had no opportunity to see how she was or speak to the staff to ask about my Mothers treatment and subsequent discharge plans. My Mother is 85, I'm her only child and carer, but I didn't even know her treatment plan i.e., an operation. I found out what was happening when my Mam, after a whole week, borrowed a mobile phone from another patient. The ward was not busy, I have since found out, as all routine ops had been cancelled.

  My Mother had broken her hip and was on ward 28 (Orthopaedics). She couldn't go home as she needed a lot of support. My Mother told me she would have to stay in hospital longer because she lived alone. I told her to let the nurses know that she could come home to my house as we have a stair lift and a bath chair lift. After discharge I couldn't believe that she had no aftercare.

  My Aunty is a retired Nurse and up until recently, was on the Board of Governors at North Tees. She managed, after many hours to get in touch with the ward manager. The ward manager was so apologetic about the lack of communication and the fact that my Mother had not been referred for OT or Physiotherapy. She had this rectified and I then managed to get some physio for her. My Mother is still living with me as she is still not able to safely get around. She has Osteoporosis and her home is not suitable as her bedroom is upstairs, but the bathroom is downstairs. She has had no medical check-up, even by phone!'

- 'While on the wards throughout her 15 weeks of admissions and discharges the staff, due to the pandemic, was, as you know limited, and if more help could have been accessed that would have been a relief for the medical staff.'

- ‘This is a survey in memory of my mother who died after leaving North Tees, but whilst in hospital the day-to-day communications by staff to the family were scant and confusing.’

Care Homes

We also received some feedback from one care home in Stockton-on-Tees in relation to the discharge of patients from the University Hospital of North Tees.

The following information was provided:

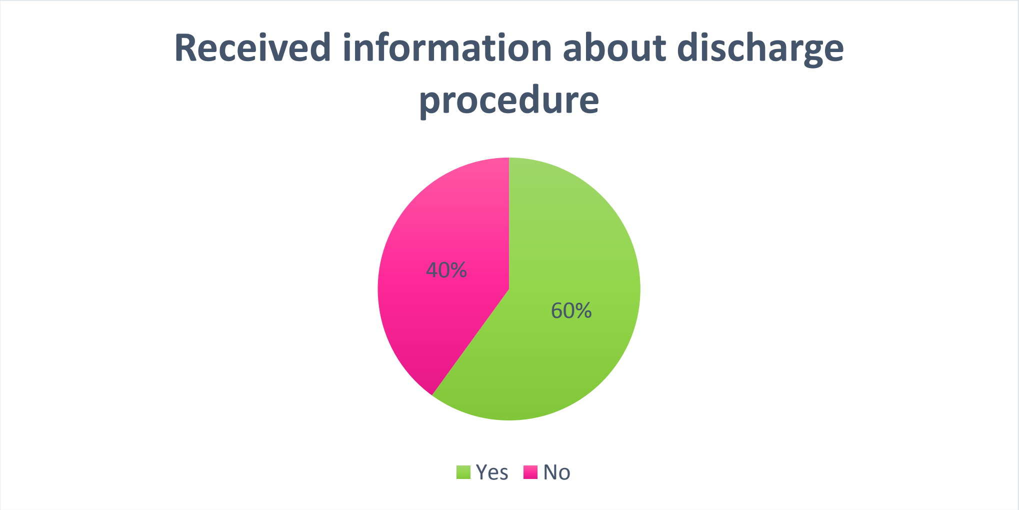
‘Did you feel you had received enough information to support your resident/client after they were discharged?’

- ‘No, he arrived late in the evening with no medication and no belongings in the care of a volunteer driver. It would have been better if he had at least been discharged with his medication.’

Conclusion

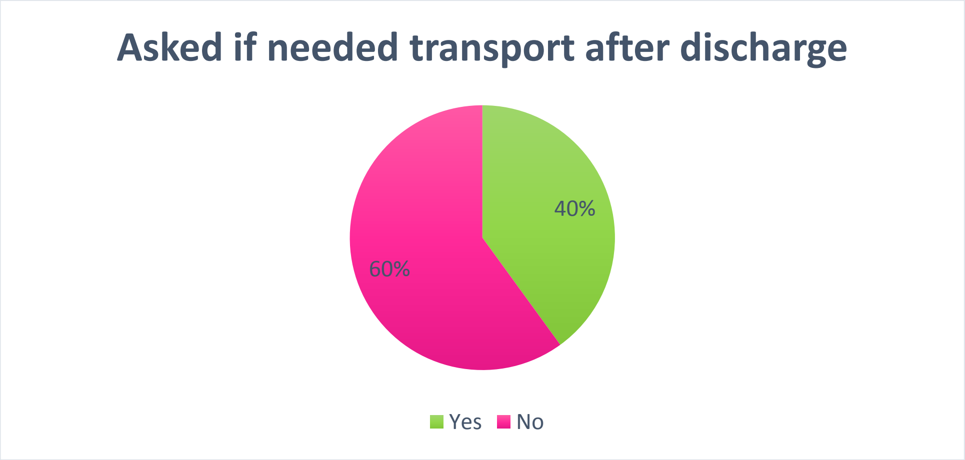
Although take up on the survey locally was fairly limited, the findings very much replicate those contained in the national report from Healthwatch England in collaboration with the British Red Cross.

- As stated in the March guidance, every hospital patient should be given information when they are admitted about the changes to the discharge process due to COVID-19. 60% of patients locally did not receive information about the new discharge procedure. (Nationally this figure was 61%) However, and in line with the situation nationally, those who did receive such information found it to be clear and easy to understand.

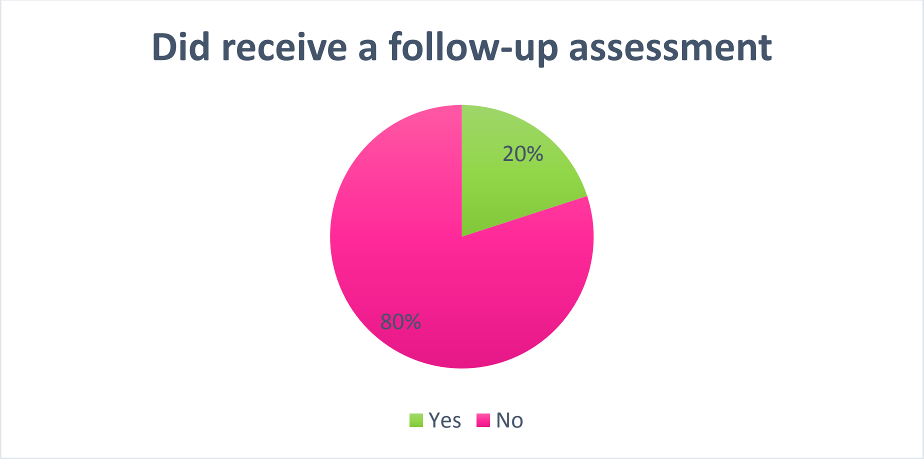


- 12% of patients who responded felt they were not ready to leave hospital. (Nationally this figure was 19%)

- Although the policy states that transport home should be arranged for those who need it ahead of discharge, there were mixed responses about whether this happened. 60% of patients who responded said they were not asked if they needed transport upon discharge. (Nationally this figure was 64% - this figure only applied to discharge at night)

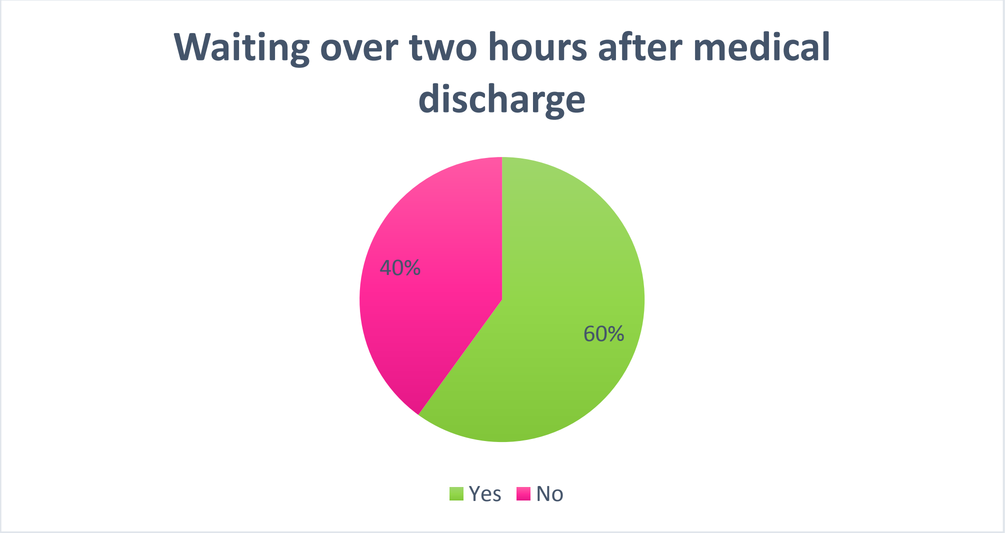


- The ‘discharge to assess’ model rests on the principle that people should have their recovery and longer-term support needs assessed in the community at a follow-up visit. However, it is not entirely clear about who should receive such an assessment, although in parts it seems to be implicit that this should apply to all patients. However, 80% of patients who responded to our survey did not receive a follow up assessment visit. (Nationally this figure was 82%).



- The new guidance requires patients to be provided with a single point of contact if they need further health advice once they have been discharged. 40% of patients told us that they were not provided with information about who they should contact if they needed health information or support. (Nationally this figure was 34%). One person reported that they still had unmet needs.

- In addition, and again in line with national figures, a majority of patients locally (60%) had to wait over 2 hours after being told they were medically fit for discharge. The main reasons given being a wait for medication or transport.



Communication

Communication is regularly reported as being one of the areas that can have the greatest impact on a persons' experience. Good communication between staff, patients and their families is even more important during the pandemic due to visitation restrictions and a lack of patient choice. Guidance issued on 8 April instructed hospitals to suspend visits to inpatient services. Since then although guidance has changed and some relaxation has been in place, opportunities for hospital visits have still been severely restricted.

Nationally, families reported mixed experiences of communication with hospitals about their relative's health. Some felt they were supported to communicate with their relative and 46% of unpaid carers reported being involved in decision making about their loved one's discharge and follow-up care. However, many relatives still experienced difficulties contacting the hospital wards to receive updates on their relative's health and did not feel involved in their loved one's discharge (47%).

Locally the situation appears to follow a similar pattern. Some carers felt communication with hospital staff was difficult 'the day-to-day communications by staff to the family were scant and confusing.' and 'it was almost impossible to get in touch with a member of staff to find out how my Mother was doing.' However, it was also pleasing to note that some carers felt much more involved as the following quote would suggest 'I was asked to come to the ward to assist my wife with feeding her and giving her drinks.'

Of course, this was particularly important for patients with disabilities and their family members and carers. Some patients who were blind, deaf or had learning disabilities or were living with dementia would have experienced difficulties communicating with hospital staff. Nationally, family members reported feeling disconnected from, and often unable to advocate on behalf of, their loved ones which, in turn, increased their worries and anxieties during these times of uncertainty.

Although we received little feedback from care homes, information received would suggest that there was some communication with service providers during the period that a resident was in hospital and about the proposed discharge arrangements. However, it was disappointing to hear of a resident being discharged to a care home late at night, without belongings and most importantly without any medication.

Recommendations

The national report undertaken by Healthwatch England and the British Red Cross is far more comprehensive than this local, Stockton-on-Tees, overview, and has implications for national policy makers. However, there are a number of things that could be done locally to improve outcomes for patients and carers alike.

We are aware however that this report covers people who were in hospital between March 2020 and November 2020 and we are aware that guidance and procedures have changed considerably over this period. Hospitals have adapted their policies in accordance with national guidance that was available at the time and many of the recommendations contained in this report may already have been put into practice.

1. Always assign a single point of contact following discharge from hospital. Hospitals should work with their partners to ensure patients are assigned a point of contact for further support, in line with national policy.

2. Ensure families and carers also know who to contact:
   Hospitals should also give families and carers this information, so they have a point of contact for the follow-up support of their loved ones or clients.

3. Always ask about transport home, as part of a wider conversation about people's non-clinical needs. This should involve conversations with family members as this will help to ensure that patients have the immediate support they need to get home safely.

4. Clarify and promote the hospital discharge policy to frontline staff. This includes clarifying guidance to avoid different interpretations of discharge pathways.

5. Check in on every patient after discharge over the phone or in person. Everyone leaving hospital should receive a wellbeing check-in after discharge. These check-ins should cover people's holistic needs, linking them into support services where appropriate.

   These checks are even more important during the pandemic while people are self-isolating and waiting for their COVID-19 test results after leaving hospital, shielding, or managing additional anxiety related to COVID-19. We understand such arrangements may have been put in place and it is important that such services are being utilised correctly.

6. Put in place special arrangements to improve communication and involvement with family and carers.

7. While visitation restrictions continue, special arrangements need to be put in place to ensure families and carers can participate in decisions made during and after the discharge process, particularly for patients with disabilities or additional needs.

8. Limit the need for discharge late at night especially where access to transport cannot be guaranteed.

9. Ensure all patients are ready for discharge and have their belongings and a supply of medication with them.

Responses received in respect of this report and the recommendations made:

The following response to this report, and to the recommendations made, has been received from **North Tees and Hartlepool NHS Foundation Trust.**

Response from NTH
NHS Foundation Tru

Or click link here to view online and download: North Tees & Hartlepool NHS FT response

And the following response has been received from the **Tees Valley Clinical Commissioning Group.**

Response from TV
CCG.pdf

Or click here to view online and download: Tees Valley Clinical Commissioning Group response