

# Homerton University Hospital Discharge Review

A report by Healthwatch Hackney



“I went into hospital for COPD related issues, I am a sickle cell patient with spinal problems. NHS Homerton Hospital doctors were extremely helpful. From my personal experience, I give Homerton hospital 10 stars. Furthermore, whilst I was in hospital Hackney Social Services team cleaned up my flat and made it ready prior to me being discharged. I am grateful and appreciate all the medical and social care I received. All my health and social care needs were provided adequately.”

“I was told I could leave, and I then had to wait for the ward staff to deal with a couple of people and then I left. The ward staff were all lovely and I am fully recovered, but if I were ever in hospital for any reason again I would love to have them caring for me. They were all, every last one of them truly excellent at their jobs”.

Homerton Hospital patients

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## 1. Introduction

The COVID-19 pandemic has had a profound impact on every aspect of our lives and has brought changes and new challenges. This includes changes in hospital experience and expectations for discharge. To mitigate the risk of running out of hospital beds due to the COVID-19 pandemic, the NHS mandated the national “Discharge to Assess” (D2A) model. This is not completely new as D2A has been a requirement through the Better Care Fund High Impact Change model; however there has been large variance in how this was being delivered by local systems. During the pandemic, all patients were aided to leave hospital faster and have their needs supported at home or in another community setting prior to assessment.

Healthwatch Hackney is the independent health and care watchdog for Hackney residents. Our mission is to improve health and social care provision and outcomes for people in Hackney by working to ensure that treatment and care is provided with respect and dignity, valuing diversity, encouraging participation and working together.

To understand the impact of the new discharge model on patients, we undertook a survey of patients discharged from the Homerton Hospital during the COVID-19 pandemic. This report seeks to share the experiences of patients that were discharged from Homerton Hospital from January-November 2020, identify any gaps in implementation, and provide recommendations for providers and staff to further improve services for the benefit of Homerton Hospital patients.

## 2. The hospital discharge policy

On 19 March 2020, the Government issued national guidance on hospital discharge. This said that acute and community hospitals must discharge patients from hospital to the most appropriate place as soon as clinically possible, and to provide patients with the continued support and care that they need. The guidance was changed to a policy and operating model on the 21 August 2020 and further updated on the 16 September 2020<sup>1</sup>.

The guidance stated that all people who are suitable for discharge will be added to the discharge list. The Single Point of Access (SPA) will allocate to a discharge pathway. Discharge home should be the default pathway.

### **There are a total of 4 Pathways**

- Pathway 0 - It was expected that 50% of patients would not be discharged via the SPA process, but rather discharged through the ward’s usual procedure
- Pathway 1 - patients who are able to recover at home with support from health and/or social care
- Pathway 2 - patient who require rehabilitation in a bedded setting, someplace outside hospital other than their home

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[Hospital discharge service: policy and operating model](#)

- Pathway 3 - patients who will not be able to return home and will be transported to a nursing home

SPA is responsible for Pathways 1,2, and 3.

The SPA team operates from 8am-8pm, 7 days a week. The team checks all acute wards twice daily and facilitates the rapid discharge of patients from hospital within three hours of the patient being deemed medically optimised (clinically safe). The discharge is to take place regardless of COVID-19 status; however, under certain circumstances such as presence of one or more additional conditions, testing was to be considered.

Health and social care partners within City & Hackney developed their own response to the Government's March guidelines. This involved the expansion of the existing Single Point of Access (SPA) team to involving staff from the following services:

- Age UK East London (Take Home and Settle service)-Integrated Independence Team
- Integrated Discharge Service
- Therapists from Adult Community Rehabilitation Team to support clinical screening
- London Borough of Hackney Occupational Therapists
- Continuing Health Care Team

We wanted to find out how the new policy was affecting people's experience of leaving hospital.

### 3. Methodology

The report is based on an online survey open to the public between 14<sup>th</sup> August and 27<sup>th</sup> November 2020. The online survey was shared across Healthwatch Hackney, health and care service providers (including GP practices) and other local organisations' networks and distribution channels, including via social media advertising. Homerton University Hospital (HUH) promoted the survey via text message to patients discharged from the hospital from the beginning of 2020.

AGE UK East London, who delivers the Homerton Hospital's "Take home and settle service," also referred patients to us who were willing to share their experiences.

While most survey respondents completed the online survey themselves, over 15 patients completed the survey via a telephone interview with one of Healthwatch Hackney volunteers.

### 4. Strengths & Limitations

This report enabled us to hear and share the voices of some patients hospitalised during the COVID-19 pandemic who were directly affected by the policy changes to hospital discharge.

Limitations of this study include the fairly small sample size of a total of 51 patients and carers, and not asking if those who were testing for COVID-19 received their results prior to discharge.

## 5. Acknowledgements

Healthwatch Hackney would like to thank all our volunteers for their help with the conducted interviews.

We would also like to thank the Homerton Hospital discharge team and AGE UK East London for promoting the survey amongst patients discharged between January and November 2020.

- Homerton Hospital sent text messages to over 1000 patients
- Age UK referred 24 patients

## 6. Executive Summary

During September and November 2020, we engaged with 51 patients, family members and carers, about the experience of discharge from Homerton University Hospital. This is a one-page summary of key themes and issues (see pages 8 - 19 for findings in full).

### 6.1 Key findings: Themes

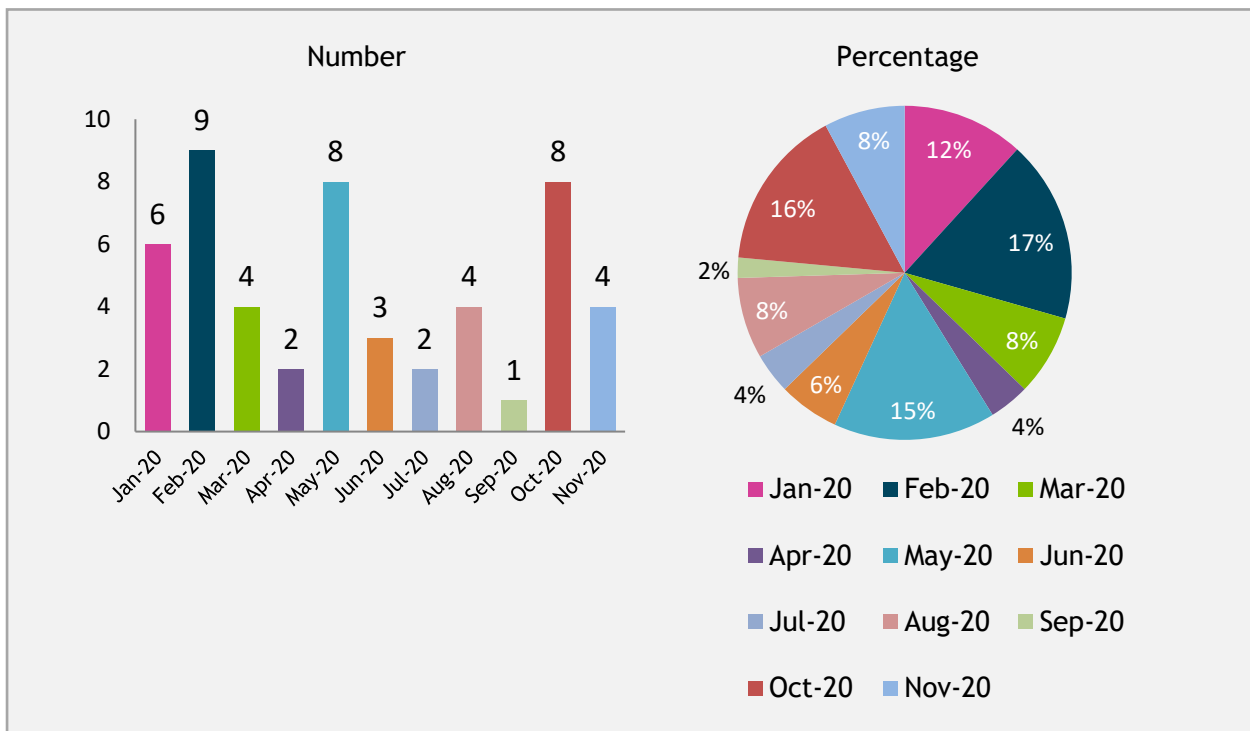
- **Information about changes to discharge process:** We found that the patients and carers who were provided with information explaining the new procedures due to COVID-19, had a positive experience.
- **Prepared to leave:** Around half of patients (49%) felt ‘definitely’ prepared to leave, with a further 27% feeling prepared to ‘some extent.’ While 22% of patients felt their discharge impacted their recovery, the majority of patients (78%) felt it did not impact their recovery.
- **Follow-up contact:** More than one in three respondents (36%) did not receive contact details of a health professional to get in touch with if they required further support after leaving hospital. This is despite the national policy stating this would happen.
- **Follow-up visits:** The discharge to assess model depends on the principle that people have their recovery and support needs assessed in the community at a follow-up visit. However, only one third of respondents (34%) were visited to assess support needs, while over half (52%) were not. Nearly one in five patients (18%) felt they had unmet needs.
- **Communication:** Out of the 24 patients discharged after the policy change in March, over half (58%) reported they did not receive information about the new discharge process due to COVID-19. There was a particular need for clear communication between hospital staff, patients, and carers; however, both patients and carers encountered difficulties with updates. Furthermore, patients felt frustrated with lack of timely and clear communication.

**Covid-19 testing:** Over a third of patients (36%) were tested for COVID-19 before discharge, while half (50%) were not. Data was not collected as to whether patients received their result before discharge.

## 7. Findings

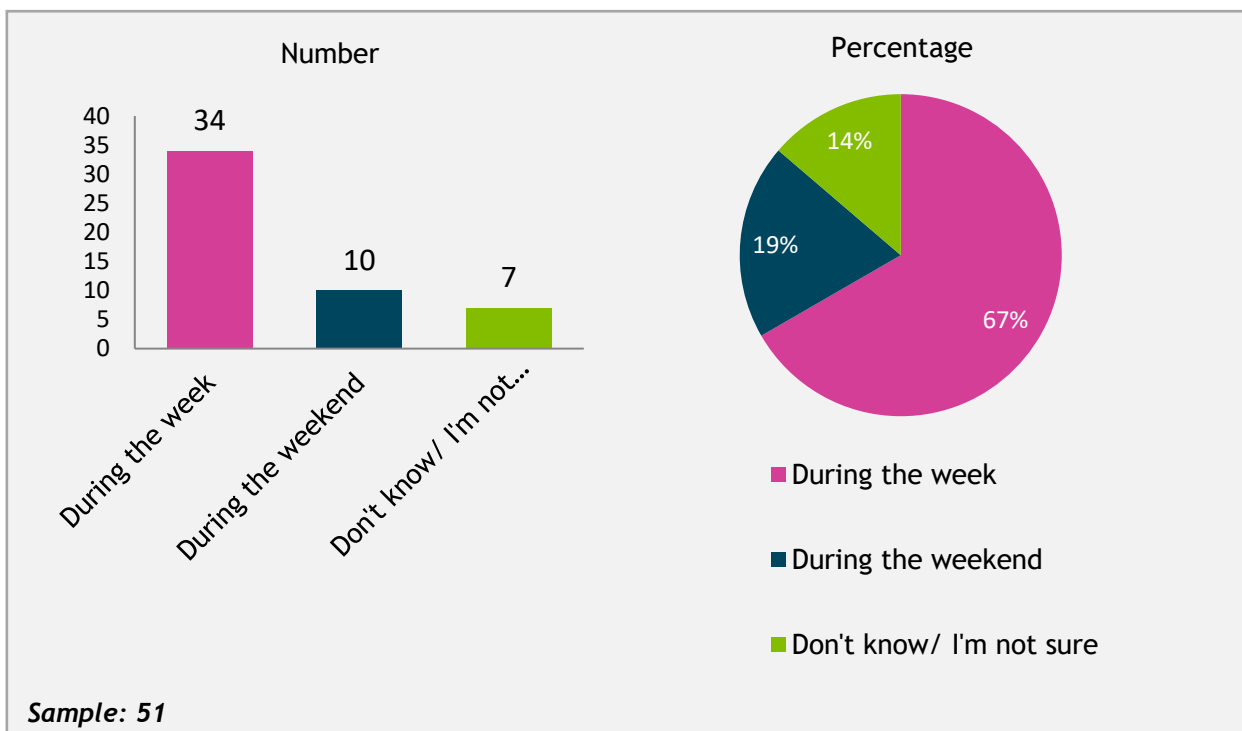
During September and November 2020, we engaged with 51 patients, family members and carers, about the experience of discharge from Homerton University Hospital.

### 1. Please tell us when you left Homerton Hospital (were discharged)



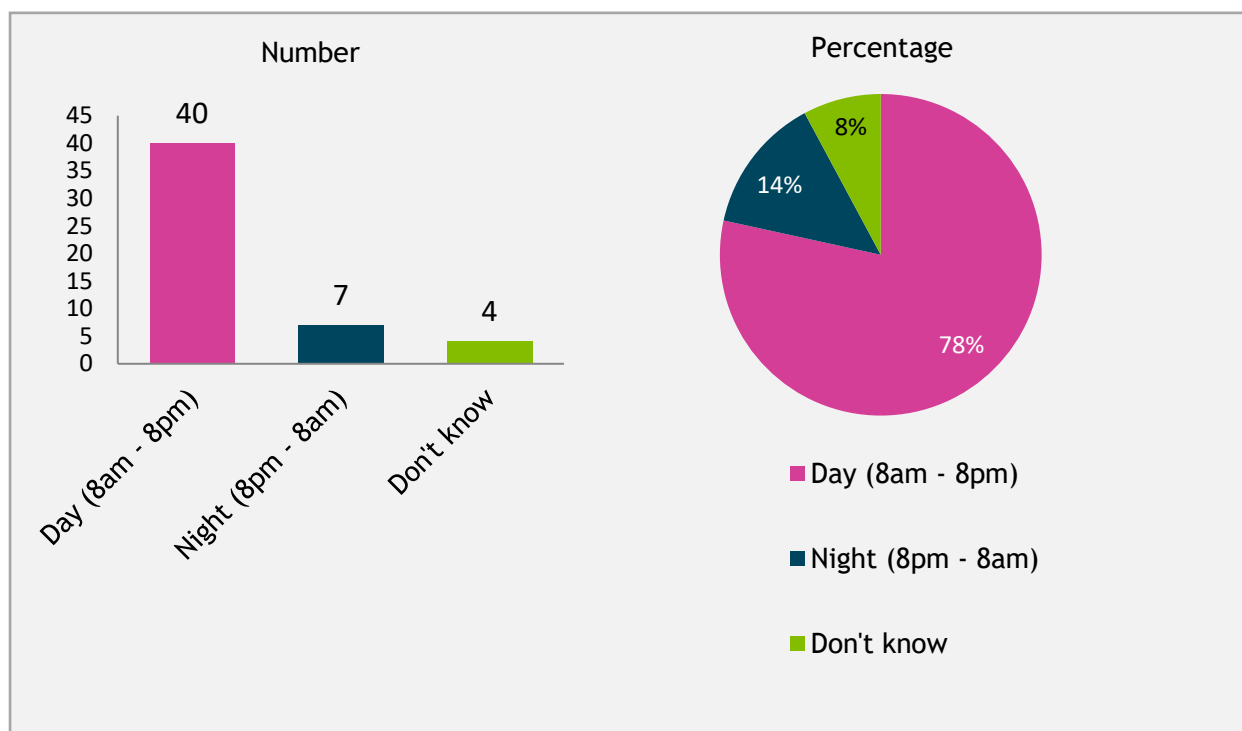
62% of patients were discharged during the first half of the year (January - June 2020) while 38% were discharged during July - December. February, May and October 2020 were the most-stated months.

## 2. What day you left hospital?



The majority of patients (67%) were discharged during the week, with 19% discharged at the weekend.

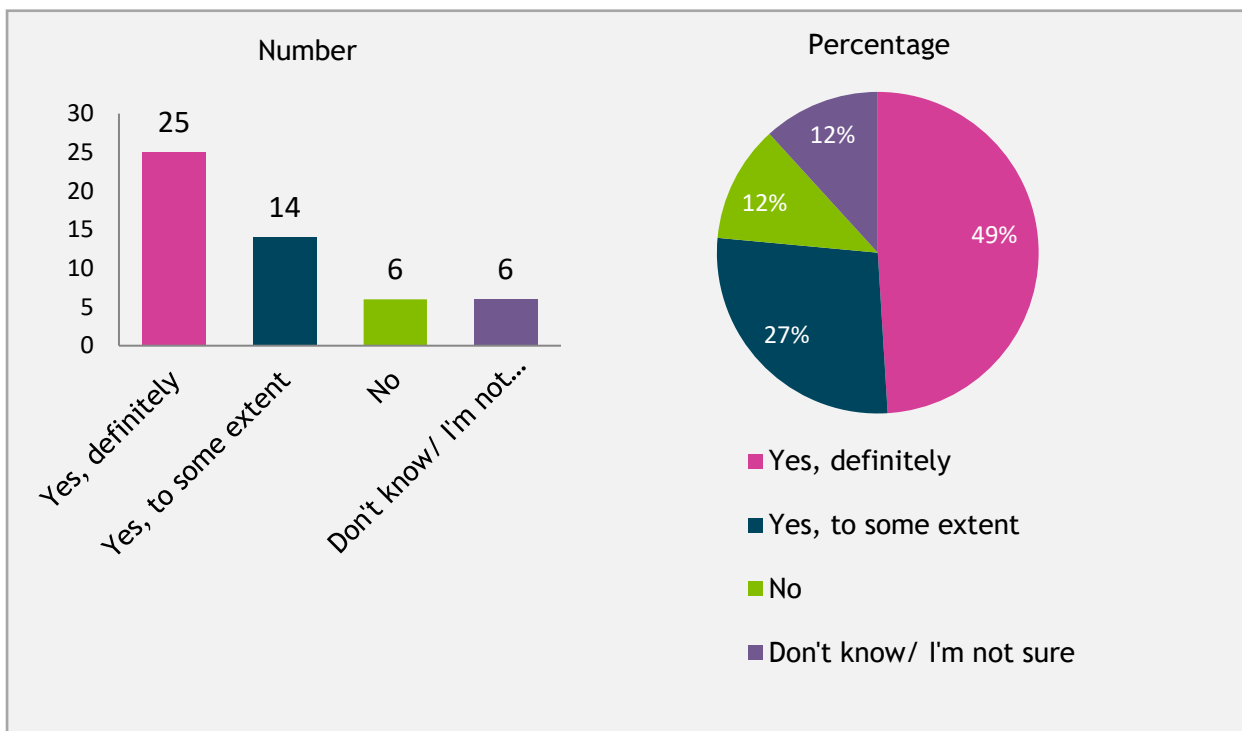
## 3. What time of day you left hospital?



Around three quarters of patients (78%) were discharged during the day (8am - 8pm) with 14% discharged at night (8pm - 8pm).

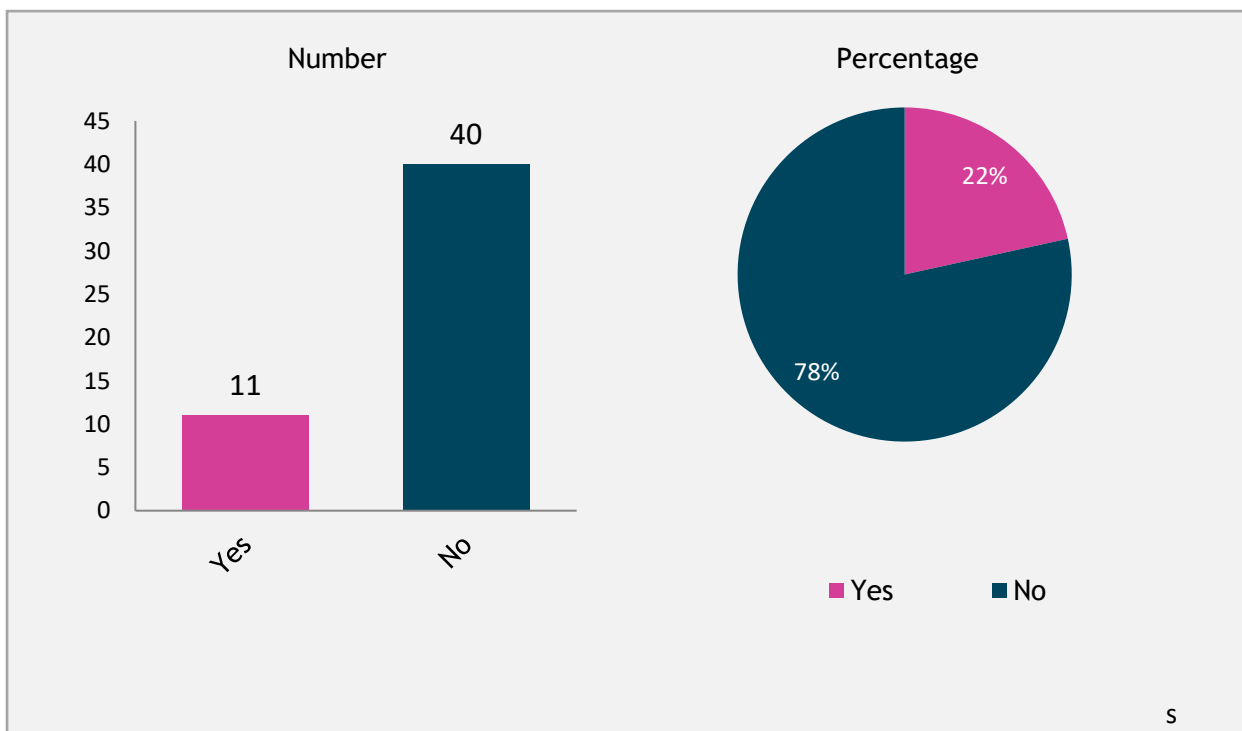


### 5. Did you feel prepared to leave hospital?



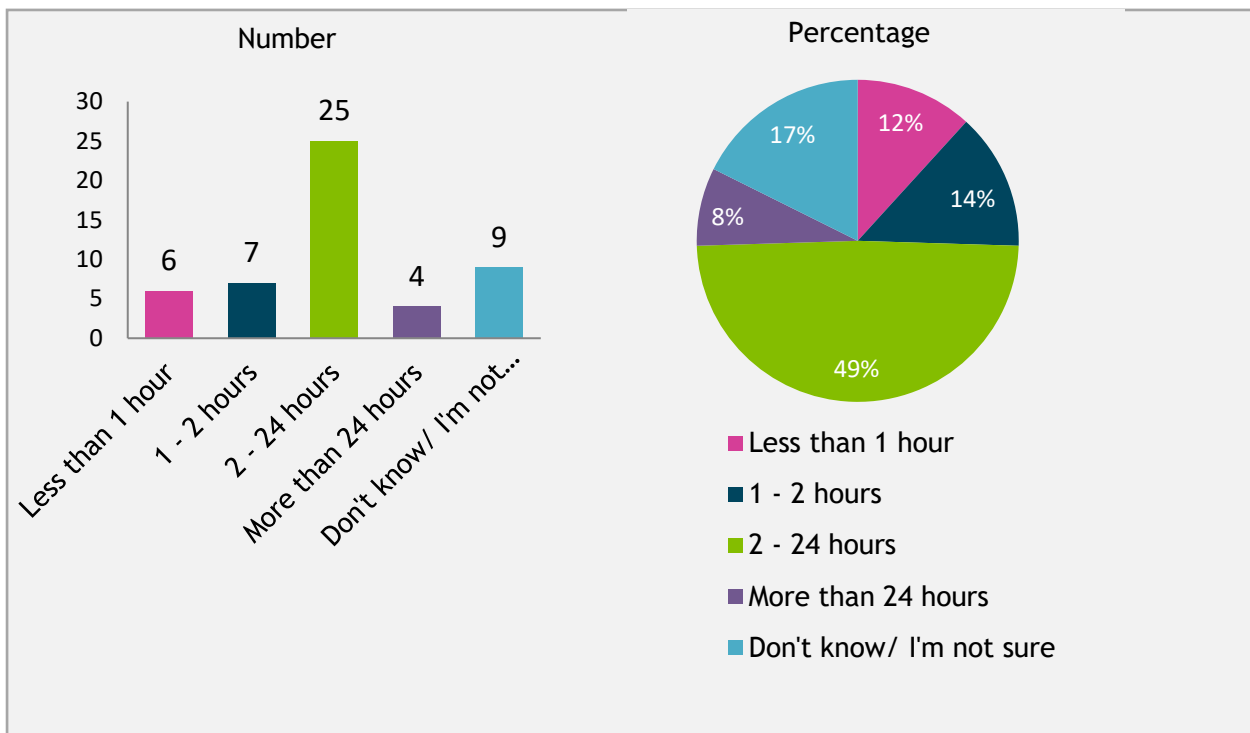
The average length of stay was 11 days (question 4). Around half of patients (49%) felt 'definitely' prepared to leave, with a further 27% feeling prepared to 'some extent'. 12% of patients did not feel prepared on leaving.

### 6. Do you feel that this had an impact on your recovery?



While the majority of patients (78%) felt the timing of discharge did not impact on their recovery, a sizeable minority (22%) felt it did.

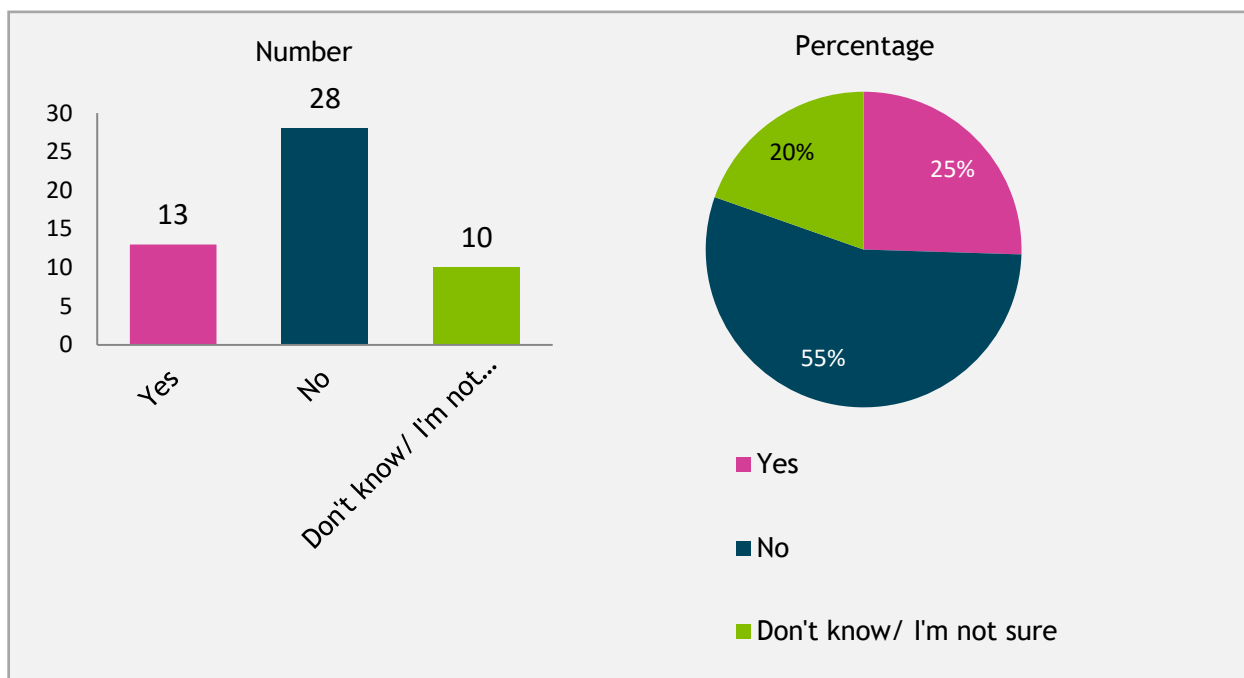
**7. How long did you wait between being told you were well enough to leave hospital and actually leaving the hospital?**



Around a quarter of patients (26%) departed within 2 hours of notification, with a further 49% also leaving later the same day. For 8% the wait was over a day.

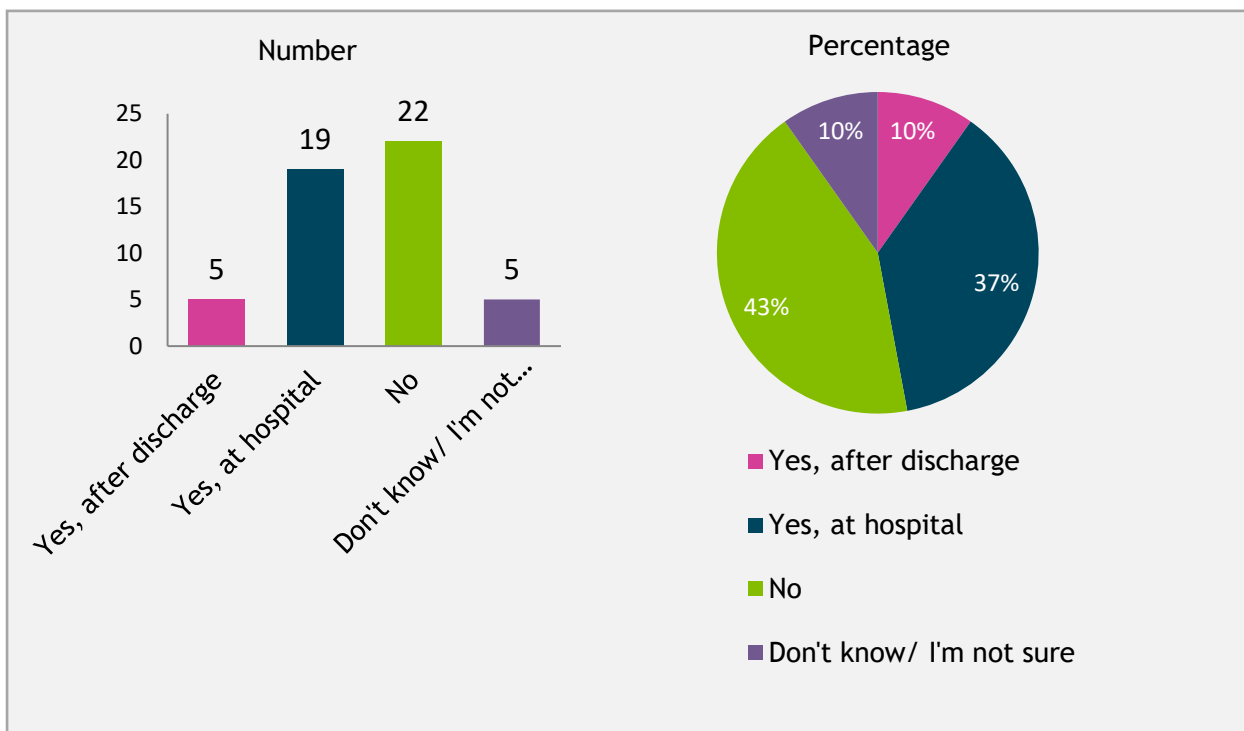
- *“My experience leaving hospital was not as good as it should be. I was told I will be discharged by 8am but had to wait for hospital transport which was not available till around 8pm. I was very tired and worried because of the length of time it took to get me home to get some rest and settling.”*
- *“It was extremely stressful. The consultant told us we could go home. They did the paperwork but just needed the nurse to finalise a few things. But the nurse on the ward did not process the paperwork or weigh the baby. She then went on a 2hr lunch break and when she came back said she was busy and would get to it later. My husband and I were desperate to get my new-born home. My husband had to wait in the carpark for over 8hrs. It was so upsetting. What should have been a happy experience was taken away from us because of that nurse.*
- *“Waited a bit long for a discharge but this is understandable under the circumstances which the hospital staff were facing. Also, the nurse kindly provided a box of Paracetamol at no extra cost as I needed it and they said that stocks were low at pharmacies due to the lockdown beginning in a few days.”*

**8. When you were in hospital, were you given information explaining that the process of leaving hospital has changed due to Coronavirus (Covid-19)?**



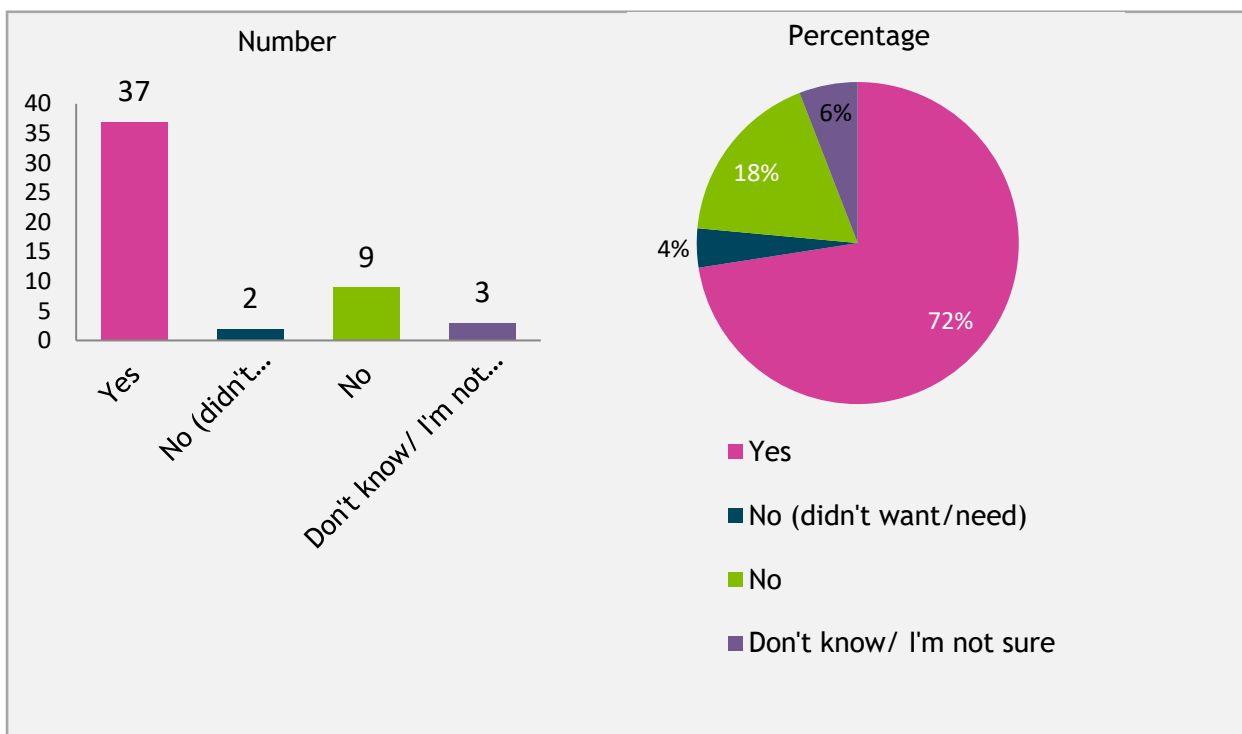
A quarter of patients (25%) were given information on the Covid-19 process, while over half (55%) were not.

**9. Before you were discharged, were you told you would receive support from health and/or social care services after you left hospital (ie, home visits from a care worker)?**



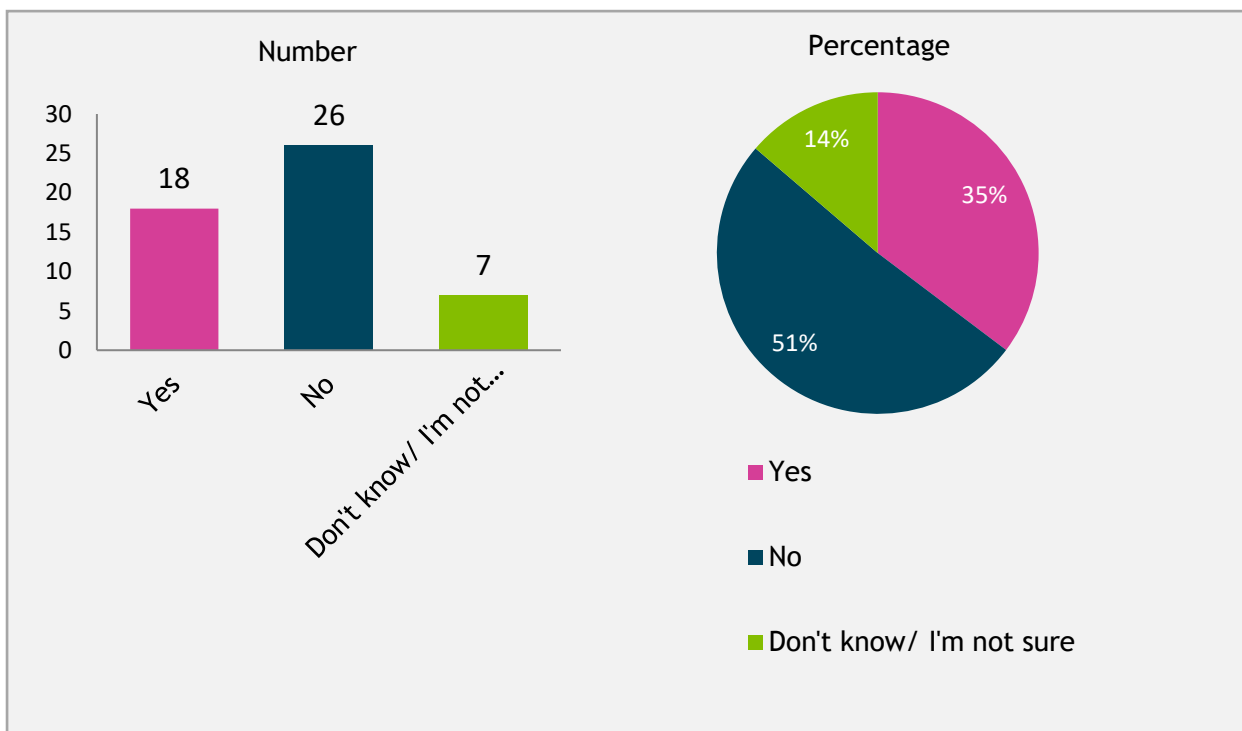
47% of patients were told they would receive support following discharge, while a similar number (43%) were not told.

**10. Were you given information about whom to contact if you needed further health advice or support after leaving the hospital?**



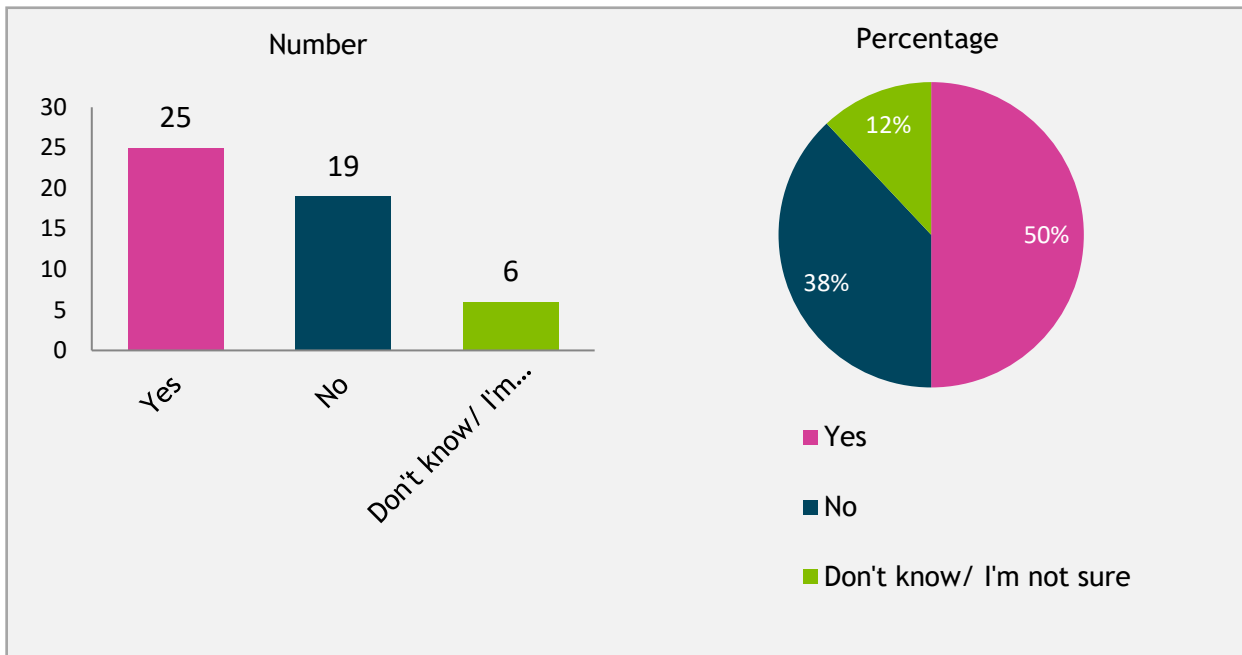
Almost three quarters of patients (72%) were given further contact information.

**11. Before you left the hospital, were you asked if you needed support in getting transport to the place you were discharged to?**



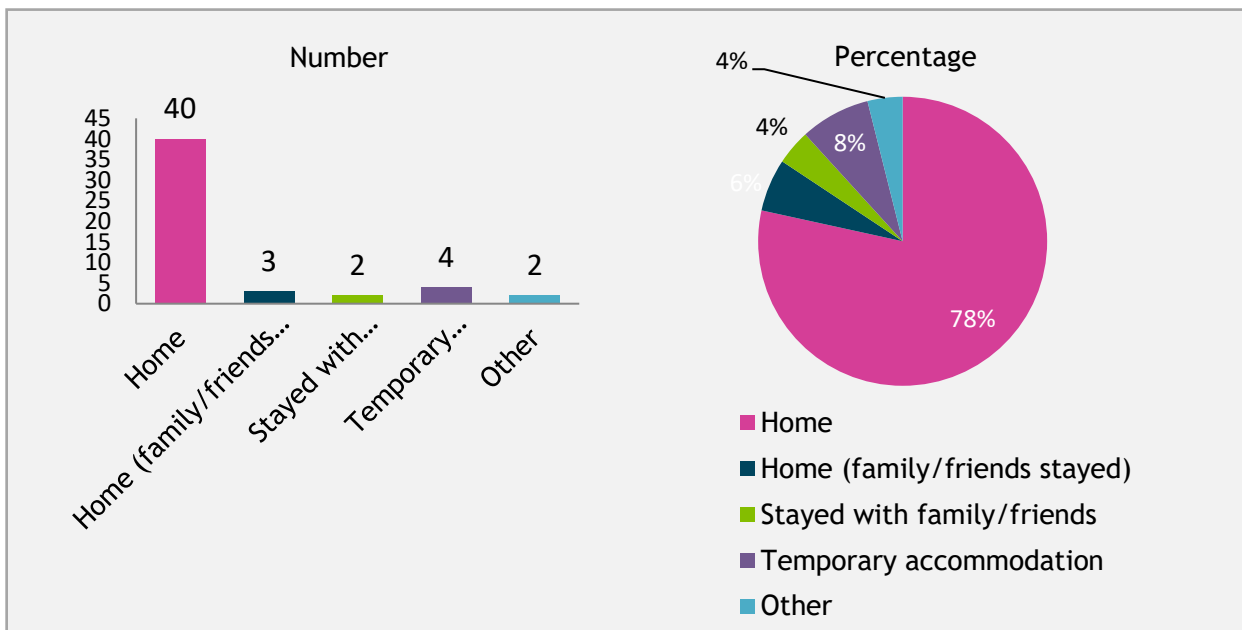
Around a third of patients (35%) were asked about their transport support needs, while over a half (51%) were not.

### 12. Did anyone discuss with you where you were going to be discharged to?



Half of patients (50%) say their discharge destination was discussed, while a sizeable minority (38%) say it was not.

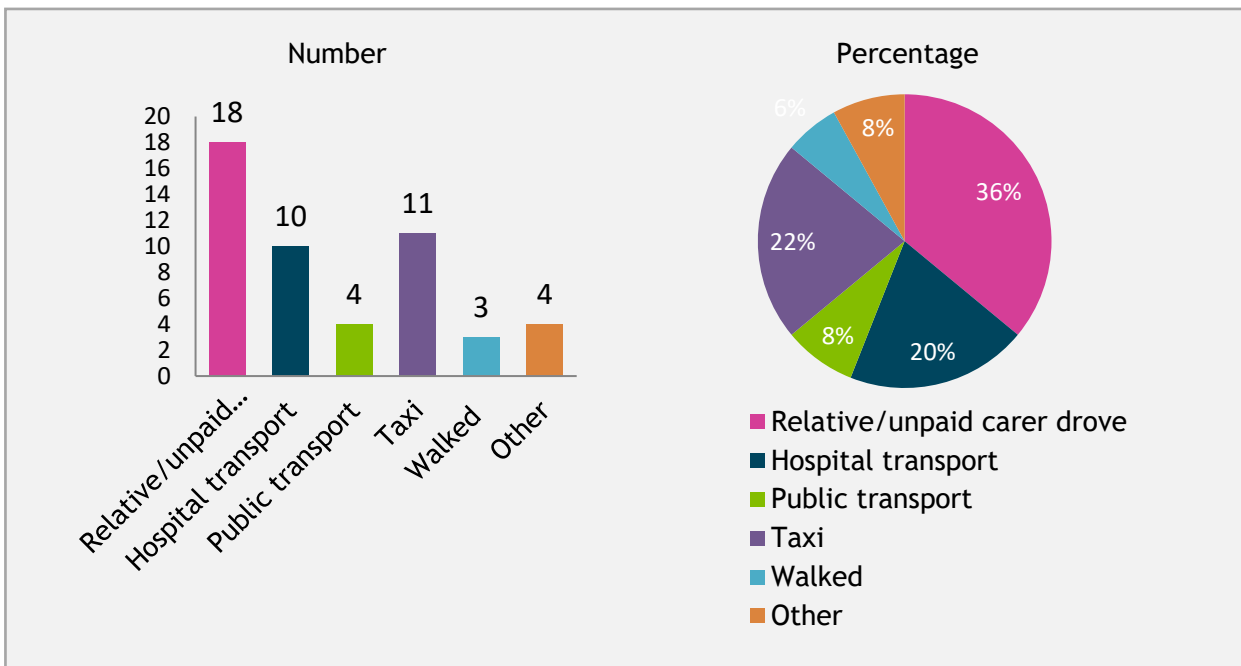
### 13. Where did you go after leaving hospital?



The vast majority of patients (84%) were discharged home. Almost a tenth (8%) were discharged to temporary accommodation.

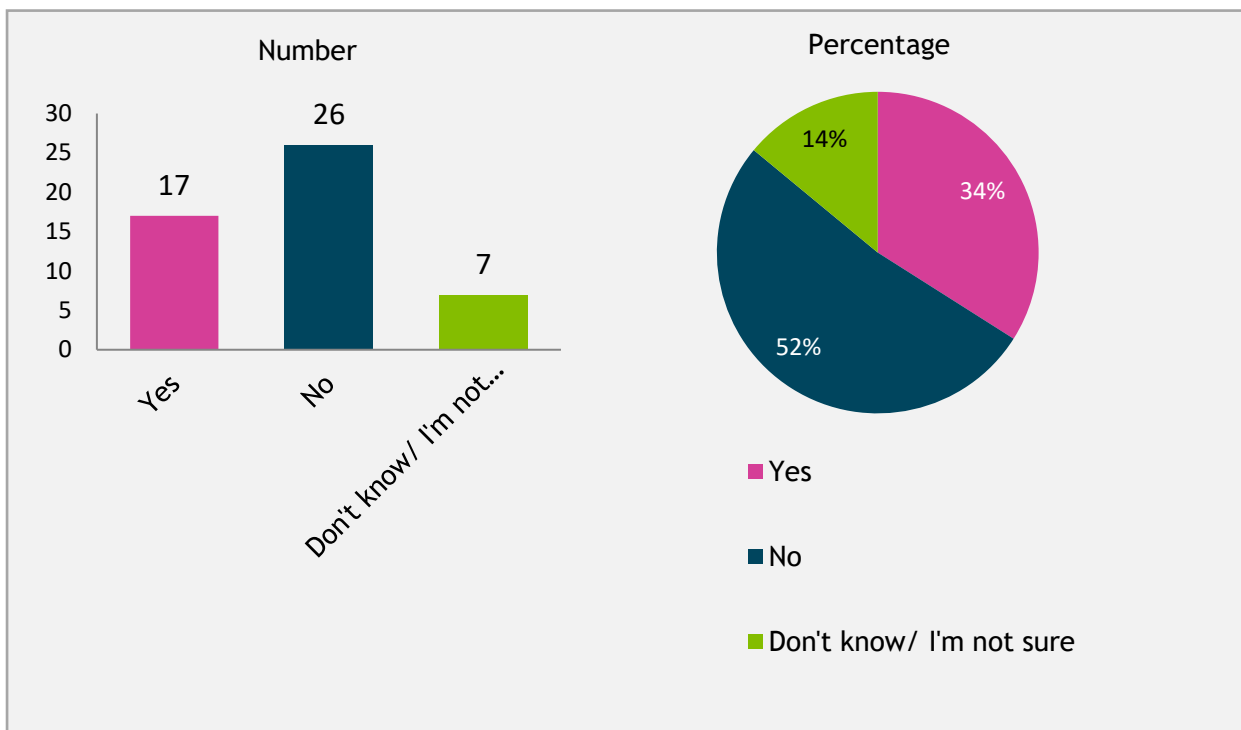
- “I felt very supported. I was admitted with Covid-19 symptoms. I stayed in a Travelodge for two months and was very well looked after. I am homeless and used to sleep in the Synagogue before I was admitted to the hospital. The social worker arranged for me accommodation for me and I appreciate it very much.”*

**14. How did you travel to the place where you were discharged to?**



Transport methods were varied, with being driven by family/carers the most popular, at 36%. Almost a quarter of patients (22%) travelled by taxi, with a similar number (20%) using hospital transport.

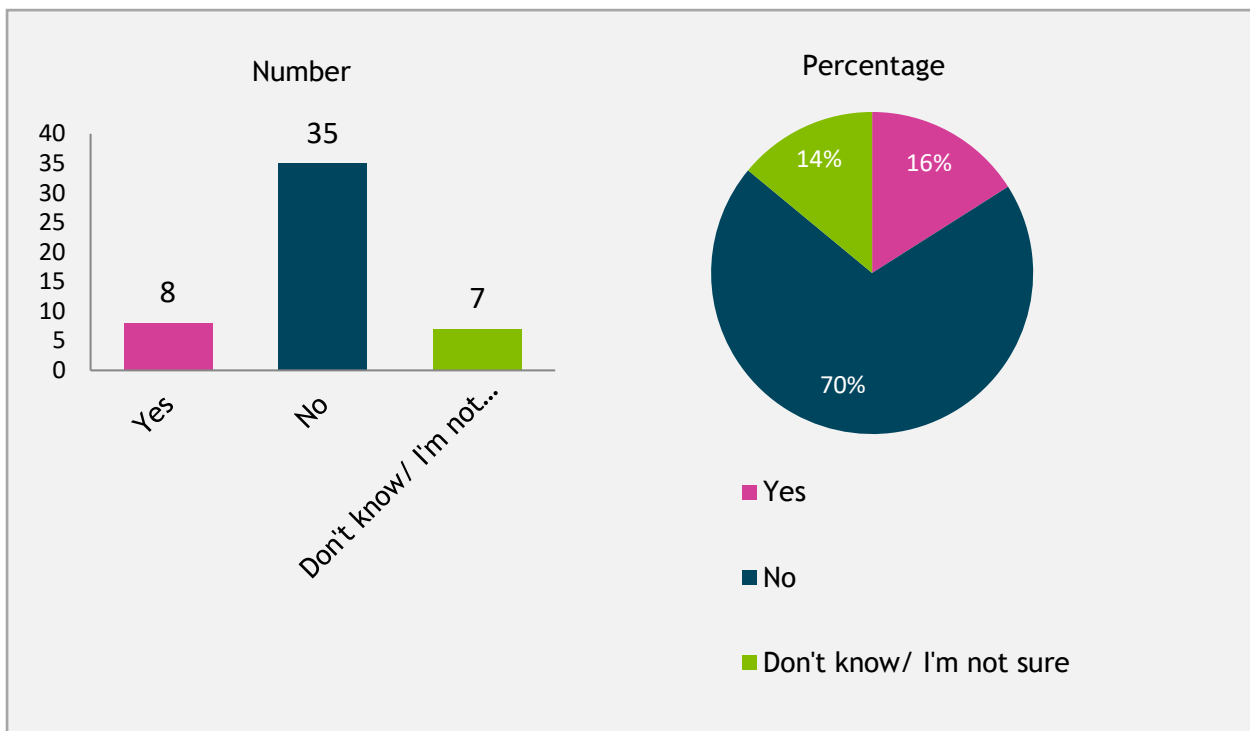
**15. After leaving hospital, were you visited by a health professional to assess your support needs (this is called a discharge assessment)?**



Around a third of patients (34%) were visited to assess support needs, while over half (52%) were not.

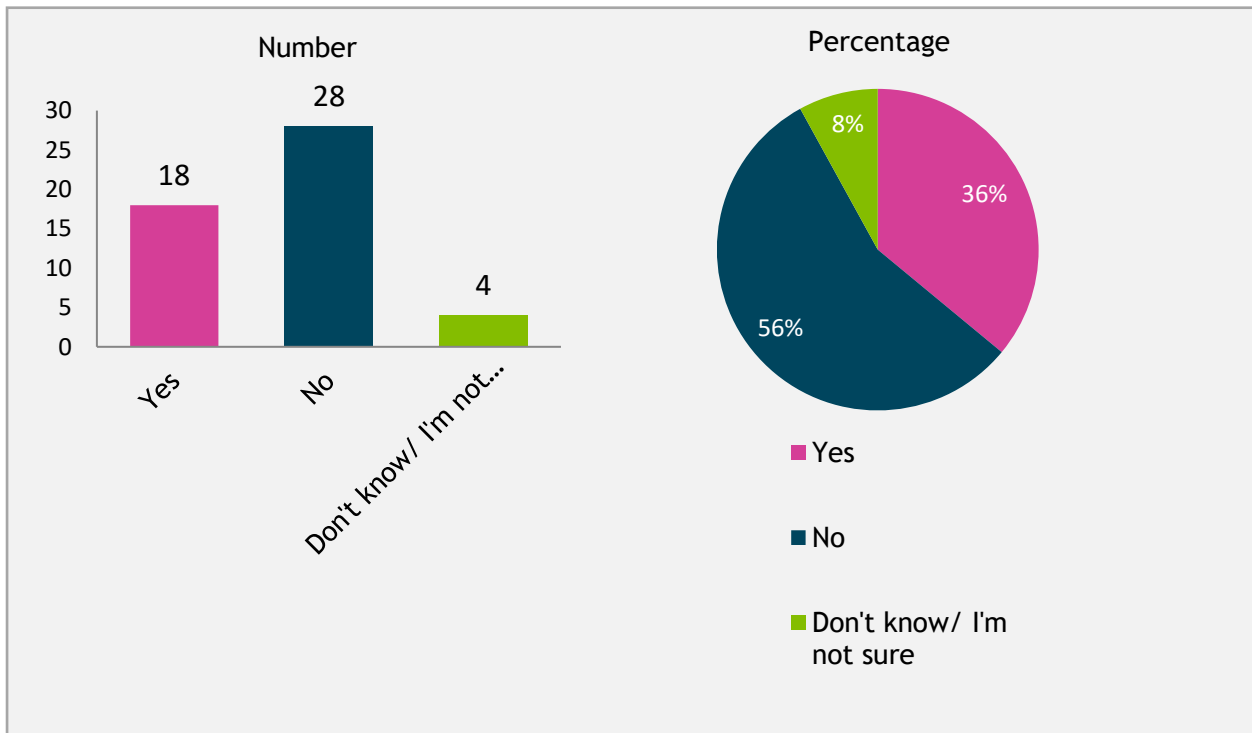
- *“Twice after I was discharged home nurses from Lea surgery visited me at home to get my blood to be tested. The nurses were all fine and kind.”*
- *“Since I have come out of hospital a new electric stairlift has been fitted in my home which has helped me greatly. A bath chair has also been installed in my bathroom. I had carers coming in daily though the service is not first class but it is very very good. Everything pertaining after care was well organised. The aftercare services: Rehabilitation and Social Care, nurses and doctors were adhering to Covid safety guidelines.”*

**16. Do you have any support needs for which you don't have help with at the moment?**



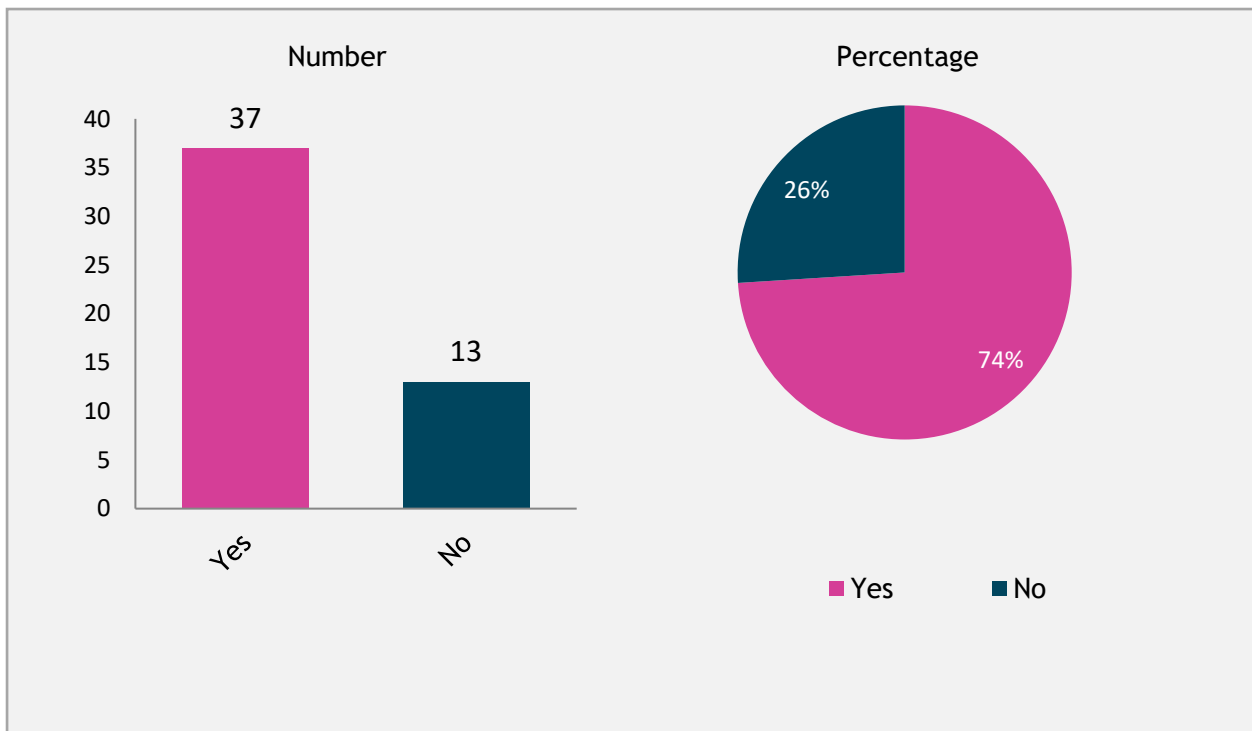
16% of patients had needs that were not supported at the time of the research. Healthwatch Hackney volunteers signposted and referred some of those patients to the relevant support organisations.

### 18. Was this your first experience of hospital discharge?



Over half of patients (56%) had experienced discharge before, while around a third (36%) had not.

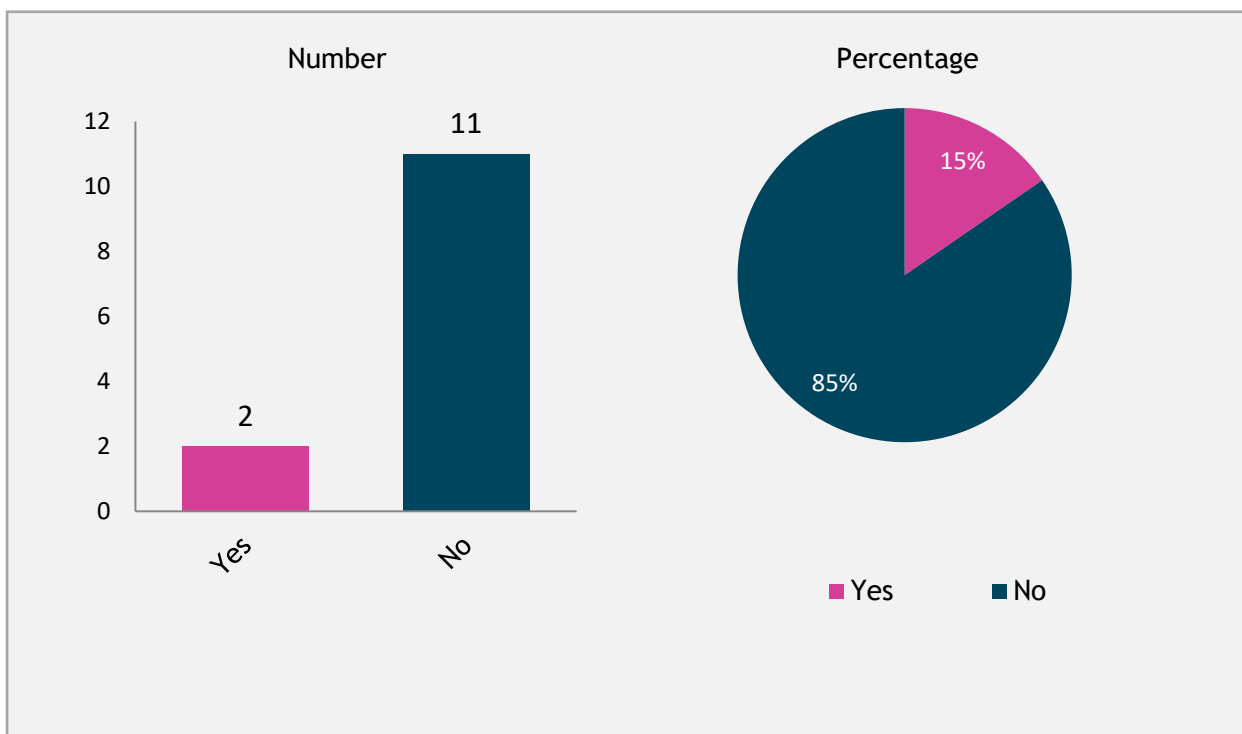
### 19. Is English your first language?



English was not the first language for a quarter (26%) of patients.

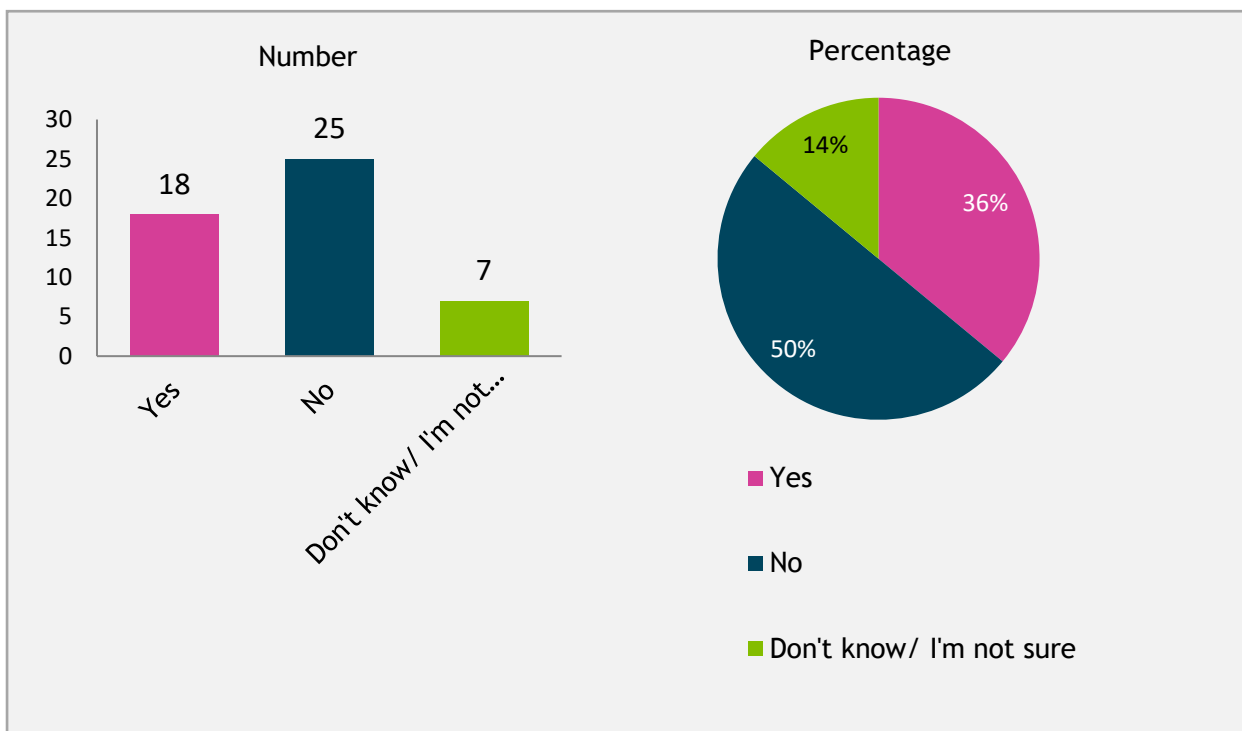


20. If you answered no to the above question, has this been a barrier to you understanding the information provided and the discharge process?



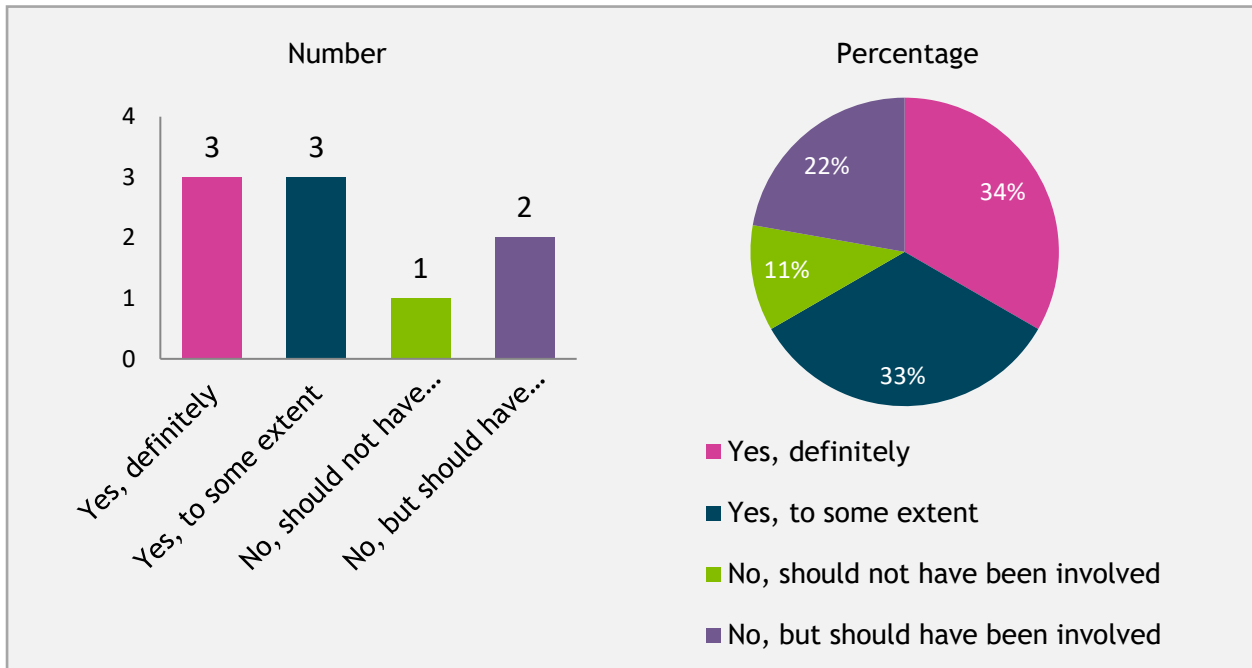
For those with English as a second language, the vast majority (85%) felt this was not a barrier in understanding information.

24. During the time you spent in the hospital, were you tested for Coronavirus (Covid-19)?



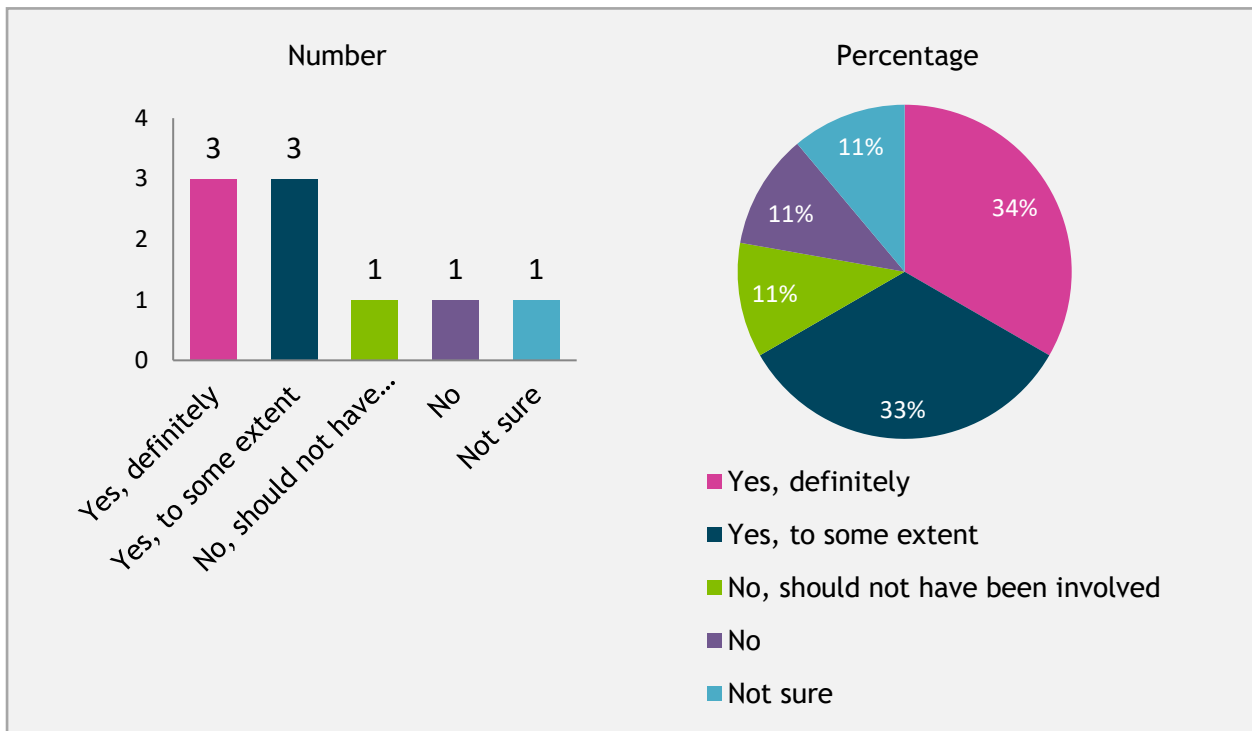
Over a third of patients (36%) were tested for Covid-19, while a half (50%) were not.

**As a carer did you feel sufficiently involved and informed in decision-making about your friend, relative or client's discharge from hospital?**



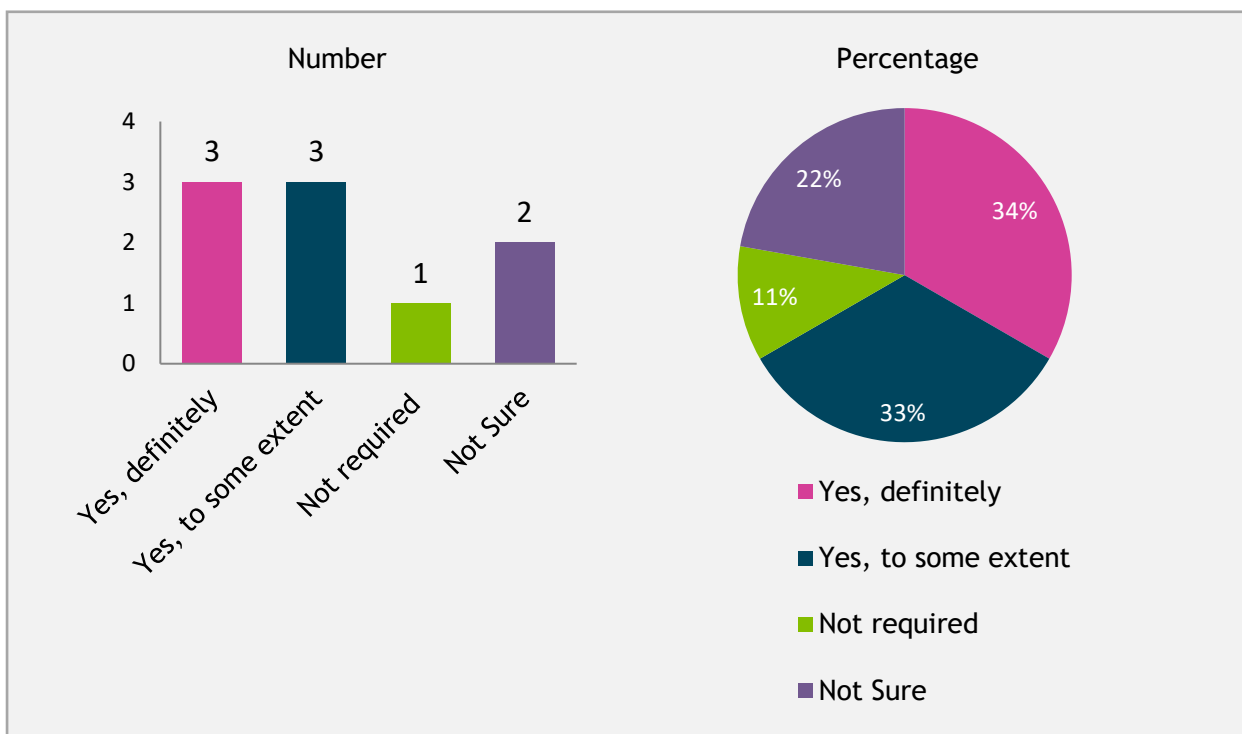
34% of carers felt 'definitely' involved and informed, with a further 33% feeling so to 'some extent'.

**As a carer, do you feel that your caring responsibilities were considered in decision making about your friend, relative or client's care and support after they left hospital?**



34% said their own role was 'definitely' considered, with 33% feeling so to 'some extent'.

**As a carer, did you have enough information to support your friend, relative or client after they left hospital?**



34% of carers felt they 'definitely' had enough follow-on information, with a further 33% feeling so to 'some extent'.

## 8. Conclusion and recommendations

The “Discharge to Assess” model could enable people to get out of hospital and to their homes and with loved ones more quickly while still having the right support to recover. The model relies on people's needs being assessed and addressed in the community; however, this is often not happening in practice.

The results show that patients who received information about the discharge change had positive experiences with staff members and an overall positive discharge experience.

However, the majority of patients who did not receive this information felt confused and frustrated. The high percentage of patients and carers who did not receive information about the changed process due to COVID-19 or a visit from a health professional suggests that the policy laid out was not fully implemented at Homerton Hospital. Therefore, we lay out some recommendations to ensure a better discharge experience for patients and carers:

- Information regarding the discharge policy change needs to be communicated clearly to both the patient and carer
- Reduce the time between indication of discharge and actual discharge or update patient and carer on any changes in the status of discharge timing so that communication is clear and transportation can be arranged
- Ensure the patient has arranged transportation that fits their needs, especially at night

## Glossary of Terms & Resources

Carer- an unpaid carer is defined as a person who is looking after a child or adult who is ill, disabled, has a mental illness or has substance misuse issues.

[Healthwatch UK Hospital Discharge.pdf](#)

<https://www.gov.uk/government/collections/hospital-discharge-service-guidance>

## Distribution and Comment

This report is available to the general public, and is shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences, please contact us.

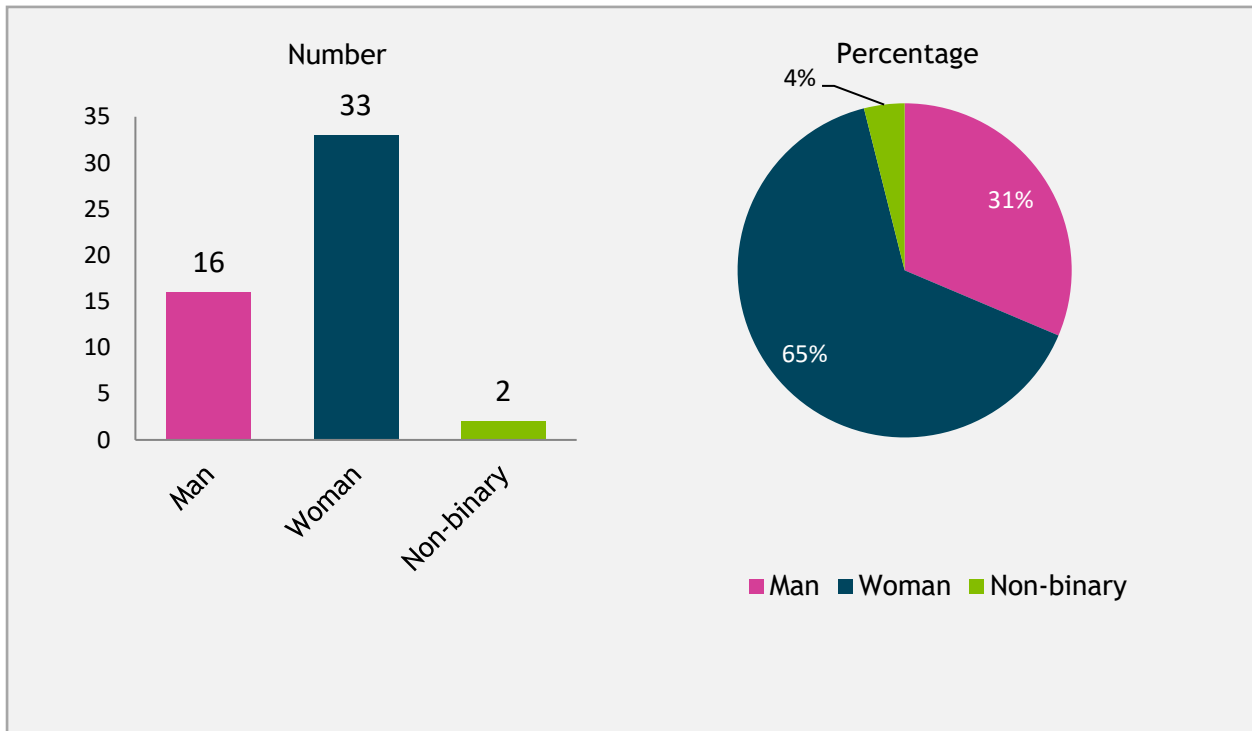
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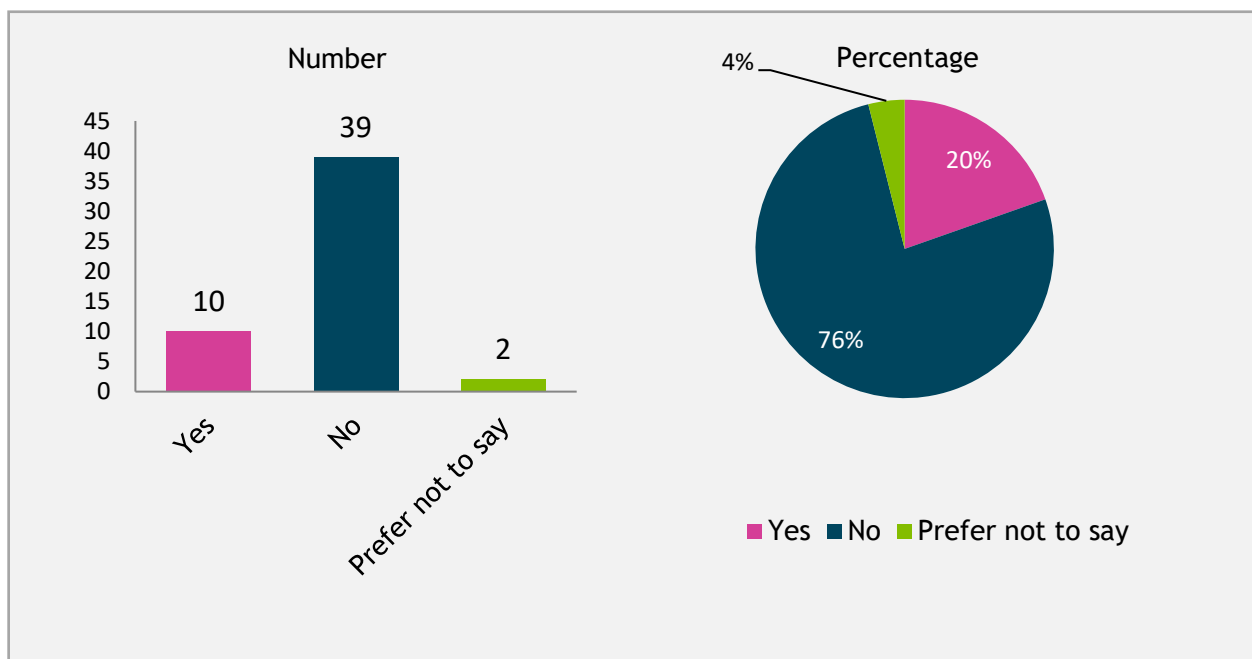
## 9. Appendix 1 - Demographics

The demographics of patients are stated as follows.

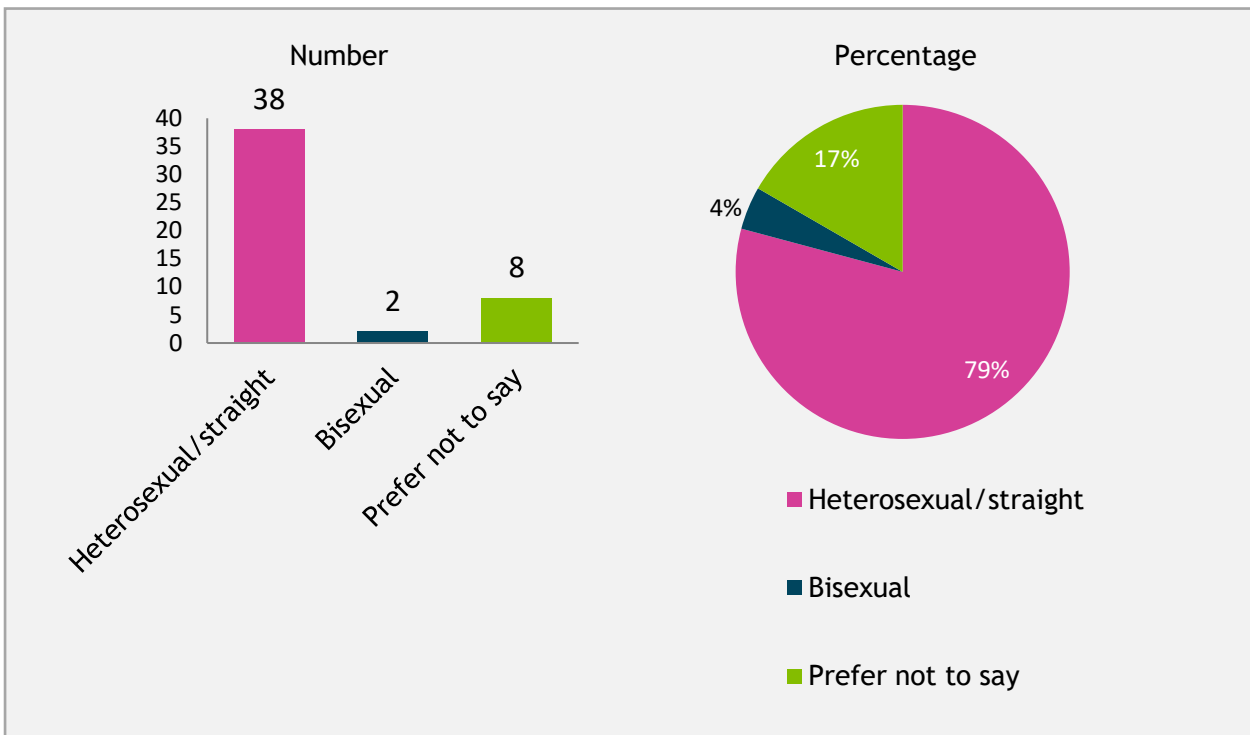
### 25. Please tell us which gender you identify with?



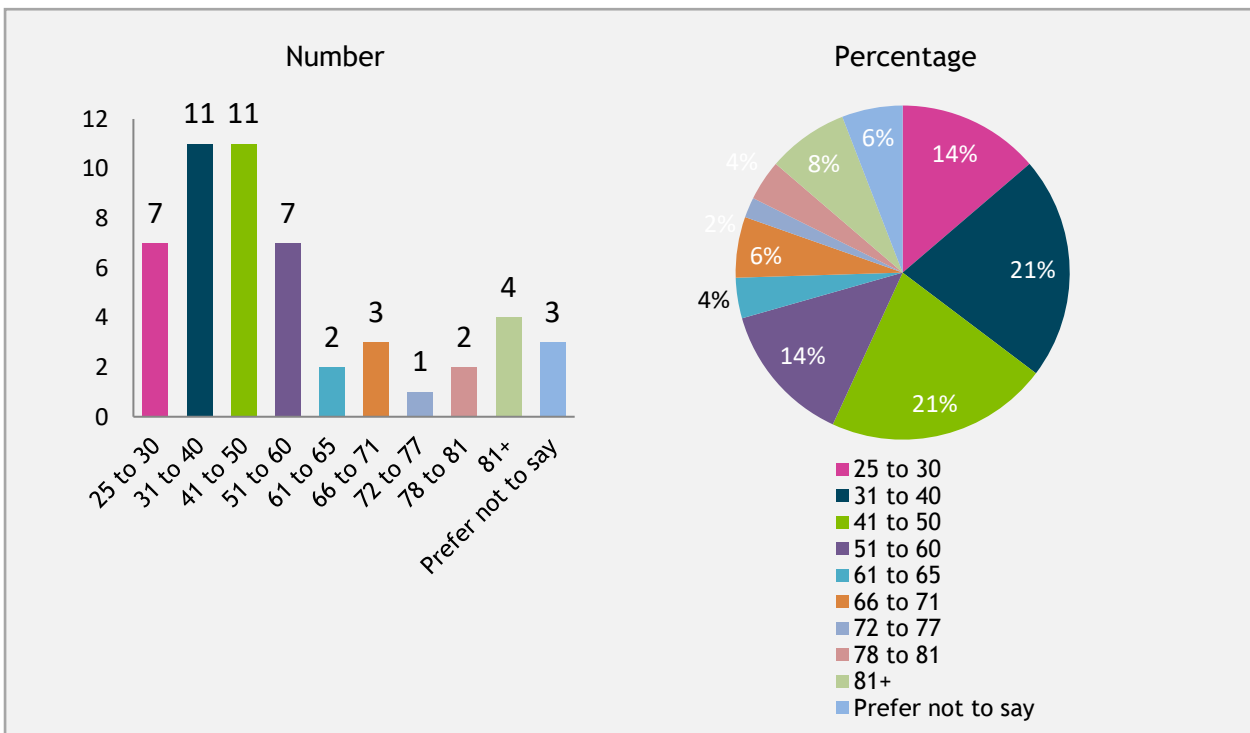
### 26. Is your gender different to the sex that you were assigned at birth?



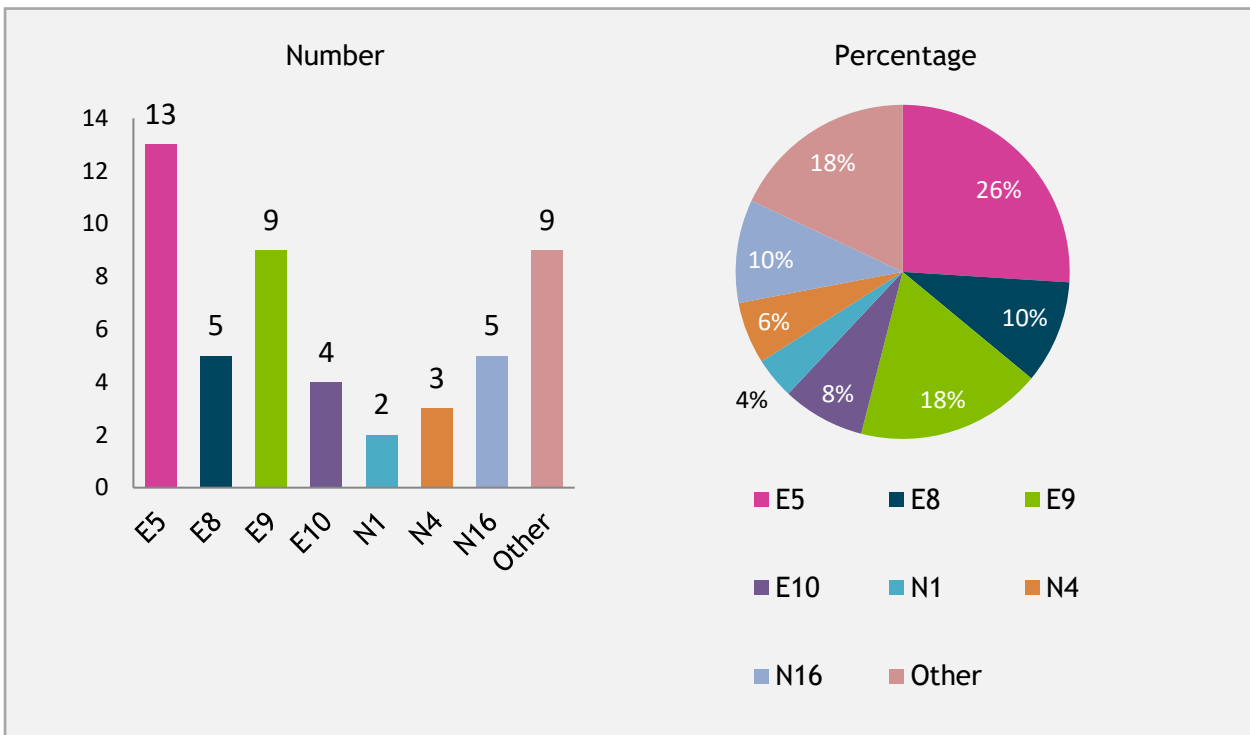
**27. Please tell us which sexual orientation you identify with?**



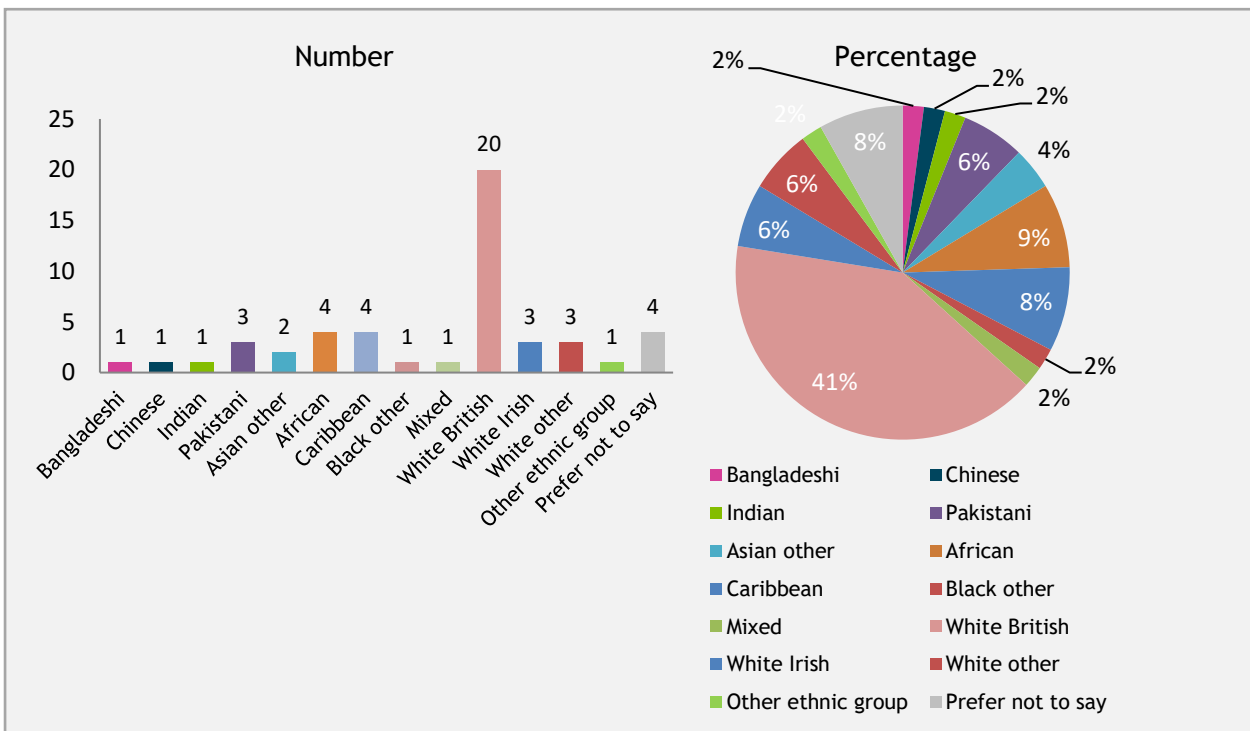
**28. Please tell us which age category you fall into?**



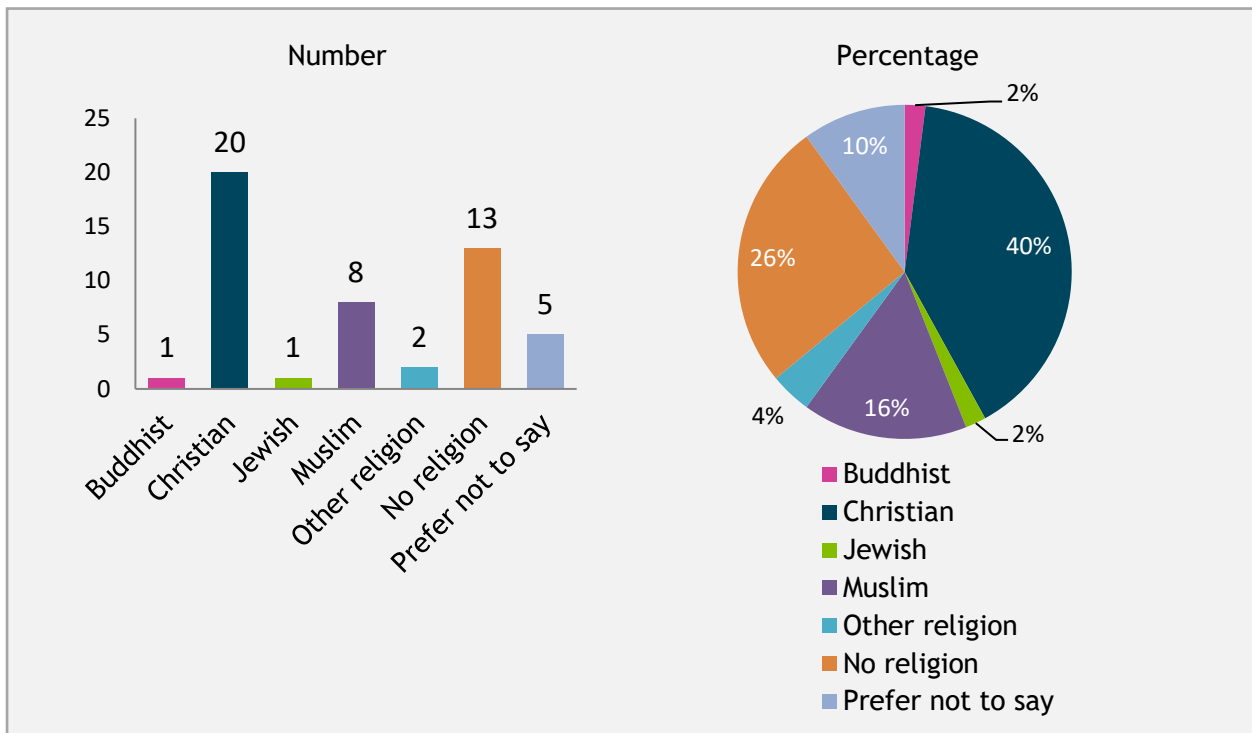
29. Please enter the first two letters of your postcode (e.g. E8, E9, N1, N4, N16)



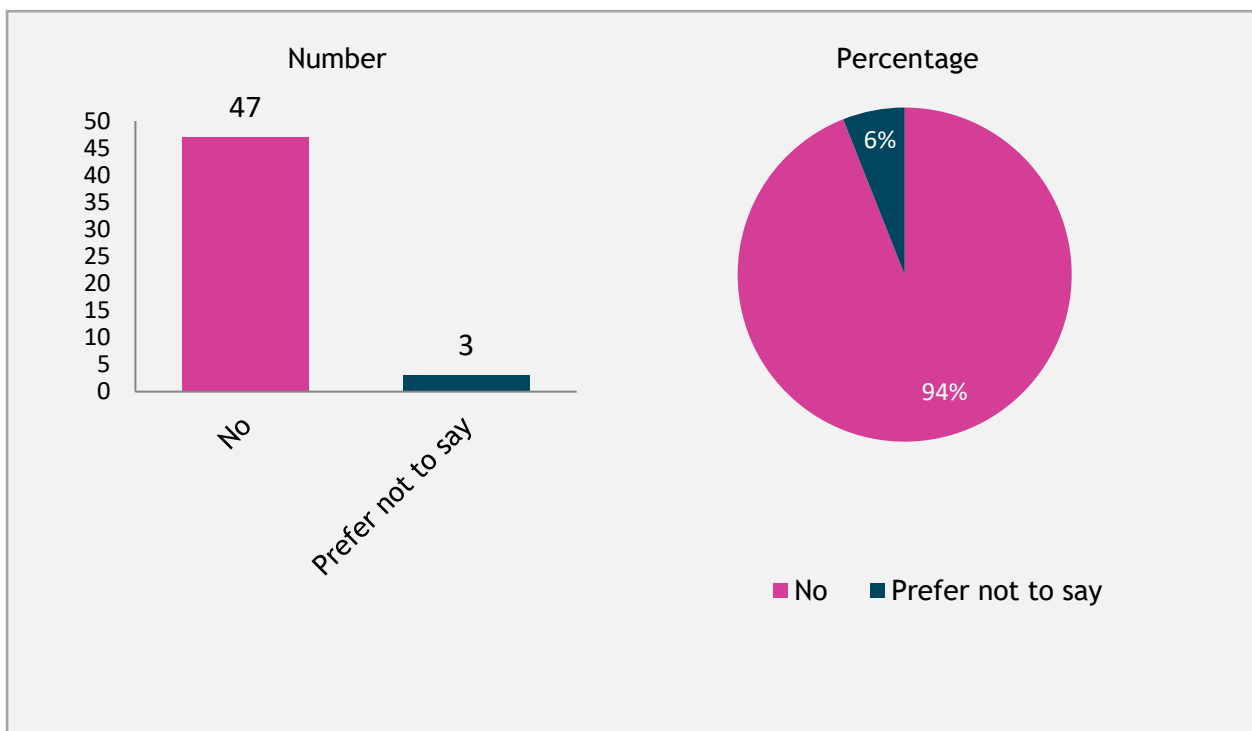
30. Please select your ethnicity



### 31. What is your religion?

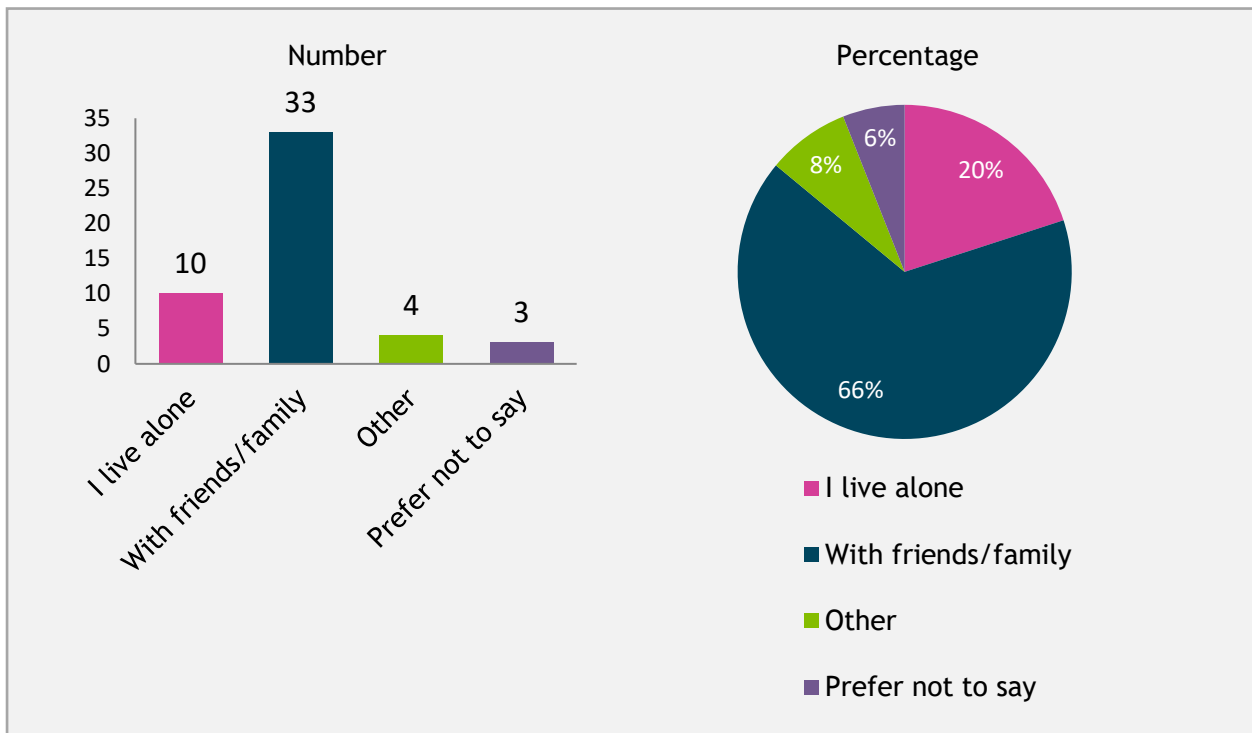


### 32. Are you a refugee or asylum seeker?

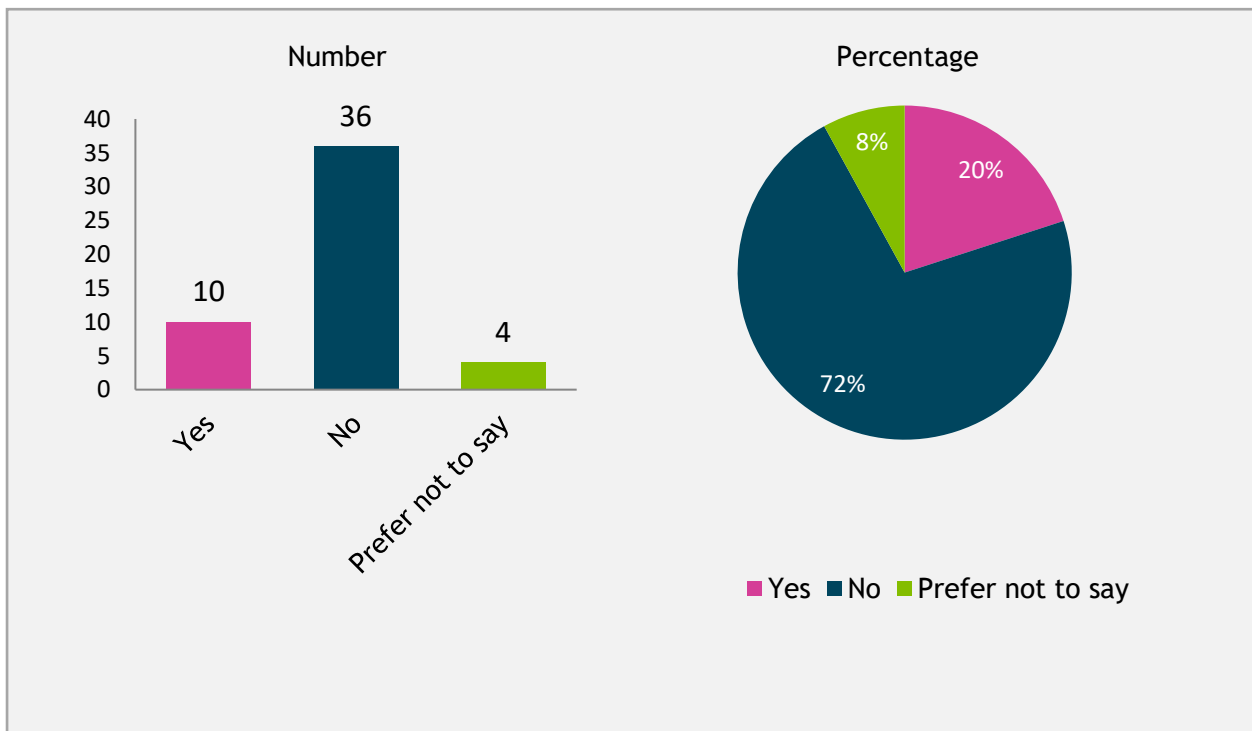




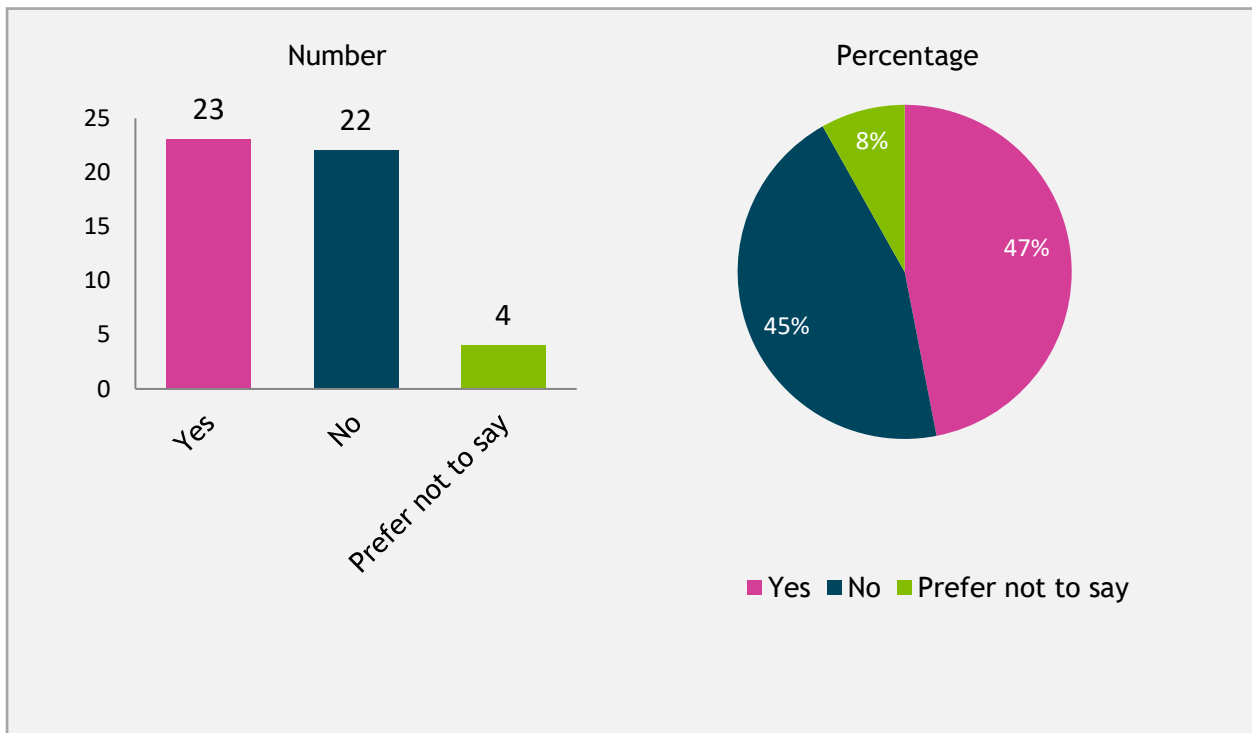
### 33. How would you describe your living situation?



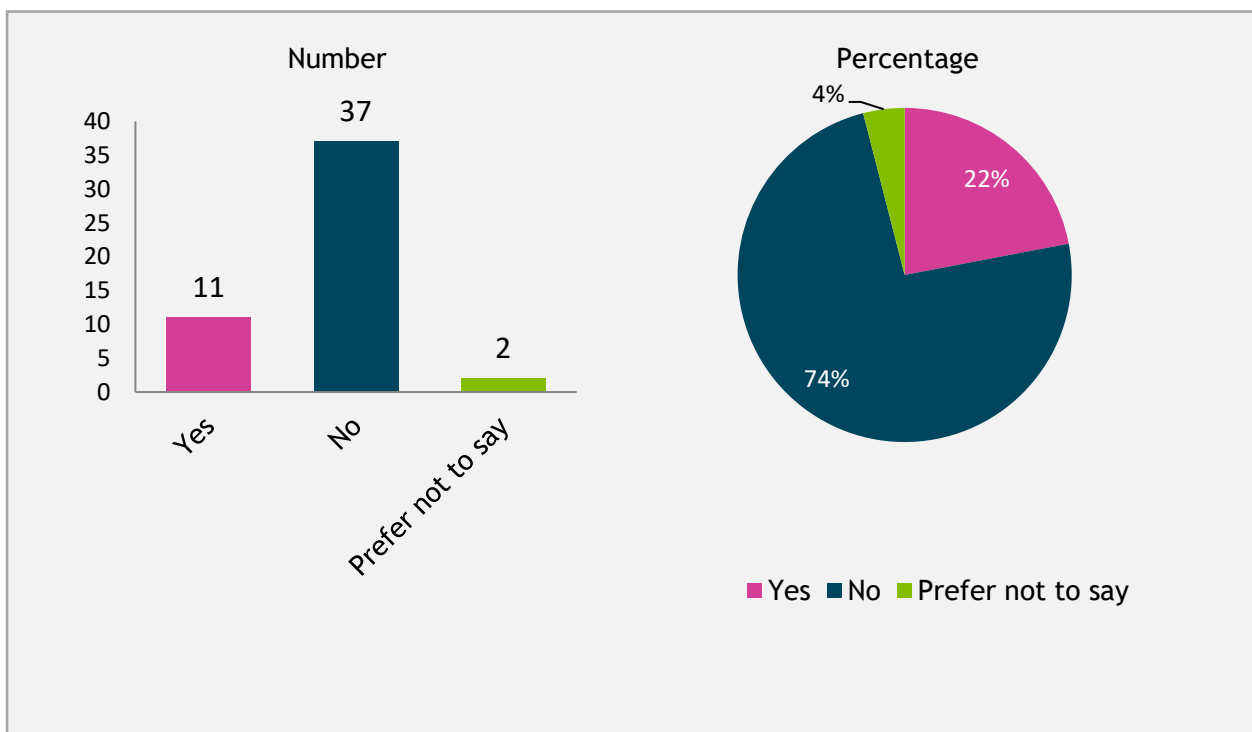
### 34. Do you consider yourself to have a disability?



### 35. Do you consider yourself to have a long-term health condition?



### 36. Do you consider yourself to be a carer?



“My experience leaving hospital was not as good as it should be. I was told I will be discharged by 8am but had to wait for hospital transport which was not available till around 8pm. I was very tired and worried because of the length of time it took to get me home to get some rest and settling.”

Patient at Homerton Hospital