

# Hospital to Home Discharge to Assess Review

July 2021





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# Introduction

## **‘Discharge to Assess’ (D2A) is defined as:**

‘Where people who are medically fit for discharge’ and do not require an acute hospital bed, but may still require care services, are provided with short term, funded support to be discharged to their own home (where appropriate) or another community setting. Assessment for longer-term care and support needs is then undertaken in the most appropriate setting and at the right time for the person. Commonly used terms for this are: ‘discharge to assess’, ‘home first’, ‘safely home’, ‘step down’. This does not detract in any way from the need for agreed multi professional assessment or from the requirement to ensure safe discharge and it may work alongside time for recuperation and recovery, on-going rehabilitation or reablement’<sup>1</sup>.

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 20th March 2020. Under the new guidance, acute and community hospitals are required to discharge all patients as soon as it is clinically safe to do so.<sup>2</sup> The hospital discharge guidance was updated into a national policy which confirmed that D2A would continue for the foreseeable future which made it mandatory for local systems to embed new ways of working. The D2A funding ended in March 2021 yet it is within the Health and Social Care Bill/White Paper that is due to come into law in April 2022.

From 1st September 2020, post discharge care is only funded by the NHS for up to six weeks. During this time patients should receive an eligibility assessment for further funding for their care packages, alongside consideration of someone’s longer term care needs.

Healthwatch England recently published a joint report (with the British Red Cross) in October 2020, which looked at how well the new hospital discharge policy, called ‘Discharge to Assess’ (D2A), is working for patients, carers and healthcare professionals in England<sup>3</sup>. Read their full report here: <https://healthwatch-centralbedfordshire.org.uk/wp-content/uploads/2021/07/HW-Eng-report.-Hospital-discharge.pdf>. Their report found that although the speed with which people were discharged from hospital was important, to cope with demand at the peak of the pandemic, it also led to worse care and a lack of support for some patients leaving hospital.

As a result of recent government guidance and national policy, Healthwatch Central Bedfordshire were approached by Central Bedfordshire Council to undertake a programme of engagement and develop a survey to determine, from local residents, their experience of hospital discharge in the last few months to help inform their ongoing work in this area and to achieve the best results for everyone. People and their families are central to decisions about their care and D2A can only work if information is shared properly.

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<sup>1</sup> Quick Guide: Discharge to Assess (www.nhs.uk)

<sup>2</sup> Hospital discharge service guidance - GOV.UK (www.gov.uk)

<sup>3</sup> 590 people’s stories of leaving hospital during COVID-19 - Healthwatch England and the British Red Cross



# Methodology

Healthwatch Central Bedfordshire developed an online and paper survey to gain valuable feedback from patients, service users and their families about their experience of being discharged from hospital during the pandemic. This included adults, young people and new mums.

The survey asked 23 questions in total including three questions relating to demographic characteristics.

The questions asked related to the information provided to patients whilst in hospital, in particular their discharge arrangements, such as where they would be discharged to, including information about follow-up care and the support they may have required. Questions were also asked about receiving a Covid-19 test before or after discharge from hospital, and the provision of care plans after being discharged.

A full copy of the survey questions can be found in **Appendix A**.

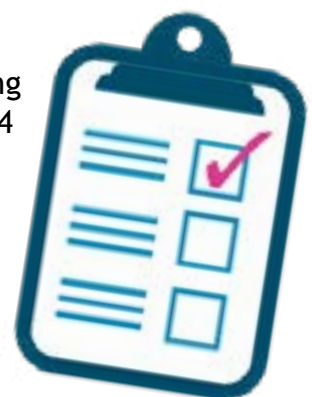
Due to current government restrictions with regard to Covid-19, Healthwatch Central Bedfordshire could not undertake face to face engagement, so the survey was widely distributed across Central Bedfordshire utilising e-mail contacts and distribution lists, via our website, weekly Ebulletins, Newsletters and regular social media posts. In addition, the survey was emailed directly to managers at nursing and residential care homes, domiciliary care agencies, GP surgeries, and local support groups such as Mums networks, in Central Bedfordshire.

Paper copies were available on request and also distributed to Good Neighbour Groups across Central Bedfordshire, who work predominantly with older people, to specifically target those groups who may be digitally excluded.

With support from Central Bedfordshire Council colleagues, paper copies were posted directly to local residents that had recently been discharged from hospital with a covering letter explaining the purpose of the project. The paper surveys, returned by freepost, represented a fairly high percentage of returns (25%).

The questionnaire was promoted between 29th March 2021 with a closing date of 28th May 2021. In total, 166 responses were received, and 74 comments were recorded.

A full analysis of the survey results is given on the next pages, and any additional comments provided by respondents have been included.

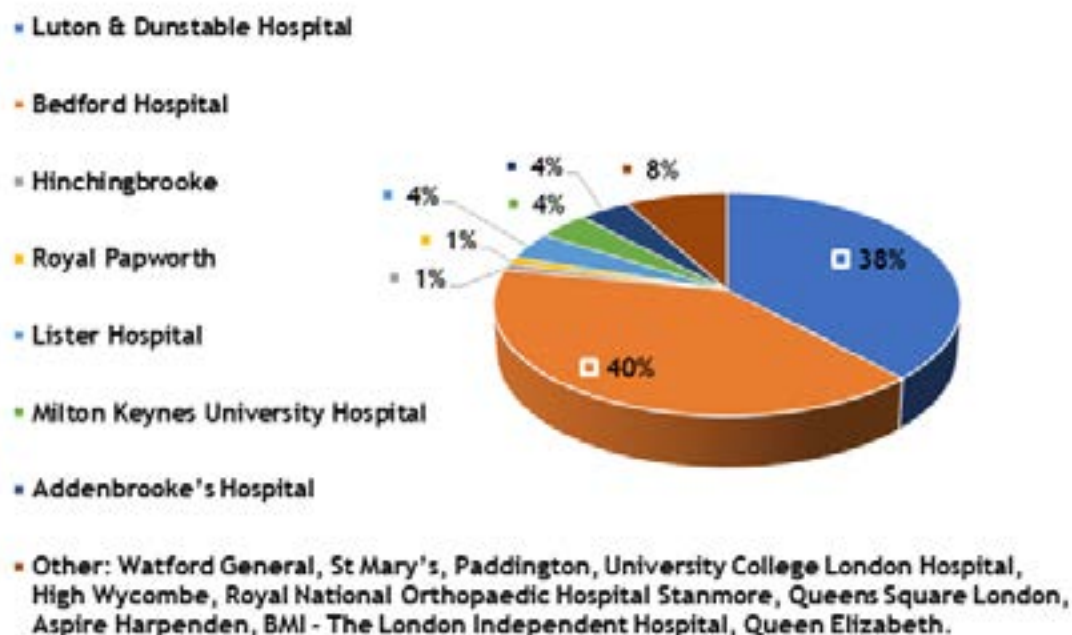


# Analysis of survey results

166 responses were received, and 74 comments were recorded. A full analysis of the results is detailed below:

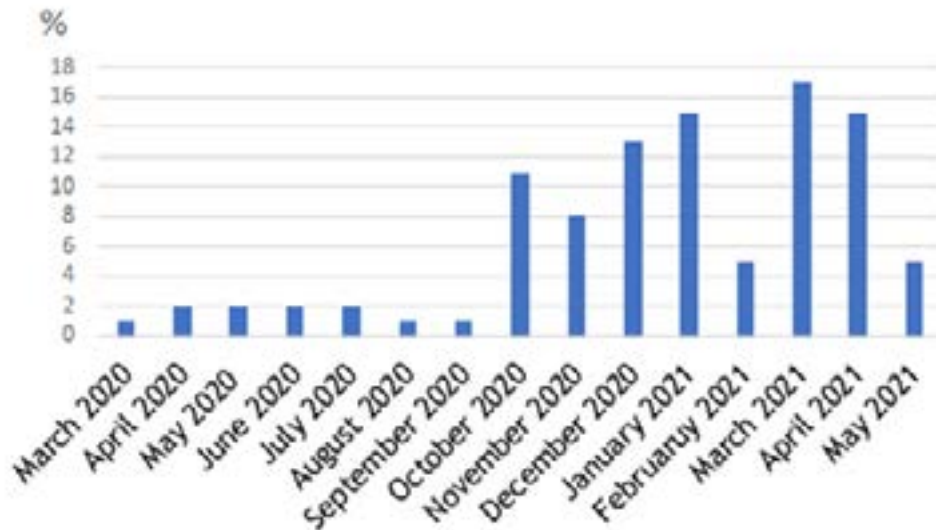
**Question One** asked people which hospital they were discharged from. As we were targeting residents who lived in Central Bedfordshire, unsurprisingly the majority of respondents were discharged from Bedford Hospital (40%) and the Luton & Dunstable Hospital (38%). A total of 12% of respondents attended hospitals that border the county; Lister Hospital (4%), Milton Keynes University Hospital (4%) and Addenbrookes Hospital (4%). 1% of respondents attended the Royal Papworth Hospital and 1% attended Hinchingsbrooke Hospital.

A much smaller percentage (8%), of respondents, attended hospitals that are located further afield than the Bedfordshire area (see list below).





**Question Two** asked people how long ago it was that they were discharged from hospital. The results of this question indicated that 2% or less of respondents were discharged between March and September 2020. This rose to 11% of respondents in October 2020 and peaked at 17% in March 2021. The majority of respondents who completed the survey were discharged between October 2020 and April 2021.



In **Question three**, upon admission to hospital, people were asked if they were visited by someone from the Discharge Team and if they were involved in planning their discharge. Just over half of those who answered this question (55%) said that they were not visited or involved in their discharge plan. One patient said:

*‘Any advice would have been helpful, but I was just told I could go when my blood pressure was stable. I was told I had dissolvable stitches but when we removed the dressing they were staples. I had not been given the remover, so my son had to go and pick them up from Bedford. We live in Leighton Buzzard, 33 miles away. Nurse at surgery removed them BUT I have had no contact from anyone since discharge. I have received a letter booking a video consultancy on the 10th May. The operation was on the 4th February, I have not heard from anyone and feel I should have had some sort of support regarding what to expect, diet, when I can drive etc.’*

Another patient said:

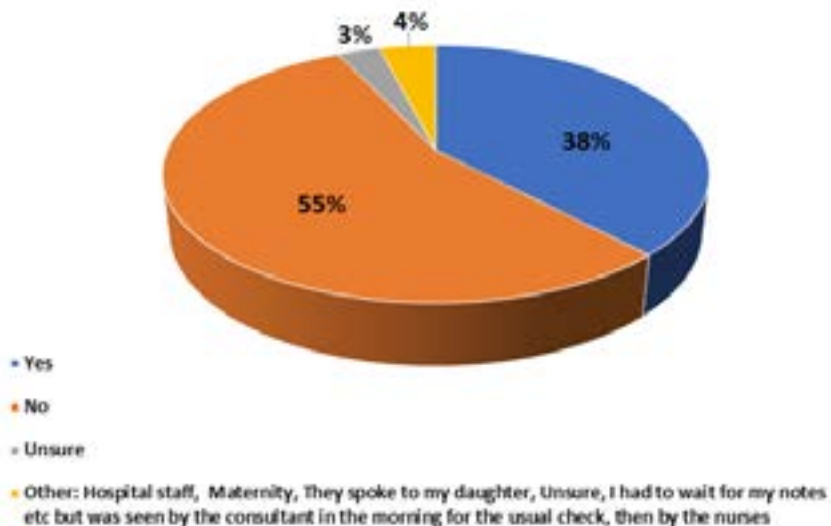
*‘I was not visited by anyone from the ‘discharge team’ and, although I was keen to be discharged I would have liked to know that I could call and speak to a nurse or doctor at the hospital if my original symptoms returned, or I felt unwell, or my symptoms got worse. I would also like to have been given information about follow-up appointments to help manage my condition ongoing.’*

Only 38% of respondents who answered this question said that they had been visited by someone from the discharge team. One patient said:

*'The reablement team were extremely helpful and efficient; they increased my care visits immediately as they knew it was necessary.'*

A further 4% indicated 'other' citing hospital staff or maternity staff. One patient said, *'they spoke to my daughter'* and another 3% of respondents were unsure whether they had spoken to someone who was part of the discharge team. One patient, who was unsure, said:

*'I had to wait for my notes etc but was seen by the consultant in the morning for the usual check and then by the nurses.'*



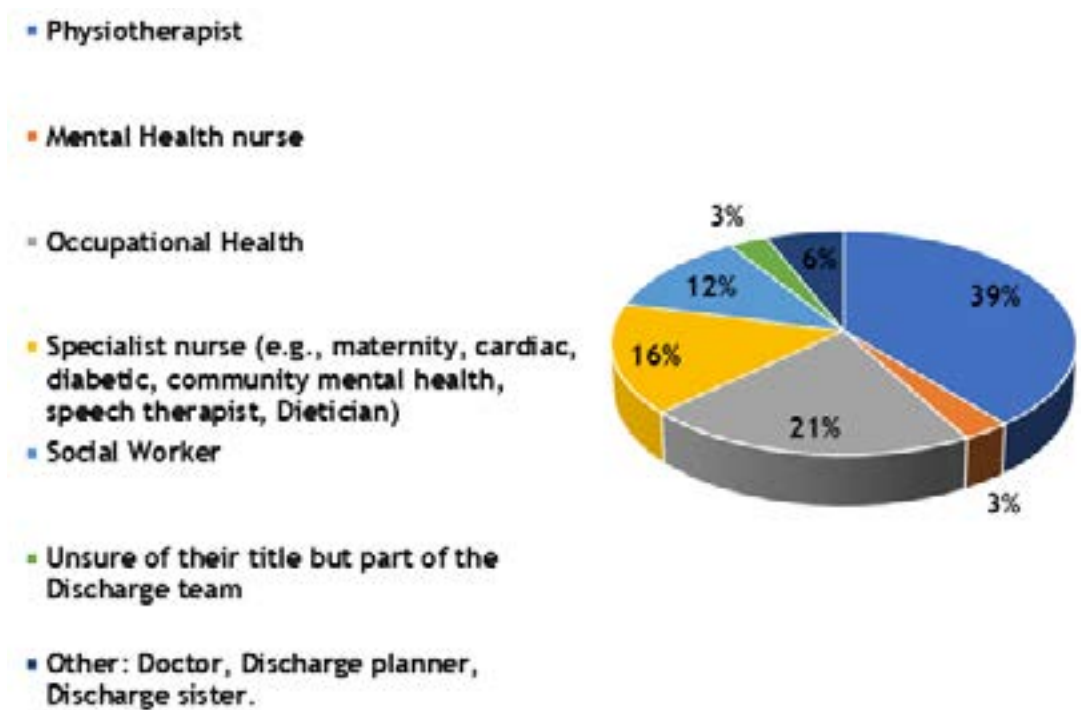


In **Question Four**, if respondents answered ‘yes’ to Question 3, they were then asked to indicate who they had seen in the hospital. This question obviously generated very mixed responses given the healthcare professionals involved as part of the discharge team. However, a fairly large majority (39%) of patients said that they saw a physiotherapist, 21% saw an occupational health therapist, 6% saw a specialist nurse, 12% of respondents saw a social worker, 6% saw a doctor, discharge planner or discharge sister.

A small percentage of respondents saw a mental health nurse (3%), and 3% were unsure of the person’s title but was given to understand that the professional they did see was part of the discharge team.

One patient, who was unaware that a discharge team existed in the hospital, said:

*‘I didn’t know about this process or team at the L&D; I agreed to be discharged with the consultant and nurses on the ward. It was handled reasonably well.’*



In **Question Five**, people were asked if they were made aware of which service(s) they would receive after they were discharged from hospital. The answers to this question were more or less equally split between those that did (52%) and those who did not (48%). Those who were not made aware of which service they could access after discharge gave very negative comments about the discharge process and how they were affected, as follows:

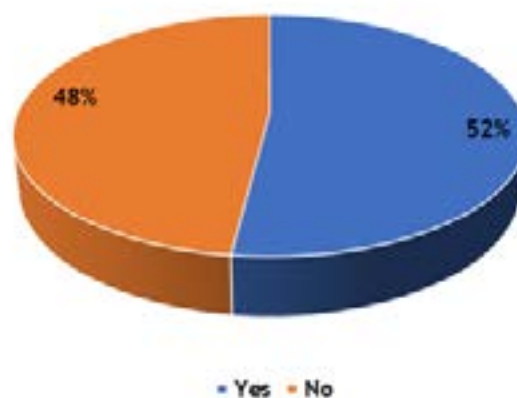
*'I was told I could go home, as I could get myself in and out of bed, wash and dress myself and I had food at home, but no one checked I was capable of cooking the food. I didn't see any occupational therapists.'*

*'Although I stated on the L&D pre-op forms that I would need help, I didn't get any until I got in touch with services myself. The GP couldn't even get me help!'*

*'It felt very much that it was a case of washing your hands of me as soon as I walked out the front door of the hospital.'*

*'The Bedford discharge planning / home care was appalling. To this day, 4-5 months later I still have no care.'*

*'I had a catheter and felt it was left in too long, as had it for 12.5 weeks and it was never changed or cleaned out.'*



In **Question Six**, people were asked if they were issued with a Care Plan, either upon discharge or where they were discharged to. From the responses given, more than half of respondents (60%) said they **were** issued with a care plan, however the remaining 40% were not. This would tend to correlate with answers to Question 5 in which a fairly high percentage (52%) were made aware of which service(s) they could access after discharge.

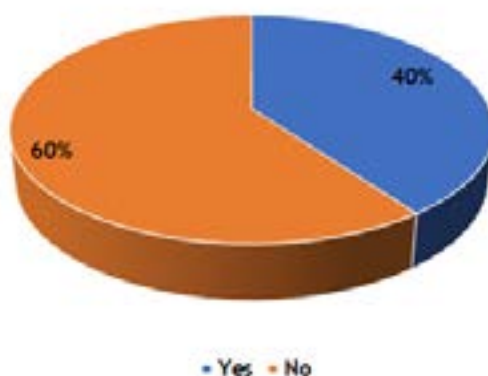
However, it is difficult to determine from the survey questions how many patients, who responded to the survey, needed a care plan in place on discharge from hospital and this would therefore need further investigation, although 40% would appear to represent a high number of patients who were not issued with some form of care plan on discharge.

One patient, who did have a plan in place but felt it was not used, said:

*'Make sure the plan is used - I was told I had a discharge plan, that included carers coming in every 2-3 days to take my stockings off and wash and cream my feet and legs. This didn't materialise for 5.5 weeks; I was neglected.'*

Another patient said:

*'No workable support in place for discharge and on the first discharge it failed within 4 hours due to care plan failure.'*



In **Question Seven**, people were asked if they felt that they could raise any concerns about the discharge process. Interestingly 53% of respondents felt that they could raise concerns about the process and 47% felt that they could not.

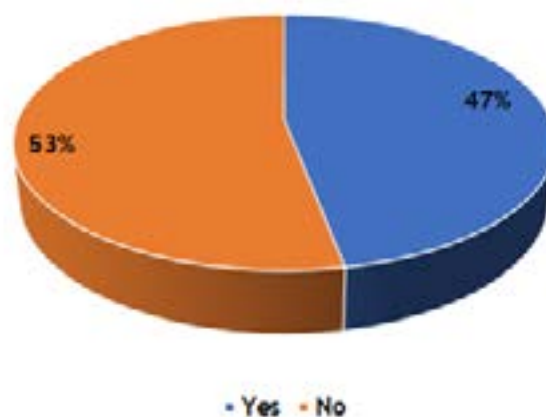
One patient who felt they had to challenge hospital staff before discharge said:

*'I had to challenge them in order to get help from the rehab team as they tried to discharge me without it.'*

This patient also felt that better co-ordination was needed between the hospital team and other external teams involved in the discharge process:

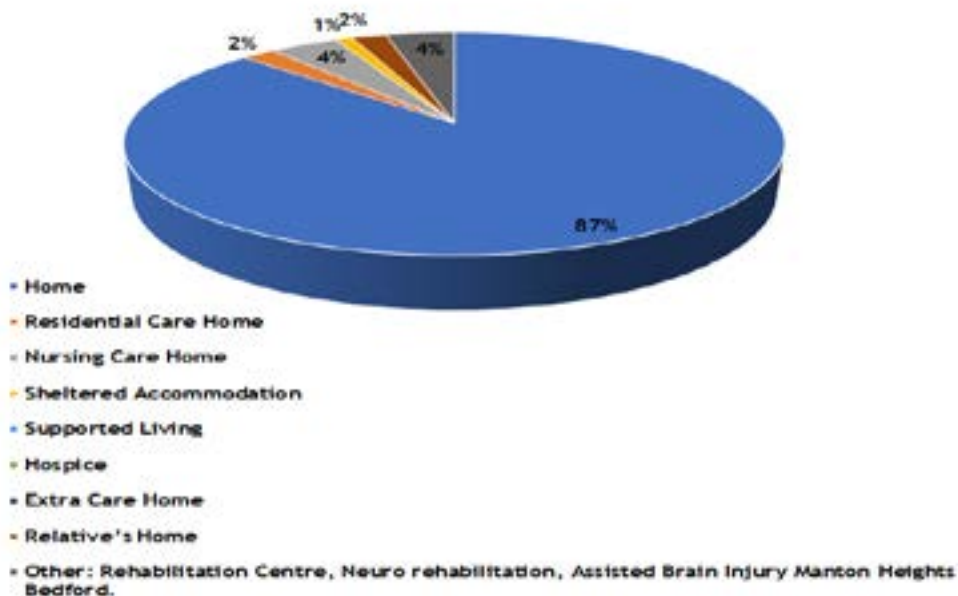
*'On two occasions the rehab team attended my home before I was there, as my daughter had been advised erroneously of my discharge date by the hospital.'*

Those who felt they could not raise concerns about the discharge process, a fairly high 47%, did not give any further details why they felt unable to do so. However, many additional comments were given in this survey relating to their negative experience of the service which would indicate that patients may be wary of challenging decisions or raising concerns if they felt their care and treatment would be adversely affected as a result of speaking out during their hospital stay.



In **Question Eight**, people were asked where they were discharged to.

A very high percentage of respondents who answered this question (87%) were discharged to their home. A very small minority (4%) were discharged to a nursing home and a further 4% of respondents went to an alternative location, such as a rehabilitation centre. Only 2% went to a relative's home and a very small percentage went to a residential care home (2%). Only 1% indicated discharge to sheltered accommodation.



In **Question Nine**, people were asked if they felt that they were discharged too soon due to the pandemic or because they did not feel well enough. Almost two thirds of patients said that they **were not** discharged too soon (70%), with 30% of respondents who felt that they **were** discharged too soon.

Many people who felt they were discharged too soon elaborated on their answer as follows:

*'Too soon after the operation. I had double Carotid Enterectomy at Bedford Hospital on Thursday afternoon/evening and was home by 8pm on the Friday.'*

*'Complicated. Had unsuccessful surgery in October. In for emergency surgery December. Was quite unwell on discharge but wanted to be at home. Walking and balance not good.'*

*'I felt I was discharged too soon from High Wycombe Hospital due to the pandemic.'*

*'In one visit by the doctor at the Luton & Dunstable Hospital, I was told, "You have a broken bone in your spine. You are going home tomorrow".'*

*'The day I came home I fell and cracked my skull and went back in the same day.'*

*'I had a catheter and was still very unwell on discharge from the L&D.'*

*'Due to the pandemic, I spent 4 hours after a mastectomy at Bedford Hospital before I was discharged.'*

*'My dad was very weak on discharge and the discharge process all felt a bit rushed at Milton Keynes University Hospital.'*

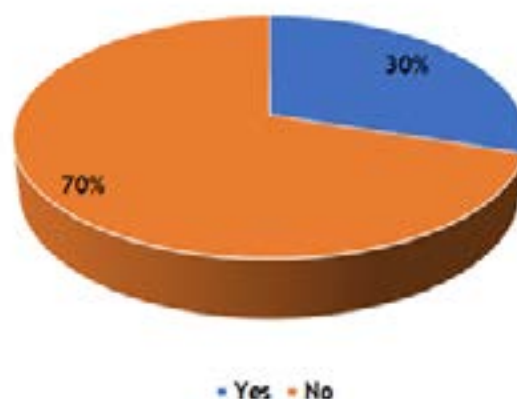
*'My mother was sent out at 'end of life' from hospital on the 28th January and readmitted but died on 2nd February 2021.'*

*'I had a radical hysterectomy but was discharged less than 48 hours by the L&D.'*

**Comments from some new mums included the following:**

*'I gave birth Friday evening and was discharged home late Saturday afternoon. Saturday morning, when they came round, they asked me if I wanted to stay, and I advised that I wished to return home as soon as possible. I didn't feel rushed.'*

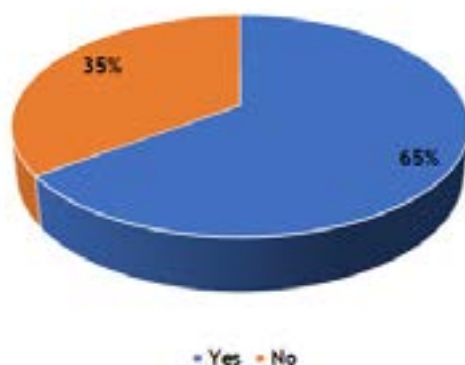
*'I did struggle with how quickly they sent my partner home though...less than 90 minutes after having the baby. So that felt very rushed, and I do feel disappointed that I didn't get time with my partner to enjoy those first magical hours in the new born bubble. Even as a third timer, I felt a bit emotional and utterly terrified at being left alone for the night with a new-born, so for a first- time mum it must have been a truly horrible experience.'*



In **Question Ten**, people were asked if they were tested for Covid-19 prior to their discharge. Nearly two thirds of respondents (65%) indicated that they **were** tested for Covid-19 prior to discharge, however just over a third said they **were not** - 35%.

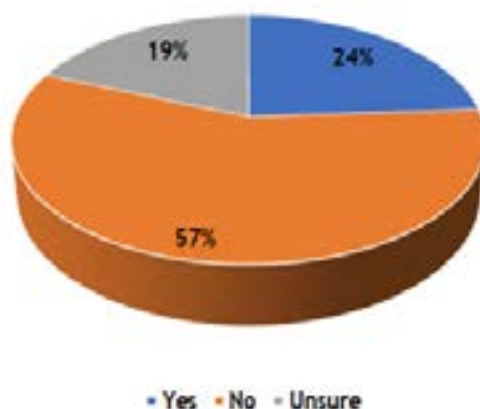
It should be noted that people completed the survey answering questions relating to their discharge, which would have taken place at any time over a period of more than 12 months; question two details the percentage of people discharged between March 2020 and May 2021. It is therefore difficult to match the percentage of people who may or may not have received a Covid test prior to discharge, with the month in which they were discharged.

Consideration should also be given to the fact that government policy was only changed in April 2020 which made it mandatory for hospital patients, being discharged into a care home, to be tested. At that time government guidance did not stipulate **all** patients should be tested prior to being discharged. It is therefore quite possible that patients who were not being discharged to a care home, were also not among the cohort of patients who were tested for Covid-19.



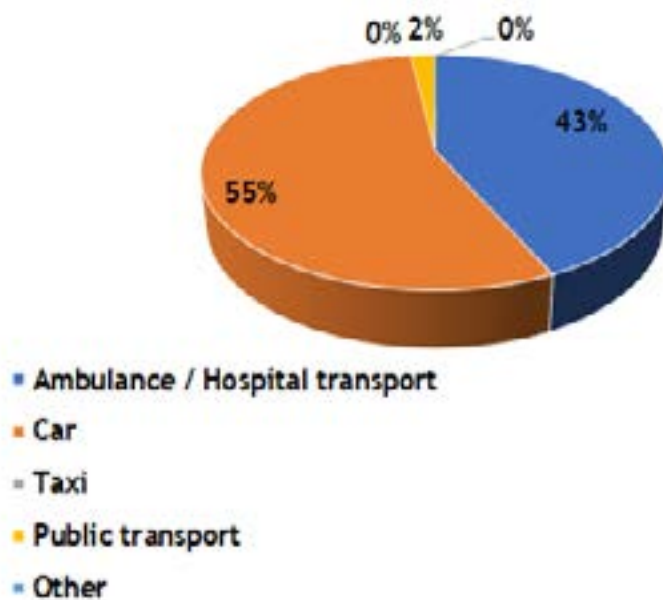
In **Question Eleven**, if people answered 'no' to Question 10 they were asked, if they were discharged to a care home, were they tested for Covid-19 after leaving hospital?

It is possible that survey respondents may have been confused by this question as a fairly large percentage of patients (57%), who answered this question, said that they were **not tested** for Covid-19 after leaving hospital, and 24% said that they had been, with a further 19% who were unsure. This vastly exceeded the percentage of patients that had previously indicated they had been discharged to a nursing or residential care home. It would appear that many people who answered this question may have assumed this referred to being discharged 'home' as opposed to a 'care home'.





In **Question Twelve**, people were asked how they were transported to their discharge location. Not unsurprisingly more than half of the respondents who answered this question were transported by car (55%) with just below half (43%) being transported by ambulance/hospital transport. Very few patients used public transport (2%) and no one indicated they had used a taxi service or other form of transport.



In **Question Thirteen**, people were asked if they felt fully supported after being discharged. Nearly two thirds of respondents (62%) who answered this question felt that they *were* supported, however 38% felt that they *were not*.

Those that felt supported said, *'I received very good aftercare'* and *'worked very well'*, plus:

*'I cannot fault the reablement team in any way. They were caring, helpful and jolly!'*

Other patients who did not feel supported said:

*'There was confusion regarding midwife appointments once home. I was advised that they would be in touch but found myself having to chase them up and establish what the 'problem' was! Once I had made appointments, the midwives themselves were helpful. They also put me in touch with a tongue-tied consultant when I needed it.'*

*'Physiotherapy is very limited. Speech therapist is shielding so no visit as of yet. I cannot walk, I cannot talk so do think I really need more care and help.'*

Another patient said that they would have liked:

*'More information from Hinchingsbrooke Hospital about what to do if I felt unwell or was struggling to cope at home. Would have liked to have been given a name and number to call if I experienced ongoing symptoms, rather than just "contact your GP".'*

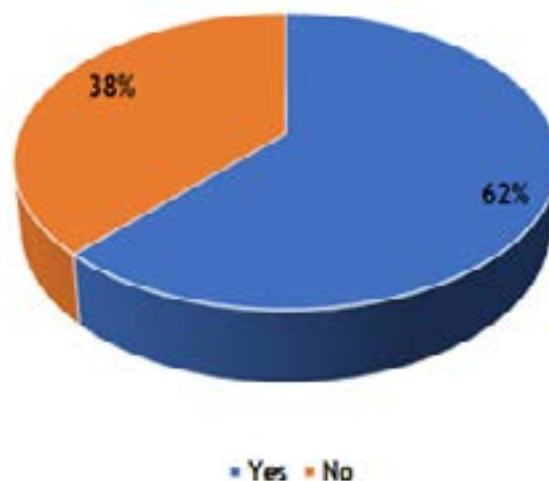
One patient felt they needed to insist on follow-up appointments:

*'I had some concerns about my recovery following the radical hysterectomy at the L&D and wanted to be examined and reassessed.'*

Other patients commented:

*'Knowledge (advice) from the L&D on how to obtain incontinence pads and new catheter bags would have been a help as the incontinence waiting list is 18 weeks and also a long wait for new catheters too.'*

*'I was discharged post birth from Bedford Hospital with insufficient information on what medication I needed to take. No care help for my stitches. No help getting off the ward with my bags or baby. No idea who to call for help or what came next. To be honest putting anything in place to help new mums would be an improvement.'*



In **Question Fourteen**, people were asked about the type of support they had received, or who from, if they had answered 'yes' to question 13.

The results from this question indicated that a range of support services were received following discharge, with Reablement services recording the highest percentage, which included Physiotherapy (18%). The GP, District Nurse and Occupational Health Worker each provided 13% of support, and Rehabilitation provided 9% of support with the Health Visitor contributing 8% of support.

The Midwife and Social Worker each provided 7% of support with Domiciliary Care providing 5%.

Other services, for example, a specialist nurse, Sue Ryder Palliative Care, a Stoma Nurse, PA/ Carer etc, contributed 6% of support.

It should be noted that relatives were also asked to complete the survey on behalf of patients so it is possible that the 1% of people who answered this question, indicating they had received End of Life care and support, were relatives of the patient.



In **Question Fifteen**, people were asked if they had been provided with the details of who to contact if they required any help *after* being discharged.

The results to this question are very similar to and would correlate with question 13 in which people were asked if they felt fully supported after being discharged, (62% felt that they were supported and 38% felt that they were not). For this question, the results showed that 63% of respondents said that they had been provided with contact details, 33% said they had not, and 4% could not remember.

This would indicate that those people who felt fully supported were also provided with contact details to request any additional help they may need, and those who did not feel fully supported, were not given any additional information.

A husband, who had completed the form on behalf of his wife who was discharged to a care home said that there was very little thought for the support him or his wife might need after discharge, adding:

*'The hospital lost my wife's clothes including her hearing aids so it was hard for her to understand what was being said by staff and she felt very isolated, which meant when discharged she couldn't make friends in the care home. She was also very confused as to why she couldn't come home to me. (My disability had become worse since her admission, and I was unable to look after her and her new needs).'*

Another patient said that:

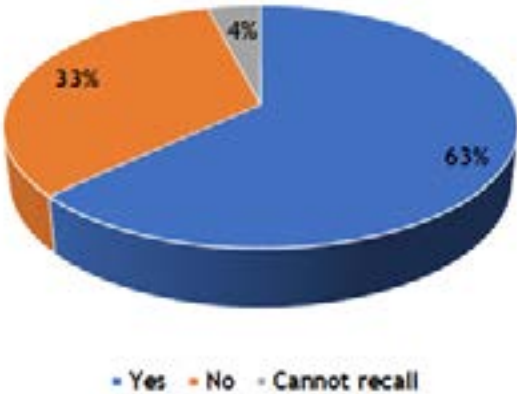
*'It was intended that my daughter would come and care for me, but she became ill with Covid-19. Son (having to work) and granddaughter did their best, but support from GP would have been helpful.'*

One new mum said:

*'I was given a discharge pack with routine advice, numbers for help, advice on contraception but none of it was discussed with me. I had heard midwives discussing elements of the forms with other women throughout the day and with it being my second baby, I didn't 'need' any of the information....but nobody bothered to check this with me before I left. Perhaps it was a genuine oversight? Although when I looked at one of the sheets I had been given, all of the 'discussed' boxes had been ticked.'*

Another new mum also felt that she was not offered support after the birth of her baby, she said:

*‘Some of the information (blood type of baby) was input incorrectly in my babies’ paperwork. Also, would be good to retain some or all of your pregnancy notes as I have heard some friends have been offered to talk through their pregnancy/birth after, but I was not offered this, and I am sure some of the complications I faced could have been picked up earlier and possibly avoided, yet certain tests and midwife appointments etc. were missed (apparently due to Covid-19).’*



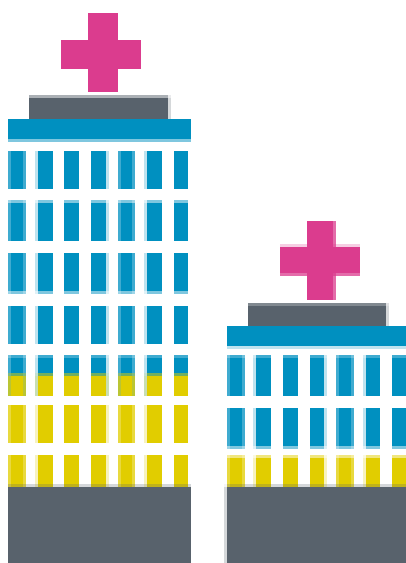
In **Question Sixteen**, people were asked how satisfied they were with the discharge process. This question produced varying results with just under half of respondents (47%), who completed the question, indicating that they were **‘very satisfied’** or **‘satisfied’** with the discharge process.

A further 28% of respondents felt **‘dissatisfied’** or **‘very dissatisfied’** with the process, but surprisingly 25% gave a **‘neutral’** response indicating that they were neither satisfied nor dissatisfied with the process.



Following on from this question, people were asked what they thought could be put in place in order to improve their experience of the discharge process. Many people highlighted **'communication'** or **'more information'** as being a huge consideration when in hospital, which they feel needs to be improved, particularly with relatives, and between healthcare professionals. Comments include the following:

- 'As primary carer for my husband for almost five years I felt completely helpless in supporting him as he has no verbal communication and very severe and multiple disabilities due to his previous stroke. Would have been helpful and vital in some cases for effective communication to aid his care.'*
- 'More communication on what would happen on the day. I wasn't told I could leave until the last minute. Also, I had to wait a while for the medication.'*
- 'Communication with the patient at Bedford Hospital as I was often unaware of what was happening, to allow me to move from nursing home back to home.'*



- 'More updates for my family by the L&D, as I was unaware of what was happening due to my stroke and Covid-19.'*
- 'Better communication between the hospital and family at the L&D, as I was unable to understand what was happening due to heavy medication and poor health.'*
- 'Better communication, especially with people looking after me. Sending home prescribed medication so that relatives did not have to sort this out the next day. Information about my care needs were not communicated to my wife or family who had to care for me.'*

*'Communication was horrendous at Bedford Hospital; needs looking into urgently.'*

*'Communication by staff at Bedford Hospital with relatives that were going to help with care at home. Involve them as they were unable to visit due to Covid-19 restrictions, so they felt helpless.'*

*'Better communication between healthcare professionals and patients at Bedford Hospital.'*



*'My daughter found it difficult to get information from the hospital. Also, my family live in another county and were told I had to go back to Bedfordshire for care. There should be a system for going to another county as it's all NHS.'*

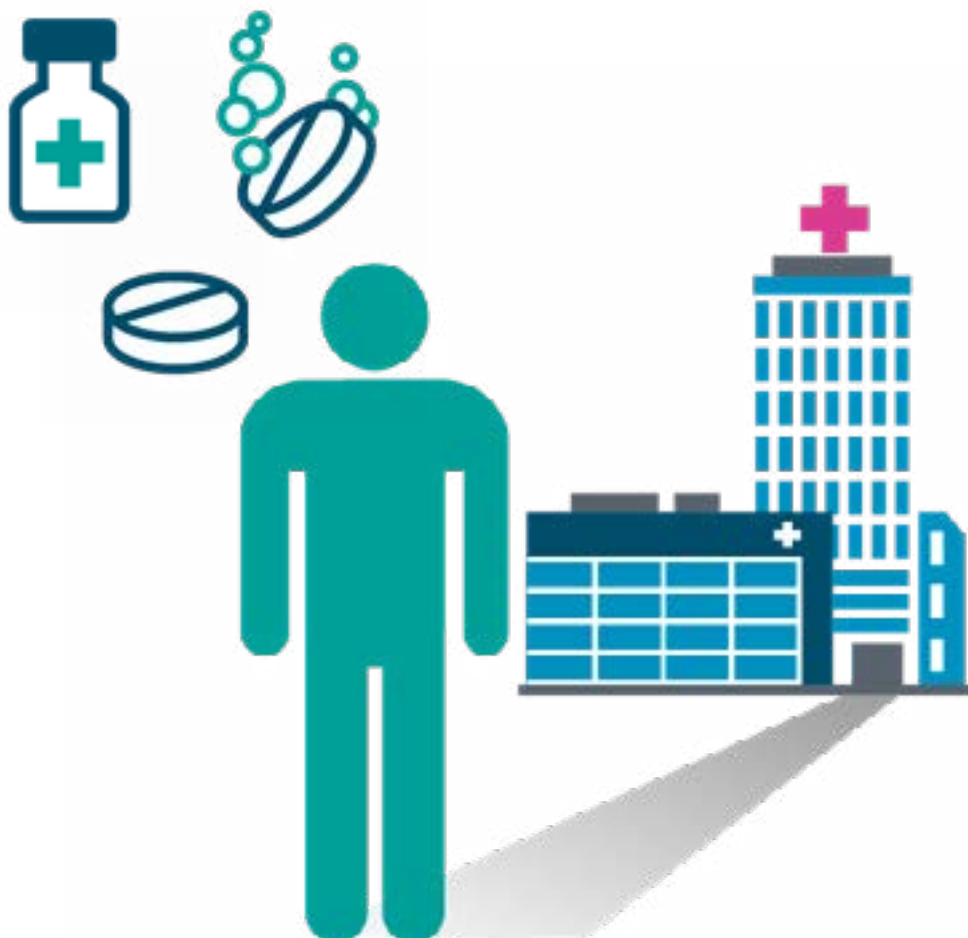
*'Information as to who to contact when the infection returned. I called the ward at Bedford Hospital, who told me to call 111 but it was the ward who gave me the wrong antibiotics after not checking the test results. I wanted to know what the test results said.'*

*'From the Lister Hospital - provide a copy of discharge notes Care Plan; information as to the reablement plan; details of health changes and information as to plans for physiotherapist follow up appointments.'*



Other improvements suggested were with regard to delays in discharge planning which many patients felt could be avoided. The majority of comments received related to a delay in receiving medication on discharge. Comments included the following:

- ‘Too much time wasted between being told I could go home, being moved to Discharge Lounge and waiting for medication at Bedford Hospital.’*
- ‘Seemed a little disorganised at the L&D; they were not able to prescribe all medication at once, so I had to return to the hospital a further two times to collect and the wrong amount was issued again so had to return a third time. The process from being told I was being discharged to actually being discharged was very lengthy (half a day).’*
- ‘They need to provide a factually correct discharge letter. Medication to take home provided in a timely manner. I had to go home without medication or a discharge letter as it was getting dark by the time I left Bedford Hospital.’*



*'I was supposed to have been discharged a day earlier from Bedford Hospital but due to staff not following procedures that they should have done sooner, we ended up having to stay another night! My daughter had not been weighed since day 4 and on day 9 they realised this when they needed it for the discharge paperwork. Following 13% weight loss, we then had to stay another night!'*

*'Speed of pharmacy delivering medication for discharge. It is always that which holds up discharge. Doctors know the day before discharge the patient will be going home, so why can't they arrange medication on that day?'*

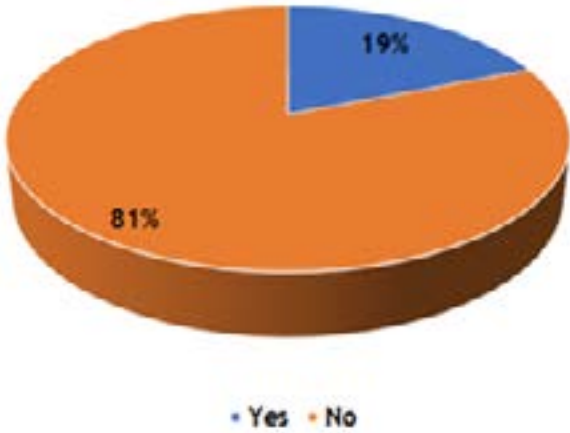


*'Not having to wait so long for transport and not being told when it would be arriving. Made own transport arrangements in the end.'*

*'Discharge process takes far too long. Being told you are being discharged but not actually released until hours later is really frustrating.'*

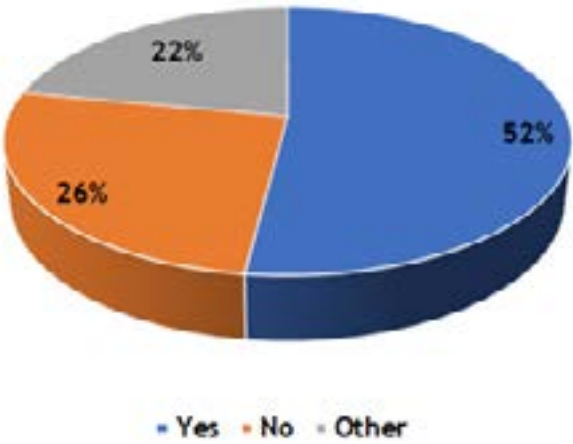
*'I was not discharged until 7pm even though I did not require any medication; I had to wait for a member of the surgical team to prepare my discharge letter.'*

In **Question Seventeen**, people were asked if they needed to be readmitted to hospital shortly after discharge. A fairly large majority of respondents (81%) said they were not readmitted, with 19% saying that they were. One patient said: *'I fell on the first night I was home and had to be readmitted.'*



If the response to Question 17 was 'yes', **Question Eighteen** asked people if they thought that being readmitted to hospital was because they were discharged too early.

Of the 19% of respondents who said they were readmitted to hospital, 52% thought it was because they *had been* discharged too early however, 26% *did not* think this was the reason. The remainder (22%) gave other reasons, as detailed below:



*'I should have received a follow up appointment with the consultant 6 weeks after discharge. After much chasing, I finally received an appointment for 4 months after my discharge, by which time I had already been readmitted to hospital.'*

*'My mother was dying.'*

*'My condition got worse BUT they were doing nothing the first time round at Bedford Hospital.'*

*'Surgery in October 2020 was apparently successful (hernia repair) but failed within weeks of discharge.'*

*'Because I didn't receive the follow-up appointment soon enough from the L&D.'*

In **Question Nineteen**, people were asked if there was anything else they wished to share about their discharge. There were some positive comments from respondents but mostly negative. The following are comments that were not included or related to the questions detailed earlier in this report:

#### Positive comments:

*'Following discharge, I was very well supported from the Midwives Home Visiting Team in the community, until we were discharged from them at day 30 once my baby finally reached above her birth weight.'*

*'They followed the Covid procedures correctly.'*

*'This was the third time I had help from the reablement team, so I had prior knowledge of what would happen at the Royal National Orthopaedic Hospital, Stanmore.'*

*'Covid-19 restricted many factors but not on a permanent basis or to general services.'*

*'I like the provision of fruit in the discharge lounge, as it was difficult to get any on the ward.'*

## Negative comments:

*'To ensure staff are more careful with belongings when moving between hospital wards at Bedford Hospital so still have own clothes and possessions when discharged, especially if to a care home. My wife left hospital in just the hospital gown.'*

*'Listen to the patients concerns.'*

*'I felt it could have been a little more organised at Milton Keynes University Hospital due to my conditional needs as I have a PA/Carer.'*

*'Discharged from the L&D but the postcode meant I fell under midwifery care at Bedford Hospital. There was confusion and no one contacted me when they should have done ... I had to chase for appointments. I was advised I would be contacted but I had to make them.'*

*'I didn't even see my surgeon again before I was discharged. It would have been reassuring to see him to ask how the surgery had gone.'*

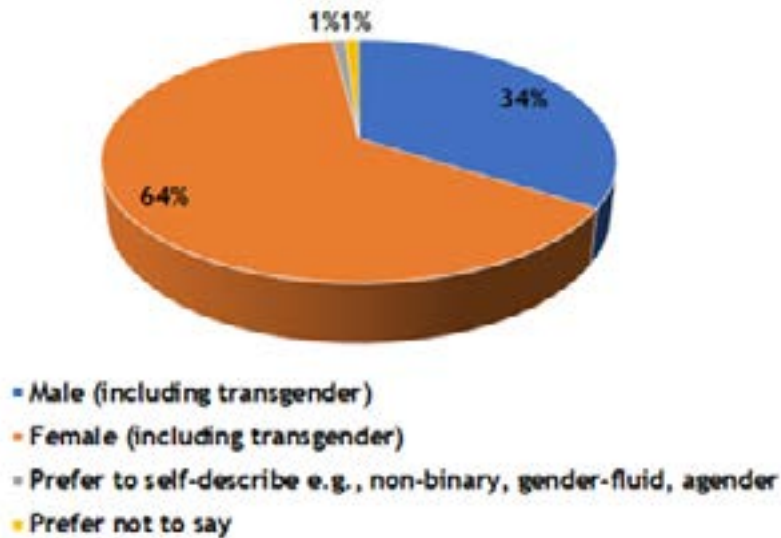
*'I hope in the last year the service has improved considerably.'*

*'I still feel unsteady some eight weeks later and unable to see my GP.'*



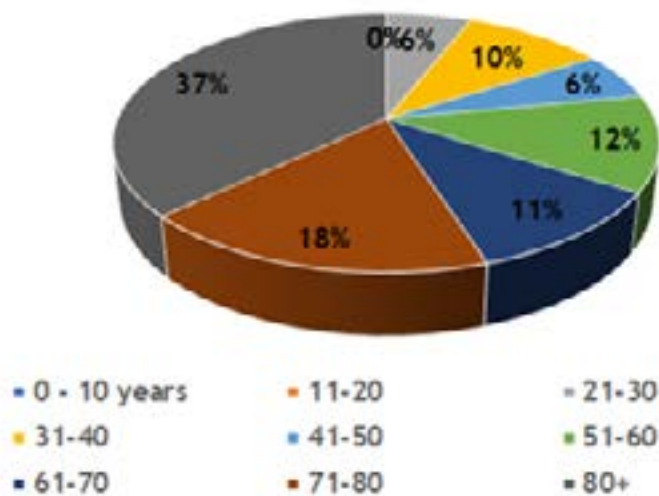
The remaining questions in the survey related to demographic characteristics as follows:

**Question Twenty**, people were asked to describe their gender. The majority of respondents (64%) were female (including transgender), and 34% were male (including transgender). The remaining 2% preferred to self-describe or not to say.

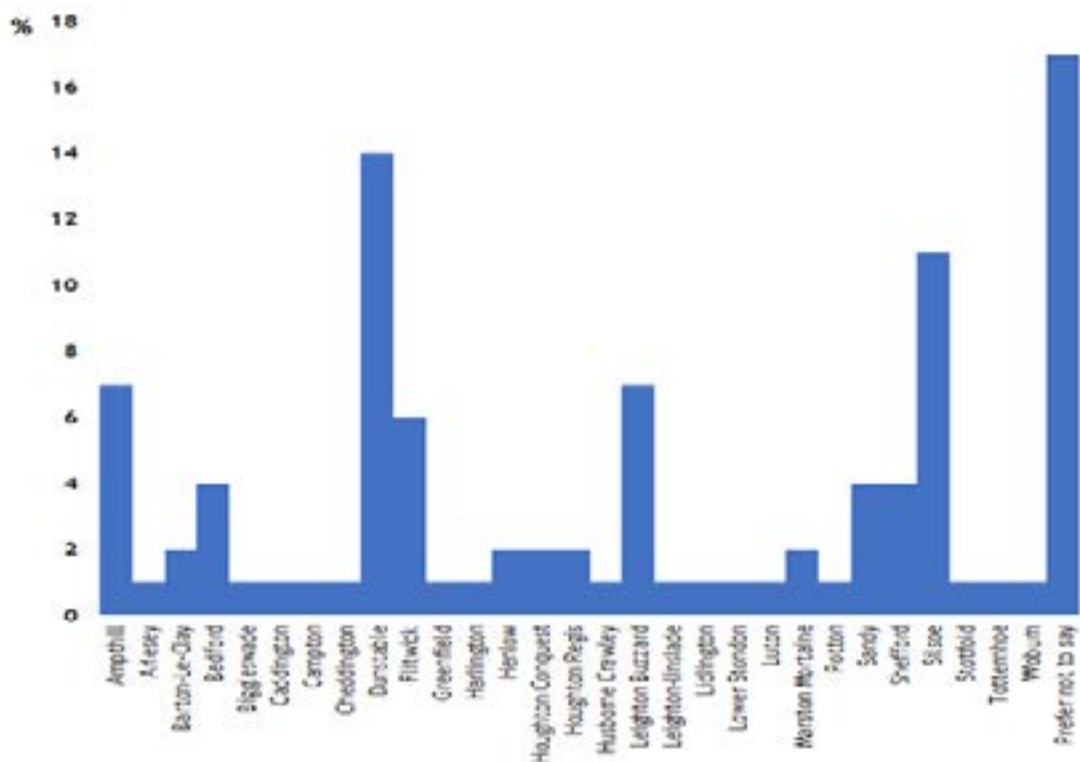


**Question Twenty One**, people were asked to indicate which age group they were in. The majority of respondents were in the older age groups; aged 80 or over 37%, with 18% in the 71-80 age group. The 51-60 and 61-70 age groups had a similar number of responses (12% and 11% respectively). The next highest group was age 31 - 40 with 10%. Age 41 - 50 represented 6% of respondents with another 6% for the 21 - 30 age group.

The results showed that no one under the age of 20 completed the survey.



**Question Twenty Two**, people were asked to tell us in which area of Central Bedfordshire they live in. The results show that respondents came from a very wide area across Central Bedfordshire with a small majority of respondents from Dunstable (14%), with Silsoe, Leighton Buzzard, Ampthill and Flitwick having 11%. The remainder were fairly evenly distributed across Central Bedfordshire. 17% of respondents preferred not to say which area of the region they live in.



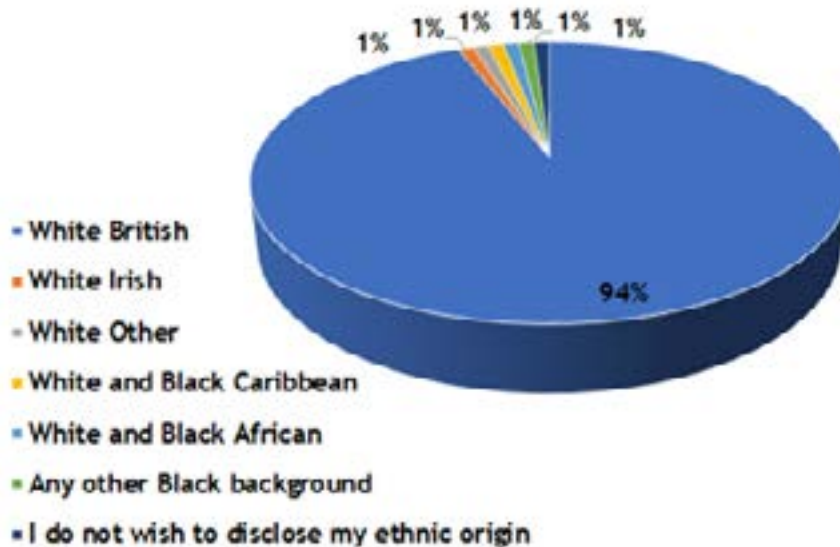


**Question Twenty Three**, people were asked to indicate which one of several options that best describes their ethnic group or background.

A very large majority of people (94%) indicated ‘white British’ with either no responses or just 1% from the other ethnic groups listed.

According to data provided in Central Bedfordshire Council’s Joint Strategic Needs Assessment<sup>4</sup>, 10.3% of people in Central Bedfordshire were from ethnic minority communities in 2011, compared to 20.2% in England. The largest of these groups in Central Bedfordshire are White Other (2.8%; note that this group does not include White British, White Irish, or Gypsy or Irish Traveller groups); White Irish (1.2%) and Indian (1.0%).

As the survey results were targeted at a specific cohort of people, and although the survey was distributed across a wide area and to many different communities, the responses to this question are consistent with the ethnic diversity of Central Bedfordshire



<sup>4</sup> <https://www.jsna.centralbedfordshire.gov.uk/jsna/info/8/demography/57/ethnicity>





# Summary

The majority of respondents to the survey were in the 80+ age group, with a slightly higher percentage of female respondents (64%). There was a relatively even mix of respondents who completed the survey living across Central Bedfordshire although many respondents preferred not to say where they lived (17%).

Most of the respondents were discharged from the Bedford and Luton & Dunstable hospitals, mainly during the month of March 2021 with the least number of discharges occurring in August 2020. Most respondents were discharged to their home with a car being the most common form of transport used from the hospital.

Just over half of respondents (52%) answered that they **were not**, after admittance to hospital, visited and involved in their discharge plan; of the ones that **were**, Physiotherapists and Occupational Therapists were the professionals that most respondents had contact with in the hospital to discuss their discharge process.

Although over half of the respondents said they were issued with a care plan on discharge (60%), the remainder (40%) were not. Many respondents gave negative comments relating to this question and it was clear that they felt support should have been put in place prior to or on discharge from hospital. The results from this question did tend to support answers to the question relating to whether they were made aware of which service(s) they could access after discharge, in which 52% of respondents answered that they were and 38% said they were not. However, it is difficult to determine from the survey questions how many patients, who responded to the survey, needed a care plan in place on discharge from hospital and this would therefore need further investigation, although 40% would appear to represent a high number of patients who were not issued with some form of care plan on discharge.

Less than half of the respondents were 'satisfied' or 'very satisfied' with the discharge process and approximately a third were 'dissatisfied' or 'very dissatisfied'. A quarter of respondents had a neutral opinion. Sadly, approximately half of the respondents (47%) indicated they did not feel they could raise concerns about their discharge process and a more in depth study would need to be undertaken to understand the reasons for this.

The majority of respondents were discharged to their own home with only a very small amount discharged to a nursing or residential care home, rehabilitation centre, relatives home or sheltered accommodation. However, nearly a third of respondents felt that they were discharged too soon (30%). Reasons given vary, some felt it was due to the pandemic whilst others felt it was lack of sufficient aftercare following an operation.



Two thirds of respondents said they were tested for Covid-19 prior to discharge from hospital with only a quarter of those who were subsequently discharged to a care home being tested on arrival at the home. It should be noted however that survey respondents may have been confused by the follow up question relating to discharge to a care home, as a fairly large percentage of patients said that they were not tested for Covid-19 after leaving hospital, and 24% said that they had been, with a further 19% who were unsure. This vastly exceeded the percentage of patients that had previously indicated they had been discharged to a nursing or residential care home (total of 6%). It would appear that many people who answered this question may have assumed this referred to being discharged 'home' as opposed to a 'care home'. One person said:

*'Discharge booked before testing positive. Told I would not be discharged on 27th January then sent out on the 28th January 2021.'*

In addition, it is difficult, given the survey questions, to match the percentage of people who may or may not have received a Covid-19 test prior to discharge, with the month in which they were discharged. Consideration should also be given to the fact that government policy was only changed in April 2020, which made it mandatory for hospital patients being discharged into a care home, to be tested. At that time government guidance did not stipulate all patients should be tested prior to being discharged. It is therefore quite possible that patients who were not being discharged to a care home, were also not among the cohort of patients who were tested for Covid-19. Another person commented, following her discharge home:

*'Remember this was April 2020, the NHS had just started using private hospitals, there was no Covid-19 testing. The hospital nursing at home team was stretched as they were commandeered for Covid-19 testing at hubs. The two nurses which came to my home put on their PPE when they arrived in the house and took it off before they left and handed me their PPE to place in my rubbish bin.'*

Respondents provided additional comments in the survey relating to their experience of hospital discharge which unfortunately were mainly negative. Respondents highlighted a lack of communication and information relating to the discharge process, aftercare and support, with delayed discharge as another criticism which would appear to be an ongoing issue. One new mum commenting on the post-natal ward said:

*'Standard advice I was given with birth of my first son (2018) was not discussed with me prior to my discharge in 2020. Staff assumed someone else had done it. Was it a genuine oversight? I don't know .....*

# Conclusion

Overall, Healthwatch Central Bedfordshire received a fairly good response to the survey given the timeframe for completion and although there were some positive experiences of hospital discharge, with a third of respondents indicating that they did not feel they were discharged too soon, there were many negative comments relating to the discharge process itself which can be found throughout the report.

The majority of the respondents were in the older age groups (70+ years) which may indicate that the needs of this cohort of people are not being fully considered during the discharge process, which means keeping their relatives and carers fully informed and involved. Older more vulnerable people will need time and support to enable them to recover, as well as ensuring they have access to additional community support services.



Low numbers of discharges were recorded throughout the Summer of 2020, which may be due to people not being admitted for procedures during this time as it was the peak of the Covid-19 pandemic. The majority of respondents were discharged in March 2021 which could be a result of Covid-19 testing and vaccination being more available.

Of the 166 responses provided to this survey nearly half of respondents were 'satisfied' and 'very satisfied' with the discharge process, although 25% only had a neutral opinion and nearly a third were either 'dissatisfied' or 'very dissatisfied' with the process. These values leave room for improvement considering that half of respondents indicated they did not receive a visit from healthcare staff within the discharge team or were involved in their discharge plan. These results may also indicate that many respondents were not aware of the requirement for a discharge plan. It is also of concern that over half of respondents felt they could not raise any concerns about the discharge process.

Many of the comments from people about feeling 'rushed' were mainly related to discharge after surgical procedures, one patient said, *'Too soon after the operation. Had double Carotid Enterectomy at Bedford Hospital, on Thursday afternoon/evening, and was home by 8pm on the Friday'* another patient said, *'I felt I was discharged too soon from High Wycombe Hospital, due to the pandemic.'*

A fairly broad variety of additional comments were given about the discharge process and their experience. Common themes were lack of communication from staff about the discharge process and lengthy waiting times for medication to be prescribed. There were also some positive experiences - *'I received very good aftercare'* and *'The reablement team were extremely helpful and efficient; they increased my care visits immediately as they knew it was necessary.'*

Finally, it is clear that more work needs to be done to fully embed the Discharge to Assess process, to ensure that people are supported to go home from hospital in a timely manner with families included in decisions about their care.





# Recommendations

While this is a small snapshot survey of the lived experiences of Central Bedfordshire residents who were recently discharged from hospital, local hospitals will want to take account of the points it makes.

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The analysis of the survey results clearly show where improvements can be made, in particular; communication across all service areas and the provision of understandable, quality information to patients, carers and family members from the hospital discharge team about the discharge process and their care plan. The survey results would suggest that this will vastly improve their experience of the discharge process.

2 As 40% of respondents to this survey indicated they were not issued with a care plan on discharge, hospital staff, working jointly with care and support staff, need to review training needs for all staff involved in the discharge process in order to sustain a consistent approach to hospital discharge, and to ensure that support is put in place prior to discharge for all patients, with appropriate aftercare.

03 To determine why patients and family members do not feel able to raise concerns about their discharge process, a more in-depth, independent survey needs to be undertaken. At the present time, hospitals need to ensure that information is readily available to all patients and their carers to explain how they can raise concerns about the discharge process, available in accessible formats.

4 Patients having to wait for discharge medicines has been an issue for many years and it would appear that this continues to be the case with many patients highlighting a poor experience due to medication delays on discharge. An urgent review of medication prescribing processes, so that medication is readily available on the planned day of discharge, would be strongly recommended.

patient voice comes through very clearly in this report, and Healthwatch Central Bedfordshire would like to see actions taken to improve the Discharge process, to ensure a consistent and quality service is provided to all patients of Central Bedfordshire.



# Appendix A

## Survey Questions

**Question 1: Which hospital were you discharged from?**

- ◆ Luton & Dunstable Hospital
- ◆ Bedford Hospital
- ◆ Addenbrooke's Hospital
- ◆ Milton Keynes University Hospital
- ◆ Royal Papworth
- ◆ Lister Hospital
- ◆ Hinchingsbrooke
- ◆ Other

**Question 2: When were you discharged?**

- ◆ 1 week ago
- ◆ 1 month ago
- ◆ 3 months ago
- ◆ Other

**Questions 3: Upon admission to hospital were you visited by someone from the Discharge Team and were you involved in your discharge plan?**

- ◆ Yes
- ◆ No
- ◆ Other

**Question 4: If Yes, who did you see? Tick all that apply:**

- ◆ Physiotherapist
- ◆ Mental Health nurse
- ◆ Occupational Health
- ◆ Social Worker
- ◆ Specialist nurse (e.g., maternity, cardiac, diabetic, community mental health)
- ◆ Other



**Question 5: Were you aware of which service you would receive as you left hospital?**

- ◆ Yes
- ◆ No

**Question 6: Were you issued with a Care Plan, either upon discharge or where you were discharged to?**

- ◆ Yes
- ◆ No

**Question 7: Did you feel that you could raise any concerns about the discharge process?**

- ◆ Yes
- ◆ No

**Question 8: Where were you discharged to?**

- ◆ Home
- ◆ Residential Care Home
- ◆ Nursing Care Home Sheltered Accommodation
- ◆ Supported Living
- ◆ Hospice
- ◆ Extra Care Home
- ◆ Relative's Home
- ◆ Other

**Question 9: Did you feel you were discharged from hospital too soon? e.g., due to the pandemic or not well enough.**

- ◆ Yes
- ◆ No
- ◆ If yes, explain your answer



**Question 10: Were you tested for Covid19 prior to discharge?**

- ◆ Yes
- ◆ No

**Question 11: If no, and you were discharged to a care home, did you receive a Covid-19 test after leaving hospital?**

- ◆ Yes
- ◆ No
- ◆ Other

**Question 12: How were you transported to your discharge location?**

- ◆ Ambulance/ Hospital transport
- ◆ Car
- ◆ Taxi
- ◆ Public transport
- ◆ Other

**Question 13: Did you feel you were fully supported after being discharged?**

- ◆ Yes
- ◆ No

**Question 14: If yes, what support did you receive?**

Tick all that apply:

- ◆ Rehabilitation
- ◆ Reablement
- ◆ District nurse
- ◆ GP
- ◆ Health Visitor
- ◆ Midwife
- ◆ Social Worker
- ◆ Domiciliary care
- ◆ End of life care
- ◆ Occupational Health (adaptations of house and equipment)
- ◆ Other



**Question 15: Were you provided with details of who you needed to contact if you required any help after you had been discharged?**

- ◆ Yes
- ◆ No

**Question 16: How satisfied were you with the discharge process?**

- ◆ Very satisfied
- ◆ Satisfied
- ◆ Neither satisfied nor dissatisfied
- ◆ Dissatisfied
- ◆ Very dissatisfied

**What do you think is needed to be put in place in order to improve your experience (if anything)?**

**Question 17: Did you need to be readmitted to hospital shortly after discharge?**

- ◆ Yes
- ◆ No

**Question 18: If yes, did you feel this was because you were discharged too early?**

- ◆ Yes
- ◆ No
- ◆ Other

**Question 19: Anything else you wish to share about your discharge?**



**Question 20: How would you describe your gender?**

- ◆ Female (including transgender)
- ◆ Male (including transgender)
- ◆ Prefer to self-describe e.g., non-binary, gender-fluid, agender.  
Self-description: \_\_\_\_\_
- ◆ Prefer not to say

**Question 21: What age bracket are you?**

- ◆ 0 - 10 years
- ◆ 11 - 20 years
- ◆ 21 - 30 years
- ◆ 31 - 40 years
- ◆ 41 - 50 years
- ◆ 51 - 60 years
- ◆ 61 - 70 years
- ◆ 71 - 80 years
- ◆ 80+ years

**Question 22: Please tell us which area of Central Bedfordshire you live in e.g., Biggleswade, Dunstable, Flitwick, etc.?**

**Question 23: What is your ethnic group? Choose one option that best describes your ethnic group or background.**

- | White     | Asian or Asian British       | Mixed                        | Black or Black British       | Other Ethnic Group                           |
|-----------|------------------------------|------------------------------|------------------------------|--|
| ◆ British | ◆ Indian                     | ◆ White and Black Caribbean  | ◆ Caribbean                  | ◆ Chinese                                    |
| ◆ Irish   | ◆ Pakistani                  | ◆ White and black African    | ◆ African                    | ◆ Any other Ethnic Group                     |
| ◆ Other   | ◆ Bangladeshi                | ◆ White and Asian            | ◆ Any other black background | ◆ I do not wish to disclose my ethnic origin |
|           | ◆ Any other Asian background | ◆ Any other mixed background |                              |  |

# About Healthwatch Central Bedfordshire

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Healthwatch Central Bedfordshire is the local consumer champion promoting choice and influencing the provision of high quality health, social care and wellbeing services for all across Central Bedfordshire.

Healthwatch Central Bedfordshire (HWCB) has significant statutory powers to ensure that the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. HWCB engages and consults with all sections of the local population so that a wide cross-section of views are heard, understood and acted upon. Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience.

Healthwatch Central Bedfordshire is one of three local Healthwatch in the County of Bedfordshire and belong to a network of local Healthwatch. Healthwatch England leads, supports and guides the Healthwatch network which is made up of the national body and local Healthwatch across each of the 152 local authority areas in England.

Healthwatch is the only body looking solely at people's experience across all health and social care. As a statutory watchdog our role is to ensure that local health and social care services, and the local decision-makers put the experiences of people at the heart of their care.

**healthwatch**  
Central Bedfordshire



# healthwatch

Central Bedfordshire

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Healthwatch Central Bedfordshire