Hospital Discharge Wellbeing Checks in East Sussex

Pilot Phase One: Final Report

December 2021

Contents

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Executive Summary

In July 2020, Healthwatch East Sussex (HWES) was commissioned by the NHS Commissioners (East Sussex CCG) to undertake follow-up wellbeing checks of hospital patients discharged into East Sussex by East Sussex Healthcare NHS Trust (ESHT).

This was for an initial 3-month pilot (August to October 2020), subsequently extended into the first two weeks of November 2020 during the national COVID restrictions, with an opportunity for an extension of a further 3-months (phase two). Decisions on the focus, format and duration of any phase two activity would be determined by the learning and outcomes captured during phase one, including feedback from the different project partners.

This project was developed to explore the totality of the discharge experience amongst patients, capturing feedback on the process from the whole cohort of referred cases and offering signposting and support to those identifying an ongoing need.

The project focused upon delivering three main outcomes:

1. Offering reassurance to patients and/or their carers 7-14 days after discharge by undertaking a wellbeing check via phone to check their status and identify their concerns related to health, care, well-being or the hospital discharge process.

2. Signposting individuals to further support where appropriate, including that focused on reducing loneliness and social isolation, assistance from health professionals and advice on the community support available.

3. Gathering independent feedback from patients/carers on the discharge process to help inform service development, both at the point of discharge and 7-14 days later.

The wellbeing checks commenced in August 2020 and this report provides a summary of the 1,793 checks completed up until the second week of November 2020.

It also provides an overview of the methodology used to undertake the checks, the outcomes that were delivered, the key learning so far and recommendations that may be adopted to utilise the learning or evolve the project moving forwards.

Healthwatch wish to highlight that this work was undertaken during the national COVID-19 lockdown in the winter of 2020/21, and pay tribute to the dedication of staff working in East Sussex hospitals and their achievement of maintaining services during this difficult period.

Key findings

A total of 1,793 patient 'zero' pathway cases were shared with HWES by ESHT between August and November 2020, and 1,441 follow-up wellbeing checks were successfully completed (80.4% of those received).

A significant majority of those contacted had appropriate access to food and day-to-day essentials (1,217 – 84.5%), had support from family or friends to assist them (1,185 - 82.2%) and knew where to access appropriate support should the need arise (1,020 – 70.8%).

Some 233 people were identified as having a support need out of 1,441 completed cases (16.2%). Whilst the number of discharge cases with needs is low, some issues did exist and on occasion these had a significant impact on the individuals concerned.

In nearly two-thirds of cases where needs were identified (149 – 63.9%), these required no external support or assistance, either due to the nature of the need or the ability of the individual (with existing support) to respond to it themselves. The remaining 84 (36.1%) cases received signposting to appropriate health, care and community organisations such as GPs (34.5%), Healthwatch East Sussex (28.7%), Adult Social Care (ESCC) (12.6%) and Community Hubs (9.2%).

In 46 of these cases individuals had immediate support requirements, primarily linked to medical conditions for which they had recently received treatment or were experiencing knock-on effects such as infections or ongoing symptoms. Sometimes their situation was complicated by their personal circumstances or wider health issues, including long-term or complex conditions.

Feedback from a significant proportion of participants highlighted the positive value attributed to the follow-up checks, irrespective of whether they have a support need. Checks were viewed by recipients as providing an additional layer of re-assurance to all discharged patients, and where appropriate, support.

Conclusions

Several issues and outcomes were identified through the wellbeing checks undertaken between August and November 2020. A summary of these conclusions is set out below:

This report provides reassurance that over four out of five of patients discharged from local hospitals reported a positive experience whereby their needs were met, and they had somewhere to go for ongoing support.

Whilst the majority of discharged patients did not have ongoing support needs or were able to meet these themselves, there were a small number who did require additional support or had immediate needs, and some struggled to identify how, where and when to seek this.

For those with an immediate need, the most common location for signposting was their GP but in some cases, patients experienced issues in obtaining timely access. On occasion GPs appeared not to have received or had access to patients discharge information from the hospital, which led to delays and complicated follow-up discussions about next steps.

The most common post-discharge issue across all cases was unmet patient expectations in relation to communications, often in relation to follow-up appointments or support. Feedback indicates that patients may benefit from clearer guidance on which health or care services to contact and in which circumstances following their discharge, helping them to quickly and simply understand who to contact, about what, when and how to do so.

During the project, a range of feedback was also received about patient's hospital stay and whilst outside of the focus of this project, these have been shared with ESHT so that this can inform continued work to improve services. Around 85% of those who commented on their hospital stay made favourable comments about it, with praise focusing on the professionalism, responsiveness and caring attitude of staff. In a minority of cases, patients indicated issues or negative factors which impacted on their stay. Some examples were identified where patients' personal care needs were not being met during their hospital stay. Whilst limited in number, their impact on the individuals was significant.

A number of recommendations which respond to these issues are presented at the end of the report, together with options for future work on hospital discharge.

Introduction

Context

In July 2020, Healthwatch East Sussex was commissioned by the NHS Commissioners at East Sussex Clinical Commissioning Group (CCG), to undertake follow-up 'Wellbeing Checks' with patients and/or their carers who reside in East Sussex following their discharge from hospital.

This initiative sought to support the Sussex-wide response to the Covid-19 pandemic by offering additional checks for those discharged from hospital at a time when health, care and community services were both operating differently and potentially under pressure.

The Wellbeing Checks delivered by Healthwatch East Sussex focused only on individuals discharged via 'Pathway 0'. This pathway applies to those individuals who are categorised as: *Medically able with no additional post discharge support required; Safe to be discharged to home - includes no safeguarding concern; Has access to a normal place of residence - this includes nursing and residential home settings.*

This initiative was a 3-month pilot running from the start of August to the end of October 2020, with the potential for a 3-month extension. The decision to extend the process would be decided once the effectiveness of the wellbeing checks was assessed by reviewing the outcomes achieved, against those sought.

Following discussions, a short extension to the initial project was agreed in order to cover the first two weeks of the second national Covid-19 lockdown in November. This was capped at 100 cases for each week of this two-week period.

This project is similar to an initiative being delivered by Healthwatch Brighton & Hove, with learning and resources from that process used to inform the development of the approach in East Sussex.

A key difference between the two programmes is that in Brighton & Hove there are no wellbeing checks undertaken by volunteers from the Hospital Trust before patients are discharged, and the patients may be from any discharge pathway. Consequently, their medical needs and circumstances can vary considerably.

The outcomes

The wellbeing checks focused on providing three core outcomes:

1. **Offering reassurance to patients and/or their carers 7-14 days after discharge by undertaking a wellbeing check via phone to check their status and identify if they had any concerns related to their health, care, well-being or the hospital discharge process.**

   Given the status of the Covid-19 pandemic, the wellbeing checks offered a valuable opportunity to ensure that any patients discharged from hospital were provided with independent follow-up checks which checked their status, assessed whether they had any support needs and offered them support if they did.

   We knew some people were reluctant to contact NHS services during the pandemic so as not to overburden the system, and these checks offered an opportunity to explore whether individuals were accessing support when they have a need and if so, what issues they were seeking assistance with.

2. **Signposting individuals to further support where appropriate, including that focused on reducing loneliness and social isolation, assistance from health professionals and advice on community support available.**

   A goal of the Wellbeing Check was to explore the status of discharged patients between one and two weeks after the point of discharge, and where appropriate to signpost or assist them in obtaining support. This included the provision of contact details, information or assisting them with a referral process, such as to a Community Hub.

   A key benefit of this support was assisting people at a time when services may have changed or were not accessible in the usual way, consequently altering the landscape of provision and affecting people's ability to establish how and where help can be obtained.

   This process sought to use the up-to-date knowledge of community support and the health and care system held by the Healthwatch East Sussex Wellbeing Check team to provide reassurance, high quality signposting information and advice if required.

3. **Gathering independent feedback from patients/carers on the discharge process to help inform service development, both at the point of discharge and 7-14 days later.**

   A key benefit of an independent organisation making contact with patients, especially one such as Healthwatch with a clear focus on championing public and patient needs, was the ability to obtain honest and open feedback from patients in a form that may not be forthcoming for commissioners or providers.

   The Wellbeing Checks focused on capturing people's feedback on the discharge process itself, but also any expectations that patients may have about follow-up actions or next steps which were scheduled to occur after their discharge, such as test results and appointments.

Methodology

The process and documentation utilised in the Healthwatch Brighton & Hove wellbeing check service (HOPS) was shared with Healthwatch East Sussex and formed the skeleton basis for the development of this initiative. This has subsequently been amended and adapted for use in East Sussex and targeted at the Patient '0' pathway.

The documentation and processes developed for the East Sussex initiative were tested in advance of the project commencing to check their suitability and applicability, and also piloted by staff for a limited number of cases once it started in order to check the system operated appropriately.

Further detail on the methodology is set out in Appendix 1.

The Wellbeing Check Team

To undertake the telephone calls which formed an integral part of the wellbeing check process, Healthwatch East Sussex used a combination of Authorised Representatives and members of staff.

Authorised Representatives are Healthwatch volunteers who have received comprehensive training, have a diverse background of experience and possess an enhanced DBS clearance. Many are experienced in contributing to processes that seek to obtain people's experiences of health and care services, including carrying out surveys, interviews and in normal circumstances face-to-face 'Enter and View' visits to services.

They were supported by three members of permanent staff. Two additional temporary project workers were recruited to deliver this project, including a Lead Volunteer Coordinator and a dedicated caller.

Project Management and Oversight

Project Management was provided by the Healthwatch Volunteer & Community Liaison Manager who also provided daily on-call support to deal with escalation concerns, hosted two-weekly support meetings for the well-being team', provided regular liaison with ESHT and one-to-one support sessions with volunteers and staff.

Contributions are also provided by the Evidence and Insight Manager to assist in ensuring robust systems were in place for managing patient information in line with the Data Protection Impact Assessment (DPIA), the data analysis process and monthly reporting requirements.

Project oversight was provided by the Director of Healthwatch East Sussex.

Data Protection

As with all projects dealing with personal data, and especially those which may involve dealing with sensitive personal details such as health conditions or safeguarding issues, mechanisms have been put in place to ensure that such information was appropriately used and secured.

A robust Data Protection Impact Assessment (DPIA) was developed to assure the safe transfer and handling of patient confidentiality. This identified the personal information to be transferred, the mechanism for transfer as well as safeguards during and after its use. This DPIA was reviewed and agreed by the Hospital Trust and the Clinical Commissioning Group in advance of the project commencing.

As part of the project planning and inception process, those undertaking well-being checks participated in planning sessions with ESHT to understand how the process and transfer of data would work and were provided with a step-by-step guide to refer to, once operational. These re-iterated the need for appropriate safeguards to personal data to be applied.

Whilst an essential part of the process, adherence to appropriate data protection protocols have been time consuming. There have been no concerns raised in relation to Data Protection Protocols reported during the delivery and reporting timeframe.

Safeguarding

The focus of the well-being checks was on patients discharged through the Patient '0' pathway and the likelihood of safeguarding issues was deemed to be low. However, consideration was given to the potential for concerns to be identified and an escalation process put in place to deal with any such eventualities. This was submitted as part of the proposal to deliver the project and shared with those undertaking the checks, many of whom are very familiar with safeguarding policies and processes, as well as HWES escalation procedures.

All participants in the process were asked to identify all safeguarding concerns and to notify the co-ordinator or project manager at the earliest opportunity.

There were no safeguarding concerns raised during the cases undertaken as part of this project (as defined in The Care Act 2014).

Key Findings

Case statistics

The following tables provide an overview of the wellbeing check cases received and undertaken by Healthwatch East Sussex.

Breakdown of cases:

	No. of cases	% of total
Total August cases allocated and completed (up to 30.8.20)	**572**	**31.9%**
Total September cases allocated and completed (up to 29.9.20)	**621**	**34.6%**
Total October cases allocated and completed	**400**	**22.3%**
Total November cases allocated and completed	**200**	**11.2%**
Total cases allocated and completed to-date	**1,793**	**100.0%**

Breakdown of total cases completed:
The following table provides a breakdown of those cases where contact was or was not successfully made.

	August	September	October	November	**Total**
Cases where contact was made:	478	481	320	162	**1,441**
	83.6%	77.5%	80.0%	81.0%	**80.4%**
Number of people who could not be contacted or were not available after 5 (subsequently reduced to 3 attempts) and the case was 'abandoned':	94	140	80	38	**352**
	16.4%	22.5%	20.0%	19.0%	**19.6%**
Total	**572**	**621**	**400**	**200**	**1,793**

Breakdown of case outcomes - out of cases completed where contact was made:
The table below provides a breakdown of case outcomes for those cases where contact was successfully made:

	August	September	October	November	**Total**
Cases indicating 'no needs':	332	348	188	127	**995**
	69.5%	72.3%	58.8%	78.4%	**69.0%**
Cases who declined support:	15	13	19	7	**54**
	3.1%	2.7%	5.9%	4.3%	**3.7%**
Cases indicating they had 'some needs':	76	73	56	28	**233**
	15.9%	15.2%	17.5%	17.3%	**16.2%**
Cases that were not classified*	55	47	57	0	**159**
	11.5%	9.8%	17.8%	0.0%	**11.0%**
Total	**478**	**481**	**320**	**162**	**1,441**

*Please note - in some instances contact was made but the outcome could not be classified. For example, where the participant was not able or willing to provide an appropriate response, had been re-admitted to

hospital or care and in a number of cases was now deceased. This also includes cases where contact was made, but the number or patient details were incorrect.

Breakdown of outcomes for the cases identifying 'some needs'
The table below provides a breakdown of the outcomes for those cases where 'some needs' were identified.

There were no referrals to the Hospital Safeguarding Team, Safeguarding Single Point of Access (SPOA) or Mental Health Support Services.

	August	September	October	November	Total
Directly Signposted to relevant support services	26	19	23	13	**81**
	34.2%	26.0%	41.1%	46.4%	**34.8%**
Referred to Community Hub	2	1	0	0	**3**
	2.6%	1.4%	0.0%	0.0%	**1.3%**
Identified need – but no requirement for external support as part of wellbeing check process	48	53	33	15	**149**
	63.2%	72.6%	58.9%	53.6%	**63.9%**
Total	**76**	**73**	**56**	**28**	**233**

Signposting to relevant support services*
This table provides a breakdown of the cases 'in need' directly signposted to relevant support services.

Signposting location	August (26 cases)	September (19 cases)	October (23 cases)	November (13 cases)	Total	
GP	16	6	5	3	**30**	**34.5%**
Adult Social Care	3	3	3	2	**11**	**12.6%**
NHS111	2	0	0	0	**2**	**2.3%**
Healthwatch East Sussex	4	9	11	1	**25**	**28.7%**
Community Hubs	1	0	3	4	**8**	**9.2%**
Citizens Advice Bureau (CAB)	0	0	0	1	**1**	**1.1%**
Hospital Services	0	0	0	1	**1**	**1.1%**
Care for the Carers	2	1	0	0	**3**	**3.4%**
Inflammatory Bowel Disease Clinic	1	0	0	0	**1**	**1.1%**
999	1	0	0	0	**1**	**1.1%**
PALS/Complaint Advocate	0	2	0	0	**2**	**2.3%**
Unspecified	0	0	1	1	**2**	**2.3%**
Total	**30**	**21**	**23**	**13**	**87**	**100.0**

*Please note – cases may have been signposted to more than one organisation, consequently the number of organisations signposted to may exceed the number of cases classified as 'signposted'.

Three people were 'referred' to Community Hubs and directly supported to access these services. One with the Hastings Community Hub and two with the Eastbourne Community Hub.

Trends from all wellbeing check cases

This section provides a summary of the trends identifiable across all 1,441 cases completed during the wellbeing checks undertaken between August and November 2020. It includes the cases in which both no needs were identified and where some needs were identified.

The comments presented in the green boxes are the responses provided by discharged patients to the questions posed (see Appendix 2). Wherever possible the terms and phrasing used by those who were discharged have been recorded and included. In some instances, this may reflect paraphrasing by those undertaking the checks.

The subsequent section provides a similar breakdown specifically focused on those cases in which 'some needs' were identified.

Support from family and friends

During the checks, participants were asked about their access to support from family and friends [Do you have a friend or family member to support you?].

This was asked to determine whether discharged patients were socially isolated or could call on assistance from others.

	August	September	October	November	Total
Cases identifying that they **had** a friend, family member, neighbour or carer to support them	402	406	232	145	**1,185**
	84.1%	84.4%	72.5%	89.5%	**82.2%**
Cases identifying that they **did not have** a friend, family member, neighbour or carer to support them	16	13	7	4	**40**
	3.3%	2.7%	2.2%	2.5%	**2.8%**
Cases in which it was **not possible to clarify** the status of support from family and friends during the wellbeing check or no response was provided to the question.	60	62	81	13	**216**
	12.9%	12.6%	25.3%	8.0%	**15.0%**
Total					**1,441**

Approximately four out of five patients (82.2%) receiving post-discharge wellbeing checks indicated that they had support from friends, family members, neighbours or others to support them.

In a proportion of cases (15.0%) it was challenging or not possible to clarify patient's circumstances in relation to the support available to them.

Only in a very limited number of cases (2.8%) did discharged patients identify that they felt that they did not have access to adequate levels of support.

Access to food and supplies

The check process was developed during the Covid-19 lockdown period, when both shielding and social distancing restrictions were in force. This may have had a significant impact on those discharged from hospital, as it could have affected their ability to access food and other day-to-day essentials.

To assess this, discharged patients were asked during the checks 'Do you have enough food and supplies?'.

Whilst pandemic-related restrictions have been largely eased, the enquiry remains valuable in assessing the ability of discharged individuals to obtain those items that they require in order to live independently.

	August	September	October	November	Total
Cases identifying that they have (or have access to) sufficient food and supplies	411	420	236	150	**1,217**
	86.0%	87.3%	74.0%	92.6%	**84.5%**
Cases identifying that they **do not** have (or have access to) sufficient food and supplies	3	1	3	0	**7**
	0.6%	0.1%	0.9%	0.0%	**0.5%**
Cases in which it was not possible to clarify individual's circumstances, or no response was provided	64	60	81	12	**217**
	13.4%	12.5%	25.3%	7.4%	**15.1%**
Total					**1,441**

In an overwhelming majority of cases (84.5%) discharged patients indicated that they had access to adequate supplies of food and day-to-day essentials.

Only in a very limited number of cases (0.5%) did discharged patients identify that they felt that they did not have (or have access to) adequate supplies.

Access to help and support

An important aspect of the wellbeing checks was to ascertain the awareness and ability of individuals discharged from hospital to access help or support if they require it, both now and in the future.

Discharged patients receiving well-being checks were asked 'Do you know where to go for help and support?'.

Where there was a lack of clarity or understanding, the checks offered an opportunity to provide suitable information or signposting based on the needs of the discharged individual.

	August	September	October	November	Total
Cases identifying that they **were clear** as to how to access help and support should the need arise (including via family and friends).	350	353	193	124	**1,020**
	73.2%	73.4%	60.3%	76.5%	**70.8%**
Cases identifying that they were **not clear** as to how to access help and support should the need arise (including via family and friends).	34	45	33	22	**134**
	7.1%	9.4%	10.3%	13.6%	**9.3%**
Cases identifying that they were **uncertain** as to how to access help and support should the need arise (including via family and friends).	40	27	11	4	**82**
	8.4%	5.6%	3.4%	2.5%	**5.7%**
Cases in which it was **not possible to clarify** individual's circumstances, or no response was provided.	54	56	83	12	**205**
	11.3%	11.6%	25.9%	7.4%	**14.2%**
Total					**1,441**

Over two-thirds of discharged patients receiving checks (70.8%) identified that they felt aware and able to access support if it were required following their discharge. This could relate to their medical or personal circumstances.

However, in nearly one-in-ten cases (9.3%), discharged patients identified that they were not clear as to how to access help and support should the need arise (including via family and friends). For those with no immediate need, this may be because the question was thought hypothetical, whilst for others there was an absence of clarity, which suggests that support pathways may not be sufficiently clearly identified at the point of discharge or are difficult to clarify post-discharge.

Of those discharged patients who identified that they were clear as to how to access help and support should the need arise (or felt they could rely on assistance from family members or friends if the need arose), this response was based on a combination of information provided at the point of discharge, as well as existing knowledge of, or a pre-existing relationship with a service provider or support organisation.

Comments from those receiving wellbeing checks in response to the question 'Do you know where to go for help and support?' included:

Yes - has the phone number of the specialist heart nurse.

Yes. I can speak to my Consultant of Gastrology if needed. I spent some time talking to him when I was in the Conquest. I know how to reach him if I need to."

Yes - list given on discharge.

Yes, but also taken Healthwatch 0333 number.

In cases where those undertaking the checks felt discharged patients were unclear or unsure about who to contact and how, they were offered the names and contact details of relevant support organisations. These were aligned with the nature of need identified during the check process.

As a minimum this included those for Healthwatch East Sussex, but also included ESCC Adult Social Care, Community Hubs and voluntary organisations. One aspect worth noting here is the availability of this support information, with some individuals citing an inability to access these details 'online'.

Where those undertaking wellbeing checks identified a lack of awareness of where to seek support, this was recorded along with their recommended and/or actual course of action:

From the comments below I do not think he does - I suggested he contact his GP surgery - said he might!

No. Given Healthwatch 0333 number.

No discussed ASC and using GP.

Across wellbeing checks undertaken in all months, uncertainty was often a combination of a lack of clarity about the services or support available, as well as about which ones to access and when to do so. Uncertainty could also reflect the fact that discharged patients were not guided in how to prioritise which services to contact and when. Examples included:

Unsure, probably GP.

Not sure. Given Healthwatch 0333 number.

Unsure. May need homecare in the future once Joint Rehab Team support ends. Suggested ASC.

Where appropriate, participants in the wellbeing checks were offered the contact details for Healthwatch East Sussex for any future query.

It is important to note that whilst support may be offered, it was not always accepted or appropriate in all cases. For example, discharged patients identifying a lack of understanding about where to seek support may also identify a lack of any immediate need for it, so this may not have been sought, nor is it simple to provide it to them in such instances other than in generic terms such as NHS111, your GP etc.

Comments captured from those undertaking checks included:

Not sure, but nothing needed currently.

Not really she said. But does speak to GP and knows about NHS 111. I gave her the Healthwatch Info Tel No too.

Is there a particular service or type of support you were expecting to receive that has not happened?

During the wellbeing checks, discharged patients were asked - is there a particular service or type of support they were expecting to receive that had not happened? This was to identify whether expectations were being met, especially where these were set prior to discharge from hospital.

Services or support may have included further diagnostics, follow-up appointments with the hospital, or appointments with a GP, nurse or other practitioner. It may also include physiotherapy, occupational therapy and other community-based services.

	August	September	October	November	Total
Cases in which patients had expected a service or form of support and these **had <u>not</u> occurred** when the check was carried out.	21	34	33	16	**104**
	4.4%	7.1%	10.3%	9.9%	**7.2%** *(out of 1,441 completed cases)*
Total					

In fewer than one-in-ten wellbeing check cases (7.2%) were expectations unmet in relation to patients receiving a form of support or follow-up post-discharge at the point the check was carried out (typically 7-14 days after discharge).

Comments from discharged patients in response to the question – 'Is there a particular service or type of support you were expecting to receive that has not happened?' included:

I've had every support. The nurse came yesterday took my blood pressure and left numbers for me to call.

No. had a number of follow up tests and district nurse visiting regularly. Also have carers once each day.

No. All F/U appointments booked.

Had follow up procedures since discharge, so organised quite quickly and now waiting for a further consultation to find out the next steps. Has blood test booked at hospital for later this week.

After discharge hospital phoned patient every day for a week, then every other day until he told them he felt fine. Very good follow up.

However, there were approx. 100 cases across the four-month pilot in which the expected follow-up or support had not occurred. Unmet expectations related to a range of services or forms of support, but the most common were:

- A follow-up or appointment with their GP
- A follow-up or appointment at the hospital
- Specialist or District Nurse visits
- Physiotherapy appointments/sessions
- Occupational Therapy support

Those discharged patients indicating that their expectations had not been met often indicated that these had been set by services prior to discharge, with patients awaiting information or follow-up that it had been indicated they would receive.

Comments made by those undertaking wellbeing checks in cases where discharged patients had unmet expectations about the support that they were expecting to receive included:

Told him the district nurse would in touch - did not happen.

No support nurse, dietician should have come - heard nothing.

Went in with pacemaker problems. Said they would send a letter for another appointment to check it again. Has not had the letter.

Since your discharge are there any aspects of your health, care or well-being that you are concerned about?

In the course of undertaking the wellbeing checks, discharged patients were asked: since your discharge are there any aspects of their health, care or well-being that they were concerned about?

These could relate to the issues for which they were in hospital, but may also relate to wider issues, such as long-term conditions or newly developing symptoms.

	August	September	October	November	Total
Cases in which patients indicated that they had **concerns about their health and wellbeing** at the time of the checks, and **identified what these were.**	79	55	48	35	**217**
	16.5%	11.4%	15.0%	21.6%	**15.1%** *(out of 1,441 completed cases)*

In approximately one in seven wellbeing check cases (15.1%), discharged patients identified that since their discharge there were aspects of their health, care or well-being that they were concerned about. Whilst most of these related to medical issues or health concerns for which they had been in hospital, others were linked to long-term conditions as well as to their personal circumstances.

Comments made by discharged patients who indicated that they had no concerns about their health and wellbeing at the time of the checks when asked 'Since your discharge are there any aspects of your health, care or well-being that you are concerned about?' included: No, getting better each day.

No not really they have followed up with a phone call.

Not really. 'Touch wood feel fine in myself'.

Comments made by those undertaking checks with those discharged patients who indicated that they had concerns about their health and wellbeing at the time of the checks, but that these reflected long-term or ongoing conditions, included:

Patient obviously has a lot wrong with him - heart failure, pulmonary probs, hypertension etc. - as well as quite happy hallucinations, e.g. he thinks guests have come round and makes sandwiches for them, from one of his meds (a beta blocker).

No. was in for a blood transfusion which he has very regular, so he knows the hospital well.

In some cases, a concern about a discharged patients health or care was raised, but it was made clear during the process that a response or action was already in-train or underway to respond to it. Issues primarily related to follow-up appointments, additional tests or awaited procedures/support.

Examples of comments recorded by those undertaking wellbeing checks included:

Worried that meds may be causing pain & nausea. GP phone consult tomorrow.

Yes - needs a catheter removed - received appointment for Monday.

Yes - 1 scar will not heal - going to the doctors to have it checked.

In some cases, discharged patients stated that they had some concerns about their health and wellbeing and clarified what these were. These included the speed of recovery, as well as the physical symptoms that remained following treatment.

Other across-cutting themes that were identified related to people's anxiety over test results, future treatment and changes to existing treatment, especially where it was not clear when these were expected or what the next steps may be.

The issues that people were concerned about included the following:

- Anxiety in relation to diagnoses and test results.
- Anxiety over the lack of timely follow-up appointments or procedures, especially where these had been indicated pre-discharge.
- Ongoing pain or discomfort, either before or following a procedure or treatment.
- A lack of clarity on follow-up processes and support following discharge e.g. nurse visits, occupational therapy etc.
- Support in modifying their living environment to meet their needs (household adaptation), including how to obtain assistance to achieve this.

Examples of comments recorded by those undertaking wellbeing checks included:

Patient's hearing issue - which in the past seems to have been sorted by syringing - is really making the life of these two elderly people (87/86 years) difficult. She has to write him notes!! He has also developed shingles since home form hospital.

Still in pain.

Patient has some blood loss which is currently unexplained. This was going to be investigated in hospital but was not possible due to his condition at the time. He has had a procedure to investigate this since discharge, but still no positive outcome.

In circumstances where patients would have benefited from any follow-on clinical advice or ongoing care, appropriate signposting was given.

Do you have any other comments you wish to add?

Discharged patients provided a wide range of comments when offered the opportunity to feed in any comments or feedback that they wished to provide [Do you have any other comments you wish to add?].

A breakdown of the trends identified in these responses were as follows:

	August	September	October	November	Total	
Commented favourably about their stay in hospital	187	239	139	88	**653**	**84.9%**
Were not happy about their hospital experience	41	31	28	16	**116**	**15.1%**
Made favourable comments about the food in the hospital	27	28	15	5	**75**	**70.8%**
Were not happy about the quality of the food in the hospital	13	14	2	2	**31**	**29.2%**
Were positive about their GP and the support they provide	28	13	2	7	**50**	**64.1%**
Were not so happy about their GP and identified some issues.	11	4	10	3	**28**	**35.9%**
Identified problems with communication(s).	20	33	9	4	**66**	**80.5%**
Made positive comments about the level of communication(s).	4	5	1	6	**16**	**19.5%**

During the project, a range of feedback was also received about patient's hospital stay and whilst outside of the focus of this project, these have been shared with ESHT so that this can inform continued work to improve services. The key themes from this feedback are summarised below.

Positive comments on hospital experience

Of the 653 discharged patients receiving wellbeing checks who were positive about their stay in hospital (45.3% of all completed cases), many expressed their gratitude using words as brilliant, superb, fantastic and excellent to describe their experience.

Positive comments largely focused on the staff, identifying their professionalism, responsiveness and caring nature, alongside positive comments about the food whilst in hospital.

Negative comments received on hospital experience

Unfortunately, some checks identified negative experiences associated with discharged patients stay in hospital (116 or 8.0% of all completed cases). These included themes such as a perceived lack of responsiveness or care amongst hospital staff (of all types), delays in receiving timely assistance, a lack of cleanliness and a noisy environment (in part due to other patients), alongside negative comments about the quality of the food, including the diversity of the menu,

lack of choice for those with certain dietary requirements, such as 'gluten free' meals.

Several discharged patients made reference to being asked about decisions in relation to 'Do Not Resuscitate' (DNR) and being encouraged to complete the relevant forms to this effect, which they felt was potentially inappropriate, ill-timed and not particularly well explained.

A limited number of discharged patients made reference to the fact that they felt that they had been treated differently due to their age. This particularly applied to older people, who felt that their age was being used in the decision-making around their case and in the speed of response to their needs, which were perceived as less of a priority than for younger people.

Comments on experiences of GPs
Nearly two-thirds of comments received in relation to GPs were positive (64.1%), whilst over a third (35.9%) were negative.

Positive comments from discharged patients relating to GP support included:

GP followed up effectively.

Everybody was fantastic - could not do enough District nurse comes once a week to dress her wound. Had a nosebleed - called GP - all sorted Good GP.

Yes waiting for a CPN to come to my home. My GP has been excellent and has prescribed medication for me.

My GP is very good and helping me.

However, discharged patients did identify a number of issues in relation to GPs. These included challenges in making contact with them when the need arose, as well as perceived challenges in achieving a satisfactory outcome which met their needs.

Negative comments recorded by those undertaking checks with discharged patients relating to GP support included:

Uses O2 at home, but would like a portable O2 cylinder so he can go out. Has asked GP - not helpful.

Discharge letter said that GP would review medication, but this has not happened. No contact from GP surgery. She has developed thrush and phoned the GP about this. Told by receptionist to get some across the counter medication for this.

He has tried to contact his GP but was told that he did not pass the triage system as his needs were not urgent.

GP issue is a thread that runs throughout the care, the service is non-existent and they are no help at all. Consultant writes a letter but I have to photocopy my letter to take in with me as the surgery don't seem able to find their copy, electronic or otherwise.

Only issue was that they did not send the discharge letter to the GP surgery, so his niece had to take them his copy which they photocopied.

Issues with communications

Over four out of five comments made in relation to communications (80.5%) identified negative experiences or concerns about the quality and the level of communication, compared to those who said this was good or who had positive experiences (19.5%).

Comments from discharged patients indicating positive experiences included:

What was really impressive was one of the Dr's took the time to explain everything in detail to me in layman's terms. She was an SHO and she followed everything up for me.

Hospital very good and keeping him well informed with ongoing treatment.

Some of the negative comments related to communication whilst they were on the ward, such as not receiving clear information about their diagnosis and sometimes practitioners disagreeing about their diagnosis. This led to confusion amongst patients in relation to results, diagnosis, treatment plans and next steps, with specific comments made in relation to communications about Cancer diagnosis.

Post-discharge issues primarily related to expectations raised pre-discharge which then didn't occur (e.g. a timely follow-up appointment, or a visit) and limited clarity about who to make contact with and when should the need arise.

Examples of the negative comments received from discharged patients included:

Clear information on discharge would have been helpful to me and made sure I didn't eat or drink the wrong things.

Only issue was the difficulty in getting information. Had a biopsy and still waiting for the results. Chased up with the hospital but told the consultant was off and now off again as broken his foot.

A bit concerned about the CT scan because nobody has actually explained to the patient why this is being done 'Something in the letter when I was discharged about a CT scan. I've not been told why'.

Was a difference of opinion between 2 consultants whilst in hospital. One prescribed medication which needs to be monitored very closely as could cause damage. Problem that the consultant is away for 3 weeks and no one seems to have replaced them and can answer his questions about safety of the drug.

Other comments

Across the four months of the project a wide range of 'other' comments were provided by discharged patients. Whilst aspects are picked up in the preceding sections, some comments from the cross-cutting themes most commonly identified are identified below:

Transport

Some discharged patients raised issues about the hospital transport, and the delay in being discharged from hospital due to delays in receiving appropriate transport provision. Others referenced the support for patients in accessing their transport.

Comments captured by those undertaking checks included:

> Had to be transferred from the DGH to the Conquest and spent a very uncomfortable 12 hours on a hospital trolley waiting for transport.
>
> The treatment was absolutely excellent - had to wait for transport though since I was still positive. Transport is always the biggest downfall of the service.
>
> On discharge, was unable to walk, only had 2 physio sessions in the hospital. Nurse wheeled me to the pick up and left me there. Did not give any help or advise on how to get in and out of car.
>
> The only problem was the discharge. She was told she could leave and so she arranged for her daughter to collect her at about 2pm. At 12 noon she was told that she couldn't go in a car but would need an ambulance and the hospital would arrange transport. She also had to leave the ward and go somewhere else to wait for the ambulance so she spent all afternoon in another part of the hospital, where there were only hard chairs. She was told an ambulance would arrive at 4.30pm, but this was delayed.

Physiotherapy

A number of discharged patients (five in September) mentioned that they had been told they would be receiving physiotherapy, but this had not happened.

> Discharged 4 weeks ago and still not heard from physio.

End of Life

In 14 cases (1% cases) family members or carers indicated that discharged patients had passed away since leaving hospital. Due to the sensitive nature of these cases it was not possible to identify if the patients had been discharged on an end of life pathway. These incidences were brought to the attention of ESHT.

Trends from cases identified as possessing 'some needs'

This section provides a summary of those cases identified through the wellbeing checks as identifying 'some needs'.

A total of **233** cases were categorised in this way, representing 16.2% of all of the completed checks undertaken during August, September, October and November 2020 (1,441).

As in the previous section, the comments presented in the green boxes are the responses provided by recipients of the checks to the questions posed (see Appendix 2).

All of the tables presented in this section provide a breakdown only of the responses received from cases classified where 'some needs' were identified.

The table below provides a breakdown of the outcomes for those cases where 'some needs' were identified. *Please note - This replicates the table shown on page 10.*

	August	September	October	November	Total
Directly Signposted to relevant support services	26	19	23	13	**81**
	34.2%	26.0%	41.1%	46.4%	**34.8%**
Referred to Community Hub	2	1	0	0	**3**
	2.6%	1.4%	0.0%	0.0%	**1.3%**
Referred to Hospital safeguarding team	0	0	0	0	**0**
	0.0%	0.0%	0.0%	0.0%	**0.0%**
Referred to Safeguarding Single Point of Access (SPOA)	0	0	0	0	**0**
	0.0%	0.0%	0.0%	0.0%	**0.0%**
Referred to Mental Health Support Services	0	0	0	0	**0**
	0.0%	0.0%	0.0%	0.0%	**0.0%**
Identified need – but no requirement for external support as part of wellbeing check process	48	53	33	15	**149**
	63.2%	72.6%	58.9%	53.6%	**63.9%**
Total	**76**	**73**	**56**	**28**	**233**

It is important to clarify that cases classified in this way indicate that during the process it became apparent that the individual concerned had some form of need. However, the significance of the need and any responses to it could only be clarified by working through the wellbeing check process.

For example, 'some needs' could be responded to by the discharged patient themselves, or with the assistance of family, friends or a health professional. In other cases, individuals may have been responding to needs themselves, but appreciated the added benefits of receiving additional information and signposting over and above that which they were already aware of.

No cases were identified during the checks as possessing a significant safeguarding concern which required referral back to the Hospital safeguarding team, or the East Sussex Safeguarding Single Point of Access (SPOA) or mental health support services. However, in one case, whereby a patient had expressed low mood or suicide idea to the well-being checker, further advice was sought from the ESHT regarding onward signposting. The patient was supported by their GP.

Is there a particular service or type of support you were expecting to receive that has not happened?

As identified in the table below, across the four months in which checks were undertaken, only in approximately one-in-eight cases classified as 'in need' (12.4%) did discharged patients identify that a particular service or type of support they were expecting to receive had not happened at the point when the check was undertaken.

	August	September	October	November	Total
Cases in which patients had expected a service or form of support and these **had not occurred** when the check was carried out.	*No analysis undertaken*	13	12	4	**29**
	N/a	17.8%	21.4%	14.3%	**12.4%** *(out of 233 completed 'in need' cases)*
Total					

However, the significance of these expectations not being met should not be underestimated, nor should the potential impact on the individuals concerned. The effects varied from increased anxiety due to not receiving a follow-up such as receiving some results or details of a follow-up appointment, through to direct physical impacts such as discomfort or pain resulting from not receiving support to manage a condition, including direct and associated physical symptoms.

There was no discernible pattern in the hospital services for which follow-up appointments had been expected but not occurred, but references were made to both cardiology and gastroenterology.

References to community and home-based visits and services were more explicit and commonly referenced nurse visits (district and specialist), physiotherapy, and occupational therapy. The impact was often most significant where individuals required visits to assist with the changing of dressings, or support with aspects such as catheters.

Comments received from discharged patients in cases where 'some needs' were identified in response to the question 'Is there a particular service or type of support you were expecting to receive that has not happened?' included:

NO Support nurse, dietician should have come - heard nothing.

Was told he needed further F/U scans but these have not been arranged yet.

Am awaiting an operation no date yet.

Still waiting for OT to visit to arrange shower grab rail and to see if anything other additions around the house can be made for safety. Some item delivered already i.e. high loo seat, but needs home assessment.

On discharge was not told anything - would have liked an explanation of her illness

An associated issue was communications, with discharged patients often being unclear on who they should contact to receive an update or pursue what would happen next. On occasions it was unclear whether this should be their GP, the hospital or a specific service provider.

Are there any aspects of your health, care or well-being that you are concerned about?

In nearly a quarter of cases classified as 'in need' (23.6%) through the check process, discharged patients identified concerns about their health and wellbeing.

	August	September	October	November	Total
Cases in which patients indicated that they had **concerns about their health and wellbeing** at the time of the checks, and **identified what these were.**	*No analysis undertaken*	27	15	13	**55**
	N/a	37.0%	26.8%	46.4%	**23.6%** *(out of 233 completed 'in need' cases)*

These reflected a range of issues, including ongoing pain or physical discomfort related to their original condition, other issues which had arisen (infections, swelling etc.), a need for more intensive support and assistance, changes to individual's capability (e.g. mobility, self-care etc.) and anxiety over future treatment.

Comments captured by those undertaking the checks in response to the question 'Are there any aspects of your health, care or well-being that you are concerned about?' included:

Uses O2 at home, but would like a portable O2 cylinder so he can go out. Has asked GP - not helpful.

Patient's hearing issue - which in the past seems to have been sorted by syringing - is really making the life of these two elderly people (87/86 years) difficult. She has to write him notes!! He has also developed shingles since home form hospital.

Health concern still present. Is very worried and disappointed with the situation and feels he is in a limbo.

In some discomfort but cannot get hold of GP.

Worried about test that are pending - lung function and kidney function

Wife was concerned, that he was no better and did not feel that they were getting any support from GP

GP concerned about kidney function as dropped. Breathing getting worse and they can't find out what is wrong with me.

YES - terminal cancer

Again, a cross-cutting issue in the responses received related to communication, both in terms of the responsiveness of services to enquiries and the organisation of follow-up support and treatment e.g. appointments, results etc.

This was a frequent source of anxiety and concern, especially where expectations had been raised through patients receiving messages pre-discharge about the likely future course of action or treatment.

Support from family and friends

Fewer than one-in-ten of the completed checks (8.6%) where a need was identified, indicated that they did not have a friend, family member, neighbour or carer to support them.

	August	September	October	November	Total
Cases identifying that they **had** a friend, family member, neighbour or carer to support them	66	66	47	24	**203**
	86.8%	90.4%	83.9%	85.7%	**87.1%**
Cases identifying that they **did not have** a friend, family member, neighbour or carer to support them	9	4	5	2	**20**
	11.8%	5.5%	8.9%	7.1%	**8.6%**
Cases in which it was **not possible to clarify** the status of support from family and friends during the wellbeing check or no response was provided to the question.	1	3	4	2	**10**
	1.3%	4.1%	7.1%	7.1%	**4.3%**
Total					**233**

In some instances, this was due to social-distancing and lockdown restrictions associated with the Covid pandemic. Comments recorded by those undertaking checks included:

Children live in London and Hastings all working so I can't expect them to. My son's coming to see me at the weekend.

Yes, wife, but she has physical and mental health issues.

Wife - also disabled though.

In others, it reflected the isolation of discharged patients who lived alone, acted as carers for others or were shielding themselves.

During the checks, pathways of support and contact details were offered to discharged patients who indicated that they did not have friends and family to assist them, and also who were unaware of the support mechanisms that existed. These were also often offered to individuals where vulnerability or uncertainty was identified.

Signposting included information related to Adult Social Care (ESCC), Care for the Carers and the local authority Community Hubs and Healthwatch Information & Signposting service as a means of ensuring that they had support pathways if required.

Access to food and supplies

Only in around one in every hundred 'in need' cases (1.3%) did a discharged patient identify that they did not have, or did not access to sufficient food and supplies, including day-to-day essentials. In those limited number of cases where individuals did not have support in relation to food and day-to-day essentials, they were referred to Community Hubs.

	August	September	October	November	Total
Cases identifying that they have (or have access to) sufficient food and supplies	74	70	51	26	**221**
	97.3%	95.9%	91.1%	92.9%	**94.8%**
Cases identifying that they **do not** have (or have access to) sufficient food and supplies	1	1	1	0	**3**
	1.3%	1.4%	1.8%	0.0%	**1.3%**
Cases in which it was not possible to clarify individual's circumstances, or no response was provided	1	2	4	2	**9**
	1.3%	2.7%	7.1%	7.1%	**3.9%**
Total					**233**

These trends reflect the high proportion of discharged patients indicating that they had support from friends and family, but also that they were able to access these essentials themselves or through the existing support mechanisms e.g. voluntary schemes, Community Hubs etc.

A small number of discharged patients identified that whilst they felt that they were adequately supplied at the point contact was made, they would appreciate additional support with obtaining access to food and day-to-day essentials as there were barriers to doing so.

Comments by discharged patients recorded by those undertaking checks in relation to this included:

YES- but would like a regular slot for ordering food

YES - but would appreciate more help

YES - only if he can use his car - cannot get a slot on the internet.

Access to help and support

In over one-in-ten of the 'in need' cases (11.2%), discharged patients identified that they were not clear as to how to access help and support should the need arise (including via family and friends), and in a similar proportion (9.9%) that they were uncertain as to how to access help and support should the need arise (including via family and friends), including when to make contact.

Cases classified in this way reflected a range of circumstances, including patients who were not aware of health, voluntary, community-based and other services that were available to support them. Some discharged patients knew what existed, but were unclear about how to access them, or at what point they should make contact or would be eligible for support.

	August	September	October	November	Total
Cases identifying that they **were clear** as to how to access help and support should the need arise (including via family and friends).	60	54	40	20	**174**
	78.9%	74.0%	71.4%	71.4%	**74.7%**
Cases identifying that they were **not clear** as to how to access help and support should the need arise (including via family and friends).	3	8	9	6	**26**
	3.9%	11.0%	16.1%	21.4%	**11.2%**
Cases identifying that they were **uncertain** as to how to access help and support should the need arise (including via family and friends).	12	8	3	0	**23**
	15.8%	11.0%	5.4%	0.0%	**9.9%**
Cases in which it was **not possible to clarify** individual's circumstances, or no response was provided.	1	3	4	2	**10**
	1.3%	4.1%	7.1%	7.1%	**4.3%**
Total					**233**

Some discharged patients had the relevant details and were aware of pathways, but were slightly reluctant to use them, primarily this was due to an awareness of pressures on the health and care system due to the pandemic and a desire not to generate additional pressures.

Comments captured by those undertaking wellbeing checks in response to the question – 'Do you know where to go for help and support?' included:

No I am having problems getting out of bath. Gave patient ASC telephone number.

Hospital gave her a Mental Health contact number, which she has not used. I have also given Hastings Hub and Healthwatch numbers, should she need them.

No advised to contact GP for advice if feeling not well or coping and get in touch with Care for the Carers for support with mother

Sort of - but conscious 'it's not that easy to get through to GPs at the moment.

During the wellbeing checks, the Healthwatch team provided all discharged patients who identified that they were not clear on pathways to access support with contact details or support information.

Clarification and guidance was also offered to those were there was a lack of certainty on what steps to take, with additional information provided where appropriate. As a minimum, discharged patients were provided with the contact details of the Healthwatch East Sussex Information and Signposting Service.

Conclusions

Several focused and cross-cutting issues have been identified through the process of undertaking the wellbeing check cases in East Sussex between August and November 2020.

A summary of these conclusions is set out below, and a corresponding set of recommendations is in the next section.

- This report provides reassurance to the East Sussex Health and Care System that approximately four out of five of patients discharged from local hospitals between August and November 2020 via the zero pathway reported a positive experience whereby their needs were met, and they had somewhere to go for ongoing support.

- Only in around one out of six cases (16.2%) did the wellbeing checks identify that discharged patients had a 'need' which required further action through assistance, signposting or referral. In approximately two-thirds of such cases these were primarily low-level support requirements that individuals were able to respond themselves or with the assistance of friends, family and others.

- Whilst the majority of discharged patients did not have ongoing support needs or were able to meet these themselves, there were a small number of individuals who did require additional support or had immediate needs. Some struggled to identify how, where and when to seek this support. This suggests that the information provided to patients at the point of discharge could be improved to better clarify the NHS and community support available, including how and when this should be accessed.

- For those with an immediate need, the most common location for signposting was their GP. This reflected the nature of their needs, which were either urgent from a patient perspective or required a follow-up. In a number of cases, it was clear that patients experienced issues in obtaining timely access to their GP. On occasion GPs also appeared not to have received or had access to patients discharge information from the hospital, which led to delays and complicated follow-up discussions about next steps.

- The most common post-discharge issue across all cases were unmet patient expectations in relation to communications, often in relation to follow-up appointments or support. This appeared to have the most significant negative effect where expectations had been established pre-discharge through information provided by staff, which were then subsequently changed or did not occur. Inconsistent messages or those which are not fulfilled generated anxiety and led to patients having to pursue services themselves.

- Irrespective of patients' experiences of their hospital stay or the discharge process, there appear to be some inconsistencies in the content of messaging provided to patients at the point of discharge, which in-turn created challenges for them in accessing support promptly and efficiently should the need arise. This included differing information being provided by different hospital services, and variations in the methods used to share discharge details with patients.

- Feedback indicates that patients may benefit from clearer guidance on which health or care services to contact and in which circumstances following their discharge, helping them to very quickly and simply understand who to contact, about what, when and how to do so.

Similarly, feedback suggests that information was not always provided to family members and carers, to assist them in providing appropriate support and helping with decision-making.

- During the project, a range of feedback was also received about patient's hospital stay and whilst outside of the focus of this project, these have been shared with ESHT so that this can inform continued work to improve services. Around 85% of those who commented on their hospital stay made favourable comments about their hospital stay. In a minority of cases, patients indicated issues or negatives factors, including noise and disruption on wards, the quality and diversity of the food, as well as mixed messages or poor communication from staff. Some examples were identified where patients' personal care needs were not being met during their hospital stay. Learning from these cases can help inform service improvements for the future.

Recommendations

Recommendations for East Sussex Healthcare NHS Trust (ESHT)

1. The Trust may wish to review the information provided to all patients and ensure that, at point of discharge, they are clearly informed as to who they should contact in relation to any issues that arise (hospital services, GP, community support), how they should make contact and at what point.

   The same core discharge information should be provided to all patients irrespective of the service they have used or point of discharge. This should clarify the expectations in relation to any follow-up activity such as diagnostic results or follow-up appointments, including those with their GP.

2. Clear, comprehensive and tailored guidance should be provided to those patients where specific changes have been made or ongoing management is required, such as the fitting of a pacemaker or a catheter. This will enable patients to be better informed, have greater control over their needs and minimise the risk of things going wrong. Specific points of contact should also be provided to support patients with these interventions.

3. Health literacy is an important factor to consider when providing discharge information, especially the format and frequency provided to patients. Discharge information should be provided in a dedicated 'transaction' delivered in a suitable environment and tailored to the needs of the recipient. Consideration should also be given to sharing discharge information with relatives and carers where appropriate. Verbal acknowledgement by patients before or during discharge may not be sufficient to confirm understanding and any details conveyed may be challenging to recall to after discharge.

   Patients should be provided with written (hard copy or email) confirmation of the discharge information they have received, ideally with a copy of any letter sent to a patient's GP, thus creating uniform expectations between all parties on next steps and simplifying engagement with GPs.

4. The Trust should review the themes from other comments provided about their stay whilst in hospital including comments about noise and disruption on wards; food; communications and personal care needs.

5. The Trust should feed the findings and recommendations from this report to the Multi-disciplinary Discharge Improvement Group (MDDIG) so that they may be used to inform its activity.

6. The Trust should feed the findings and recommendations from this report to those leading its Hospital Discharge Checking Service so that they may be used to inform its activity, including any future iterations of volunteer-led checks or support for patients at or after the point of discharge.

Recommendations for other health or care commissioners or providers

7. The Trust (ESHT) and East Sussex Clinical Commissioning Group (CCG) should review the liaison and communication between the hospitals and discharged patient's GP in order to ensure this is effective and that GPs are able to effectively carry out any follow up. This may include providing details of the messages being sent from the hospital to GPs to discharged patients, which may assist in clarifying their expectations and help in guiding their discussions with health professionals.

8. If there is any consideration of an extension of this pilot project, then a substantive break in the process between the two phases should be incorporated. The break should be of sufficient length to review and adapt the methodology and tools used to support the process and roll out guidance and training to staff and volunteers. This opportunity should also be used to learn from national and regional hospital discharge initiatives. A more detailed focus may also be beneficial in exploring the nuances of discharged patients' experiences.

9. Any consideration of an extended period of wellbeing checks for patients discharged from hospital should explore the make-up of the discharge pathways included, as well as the proportion of cases on which checks are made. It may be appropriate for wellbeing checks to be applied to a sample of cases or to cap the number of cases so that the resourcing required can be accurately quantified.

Recommendations for Healthwatch East Sussex

10. Senior staff and volunteers should ensure that the experience of undertaking this review is used to inform any future iterations of the wellbeing check process in East Sussex, both as a potential extension of this pilot and as part of other initiatives, including those with Healthwatch in Sussex.

11. Healthwatch East Sussex should feed the learning from this process into the wider Healthwatch network to inform future national, regional and local initiatives centred on patient experiences of hospital discharge.

Future options

In response to the methodological and thematic learning identified through the completion of hospital wellbeing check pilot undertaken between August and November 2020, Healthwatch East Sussex has identified the following future options:

Option 1 - Cessation of the wellbeing check process

Following the completion of approximately 1,400 follow-up well-being checks on individuals discharged on the zero pathway into East Sussex, there is a question over to what degree there is additional value in undertaking further checks using the same methodology.

Whilst feedback suggests that the checks are valued by those who receive them, especially those who require support or assistance, it is important to acknowledge that this latter group represent a relatively small proportion of the total cohort.

Similarly, whilst some specific issues and nuances have been identified in each of the four months in which the checks were undertaken, the same cross-cutting themes have been identified throughout the whole process: hospital experience up to the point of discharge, hospital-patient-primary care communications and post-discharge pathways and support.

These patterns suggest that although further checks undertaken using an identical approach may continue to offer re-assurance to patients and help ensure that no-one develops needs which go un-responded to, they are likely to identify the same core themes and issues.

On this basis, Option 1 is to not undertake any wellbeing checks over and above those already delivered by the pilot, to share the learning already obtained throughout the process, and to collaborate with partners in exploring how this may be best used to support positive development of the hospital discharge process in East Sussex.

Option 2 - Pause for review and reflection

To maximise additional value, the ongoing delivery of wellbeing checks by Healthwatch East Sussex would require a pause to reflect on the learning so far, to engage with partners about priority themes for further exploration and revisions to the check process, including changes to the questions asked and training for those undertaking them.

This pilot has engaged with a large sample of people in a relatively short period of time, and we are still in the process of drawing out insight and exploring how this may be used to reinforce existing activity or develop new approaches to inform the hospital discharge process in East Sussex.

Rather than continue to capture further feedback through an extension of the existing check process, it may be more effective to pause and reflect on the learning gathered so far, and only then to explore the potential value of additional (large-scale or targeted) wellbeing checks in the future.

This pause may also provide an opportunity for the findings of the Sussex-wide qualitative review of hospital discharge experiences undertaken by Healthwatch in early 2021 to be fed into the development process.

Healthwatch East Sussex is aware that ESHT has its own Volunteer-led Discharge Checking Service which supports patients at the point of discharge, as well as the Multi-disciplinary Discharge Improvement Group (MDDIG) to monitor and manage the discharge process. There may

be considerable value in Healthwatch collaborating with the Discharge group to explore how the feedback and issues identified in this pilot align with feedback captured by the Trust and any initiatives already focused on improving the discharge process.

This may:

- Provide additional opportunities to directly share patient feedback, offering examples to illustrate both negative and positive aspects of patient experiences
- Offer independent 'critical friend' assistance in pinpointing those elements of discharge identified as most significant from a patient perspective, including preferences for change.
- Assist in identifying and reinforcing aspects of best practice.
- Help to identify and overcome pinch-points.
- Contribute to the development of revised discharge processes and resources.
- Support aspects linked to discharge elsewhere in the health and care system.

Following a substantive pause and review of the learning (including extensive engagement with partners), there may then be scope to consider the further use of wellbeing checks. If future wellbeing checks are deemed valuable, it will be important to consider the methodological issues and considerations set out under Option 3.

Option 3 – Resumption of Wellbeing Checks following modification of the process

Following a pause for review and reflection, it may be possible to identify ways of addressing methodological issues that impacted on the project in the pilot phase, such as:

- The number of referred cases was higher than originally anticipated, placing pressure on staff and volunteer capacity in both undertaking the checks and reporting on the outcomes within the timescales originally envisaged.
- The requirement for monthly case reporting combined with the high caseload provided very limited scope for revisions to the methodology whilst the pilot was 'live'.
- Checks were only undertaken with discharged patients at a single point, thereby not capturing any change in patient's experiences throughout the discharge process.
- The only patients receiving checks were those on the 'zero' pathway, and it is therefore not clear to what degree these are representative of the experiences of discharged patients across all pathways.
- The script and questions used to guide the pilot wellbeing checks are relatively open-ended and whilst useful for capturing feedback on broad themes, they do not explore individual issues to a high level of detail.

Without revisions it is unlikely that phase two would identify new issues or explore existing ones at the level required to fully understand their causes and any beneficial changes that could be made.

If undertaking additional wellbeing checks is a preferred route moving forwards, then aspects considered during their development should include:

- Capping the number of checks being undertaken each month (random or specified sample) so that these are in proportion to the resource available.
- Including patients from multiple discharge pathways, rather than only the zero pathway.
- Exploration of the number of engagements undertaken with individual patients, potentially tracking patient perceptions and experience at multiple points in time (e.g. pre-discharge, point of discharge, 7 days after discharge, 14/21 days after discharge).

- Piloting the process and thoroughly review the feedback received before implementation
- Development of a clear pathway for the best use of the data and insight captured.

Healthwatch East Sussex recommendation:

Healthwatch East Sussex's preferred future option is Option 2: Pause for review and reflection.

Given the scale of the resource in time and energy invested in the wellbeing checks undertaken between August and November 2020, it is important that the maximum possible value is derived from the intelligence captured so far, before further wellbeing checks are considered.

There is considerable scope for further dialogue to explore how the findings from this pilot may inform the hospital discharge process in East Sussex, through liaison with East Sussex Healthcare NHS Trust and others.

Following a period of review and reflection, it may then be appropriate to reconsider Option 3 and resume wellbeing checks with a modified process.

Please note - Healthwatch East Sussex involvement in any of the future options set out above would require discussion with NHS commissioners and service providers.

Appendix 1 - Methodology

The Wellbeing Check Process

A step-by-step summary of the wellbeing check process developed and implemented during the first month of this project is identified below.

1. Receiving the cases

Each day (Monday to Friday) Healthwatch East Sussex receives a password protected list[1] of people who have been recently discharged from East Sussex Hospitals NHS Trust (ESHT). This is provided through a secure email being sent by ESHT to a specified email account only accessible by certain members of Healthwatch East Sussex staff team.

The list received on Monday's includes the cases discharged on Saturday and Sunday.

The list provided contains only the names and phone numbers of discharged patients.

This list is not pre-selected and contains all the patients on the agreed Pathway 0 leaving hospital who have provided consent for Healthwatch East Sussex to contact them following their discharge.

This consent is obtained by ESHT volunteers during engagement with the patient's pre-discharge. Only the details of those who have consented is shared with Healthwatch East Sussex.

The details received can include patients discharged to a care or nursing home. It can also include carers if that is who the patient/family wish to participate in the process.

2. Distributing cases

The Wellbeing Check co-ordinator is responsible for distributing and monitoring the status of cases provided to the Healthwatch East Sussex volunteers and members of staff responsible for undertaking the calls to patients.

Cases are allocated to staff or volunteers in blocks of between ten and twenty cases at a time. These are distributed securely and with a record of which cases are allocated to which individual so that their progress may be tracked.

Once a block of cases has been completed by the staff member/volunteer and the corresponding data uploaded to the system, this is confirmed with and logged by the co-ordinator, and a further block of cases is issued.

3. Making the calls

The team members undertaking the checks contact the people on their case list at their earliest convenience.

Calls can be made during the day or early evening, depending on their preference or availability. The times at which calls are made are varied in order to increase the likelihood of making contact with participants.

[1] The Trust will use enquiries@healthwatcheastsussex.co.uk generic email for sending the patient list which will have a permission assigned to be redirected to a secure folder. This email account is checked daily (Monday – Friday) by staff members covering the service. This process was later updated by the Trust at the end of August and HWES currently receive patient details weekly in one document.

All calls to patients are logged, including the point at which contact is made.

Initially up to 5 calls would be made to a single patient. If contact could not be made within these 5 calls then the case would be logged as abandoned. *This was subsequently revised down to a maximum of 3 calls per case.*

Those volunteers or staff making calls using personal phones use a 141 prefix so that their numbers are not disclosed to participants. They are also required to delete numbers and contact details from logs on a regular basis.

4. The Wellbeing Check

Once contact is made with the patient, the HWES staff member or volunteer undertaking the checks uses the Case Recording Sheet (see Appendix 2) to guide their interaction with the individual.

This document provides a standard script and sequenced set of prompts to ensure that the checks are undertaken in a standardised fashion with each participant, but provide flexibility to cater for the needs of different individuals.

A focus is placed on undertaking the checks in an engaging and conversational style.

The process double checks the details of the individual, as well as ensuring that they are providing consent to proceed before any questions are asked.

The checks ask about the patients experience of the discharge process, including any expectations they may have had about additional actions or support, and whether these have been realised. It also asks them whether there are any aspects of their health, care or well-being that they are concerned about, and what these may be.

The process then asks about the support that individuals have in place, and whether any additional support is required, and if so, what form this takes. They are also asked about their access to food and other day-to-day essentials.

5. Recording the interaction

All of the responses provided by patients during the checks are uploaded directly into electronic survey software which records them using the same structure as the Case Recording Sheet.

This ensures that information is kept secure. No paper records of the interaction are taken or retained. The only exception where information may be retained would be where safeguarding concerns are identified and require escalating.

6. Signposting, Referral, Safeguarding and Escalation

If during the checks a patient identifies any concerns, questions or support requirements, the Healthwatch staff member or volunteer will seek to clarify these, identifying the nature of the issue, how significant it is and whether any actions are already being undertaken to respond to it/them.

This includes checking whether the individual has received a Vulnerable Person notification (by letter or text) and to ask some questions about how well prepared they are or if they need any help or support.

Where appropriate, the wellbeing check team member will seek to either provide information and guidance, or signpost individuals to appropriate support mechanisms or organisations, such as community initiatives, voluntary organisations or community hubs. Where referrals are

required, those undertaking the checks may assist with the completion of registration processes on the patient's behalf.

In instances where health or care support needs are identified, participants may be encouraged or supported to make contact with an appropriate health or care organisation or professional. Support in undertaking this is provided.

Checks also ask if they have an unpaid carer in place, and if so whether they are aware of the Carer support services and signpost them if they are not.

If any significant concerns are raised about either the discharge process or the status of anyone receiving a wellbeing check, then these are raised with the co-ordinator in the first instance and the Healthwatch East Sussex manager overseeing the project. They then decide on an appropriate course of action, which may include liaison or escalation with ESHT or other organisations.

Any Safeguarding concerns are to be brought to the immediate attention of the Healthwatch East Sussex manager overseeing the project.

7. Case completion

Once the team member has completed the wellbeing check to the satisfaction of both parties, the case information is uploaded to the electronic system (see bullet 5).

The status of the individual and the outcome of the case is recorded.

Once a team member has undertaken their block of cases and uploaded these to the electronic system, they then confirm this with the co-ordinator who will then be in a position to issue them with a further block of cases.

8. Monitoring and review

The allocation and status of cases is constantly reviewed by the project co-ordinator, who provides regular updates and assessed progress in collaboration with the Healthwatch East Sussex project manager.

Feedback is regularly sought from those undertaking the wellbeing checks, both informally and through scheduled meetings. This learning is used to identify any issues with the process or themes being fed back by discharged patients, with appropriate changes then proposed and the process amended accordingly.

Appendix 2 – Case Recording Sheet

Hospital Wellbeing Discharge Project 2020: Recording Sheet

Background

This document is to guide staff and volunteers undertaking well-being checks for East Sussex residents recently discharged from hospital.

It contains a script which staff/volunteers should follow when undertaking the checks by phone, as well as information that needs to be recorded as part of the process.

Please be aware that this process will involve populating this sheet with personal and confidential information:

- It **MUST NOT** be left where others can access it – either in hard copy or electronically.
- It **MUST** be double deleted once uploaded to the online system.
- **No** personal or other details should be used when communicating any queries. **ONLY** use Reference/Case Number.

Section 1 - Case information:

All sections to be completed with your details and client information provided by HWES

Staff/Volunteer and client details

Date information received from Healthwatch East Sussex	
Name of Staff member or Volunteer [your name]	
Case number	
Name of client contact	
Name of Hospital Discharged from	
Length of time in hospital (*if happy to share)*	
Contact details of client contact	

Call log

Date and time of first call	
If first call is unsuccessful:	
Date and time of second call	
Date and time of third call	
Date and time of fourth call	
Date and time of fifth and final call	

Date and time contact made	

Outcome(s) achieved: *Please tick all that apply*

Client uncontactable or not available (after 5 attempts) – Abandoned	
Client contacted and identified they have no needs	
Client contacted and identified they need some support needs *(use Other box to specify if not listed)*	
Client contacted and declined support	
Signposted to relevant support services – *which ones?*	
Referred to Community Hub	

Referred to Hospital safeguarding team	
Referred to Safeguarding Single Point of Access (SPOA)	
Referred to Mental Health Support Services	
Other (please specify)	

Section 2 – Record of engagement:

a. Introductory script

"Hello, my name is **[your name]** and I am calling from the Healthwatch East Sussex Well-being Team.
We've been asked to call you on behalf of the hospital, because you were discharged recently. You should have been advised that you would receive a call from HW, did that happen? I have just a few questions to ask to check if you are okay.
We are not medically trained; we cannot give out clinical advice and we do not work for the Hospital Trust.
Is it okay to ask you a few questions, it should take approx. 10 – 15mins. Thank you very much, so helpful, I appreciate your time".

The Questions: Section 1 - About Your Discharge

1. Do you have any communication or sensory needs you'd like us to be aware of?
Prompt: i.e. can you hear me ok?
2. Is there a particular service or type of support you were expecting to receive that has not happened?
Prompt: *did the hospital organise any support for you?*
3. Since your discharge are there any aspects of your health, care or well-being that you are concerned about?

The Questions: Section 2 – In General

1. Have you received communication from the NHS – by text or letter - about being a vulnerable person?
Prompt: *i.e. Shielding letter, although the shielding scheme has ended, ask if people were contacted as they may still feel vulnerable.*

2. Do you have a friend, family member to support you?
3. Do you have enough food and supplies?
4. Do you know where to go for help and support?
5. Do you have (or are you) an unpaid carer?

6. Do you have any other comments you wish to add?
i.e. *hospital experience or this call?* **PLEASE REMIND PATIENTS IF THEY HAVE ANY FURTHER QUERIES THEY CAN CONTACT OUR INFORMATION SEVICE ON 0333 101 4007**

PLEASE upload your responses to the online link provided. DO NOT SAVE THIS DOCUMENT

Appendix 3 - Useful referral contacts

Useful list of support services for the Hospital Discharge Wellbeing Checks project 2020

Healthwatch East Sussex: Includes a useful Information and Signposting Service
0333 1010 4007 www.healthwatcheastsussex.co.uk

NHS Volunteer Responders
Call 0808 196 3646 (8am to 8pm) to arrange volunteer support.

Community Hubs in East Sussex:
Hubs are usually open during working hours, 9am to 5pm, although this will vary slightly from hub to hub. Each one can be reached online or by phone.

Hubs are focused on providing people with the support they require, this may include:

- Co-ordinating access to food or medicine
- Linking volunteers to talk to people who feel isolated
- Contacting a health provider to consider treatment
- Advisers on finance, benefits or other welfare measures.

Eastbourne: 01323 679722 (option 1)
Hastings: 01424 451019
Lewes: 01273 099956 (option 1)
Wealden: 01424 787000 (option 4)
Rother: 01323 443322

Hastings and St Leonards Befriending Service:
01424 444010

Eastbourne Befriending Service:
Email: eastbournevolunteers@gmail.com with your phone number OR Call 07501 909048 between 10-12 weekdays

Care for the Carers:
01323 738390

Adult Social Care:
Phone: 0345 60 80 191 (open 8am to 8pm 7 days a week including bank holidays)

Sussex Mental Health Line:
0300 5000 101 - Available Monday to Friday 5pm to 9am, and 24 hours at weekends and Bank Holidays.

Sussex Partnership NHS Foundation Trust:
0300 304 0100

Samaritans:
116 123