



Newham Hospital Discharge Project Report

October 2022

Executive Summary

This project was carried out by Healthwatch Newham in collaboration with Newham General Hospital. The project aimed to evaluate patient experience of the discharge process, the various aspects of the national discharge policy in place and to also identify areas of the policy that needs to be improved.

This pilot study consisted of gathering information from patients discharged from the Acute Assessment Unit (AAC) of Newham General Hospital. This was done through telephone interviews lasting about 20–30 minutes, using a questionnaire uploaded onto Survey Monkey. In total, 91 people (61%) were interviewed from the list of 149 names sent to HealthWatch Newham by the hospital staff. The remaining 34% were unreachable for the interviews and 5% were re-admitted back to the hospital at the time of contact.

The following key findings are informed by the data provided by respondents through the discharge survey:

- 62% reported that they were satisfied with the discharge time and had no issues. Even for those that had issues, they were generally positive and wanted us to acknowledge that hospital staff were working under a lot of pressure. However, 38% were not happy about the discharge time due to delays.
- 63% reported that their diagnosis and treatments were explained to them in a way that they understood when they were admitted. However, 9.3% responded to not understanding while 28% reported that they understood some but not all the information being given to them
- When asked whether they felt that they received the appropriate treatment that they needed while at the hospital, 78% confirmed that they received the right treatment whilst 8% responded that they did not
- 70% reported that they had not been given or signposted to any other sources of information about their diagnosis and treatment.
- 51% of patients were clear about ways of contacting the hospital if there were any concerns, however, 49% of them had no idea.
- 52% of respondents mentioned that they were satisfied with their discharge, while 7% of participants were very unsatisfied – mainly due to delays in discharge.

Conclusions

The following areas of good practice have been identified from the information collected from respondents of this study:

- The majority of respondents 62% of respondents reported that they were satisfied with the discharge time and had no issues.

- 79% reported they were treated with dignity and respect during their stay in hospital and they received the treatment they needed.
- The majority of respondents frequently identified that the nursing staff were nice and supportive to them

Recommendations

Based on the key findings Healthwatch Newham would like to make the following recommendations:

- All patients should be involved and informed of their care plan, including any services they anticipate receiving including treatments that may not be offered by the hospital. We suggest that hospital staff should check that patients are able to understand the information. We would further suggest that this conversation should be undertaken soon after admission to avoid patients feeling unprepared for discharge.
- A communication strategy involving all the teams involved in the discharge of patients should be established to better integrate care and to minimise confusions and unnecessary delays during discharge.
- We were concerned that medicine dispensation contributed to delays in discharge. We suggest that hospitals could consider reviewing their discharge process to ensure clearer alignment between the discharge and the medicines required. We believe this would improve the experience of discharging patients in a timely manner.
- Patients we spoke with said that they would like staff to inform them of what health and social assistance is available after leaving the hospital.
- The use of non-medical terms should be greatly encouraged when communicating with patients to facilitate better understanding of information regarding diagnosis and treatment.
- Patients would appreciate being provided with materials or signposted to relevant information sources about their diagnosis and treatment.
- All patients before leaving the hospital should be informed verbally and in a written document of ways to contact the hospital post-discharge whenever the need arise. This was not done consistently.
- We would advise avoiding discharging patients after 20:00 pm in accordance with the March 2020 hospital discharge policy. Should any unavoidable instances, coordination between the patient, carers, and family should be communicated and transport should be arranged for them.

Acknowledgements

The following project was led by Healthwatch Newham in close collaboration with Newham General Hospital. Special thanks to be given to all the patients, family members and carers that took part in this project and shared their experiences. We acknowledge the great effort of all staff of the Newham hospital and the Healthwatch Newham team and volunteers that contributed to the success of this project.

Introduction

Healthwatch Newham acts as a consumer champion for local people using health and social care services, working independently and in partnership with other institutions to share information and expertise.

In early 2021, Healthwatch Newham were made aware of an incident of an elderly patient discharged from Newham General Hospital. The patient was discharged after 22.00hours and transportation was not arranged. As a result, they were left stranded and had to spend the night at a bus stop.

Following this incident, Healthwatch Newham was commissioned by Newham General Hospital to conduct interviews with patients discharged from the Acute Assessment Unit (AAU) of the hospital to their homes or other care settings to better understand their experience of discharge. This report summarised their experiences with recommendations for change with the aim to improve the discharge process.

Newham is one of the most diverse boroughs nationally, with 70 % of its residents from ethnicities of the global majority. 43% of residents are ethnically Asian and 19% Afro-Caribbean¹. Additionally, Newham has the 2nd highest poverty rate in London at 37%¹. According to research, poverty contributes to health inequalities, and this affects how people experience health services including the process of discharge from the hospital². A hospital discharge policy was introduced by the government in March 2020 to guide healthcare professionals on the safe and effective discharge of patients. The findings of this study will assist in highlighting areas of the discharge policy that are being effectively put into practice by the Newham General Hospital staff. Moreover, those areas that need to be implemented or improved for better patient experience were explored.

Background

The NHS England is required to provide high-quality care to all. The quality of this care is defined by three components:

- Clinical Effectiveness
- Patient Safety
- Patient Experience

NHS hospitals have a responsibility to ensure the safe and efficient discharge of patients³. Effectively managing a patient's journey is critical to improve their

¹ Newham Info – Population. Newham.info. (2022). Retrieved 26 April 2022, from https://www.newham.info/population/#/view-report/02f739e7687045b1acfe01816582ff3a/___iaFirstFeature.

² Kuluski, K., Cadel, L., Marcinow, M., Sandercock, J., & Guilcher, S. J. (2022). Expanding our understanding of factors impacting delayed hospital discharge: Insights from patients, caregivers, providers and organizational leaders in Ontario, Canada. *Health Policy*, 126(4), 310–317. <https://doi.org/10.1016/j.healthpol.2022.02.001>

³ NHS England appoints RPS director for England to 'NHS Long Term Plan' advisory board. (2019). <https://doi.org/10.1211/pj.2019.20206362>

experience and discharge from the hospital back into the community, and a key component of this responsibility⁴.

Every patient should be actively included in the discharge process and if the patient consents, their family, or caregivers should also be given the chance to participate. However, it is suggested that a patient should remain in hospital care until the following criteria are met:

- A consultant or someone else with the appropriate level of expertise/clinical responsibility decides that they are medically fit.
- An assessment to look at the support the patient may need in order to be discharged safely is conducted.
- A written care plan that sets out the support the patient will get to meet their needs is given (this is different from a statutory care plan).
- The support described in the patient's care plan is in place and it is safe for the patient to be discharged.

In March 2020, the NHS had a pressing need to free up hospital beds at the start of the Covid -19 pandemic to manage the predicted spike in demand. For this reason, a new hospital discharge procedure was implemented nationally which focused on discharging people from hospitals as soon as possible ⁵.With the implementation of this policy, assessment of the ongoing support requirements of patients was often taking place after discharge. Previously, this would have taken place whilst the patient was still in the hospital. For those who would need out-of-hospital support to recover, this "Discharge to Assess" model gave acute hospital teams a new duty to collaborate closely with community health and social care providers to make sure patients receive the help they require after leaving the hospital. Therefore, capturing and analysing the patient experience of discharge is of great significance.

The National Hospital Discharge Guidance

The Government first released the Hospital Discharge Service Guidance in March 2020⁶. It was modified in August 2020⁷ to the "Hospital Discharge Service: Policy and Operating Model" and then to the Hospital Discharge and Community Support Policy and Operating Model in July 2021. Even though these adjustments were made to address Covid-19, Healthwatch Newham believes the model might be in place for the foreseeable future. Whilst working on this project, these were the guidance that was in effect.

Under Section 91 of the Health and Care Act, all hospitals were required to release patients as soon as it was clinically safe to do so, with the expectation that this would occur on the very same day that the decision to release patients was taken.

⁴ Wright, S., Morecroft, C. W., Mullen, R., & Ewing, A. B. (2017). UK hospital patient discharge: The patient perspective. *European Journal of Hospital Pharmacy*, 24(6), 337–342. <https://doi.org/10.1136/ejpharm-2016-001134>

⁵ 590 people's stories of leaving hospital during Covid-19, October 2020, Healthwatch England working with British Red Cross

⁶ Covid-19 Hospital Discharge Service Requirements, March 2020, HM Government

⁷ Hospital Discharge Service: Policy and Operating Model 21st August 2020, HM Government and NHS

Acute hospital teams now had a new duty to collaborate closely with community health and social care providers to ensure patients received the appropriate and necessary support they would require after leaving hospital. Patients should be discharged from acute hospitals through one of four pathways, according to the national model⁸.

Pathway 0 - Likely to be minimum of 50% of people discharged:

- simple discharge home
- no new or additional support is required to get the person home or such support constitutes only:
- informal input from support agencies
- a continuation of an existing health or social care support package that remained active while the person was in hospital

Pathway 1

Likely to be minimum of 45% of people discharged: able to return home with new, additional or a restarted package of support from health and/or social care. This includes people requiring intensive support or 24-hour care at home.

Pathway 2

Likely to be maximum of 4% of people discharged: recovery, rehabilitation, assessment, care planning or short-term intensive support in a 24-hour bed-based setting, before returning home.

Pathway 3

For people who require bed-based 24-hour care: includes people discharged to a care home for the first time (likely to be a maximum of 1% of people discharged) plus existing care home residents returning to their care setting (for national data monitoring purposes, returning care home residents will count towards the 50% figure for pathway 0).

Aims

This project aimed to hear from local people who had experienced being discharged from the hospital. We wanted to:

- Gather the patient's experience of discharge, delays during discharge and causes of discharge delays.
- Understand the patient's involvement in the decisions made about their discharge from the hospital.
- Evaluate how tailored the discharge plan of patients are to their needs.

⁸ The descriptions here are based on the August 2020 Guidance, which was in place during this project. This has since been replaced by the July 2021 Guidance which updates the descriptions of the Pathways

Methodology

A survey was designed by Healthwatch Newham with our volunteers and uploaded to Survey monkey. The survey contained 15 questions (excluding demographic questions) and took approximately 20 minutes to complete. The questions focussed on the patient's stay in hospital, the assessment process and treatment they received during their hospital stay, their discharge from hospital and the services provided following discharge.

Healthwatch Newham and Newham General Hospital advertised the project and all related information on their respective websites. Patients at the point of discharge from the Acute Assessment Unit (AAU), were asked if they would be interested in participating in the survey. Those that agreed were given consent forms to complete and then contacted by a Healthwatch staff or trained volunteers within 7 – 14 days post-discharge to answer the survey.

All the surveys were conducted via telephone interview between February – July 2022. Interviews were then anonymised, and data was analysed through Microsoft Excel. Common themes were generated, identifying areas of improvement within the hospital's discharge process.

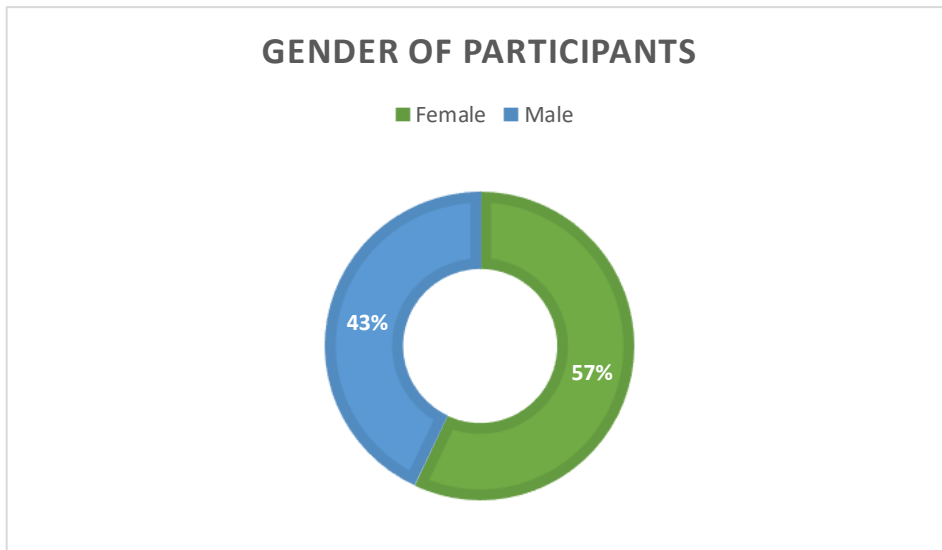
In total, 61% of the list of 149 people that consented to take part in this survey were interviewed.

Key Findings

The following key findings are informed by the data provided by respondents through the discharge survey:

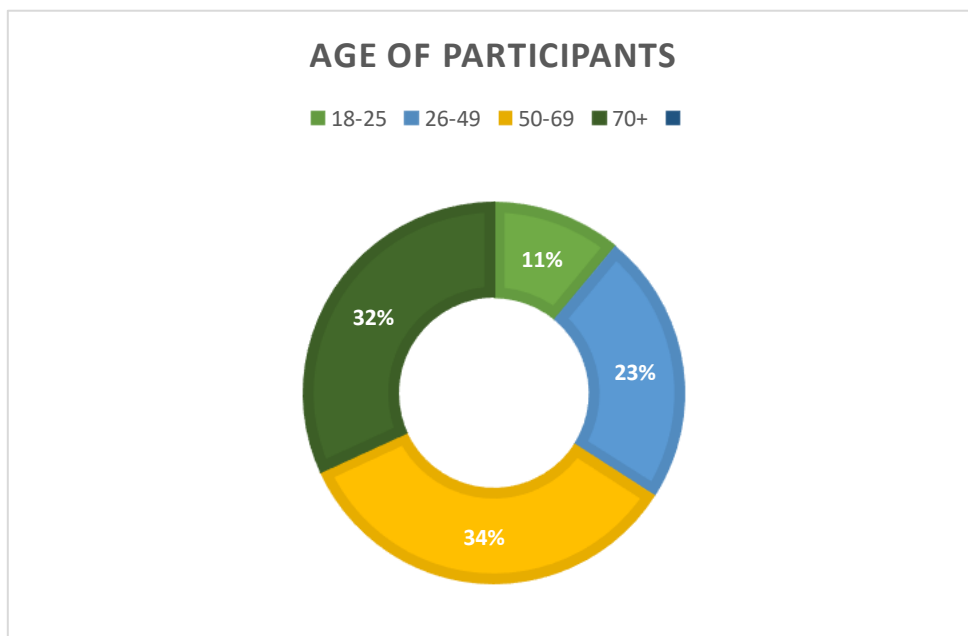
- 62% reported that they were satisfied with the discharge time and had no issues. Even for those that had issues, they were generally positive and wanted us to acknowledge that hospital staff were working under a lot of pressure. However, 38% were not happy about the discharge time due to delays.
- 63% reported that their diagnosis and treatments were explained to them in a way that they understood when they were admitted. 9% responded to not understanding while 28% reported that they understood some but not all of the information being given to them.
- When asked whether they felt that they received the appropriate treatment that they needed while at the hospital, 78% confirmed that they received the right treatment whilst 8% responded that they did not
- 70% reported that they had not been given or signposted to any other sources of information about their diagnosis and treatment.
- 51% of patients were clear about ways of contacting the hospital if there were any concerns, however, 49% of them had no idea.

- 52% of respondents mentioned that they were satisfied with their discharge, 7% of participants were very unsatisfied – mainly due to delays in discharge.



Demographic profile of respondents

Most respondents identified as female (57%), in comparison to male (43%). 32% were aged 18-25y and 34% aged 50-69y. 5% of respondents confirmed that they had been re-admitted back into the hospital following their initial discharge.

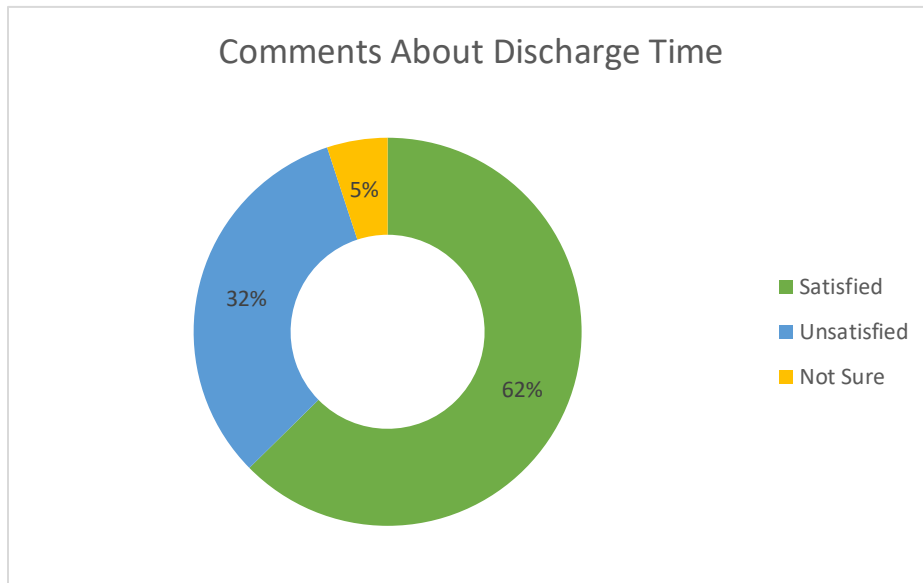


Responses

Respondents were asked about the duration of their hospital stay and according to findings, 87% of respondents spent 2-3 days in the hospital and the respondent with the longest hospital stay spent 2 weeks in the hospital.

Discharge time

When



asked to

comment on the discharge time, 62% that responded report that they were ok with the discharge time while 32% were not happy. Despite more than half of respondents showing satisfaction with the discharge time, 41% experienced a delay in their discharge. Of these delays, 78% where due to waiting for medication, 14% due to transportation and 8% due to miscommunication among the hospital team regarding discharge such as discharge note not been finalised. For instance, there was lack of communication between members of the multi-disciplinary team and staff in the ward when patients must undergo further testing prior to discharge or for the dispensing of medications. Thus, leading to further delays.

However, the majority of those that showed satisfaction attributed their experience to compassionate care received from the doctors and nurses. Findings have also shown that despite the March 2020 discharge policy in place as a reference point for discharge, some patients were discharged after 20:00 due to delays.

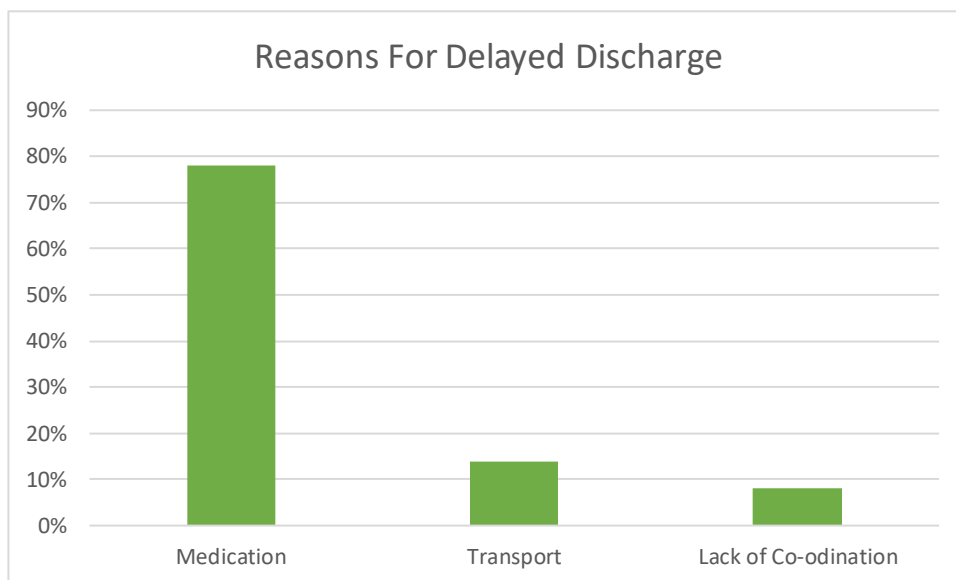
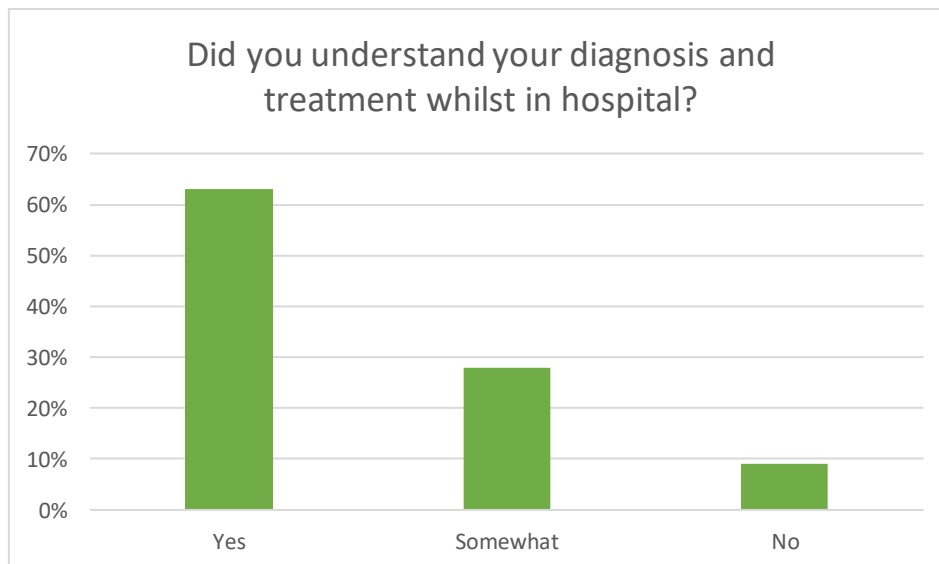


Table 1: Snapshot of resident's sentiments on discharge time from AAU

Positive	<ul style="list-style-type: none"> The discharge was ok. To be fair enough everything went well even though they were very busy especially after the pandemic. I just had to wait a little bit for my medication and transport, but the rest was ok. I am happy. Discharge was ok. we just had to wait a bit for the ambulance to come but that was all The Discharge was ok. I had my mum there, so she helped me. the nurse too was ok. I did not have any issues with the time
Neutral	<ul style="list-style-type: none"> It was ok overall but there was a delay of about 2.5 to 3 hours as I was supposed to be discharged at 3:00pm but had to wait a long time to get my medications delivered before I could leave the hospital.
Negative	<ul style="list-style-type: none"> I was not happy with the discharge. Before all the things needed for discharge such as medication were finalised, I was asked by staff to leave my bed. According to them, the bed was already assigned to someone else. I was confused when I was told to wait, that the pharmacist had to dispense my medication. This was because I already had my medicines in a blister pack done a day before, so they were unnecessarily doubling it up. They didn't understand what they were doing. I tried to explain things to them, but they were not listening. As a result, I and my partner had to spend an extra 4 hours in the hospital.

	<ul style="list-style-type: none"> • I would say the discharge time was very disorganised as there was a communication problem. My mum was told that she was discharged around 12 pm in the afternoon but was not told that she was supposed to see the cardiologist around 2:30 and the pharmacy people afterwards. So, when her grand-daughter got there to get her as I was at work, she was told that she can't go yet, and her grand-daughter had to leave. She was then at the hospital until 9:00pm in the evening when she was told that she could be collected from the hospital but then there was no one available as I was at work and had no car. However, I did call them to let them know if it was possible to allow her stay there until morning as she was too old to be discharged home alone without the family been around, but they declined my request and said they already arranged transport for her. I mean she is 80yrs and taken home alone was worrying. • It took long as I was waiting for the discharge papers and medications. There was no porter to help me with my belongings and I had a wound on my leg and was using a walking aid. Having to manage that was difficult.
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Communication on diagnosis and treatment



When respondents were asked whether their diagnosis and treatment was explained to them clearly and if they understood what was happening to them in the hospital, the majority of the residents (63%) of respondents agreed that it had been clearly explained. This compared to 9% who replied 'No' whilst almost 30% were not confident that they understood the information they were told by healthcare professionals. 33% of these respondents believed that hospital staff were often in a rush and unable to give an in-depth explanation of diagnosis and treatments. More worryingly, 66% of respondents mentioned that results of test done were not

communicated to them causing them to worry whilst 33% cited language issues because they could not speak English fluently.

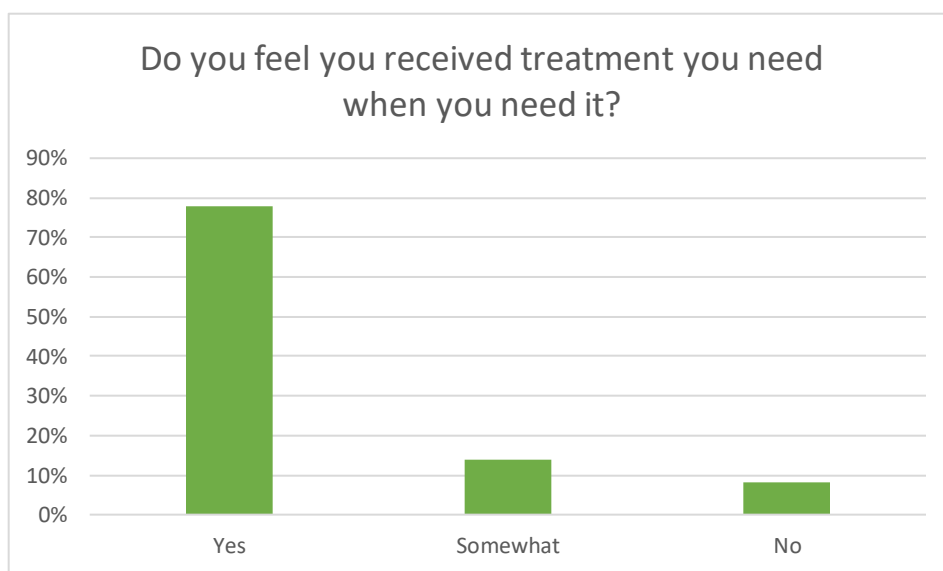
Table 2: Snapshot of resident's sentiments on communication on diagnosis and treatment from AAU

Positive	<ul style="list-style-type: none"> • The nurses were nice. They did take their time to explain things. • I was told about my diagnosis and treatment, and I understood. I was told my sodium levels were low and why, so I was given some fluids. • My diagnosis was well explained and all the treatments too. I will be having a follow-up appointment too. These were mentioned to me by the consultant as I have a bone problem. • Yes. Everything was clear and well explained by the nurses and doctors that checked me. Tests were done and I was told what the problem was. I was happy overall. • Yes. That was done clearly. My mum understands English but because of her condition she was not able to speak or comprehend things clearly. But my sister and I were there to further explain things to her and that was ok.
Neutral	<ul style="list-style-type: none"> • It was explained but I won't say it was very well explained. I feel like the hospital do not have enough staff and that everyone is in a rush. Some tests were done when I got to the hospital at A&E but some of the results were not conveyed to me. I was just briefly told but not in detail. • To some extent I kind of understood what the problem was but not everything. I was told by the doctor and the nurses that were looking after me
Negative	<ul style="list-style-type: none"> • Until now, I am without a diagnosis. With all the series of tests that have been done in Newham and Barts, I am still not given clear information about what was wrong with me or even the things am not supposed to do. This has been very worrying for me as I got to the Newham Hospital A&E in a very critical state, and I wouldn't want that to happen again. • I didn't fully understand medication. I don't speak English very well. • I was not told until the next day. Even with that, it was not clearly explained as they said something was elevated in my blood test, but I did not understand what exactly they were talking about. This was done verbally. • There was an issue with the results of the ECG done for me as my name was not written on it so the other doctor that came was just telling me what he thought was the problem without an ECG. I was never told what exactly the problem was. I just happened to see the details what the issue was later on my discharge form but was not told.

Care received

When asked whether they received the treatment needed while on admission, majority of respondents 78% replied in positive. However, 8% said they did not receive the right treatment, and this was attributed to not having the right tests done of respondents. 14% were sceptical about their treatment but mentioned it needed improvement.

Table 3: Snapshot of resident's sentiments on care received from AAU

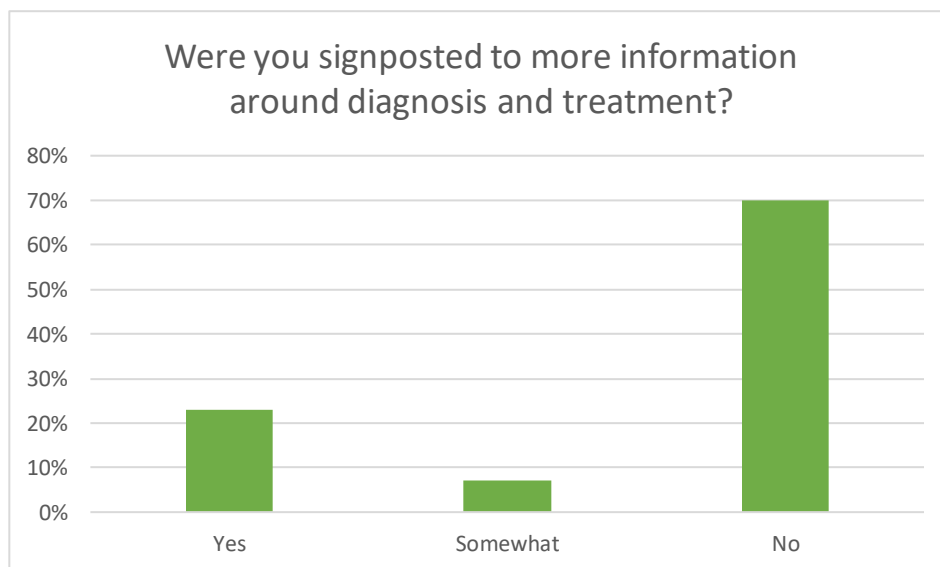


Positive	<ul style="list-style-type: none"> • Yea I did. The drugs and IV fluids I given really made me better. It's just that sometimes having to wait for long just to be seen by a doctor makes you frustrated. • I was monitored frequently, and my blood pressure readings were taken all the time. I was given another new medication to be taking. And when I got to the hospital that night, the consultant examined me although most of the checking was done by the paramedics. An ambulance came to pick me. • I was well treated and pleased with the staff. I know they had so much work because the hospital was packed but they tried to make us all comfortable. • I was treated well while at the hospital. I was in a critical state when I was taken in, but I feel much better now. I am just worried about not being able to move around more but in short, I was taken care of.
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Neutral	<ul style="list-style-type: none">• Up until the day of the discharge, I would say she received the treatment needed. Also, my sister and I were there because we thought that the NHS resources will not be adequate to get her the type of care she needed as she needed high level of attention and was bed bound. However, on the day of the discharge when we were told to go to the waiting area after being told that we can go home from the ward, the young porter that was to transport my mum brought her a faulty wheelchair with no foot resting plate. And when I told him that the wheelchair was not good enough, he was very rude and responded that, that was the only wheelchair available. When my mum was put into that while being pushed, her foot was dragging on the floor. As I was complaining about this issue and the behaviour of the young man, my mum fell out of the wheelchair. What made us very angry was that the nurse that called the porter to come and transport my mum was standing there laughing at an elderly woman that fell of the wheelchair instead of helping us.• The most part of the treatment was okay. However, there was this male night shift nurse that gave me double the medication I usually take and refused to give me another medication that I was to be given. I told him to check it on the system, but he kept repeating that, what he gave me was what was in the system. But I knew that was not how I take the medication, so I refused to take it. It was later that he came back to tell me that I was right. Those were epilepsy medications, and it could have been fatal if I had taken it the way he told me to.
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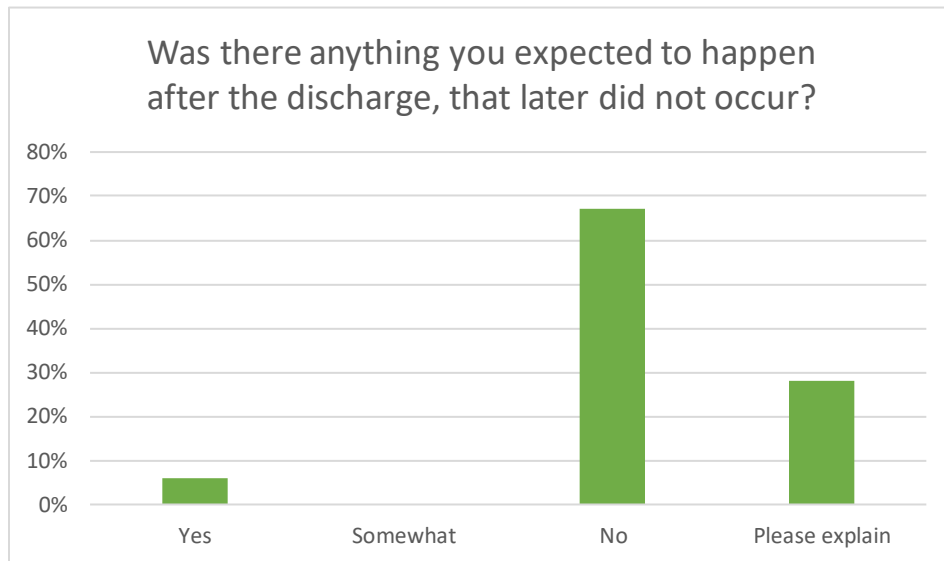
Negative	<ul style="list-style-type: none"> • The only thing I needed was staying a bit longer at the hospital. I was still in so much pain when I was discharge. • I will say partly. Patient went in with black stool and no stool analysis was conducted by the doctors. Also, when we arrived, his blood thinning injections were stopped but he was not reviewed again whether to continue the injections or not. From the day that he was discharged to date he is still not receiving the injections. • I was not seen by a cardiologist which I believe I needed, but that was never the case. I was told they were communicating with the cardiologist from Barts, but I was not told anything else after that until I was discharged. • I spent 7 hours in the hospital crying and screaming and I was in severe pain, but I was not given even a bed to lie on while I wait to be seen by a doctor. I was severely dehydrated but was not given any fluids or pain killers until the following day and that was after I requested that they give me something. I felt neglected. • I was eventually seen by a doctor and blood samples were collected to be tested. However, I spent about 9 hours (From getting to the A&E at 9:30pm and had to wait until around 5:00 am in the morning to be given a bed for admission. Although I had seen one or two people in between for tests and all that, I felt like I didn't get much support as I was having a fever of 39.9 degrees at that time but without a bed. I eventually had to take Paracetamol I happened to find in my bag while I waited.
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Information sources for diagnosis and treatment



When asked whether the healthcare professionals gave or signposted them to any other sources for more information about their diagnosis and treatment, 70% of respondents replied in the negative and 24% saying they did. Interestingly, 52% of respondents in this survey reported to be satisfied with the discharge process. However, 7% of respondents were extremely dissatisfied because of delays and poor communication

Expectations post-discharge



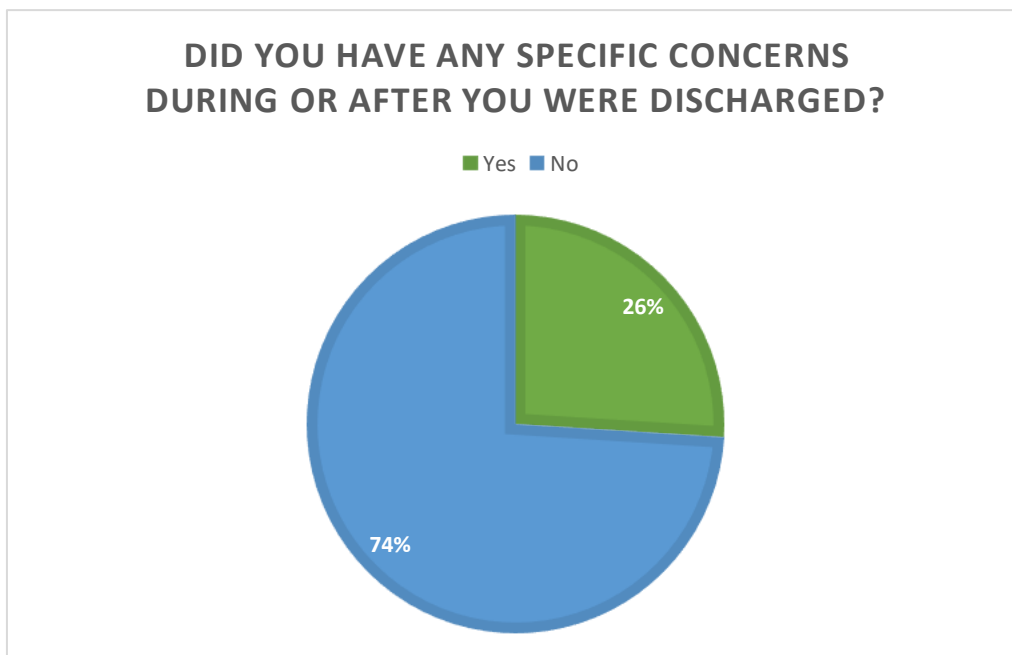
Respondents during the interview were asked whether there was anything they expected to have happened after discharge that later did not happen, majority 87% replied in the negative. 13% of respondents stated that they had expectations of having more tests done, follow-up appointments and been referred to specialist that did not happen after they were discharge.

Table 4: Snapshot of resident's sentiments on post-discharge expectations from AAU

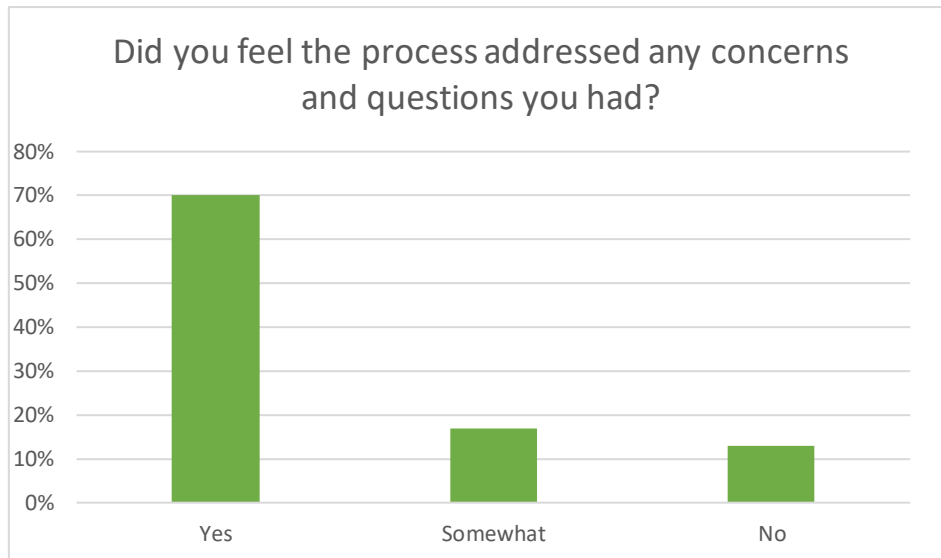
Positive	<ul style="list-style-type: none"> • I did not expect anything to happen, but I was called later on that I have a follow-up appointment and I will be attending that next week. • I did not have any expectations, but I was given a follow up appointment. • I was told about a follow up appointment during discharge which I will be going to in a few days. • Patient did not expect anything but became very impressed when carers came quick on the next day. However, her son was already helping. • I was not expecting anything else, however, I had a nurses visit after discharge, and I was told by the nurse that this will continue for the next 6 weeks
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Negative	<ul style="list-style-type: none"> • I was expecting that since something as serious as a blood transfusion was done on me, I would be given a follow up appointment to see when or whether I had any reactions or any problems, that didn't happen. • I was expecting the doctor to make a proper referral for my mum, but at the end we were sent back to the GP, we are back to the same place we started. • Was supposed to have an appointment on Friday 11th, I called hospital and visited them but it I was told I have no appointment upon arriving. • While I was discharged to Barts for an angiogram, I was told that Newham General would get back to me, but I have not heard from them. So, I had to call them to find out what was going on and I was told that I need to go for a follow-up appointment in October which is far away. • I was hoping I will be able to get district nurses to help me with dressing my wound but that did not happen. Instead, I must take a taxi to my GP surgery to change dressings which is not convenient for me.
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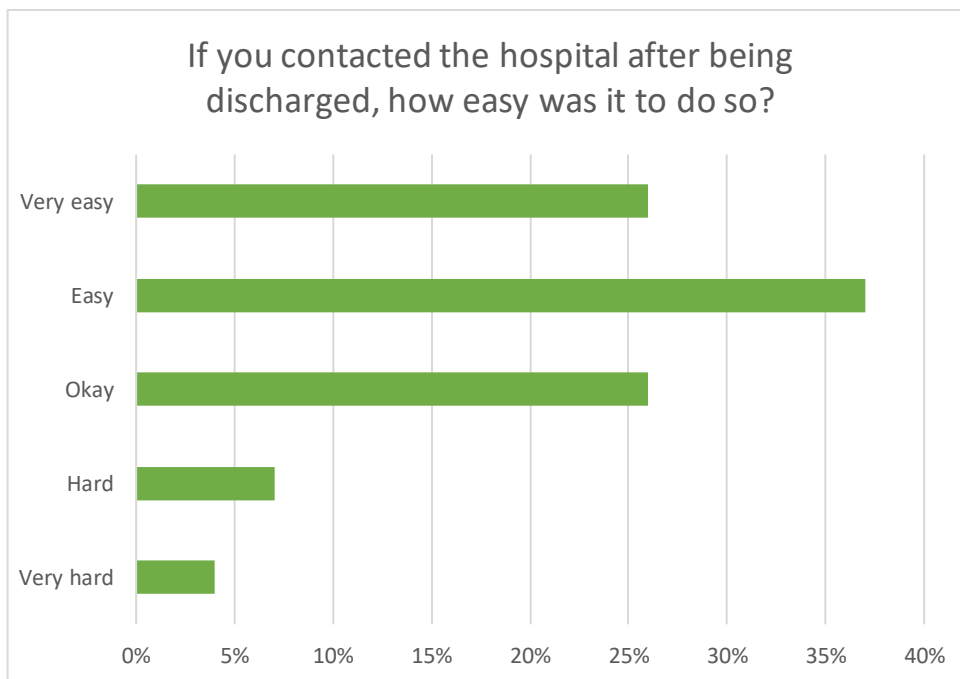
Concerns during and post-discharge



74% of respondents reported to have had no concerns during and post discharge when asked. Of the 26% that respondent to have had concerns, 38% mentioned not feeling well enough for discharge while 19% had concerns about how safe it was to be alone at home.



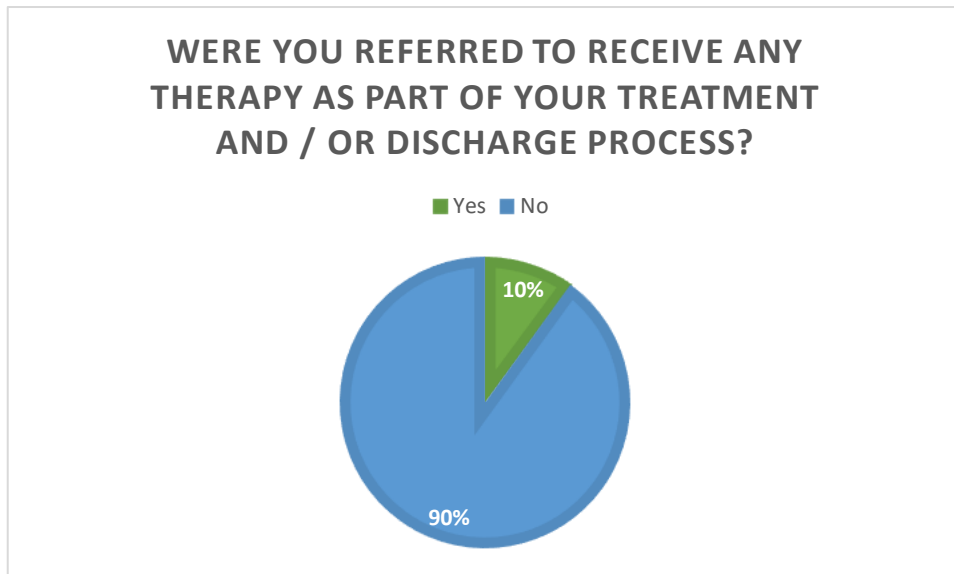
Contacting the hospital during and post-discharge



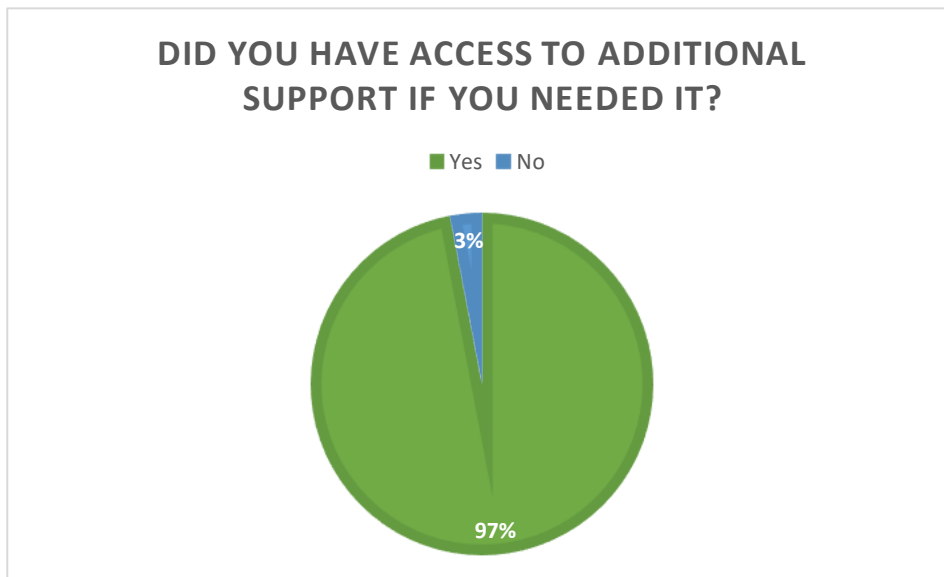
Respondents were asked whether they were informed about how they could contacting the hospital post- discharge if they had any concerns, Of the 83 people who responded, 51% responded in the positive while 49% said they were not informed. For those that answered yes, the majority confirmed that the information was on the discharge paper that they were given. 6% of respondent said they were told to contact their GP if anything happens while 4 said they were told to go to A&E if they have any issues or emergencies.

Respondents when asked whether if they had been referred onto specialist post-discharge therapeutic services such as physiotherapy, occupational therapy, speech therapy or dietetics or other rehabilitation service as part of their treatment and / or discharge process. While 10% of the respondent's mentioned that they were referred

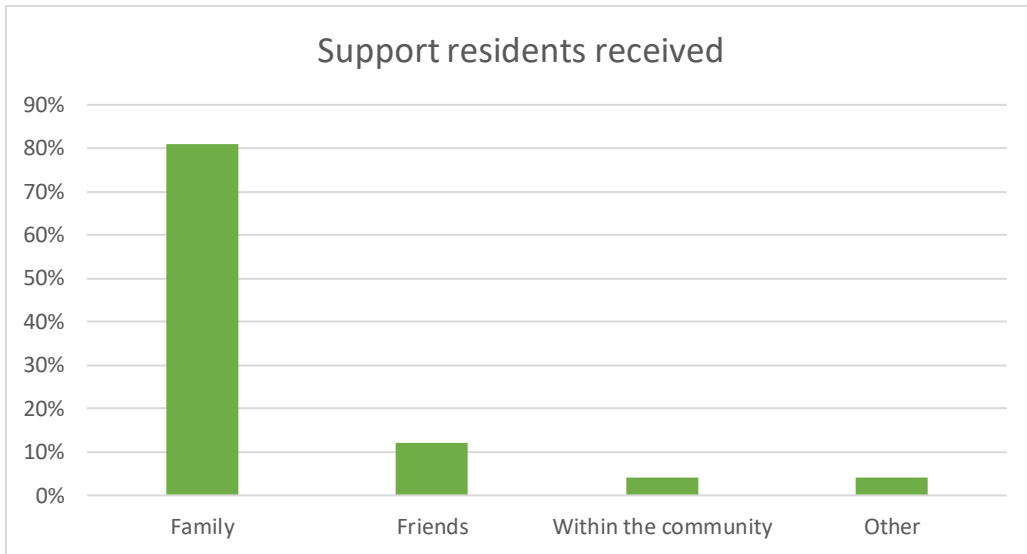
for these services, 90% responded in the negative. This could be as a result of varied factors such as clinical decision making or the no further need for the patients.



Respondents were asked whether they received any form of support or had essentials such as food at home when they were discharged from the hospital



97% responded yes - of these, 87% mentioned having no difficulty accessing basic essential and assistance was given to 96% by their families.



Overall Experience

We asked respondents to reflect on their hospital stay and hospital discharge and to identify possible suggestions on the experience could be improved. Over 50% were satisfied.

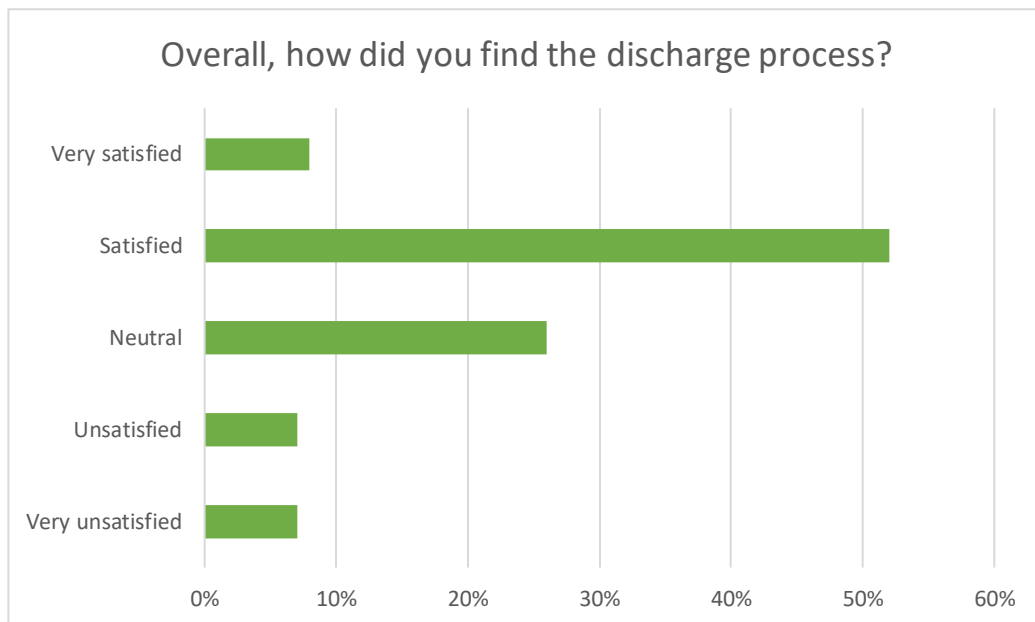


Table 5: Snapshot of resident's sentiments on overall discharge experience from the AAU

Negative	<ul style="list-style-type: none"> • I think they could have explained to me during discharge that the medication I was given was what was causing the severe headache and dizziness I had. It was only when I called my GP when I saw no improvements that I was told its the medication I was on and that it will go away. I was worried about it, and I think the side effects of such medications should be told to patients before leaving the hospital. • I just wished it wouldn't take so long for discharge to be finalised. If it was going to take that long, I should not have been taken off the ward that early. • I think the hospital staff should be a little bit more compassionate. The way the nurse was laughing when my mum fell off the wheelchair was shocking for me. • I needed help with my belongings when I was discharged but no one helped as there was no porter. The waiting time also needs to be improved. • I will say the staff need to communicate more. The doctor seems not to be sure whether I will be discharged, and it was after some time that the nurse came to tell me that I was being discharged and before that was finalised too, it took so long. • The doctors that saw the patient didn't really do a good job and never reviewed him even after stopping his injections. However, the discharge process specifically was great and only the transport took ridiculously long.
Neutral	<ul style="list-style-type: none"> • I just think they should have more clean toilet facilities and provide us with more privacy and not to be telling patients to go to the waiting area before their families arrive especially older ones. The rest was okay.
Positive	<ul style="list-style-type: none"> • The discharge process was a good one. I was happy with the nurses and doctors, and everything went well. I am satisfied. • I was very pleased with how everything went. I was well looked after, and the hospital team were amazing. • The hospital managed to get an ambulance to bring us home so that was nice of them to arrange. • I will say it was satisfying. Despite the hospital staff under stress, they tried their best looking after me and I had no problems. • The discharge was amazing and am pleased with how involved the teams work together in giving him the best care. • I have gone to Newham Hospital all my life. So, I was really impressed with the care I got this time around. It was never this great. I am happy.

Conclusion

The following areas of good practice have been identified from the information collected from respondents of this study:

- Most respondents (62%) reported that they were satisfied with the discharge time and had no issues
- 79% reported they were treated with dignity and respect during their stay in hospital and they received the treatment they needed.
- Majority of respondents frequently identified that the nursing staff were nice and supportive to them

Recommendations

Based on the key findings Healthwatch Newham would like to make the following recommendations:

- All patients should be involved and informed of their care plan, including any services they anticipate receiving including treatments that may not be offered by the hospital. We suggest that hospital staff should check that patients' are able to understand the information. We would further suggest that this conversation should be undertaken soon after admission to avoid patients feeling unprepared for discharge.
- A communication strategy involving all the teams involved in the discharge of patients should be established to better integrate care and to minimise confusions and unnecessary delays during discharge.
- We were concerned that medicine dispensation contributed to delays in discharge. We suggest that hospitals should consider reviewing their discharge process to ensure clearer alignment between the discharge and the medicines required. We believe this would improve the experience of discharging patients in a timely manner.
- Patients we spoke with said that they would like staff to inform them of what health and social assistance is available after leaving the hospital.
- The use of non-medical terms should be greatly encouraged when communicating with patients to facilitate better understanding of information regarding diagnosis and treatment.
- Patients would appreciate being provided with materials or signposted to relevant information sources about their diagnosis and treatment.

- All patients before leaving the hospital should be informed verbally and in a written document of ways to contact the hospital post-discharge whenever the need arise. This was not done consistently.
- We would advise avoiding discharging patients after 20:00 pm in accordance with the March 2020 hospital discharge policy. Should any unavoidable instances, coordination between the patient , carers, and family should be communicated and transport should be arranged for them.