Age UK Hospital Discharge Support Service

October 2023

What we did

Evidence shows that it is better for people – and more cost effective, where clinically appropriate – to spend as short a time as possible in hospital. However, it's equally important that appropriate support is in place at the time of discharge, so an individual's health is not impacted, and they are not readmitted to hospital in the short term.

The Hospital Discharge Support Service in Buckinghamshire is provided by Age UK Bucks in partnership with Age UK Hillingdon, Harrow and Brent. It offers the following:

- Transport to get home from hospital and "settled" (from Stoke Mandeville, or Wexham Park or any of the community hospitals in Buckinghamshire)
- Community support service (telephone and in-home support for recent hospital patients for up to six weeks).

This short term support is for people who are deemed medically fit for discharge from hospital and who do not require any new or additional support to enable them to go home.

We wanted to know about people's experiences of this service, and their discharge from hospital. We wanted to understand what worked for them and what they would want to change.

We developed a set of questions with some of the Age UK Bucks staff. We asked their clients these questions, over the phone, between 6 July to 12 October 2023. Where we were able to, we asked the questions as soon as possible after discharge, when the support provided by the service ended, and again a few weeks later.

The initial focus of this work was the Hospital Discharge Support Service provided by Age UK Bucks. However, people also told us about wider discharge and support experiences. So this report includes feedback about other health and social care

organisations (not Age UK) and their impact on people's experiences of discharge from hospital and follow on support.

Key Findings

Hospital Discharge

+ Two thirds (18/27) of the people we spoke to felt everything was in place ready for their discharge.
+ Eight people told us they were given insufficient information about hospital discharge.
+ Three relatives and one patient felt social care support should have been put in place prior to discharge.
+ Three other people (who were carers for dependent adults living with them at home) felt they had not been offered appropriate respite or short term social care following discharge from hospital. Two of these individuals were readmitted to hospital within a fortnight of discharge.
+ Five people were readmitted and discharged again over the few weeks we were in contact with them.

Transporting people home from hospital

+ Everyone we spoke to said they were very satisfied or satisfied with the way Age UK Bucks transported them home from hospital.
+ People told us the drivers were friendly, drove safely and vehicles were accessible.
+ Everyone we asked had been given an Age UK leaflet by the driver. However, one person could not access this information themselves as they could not read or write.
+ A few people who had the Age UK Discharge Support Service leaflet did not think of contacting Age UK (within the few weeks after discharge) when they needed more support.
+ One person was unable to benefit from the Age UK transport which had been booked for 6pm due to a delay to their discharge.

Community Support

+ Everyone said they were very satisfied or satisfied with the Age UK Bucks community support service. They told us the Age UK staff and volunteers they met treated them with respect and kindness.
+ People appreciated the practical support received in the form of housekeeping and shopping. For many this help put them back into a position which made them independent again. For others, it gave them time to evaluate where they might need additional help.
+ For many, the volunteer's companionship, and the emotional support they offered over several visits, improved their confidence following a stay in hospital.
+ Age UK had signposted everyone to organisations who might be able to help them including to their own free and chargeable services. Several people had previously been unaware of these services and had subsequently had smoke alarms fitted, engaged a foot health practitioner, a personal assistant (PA) or bought mobility aids. Some people were still on the waiting list for a befriender.
+ People appreciated Age UK welfare checks. Welfare checks are phone calls made by Age UK staff to see how people are getting on and ask whether any further support is needed.
+ One person had not been given details of local community transport services, which was important to them until they were able to drive again.

Health care

+ Several people who did not have physiotherapists visiting them at home were looking for this type of support. Age UK do not provide this. They were looking to build up their muscle strength and confidence in walking alone. People consistently told us that the absence of this support impacted on their independence.
+ We received very positive feedback about a doctor having a conversation about a DNR (do not resuscitate) order.
+ We received some poor feedback about hospital menus and hospital staff not enabling older people to get to a toilet.

Social care

+ While grateful for their temporary carer, one person told us the live in carers provided by the council had no training in supporting people living with dementia.

On discharge, they returned to a dirty house and a spouse whose personal care had not been dealt with.

+ There was no option for a few hours (each day) of respite care for those looking after partners with dementia. For one person, a fortnight's respite care in a care home was provided by staff with little experience of dementia care.

Our recommendations

We recommend that Age UK Bucks, together with Age UK Hillingdon, Harrow and Brent:

☑ Ensures those who have additional communication needs e.g., illiteracy or low level understanding of English, have equal access to information about the community support process and / or what other support might be available.

☑ Ensures all clients are made aware of local community transport and how to access this.

☑ Considers revising their Discharge Support Service leaflet to encourage people to contact Age UK if they have any concerns or need any other short term support.

☑ Builds on the good practice we heard by sharing the positive feedback included in this report with commissioners of their services.

We recommend that Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB):

☑ Work with providers to ensure patients and relatives are fully informed in advance about what will happen when discharge is imminent.

☑ Ensures hospital discharge evaluation includes looking at whether a patient can manage at home without additional short term support - especially if they live on their own or care for someone else.

☑ Ensure physiotherapy is considered for all those who have reduced mobility even when it's not indicated by their hospital treatment or illness.

We recommend that Buckinghamshire Council:

☑ Ensures domiciliary care agencies, commissioned to provide short term, live in care for those living with dementia, provide good quality dementia training to their carers.

☑ Considers providing a personalised respite care options to patients who are carers.

☑ Considers increasing funding to provide expanded community support to more people; particularly to boost peoples' confidence after a stay in hospital.

We recommend that Buckinghamshire Healthcare Trust (BHT):

☑ Ensure patients' plans to travel home are well understood so they can be discharged in time for booked transport e.g. discharges patients who could benefit from Age UK transport before 7pm weekdays or 6pm at the weekend.

☑ Ensures staff review patients' dietary information and offer appropriate meal options when talking with them.

☑ Respects the dignity of older patients by enabling them to be taken to the toilet if they do not want to use an incontinence pad in a bed.

What the project was about

Background

Discharge from hospital, potential delays and the support provided for people afterwards is a subject often in the news. The Healthwatch network often receives feedback about people's experiences in this area. The support required after hospital discharge depends on each person's needs.

Age UK have produced a factsheet explaining what people should expect when discharge planning from a hospital following NHS treatment in England: Hospital discharge and recovery (ageuk.org.uk). This is based on https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance which lays out the various discharge pathways (0-3), dependant on need.

This guidance estimates that 50% of those discharged after a hospital stay can go straight home with minimal or no help. For some, 'low level' support – such as transport to get home from hospital and /or support to get sorted for a few days/weeks afterwards – is invaluable. This often reduces delays in discharge, makes hospital readmittance less likely and lessens the need for higher levels of social care. This allows many people to get back to 'normal' and continue with their lives independently. Any other needs can also be identified along the way, and signposting provided.

Age UK Bucks (in partnership with Age UK Hillingdon, Harrow and Brent) provides the Hospital Discharge Support to people discharged from Buckinghamshire hospitals. It offers the following:

- Transport to get home from hospital & “settled”
- Community support service (up to six weeks afterwards).

This care is for those who have been discharged under Pathway 0 or Pathway 1 by the hospital. Providing they have been assessed correctly, they will require no new or additional support to enable them to go home.

Our Aims

We want to know about peoples’ experiences of these services offered in Bucks. The project looked to find out:

- People’s experience of hospital discharge
- How the Age UK Bucks service provided the support needed at this time
- What service was provided and for how long
- The impact of the service on the Age UK clients we spoke to.

Who talked to us

Age UK staff and volunteers talked to the clients receiving their service to explain the aims of the project. They obtained consent for us to contact individuals.

All the conversations we had with people were by phone. We interviewed them one by one using a set of questions. We tried to talk to those who agreed to take part in this research two to three times. Most people answered our initial questions soon after discharge, then when the support provided by the service ended and again a few weeks later.

Full details about who talked to us can be found in Appendix 3. All respondents had experience of Age UK Bucks transport to get home from hospital, or their community support service, or both. We found the following:

- 93% identified as White: British.
- 57% identified as a woman and 43% as a man.
- 74% said they had a long term condition.
- 44% said they had a disability.
- The median age was 63.

What we heard

This report reflects the views of the 29 people who talked to us.

Discharge from Hospital

- All of those we talked to were discharged from hospital back home.
- 25 had spent time in Stoke Mandeville hospital. One person had stayed in Milton Keynes hospital, one in Wexham Park hospital and another in Wycombe hospital.
- Most of these were unplanned, rather than scheduled, visits to hospital.
- Most people had spent less than a week in hospital, although a few had stayed in hospital more than once in the last few months.
- 59% (16/27) of those we talked to told us the time they had spent in hospital was about the right length of time.
- Five people had been readmitted and discharged again over the few weeks we were in contact with them.

Many people were happy to be discharged home

Two thirds (18/27) of those receiving support from Age UK after discharge told us that everything was in place ready for their discharge from hospital. Most were very happy to be going home and felt it was the right place for them to be.

> "I'm much better off since I've been home"

However, discharge came as a surprise for some who thought they were staying in hospital a little longer.

> "It was actually a bit of a shock as they said I wouldn't go home."

Some people were given little notice of discharge. In some cases, relatives had been told the hospital would phone them, but they did not. A couple of people also said they waited a while, on discharge day, to be allowed to leave the hospital.

> "I had to hang about to get the doctor's signature to let me go. I was told I would go home at 7am, then 8am, then 9am and I finally left at 1.30pm."

Two people, who were carers for partners with dementia, told us they were eager to get home because of the impact their absence would have on their partners. However, they

were not sure if they were physically fit enough to go home when they were discharged. Both were subsequently readmitted to hospital.

Case Study 1 – Social care support provided during hospital stay but not after discharge from hospital

Elsie told us she was grateful for the temporary carers put in her home to look after her husband who lives with dementia. However, the carers had no training in supporting someone living with dementia. On discharge, Elsie returned, still in pain, to an untidy house, and a spouse whose personal care had not been dealt with. The carer also complained they had been promised a week's work and was having to go home early without the money they had expected.

"So, I gave her £60 to get back to London."

Age UK were able to signpost Elsie to dementia support groups, but Elsie was looking for a few hours' respite care each week for her husband. However, none of the groups she approached could provide her with this.

Elsie was subsequently readmitted to hospital and the situation repeated itself again on her second hospital stay when carers, without dementia training, moved into her house to look after her husband. This time she returned to a dirtier house, and she was too embarrassed to ask Age UK for cleaning help. However, she struggled to clean the house herself.

The day before discharge, her husband had been moved into a care home for a fortnight's respite. When we last spoke to Elsie, she was trying to move him home after only two days. She had heard the staff shouting at her husband and was concerned.

"The care home will do more harm than good, and I'll end up with more work to do when he comes home."

Two other people told us they felt they had been kept in hospital a little too long.

Some felt discharge was too soon

- A few people told us that they felt they should have stayed in hospital longer because of medical need.

Six people told us they did not feel, or were unsure, that everything was in place when discharge took place. Four of those also felt emotionally unprepared for their discharge from hospital.

> "I didn't feel I was well enough. I thought I hadn't had enough treatment."

> "It was too fast. I wished I'd known more. I'd fallen, my knee was black and swollen and no one had even looked at it. I needed a bit more time in hospital to sort it out."

Eight people were not satisfied with the communication and information they were given about their discharge while in hospital.

> "I didn't fully understand the discharge process."

> "There was zero communication. I have no paperwork, no discharge notes. They threw me out like a stray dog. No, they would have shown more compassion to a stray dog."

One person told us they were prescribed iron tablets in hospital only to be asked why they were continuing to take such a high dose when they subsequently visited their GP. The latter immediately stopped the iron tablets.

For one person, finding out about a follow up appointment from a GP rather than directly from the hospital was unexpected.

> "My GP visited me and told me he'd been contacted by the hospital. I have an appointment at High Wycombe in 4 weeks' time. I knew nothing about it."

- Several people also told us they felt some social care support should have been put in place prior to discharge.

Three relatives we spoke to felt that their widowed parents, who lived on their own, had been discharged without appropriate additional support at home. These relatives all lived over 150 miles away from their loved ones.

> "The NHS just needed the bed; frankly I felt they just pushed her out. Social services didn't visit her. They didn't make an appointment with her GP for further medication."

Two relatives felt the hospital hadn't asked all the right questions, and both these patients had been readmitted at least once in the last few weeks.

> "No one asked if she could manage on her own at home."

Another person felt they had experienced an unsafe discharge because they lived alone and were unable to move around without assistance. They told us they had been discharged home without any support or equipment.

Case Study 2 – Discharge from hospital requiring subsequent RRIC referral

Sophie told us she was far from ready to go home after a short hospital stay. She had mobility issues and mild concussion. Once home, she struggled to get out of bed, cook or dress herself.

"I was in awful mental distress."

After phone calls to various people over several days, social services were able to refer her to the Rapid Response and Intermediate Care Service (RRIC).

"Within two hours it was all sorted."

She now has equipment such as a raised toilet seat and shower chair at home. This team also sent in carers twice a day. She is now looking forward to regaining her independence.

Age UK only subsequently became involved, and Sophie's immediate concerns had already been addressed. However, an Age UK volunteer did start visiting once the carers left. She has also been put on the waiting list for a befriender.

Referral to the Age UK Hospital Discharge Support Service

We talked to 15 people who only had experience of being transported home from hospital by Age UK Bucks. We also talked to another nine who only had experience of the community support service and another five people who benefitted from both.

- Most people we spoke to did not know how they were referred to the Age UK Hospital Discharge Service. However, those who were transported home from hospital said the latter organised it.

> "The nurse in charge told me I was going home and said she would arrange transport."

- Most people receiving transport support home, did not have to wait long for this to arrive.
- Most people understood the service Age UK were able to provide.

Being Transported Home from Hospital

Age UK Bucks is able to provide transport home from hospital (between 11am and 7pm Monday to Friday, and from 12-6pm at the weekends). It has a range of vehicles, including ones with wheelchair access, to enable this. We asked people about their experience as soon as we were able to after they got home from hospital.

What worked well

- Everyone who told us about being transported home from hospital said they were very satisfied or satisfied.

> "It was super; a comfortable ride."

> "It's absolutely brilliant. Your driver was very helpful, and we chatted all the way home."

- People told us the drivers were friendly, drove safely and treated them with respect.

> ...[The driver] wheeled me back up to my bungalow and made sure I got in safe. He was very, very helpful. I appreciate all the help Age UK gave me."

Two people also told us that they were pleased that the vehicles used were very accessible. Three people appreciated being settled in a chair or in bed before being left. Several commented on the driver's kindness.

> "They made me comfortable in bed and gave me a cup of tea. Top notch. They're wonderful."

What could be done differently

- One person said they would have liked to have been picked up more quickly from hospital. However, everyone else said they could not think of anything they would like to be done differently if they needed to use the service again.
- Everyone we asked had been given an Age UK leaflet by the driver. However, one person could not access this information themselves.

> "I can't read, write or tell the time."

We also contacted these people again a few weeks later to see if their views had changed. Everyone was still very satisfied or satisfied with help provided by Age UK Bucks transporting them home from hospital.

> "Absolutely wonderful."

We also asked them if they had any other support needs; most said they did not.

> "I don't think I need any more support. The wife and I cope quite well."

One person was thinking about getting a cleaner and another was looking for help with gardening. However, a few people did highlight unmet support needs such as footcare, shopping and hairdressing; all services which Age UK Bucks can provide. None of them had thought to ring Age UK back to ask for support or advice about where to find this help. They did all have the Age UK Discharge Support Service leaflet.

- One person highlighted issues around delays in discharge. They were unable to benefit from the Age UK transport which had been booked for 6pm as they weren't actually discharged until 8pm.

Community Support Service

"Age UK Buckinghamshire volunteers and staff make a number of home visits and telephone calls to the service user and provide conversation, companionship, emotional support and practical help with everyday tasks as required, tailored to their individual needs. These will include activities such as: shopping, collecting prescriptions, light housework, basic risk assessment to prevent slips, trips and falls, assistance with forms and letters, and liaising with and signposting to other organisations."

We asked people about their experience as soon as we were able to after they got home from hospital.

- Everyone who told us about the community support service said they were very satisfied or satisfied with it. This was the case even when Age UK were unable to provide a service they required.
- Three quarters of those receiving this service had a long term condition and/or a disability. Most lived on their own. Six people also had carers visiting them daily

when we first talked to them. Five still had carers still visiting by the end of our project.

- Everyone told us the Age UK staff and volunteers they met treated them with respect and kindness.

> "Always very positive, very helpful and asking if there's anything else they can help with."

- While some people understood what the service was for, a few were not sure. Two people asked us when the Age UK Bucks volunteers would stop visiting. One of these received help with weekly shopping while the other was provided with emotional support. However, in both cases alternative provision was in place by the time the community support service ended.
- During the initial call, nearly everyone told us that the community support being provided met their needs. They were all receiving slightly different help.

Types of help provided

The range of support provided by the community support team depended on each individual's needs and personal preferences. However, this always started as soon as Age UK's assessment had taken place. The only exception was when a person said they did not want help immediately.

Practical support from Age UK Bucks

Some people received direct practical help from Age UK.

> "They visited yesterday and checked there was food in my fridge, changed my bed and helped me set up an online supermarket shop."

Four people told us they had help with shopping, and six said they had help with housework. Many told us this was really valuable when they were feeling tired, weak or unsteady after their stay in hospital.

Case Study 3 – How a little practical support can go a long way

After a week in hospital, Stan was still unsteady on his feet. He felt overwhelmed by the state of his flat. Age UK community support said they would be able to send someone round to help him. This motivated him to start tidying up without overdoing it.

A volunteer helped with the hoovering. He continued to tidy up in between the visits. He continued to feel better and was able to walk unaided and do more. He felt that once the support ended, he would be able to keep the flat tidy and clean by himself. The Age UK support had given him time to get physically stronger and provided psychological support to manage his home independently once more.

For two other people, it was a volunteer visiting and talking with them, as well as help with the shopping/housework, which gave them back their confidence. They told us that they thought this companionship enabled them to regain their independence.

Case Study 4 – How Age UK personnel boost confidence

Susan had been readmitted twice into hospital following an operation. She had lost a lot of weight and could barely walk. Initially she had received Age UK Bucks transport support home from hospital but had not been referred for community support.

Susan's daughter told us that she felt her mother probably only needed a couple of weeks' respite care. However, she was struggling to find a private carer.

"I've spoken to adult social care, and they said it will be weeks before they can get anyone out to assess her."

Susan was concerned that her mother would once again be readmitted to hospital. She contacted Age UK who were able to provide a volunteer to visit for six weeks. They were able to do some shopping, light housework and sit and have a chat each week.

Although a neighbour had helped with the chores initially, it was Age UK's volunteer who made all the difference.

"I've lost my confidence after being in hospital so long. When you live on your own, you have no one to motivate you. [The volunteer] gives me the confidence that I need. I don't know what I would have done without her."

Within 2 weeks the volunteer had persuaded her to go on a walk and accompany her to the supermarket. Susan was pleased to find she could indeed do this. By the end of the month, she had started driving again, was confident to walk to the local shops on her own and had started seeing friends again. Although Susan said she missed the volunteer when she left, Susan is now back cooking her own meals, has employed a cleaner and has returned to her sports club.

For another two people, having a volunteer to visit was the precursor to employing a personal assistant longer term.

Signposting by Age UK Bucks

Most people we spoke to were told about Age UK's Home Services. This is a referral to paid for services delivered by self-employed agents at a fixed price. This could include housekeeping, hairdressing, footcare, gardening, DIY and befriending. Two people told us they were on the waiting list for their Befriending Plus service. One other was looking at the footcare service. One other person already benefitted from the hairdressing and housekeeping services.

Some people were also signposted by Age UK to other services. Apart from referrals to the fire brigade service, it was often up to the individuals to follow up with the

organisations suggested. Two people had received details about how to access local community transport and two had had smoke / carbon monoxide alarms fitted following visits from the fire brigade. The other organisations to which people had been referred included a mobility aids supplier, a care agency, a ready meal delivery company and dementia support.

Case Study 5 – How Age UK community support can add value through signposting

We spoke to Bill, who is over 86 years in age and living on his own in rural Buckinghamshire. He was very satisfied with the help he received at every stage from Age UK. He found staff helpful and able to answer all his questions.

With mobility issues and Parkinsons, managing life at home after a discharge from Stoke Mandeville hospital was not proving easy. Age UK Bucks conducted an assessment at home and signposted Bill to the fire brigade and companies providing mobility aids to support independence. They also visited weekly to help with the housework.

After a fortnight, Bill told us that he was very pleased with the support from Age UK and was feeling well in himself. While he had read the leaflets that had been left, nothing else had changed.

However, after a further month, he had ordered various mobility aids - e.g., a raised toilet seat. Smoke alarms had also been fitted by the fire brigade. Unfortunately, he had experienced another night in hospital after a fall. Although he hadn't ordered a personal alarm before that, this incentivised him to get one.

We spoke again, nearly three months after our first call. He told us that he felt Age UK had set him on the right road. He said their service was first class.

"I didn't realise that there were so many organisations out there in the area that could help the likes of me."

He had not had another fall and felt more confident now he had the mobility aids. Following the end of the community support, Bill had employed a personal assistant every morning to help him get up and support him going out.

One person told us that while they understood signposted services were often provided by volunteers, they felt frustrated that they couldn't necessarily get community transport when they wanted it. Another understood there was a waiting list for a befriender and already received other paid for services from Age UK.

> "I want someone to talk to."

What could be done differently

- Three people identified issues with services they had been signposted to rather than with the community service provided by Age UK.

One person was unable to access community transport when they wanted it.

> "When I phone up, they say: I'm sorry, we haven't got enough volunteers."

Another person initially wanted a delivery of ready-made meals. However, no one ever answered the phone when they rang.

> "I end up in a queue and I'm on Pay As You Go. So, I wait 10 mins and then I hang up."

- Another person had not received any details about local community transport, despite being a carer and not being able to drive in the short term.
- One person suggested more volunteers were needed as they had been waiting over 3 months for a befriender. Age UK's Befriending Plus service has a waiting list of anything from 2 to over 12 months depending on the requirements of the client and the location they live in etc. Interestingly, another person wished they had been able to volunteer with this service.

> "I would have volunteered myself [as a befriender] when I was younger if I'd known about it."

- Several people wanted services which either Age UK did not provide or could not easily signpost to – e.g., access to organised theatre trips without joining any local groups.
- While several people we talked to did have physiotherapists visiting them at home, several others did not. The latter were looking for physiotherapy to build up their muscle strength and confidence in walking alone. People consistently told us that the absence of this support impacted on their independence.
- One person told us they were surprised to have to ring different parts of Age UK Bucks to access the paid-for add-on services. They had thought that they could be organised by the discharge service rather than them having to organise them separately.

> "We thought it was more joined up than it is."

Welfare Checks

Some people only wanted / needed welfare checks after an initial assessment. Welfare checks are phone calls made by Age UK staff to see how people are getting on and ask whether any further support is needed. In the case of those people we spoke to (who only received these calls and no other support), one person had family around to help. Another said they had carers twice a day and didn't need anything else initially. Several people told us they knew they could call Age UK at any time if they needed advice.

Case Study 6 – Where family and neighbours step in to provide support

Sabana had been told not to bend, cook etc., following a hip operation. She was confident in the physiotherapist's decision to send her home.

For 3 weeks following discharge, her brother moved into her house to help. She already had a cleaner and her friend across the road was providing her with cooked meals every day. So, while she was grateful for the offer of help and phone calls, she decided that she didn't need any Age UK support.

There are also situations when, despite Age UK's best efforts, people are not interested in the support offered.

Case Study 7 – You can offer support, but it can be refused

Marjorie spent several weeks in Milton Keynes hospital. Age UK Milton Keynes gave her a leaflet in hospital, but said she needed to phone Age UK Bucks for any support. Although she wanted to go home, her son said she was overwhelmed once home and could do with a bit of help for a few weeks.

He phoned Age UK Bucks and attended the assessment with his mother. They offered a range of services he felt would be appropriate. However, she refused to answer Age UK Bucks' calls after that, and her son was unable to persuade her otherwise.

"... mum won't answer the phone to them but that's not their fault. They have tried to follow up with her."

Age UK tried to engage with Marjorie for several weeks. After that they sent a letter to say she could contact them at any time. Although they were not successful in providing any direct support, they kept the door open, so Majorie had access to them if she felt she needed them.

Feedback on the service after it had finished

We contacted as many clients as possible a few weeks after the Age UK Bucks hospital discharge support had ended. Everyone praised the support they had received from Age UK. Some missed the volunteers but all said there was enough support in place so they could manage without them.

> "I miss her [the Age UK Bucks volunteer] terribly, but understand she has other people to help. She's done me a lot of good."

Most people told us they did not need any more help than was already in place. The exceptions were:

- Access to befrienders (where there is a known waiting list), and
- Physiotherapy/support to build up walking strength/confidence again.

Any other comments

- One person praised the A&E doctors in Stoke Mandeville hospital who managed a conversation about a Do Not Resuscitate (DNR) decision extremely well.
- One person told us they experienced limited menus in Stoke Mandeville hospital, i.e., they could not find a full meal which excluded dairy products.
- One person also said that it is insulting to say to older people, particularly those with mental capacity, that they can't go to the toilet, but must use a pad in a hospital bed instead.

Acknowledgements

We thank all the people who talked with us about their experiences. We also thank all the Age UK staff and volunteers involved in the project.

Disclaimer

Please note this report summarises what we heard. It does not necessarily reflect the experiences of all those discharged from hospital or receiving support from Age UK Bucks.

Appendix 1

More about our approach

Who we included

We talked with people discharged from hospital who gave Age UK Bucks staff permission to pass on their phone numbers to us. These individuals had received either transport home from hospital or community support once they got home, or both. These individuals were all registered with a Buckinghamshire GP surgery. Sometimes, we spoke to the son or daughter of the person if this was their preference.

Who we will share our findings with

We will share our findings with the Care Quality Commission and Healthwatch England, the independent national champion for people who use health and social care services. We also share all our reports with the Buckinghamshire Council Health and Wellbeing Board and the Health and Adult Social Care Select Committee.

We will also share our findings with Age UK Bucks and Age UK Hillingdon, Harrow and Brent, BOB ICB and Buckinghamshire Healthcare Trust.

How we follow up on our recommendations

We will request a formal response to our recommendations from:

- Age UK Bucks
- The BOB ICB
- Buckinghamshire Council
- Buckinghamshire Healthcare Trust

We will follow-up each formal response to confirm what changes have been made.

Appendix 2 – What did people tell us

Was the visit to hospital planned?

	Total
Planned	**4**
Unplanned	**23**
Total	**27**

How long were you in hospital for?

	Total
Less than a week	**17**
8-13 days	**4**
2-4 weeks	**2**
Over a month	**2**
Total	**25**

Was that the right amount of time?

	Total
Yes, about right	**16**
No, too short	**6**
No, too long	**1**
Not sure	**4**
Total	**27**

Did you feel that everything was in place ready for your discharge from hospital?

	Total
Yes	**18**
No	**6**
Not sure	**3**
Total	**27**

Did you feel emotionally prepared for your discharge from hospital?

	Total
Yes	**21**
No	**4**
Total	**25**

How satisfied were you with the communication and information you were given about your discharge whilst in hospital?

	Total
Very satisfied	**1**
Satisfied	**15**
Unsatisfied	**5**
Very unsatisfied	**3**
Total	**24**

How satisfied are you with the transport home from hospital?

	Total
Very satisfied	**16**
Satisfied	**4**
Unsatisfied	**0**
Very unsatisfied	**0**
Total	**20**

How satisfied are you with the community support service?

	Total
Very satisfied	**6**
Satisfied	**7**
Unsatisfied	**0**
Very unsatisfied	**0**
Total	**13**

Appendix 3

What age group are you in?

Age Group	Total
36 – 45 years	**1**
46 – 55 years	**2**
56 – 65 years	**4**
66 – 75 years	**9**
76 – 85 years	**7**
86 and over	**5**
Total	28

Are you a:

Gender	Total
A man	**12**
A woman	**16**
Total	**28**

Is your gender identity the same as your sex recorded at birth?

Gender Identity	Total
Yes	**17**
Total	**17**

How would you describe your ethnic group?

Ethnic Group	Total
Asian / Asian British: Pakistani	**1**
White: British / English / Northern Irish / Scottish / Welsh	**26**
White: Any other White background	**1**
Total	28

What is your religion or belief?

Religion / Belief	Total
Christian	13
Muslim	1
No religion	4
Total	18

How would you describe your marital or partnership status?

Marital or Partnership Status	Total
Cohabiting	1
Divorced / Dissolved civil partnership	3
Married	6
Single	8
Widowed	6
Total	24

Do you consider yourself to be a carer?

Are you a carer?	Total
No	23
Yes	4
Total	27

Do you have a disability?

Do you have a disability?	Total
No	15
Yes	12
Total	27

Which of the following disabilities apply to you?

Which disabilities?	Total
Physical or mobility impairment	**9**
Sensory impairment	**1**
Neurodevelopmental condition (ADHD, ASD, learning disability or difficulties)	**1**
Mental health condition	**1**
Total	**12**

Have you been diagnosed with any of the following?

Have you been diagnosed with	Total
Autism (ASD)	**1**
Total	**1**

Do you have a long-term health condition?

Do you have a long-term health condition?	Total
No	**6**
Yes	**17**
Total	**23**

Which of the following long-term conditions?

Which long-term health conditions?	Total
Asthma, COPD or respiratory condition	3
Blindness or severe visual impairment	1
Cancer	2
Cardiovascular condition (including stroke)	3
Deafness or severe hearing impairment	1
Diabetes	4
Epilepsy	1
Musculoskeletal condition	3
Other	2
Total	

If you require this report in an alternative format, please contact us.

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