Joining Up for Hospital Discharge

healthwatch Derbyshire

Joined Up Care Derbyshire

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About us

We are an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

Our mission

We are a strong, independent, and effective champion for people that use health and social care services. We will continue to influence health and care services and seek to improve joined-up care for the people of Derbyshire.

Our vision

We want to see consumers of health and social care services being put centre stage so that service providers and commissioners listen to what they have to say and use their voices to shape, inform and influence service delivery and design.

Summary

In spring 2023, we asked people about their experiences when leaving hospital.

The feedback we received helped create a new job role. The job title was Hospital Discharge Engagement Lead for Joined-Up Care Derbyshire (JUCD).

This job role ran from June 2024 to April 2025. The project that the Engagement Lead worked on was called 'Joining Up for Hospital Discharge'.

The Engagement Lead role was funded by the JUCD Discharge Improvement team. The role was able to remain independent as part of the Healthwatch Derbyshire team.

This work followed advice from NHS England called Working in partnership with people and communities: Statutory guidance to involve the people of Derby and Derbyshire in planning health and care services.

Below is a summary of the JUCD Discharge Improvement Team's plan, which also guided this work.

Key Information

Between June 2024 and April 2025, we spoke to over 50 people about their experiences of hospital, social care or voluntary services when leaving hospital and discharge from hospital.

We also spoke to local voluntary groups, carers, patient participation groups, doctors, nurses and care staff to hear their views on hospital discharge and what could be improved. In total, we heard from over 100 people.

Key Findings

- Unclear communication: Patients and families often felt confused when information isn't explained clearly, making it harder to make informed choices
- Too much, too soon: Overloading people with information at the wrong time made it hard to focus on what matters most
- Not knowing where to get help from: People told us it is a confusing time, and they didn't always know where to go to find clear information and help
- Poor coordination: When health, social care, pharmacy and patient transport don't work well together, discharge is delayed
- Unequal support: People with limited English, memory or learning difficulties may not fully understand their care or the information given, leading to poor choices and less support
- Not enough help to understand: Many people don't get the support they need to understand health information. Some staff may not have had clear conversations and health literacy training
- Risks of inactivity: Being inactive in hospital can weaken muscles, making it harder to recover and live independently after leaving the hospital
- Missing feedback to improve services: There wasn't enough information from patients about their experiences when leaving the hospital. This includes demographic information about different groups, such as people who don't speak English as their first language, people with learning disabilities, and those with long-term conditions.

We learnt that when this demographic information is not available, it is harder for services to make sure people get the right care and information to meet their individual needs.

Why we did this project

Our role is to listen to people who use health and social care services and make sure their views are heard by the people who make decisions. By working together, we can all understand what needs to be improved.

The Joined-Up-Care Derbyshire Discharge Improvement Team wanted to understand more from the people of Derby and Derbyshire about their experiences of leaving hospital and the hospital discharge process.

They chose to work with Healthwatch Derbyshire whose role it is to listen.

Joining Up across Health, Social Care and Voluntary Services with a Joint Aim:

To listen to the people of Derby and Derbyshire, understand what mattered most to them when they left hospital, and make sure their voices helped improve how hospital discharge services are planned and delivered.

How did we do it?

The Engagement Lead listened to individuals and groups to learn about their leaving hospital and hospital discharge experiences.

Listening to staff that work together across the health and social care hospital discharge process has also helped us to understand more about what improvements are needed.

This project has been completed using various methods to capture the voices of those who have used or work in hospital discharge services.

Interviews

We carried out in-person interviews with patients and carers about their experiences of leaving the hospital. We also spoke with two doctors who shared their views on the hospital discharge process.

Annual General Meeting (AGM)

In September 2024 we focused our AGM on 'Joining Up for Hospital Discharge', where we captured the views from volunteers with lived experience, and local community and voluntary organisations

Read more about the event on our website: Joining up for Hospital Discharge event: Working together for better care.

Midlands Nursing Experience of Care event

The Engagement Lead and a volunteer were asked to speak about this project and gather feedback on discharge experiences from hospital and community nurses, at their annual Midlands Nursing Experience of Care network event.

From this event, our project and its outcomes have been chosen to be a part of the National NHS Information event in 2025.

Planning workshops

We attended with three volunteers with lived experience to add the voice of the public alongside professionals. We set up further workshops with a team of volunteers and professionals to plan and design a 'staying active' and a 'working together' guide.

Meetings

We also attended a range of meetings with staff members, including doctors, nurses, social care staff and service managers where we heard about their professional and personal experiences of hospital discharge.

Surveys

We sent a survey to the Home from Hospital volunteers to capture their views and experiences of hospital discharge.

We used our feedback form survey to continue to capture the experiences of hospital discharge from professionals and the public.

Local research reports and national guidance

We heard that some groups of people in Derby and Derbyshire experienced a poorer hospital discharge. We had to look at local research and national guidance to identify why this happens.

The following reports were looked at:

- How barriers to being heard, treated fairly, or fully included could have affected groups of people in Derby and Derbyshire when leaving hospital: Derby Health Inequalities Impact report, 2023
- Care Quality Commission report: Who I am matters. Experiences of being in hospital for people with a learning disability and autistic people
- Care Quality Commission report: Meeting the Accessible Information Standard
- How people at risk of or experiencing homelessness in Derby and Derbyshire can be affected when planning to leave hospital: Discharging people at risk of or experiencing homelessness, GOV.UK
- Carers often feel left out of discharge planning, struggle to get clear information and support, and are unprepared for the physical and emotional demands of caring at home. Derbyshire All Ages Carers Support Service: Derbyshire Diverse Carers Report and Derbyshire Carers Association: Derby's Diverse Carers.
- Learning from lives and deaths. People with a learning disability and autistic people (LeDeR) Action from learning report, 2022/23
- Derby Health Inequalities Partnership (DHIP) undertook a community engagement programme to understand community experiences of health inequalities before and during the pandemic, to inform action to improve health outcomes. DHIP, Community Consultations: Black African and Black African Caribbean Communities Vaccine Consultation Report.

Who did we hear from?

We gathered feedback and insight from:

15 in-person interviews with patients and carers

25 attendees at our Annual General Meeting in September 2024

28 people at the Midlands Nursing Experience of Care event

15 survey responses to our public and professionals survey.

6 responses from the Home from Hospital volunteer survey

Local reports and national guides to help us understand inequalities.

We also spoke to local voluntary groups, carers, patient participation group members, doctors, and individuals to hear their views on hospital discharge and what could be improved. In total, we heard from over 100 people.

What did people tell us?

We listened carefully to what people told us about their experiences of leaving hospital.

People had lots of good things to say about the staff in hospitals and social care services. They told us the staff worked hard and showed them great care.

Several people said that the staff went the extra mile to help them and their families.

> "I cannot speak highly enough of the nurses and the care they have given. They have gone above and beyond."
> **Family carer**

However, many people told us that the way services work can be confusing. They told us that this leads to problems, such as:

- People not getting the care they need when they need it
- Delays in leaving hospital can be stressful and frustrating.

> "We could have done with more support as a family earlier on when everything was happening. We could have done with someone independent of the family to help us get through some of the things we needed to do for Dad." **Family member**

- Families and carers, especially those supporting someone with dementia, disabilities, or complex health needs, are being most affected due to the lack of clear information and communication
- Mixed messages or unclear information, making it hard to understand what is happening, especially for families who support someone with memory problems.

> "Most of what we experienced can be summarised as an appalling lack of important recorded communications that should be available to, and agreed with, the patient and their carers where appropriate." **Family carer**

- People told us they spent long periods in a hospital bed or chair while waiting to go home
- Long periods in a hospital bed or chair can cause reduced mobility and loss of confidence. Some patients needed to return to hospital quickly or go to a community hospital to regain strength and improve their mobility.

> "I was taken home very late at night; my legs didn't work too well after sitting for hours in a chair waiting to go home. I don't know why as I did not break anything when I fell in my bathroom.
>
> "Once the ambulance crew left me, I felt I couldn't cope and worried I would fall again, so I rang for an ambulance. This time I was in hospital for 10 days and then had to go to another hospital to get help to walk again before I can go back home." **90-year-old patient**

"I have seen the physiotherapist who has got me back walking again.

"I was shocked at how quickly my leg muscles had become weak by not using them. I usually walk a mile each day. I thought, 'What's happened?'" **Patient**

- People told us that services need to work more joined-up. This would stop people from having to keep repeating information that can take 45 minutes each time a new care provider or service becomes involved.

"[There should be] staff with the time and skills to accurately complete and read patient records within the online discharge plan." **Family carer and volunteer with lived experience**

"[There should be an] online discharge plan that flows through from the inpatient plan that is both visible to the patient and the carer.

"[This should then] flow through to the ongoing care plan, part of the NHS App. [This should be] all developed and agreed with the patient or those with power of attorney (when someone else has permission to make care decisions).

"The discharge plan should show all the relevant data … who the carers are … any proposed meds … time scales … highlight any key information, e.g. one or more carers present at any time, where the patient is to be asked questions that relate to diagnosis, care or treatment." **Carer**

A daughter's experience

Confusing information and a lack of flexibility:

A daughter felt there were inconsistencies in the discharge process and a lack of flexibility to meet her father's individual care needs.

She was told that her father would need two extra home care visits each day, but these would take time to arrange. To help get her father home, she agreed to provide the care herself until the visits could start.

However, on the day of discharge, a different nurse (wearing a striped uniform) warned her that if she took on the extra care calls, her father might not be placed on the Home First pathway and might not get the care visits at all in future.

Worried this would mean her father wouldn't receive the support he needed, the daughter felt forced to say he should stay in hospital until all four care calls were in place. Although she was told she could "override" the decision, she didn't feel this was safe, since four calls had originally been recommended.

We have used all the feedback from the Joining Up for Hospital Discharge project to shape a set of improvements. These focus on what people have told us matters most to them and the changes we can influence the most.

Conclusion

The Joining Up for Hospital Discharge project has focused on the person's journey through health, social care and voluntary services when leaving hospital.

From listening to people during this project, it has been made clear that services need to work better together.

Co-design and co-production are common ways of speaking about working together equally to make things better and improve services.

We have found that the following need to be in place to support this way of working together better:

- A simple Working Together Guide that sets out how services and the public can work together better to improve services
- Understanding a person's whole journey through health, social care and voluntary services and how each service works with them
- Involving the communities and individuals that use health, social care and the voluntary sector in all improvement work
- Involving those people who work at the front of services in the improvement work.

We have taken our findings to several key meetings over the past few months.

The people who make decisions have agreed to the improvements that the people of Derby and Derbyshire have told us about during this project.

What has happened so far?

System-wide survey

Healthwatch Derbyshire will run a survey to continue to listen to the voices of the Derby and Derbyshire people on behalf of the JUCD Discharge Improvement Team.

This will be a system-wide hospital discharge survey, meaning that it will record a person's whole journey through health and social care, highlighting the full picture of all the services involved.

This will be a paid for piece of work and should continue until the 'one front door' approach to feedback and information has been set-up.

- Smart Survey: Hospital Discharge survey

Working Together Guide

We have created a Working Together Guide to help staff and those people using discharge services work better as a team to improve services.

We hope this will improve opportunities for people to provide feedback about their experiences. Especially those who may not have before. This includes those who experience inequality, such as those with English as a second language.

Also, this will increase professionals' understanding of how the people of Derby and Derbyshire are experiencing services, which will lead to improvements in care.

- Working Better Together Guide PDF

Two-page laminated guide for staying active: Move to Improve

We have worked with experts and volunteers to make an easy guide about why staying active is important when in the hospital, leaving hospital and at the place someone calls home.

It is clear from our feedback that a lack of activity can lead to readmissions to hospital.

This two-page guide will show the importance of moving while in hospital. It will be readily available on tables whilst in hospital meaning people will have clear sight of it.

- Move to Improve PDF

Comic book strip: From Hospital to Home

A comic book strip has been created as an easy way to understand the discharge process. This was developed to explain our findings and to highlight important messages.

- From Hospital to Home PDF

What will happen in the future?

A further push for a ‘one front door’ approach

People told us that they want clear information at the right time and to know where to go to give their feedback.

Getting discharge information in a central place, such as a website, would make a big difference to the public. It would improve communication, and people would know where to go to get the right support, as well as where to give their feedback.

This website could have the centralised feedback survey, leaflets and the discharge information pack.

We will continue to support a push for the 'one front door' approach to help people share feedback and find the right support, using clear and simple language in one easy-to-find and use place.

Digital referral form

A digital referral form will be available online in a person's Derbyshire Shared Care Record. This is a place online that patients, carers, and care teams will all be able to access.

The digital referral form will be used to share information and help with shared decision-making between patients, carers and care teams.

This is something that was very important to people in the feedback we received.

Central discharge information pack

JUCD is working on a clear discharge information pack that gives the right information at the right time and is the same across Derby and Derbyshire.

This will be available on paper and online. It will hopefully also be in an easy-to-access central location such as the 'one front door' website.

Further reading

Personalised care

This is a way of working across health and social care services that aims to give people the same choice and control over their mental and physical health that they have come to expect in every other aspect of their life.

A one-size-fits-all health and care system simply cannot meet the increasing complexities of people's needs and expectations. Personalised care is based on 'what matters' to people and their strengths and needs.

- NHS England: Personalised Care.
- NHS England: Comprehensive Model of Personalised Care
- Nottingham ICB: 'It's OK to Ask' YouTube Video
- Nottingham ICB: 'It's OK to Ask' – What matters to you?

- NHS Inform: It's OK to Ask

Choosing wisely

The public should be supported to have clear conversations about their choices when speaking to health and care providers. This is called 'shared decision-making'. Patients are encouraged to ask the following questions:

- What are the benefits?
- What are the risks?
- What are the alternatives?
- What if I do nothing?

You can read more about this here: Academy of Medical Royal Colleges: Choosing Wisely

Lost for words

Healthwatch England's report shows how language barriers contribute to health inequalities.

- Healthwatch England: Lost for Words Report

Trauma-informed

Trauma-informed care is about understanding how past difficult or painful things, often referred to as trauma, can affect people today. Making sure health and social care is delivered in a way that feels safe, respectful, and supportive for everyone is important.

- Gov.UK: Working Definition of Trauma Informed Practice

Thank you

Healthwatch Derbyshire would like to thank everyone who contributed to this report.

Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of all people within Derby and Derbyshire but offer useful insight and outline recommendations for future engagement and insight capture to support the discharge improvement work.

It is important to note that the engagement was carried out within a specific time frame and provides a snapshot of people's views. They are the genuine thoughts, feelings, and issues people share.

The data should be used in conjunction with, and to complement, other sources of data that are available.

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