healthwatch Gateshead

Patient Experiences of Hospital Discharge Pathway 0 at the Queen Elizabeth Hospital

About Healthwatch Gateshead

Healthwatch Gateshead is one of 152 local Healthwatch organisations established throughout England on 1 April 2013 under the provisions of the Health and Social Care Act, 2012.

Healthwatch Gateshead is an independent not-for-profit organisation. We are the local champion for everyone using health and social care services in the borough.

• We help people find out about local health and social care services.

• We listen to what people think of services and feed that back to those planning and running services, and the government, to help them understand what people want.

We help children, young people, and adults to have a say about social care and health services in Gateshead. This includes every part of the community, including people who sometimes struggle to be heard. We work to make sure that those who plan and run social care and health services listen to the people using their services and use this information to make services better.

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Executive Summary

Gaining reflective feedback from patients with significant care needs post-discharge from hospital remains a challenge, creating gaps in understanding whether the hospital discharge pathway serves as an effective process.

This research project sought to address this gap by developing a survey to collect feedback from patients, particularly focusing on those discharged on pathway 0, who identify as having no care needs upon discharge. By capturing these experiences, Healthwatch Gateshead aimed to assess the system's efficiency and identify areas for improvement to ensure patients experience a smooth, supportive transition home after hospital treatment.

This project focused on developing and distributing a detailed survey to capture patients' experiences and perspectives regarding the discharge process. A mixed-methods approach was used, combining quantitative (statistical) and qualitative (thematic) analysis. Key areas of focus included the communication of information and the involvement of patients, caregivers, and families in discharge decision-making. It also examined how well services were coordinated during discharge, the support provided before and after discharge-including from clinical staff, pharmacy services, and patient transport, and the overall impact of having, or lacking, such support.

The research highlights both positive and problematic aspects of the hospital discharge process. While many patients felt informed (66%) and ready to leave (65%), significant gaps remain in communication, follow-up care, and discharge planning. A lack of clear guidance left some patients feeling unprepared, and inconsistent involvement of family and carers further complicated transitions. Long discharge waiting times and preventable readmissions were also noted as concerns. Addressing these issues through better communication, structured follow-up, and improved discharge coordination could enhance patient experiences and outcomes.

The recommendations identified by Healthwatch Gateshead to improve hospital discharge experiences suggest for Gateshead Health NHS Foundation Trust to make discharge information booklets publicly available

and provide patients with clear admission and discharge guidance upfront. It has also been suggested that all GPs and hospital staff should ensure all patients and carers receive written discharge plans in both paper and digital formats. To reduce delays, hospital discharge staff should manage medication prescriptions in advance, or have medications prescribed by other authorised medical staff (other than the doctor in charge of the patient) and streamline administrative processes, including transport coordination.

Furthermore, a standard procedure should be established to involve family members, carers earlier in the discharge process. Additionally, a mandatory follow-up call within 48-72 hours should be implemented to monitor patient recovery for patients of all ages on pathway 0, and a risk-based tracking system should identify high-risk patients for targeted interventions, reducing avoidable readmissions.

Introduction

Since the peak of the COVID-19 pandemic in 2021, hospital admission and discharge patterns have changed significantly. Many patients believe they are being discharged earlier and in poorer health, while hospital data suggests inpatient stays have lengthened.[1]

Despite these shifts, patient feedback on their discharge journey and care remains limited. Although long-term outcomes are included in government statistics, there is not enough emphasis on patient experiences, particularly regarding the information provided during discharge, how it is communicated, and how effectively it supports recovery.

Gateshead Health NHS Foundation Trust's discharge guidance recommends planning a patient's discharge within 48 hours of admission.[2] Early planning minimises delays and facilitates coordination among hospital staff, patients, families, carers, and social care services to determine the appropriate level of support after discharge. However, feedback from the Trust and partner organisations highlighted ongoing challenges:

- **Communication Gaps:** Many patients report insufficient advice during discharge, leading to poor recovery outcomes and sometimes potential readmissions. Around 50% of patients also felt their carers and families were not involved in discharge planning, pointing to fragmented communication between stakeholders.[3]
- **Discharge Timing and Support:** Extended hospital stays increase the risk of infections and reduced mobility, yet early discharges without suitable planning can result in "failed discharges." For pathway 0 patients, the absence of follow-up support often leaves them vulnerable.
- **Transport and Transition Issues:** Challenges with timely transportation and discharge coordination are particularly reported for pathway 0

[1] Gateshead Health NHS Foundation Trust: NHS E&I Commitment to Carers Trust Hospital Discharge Final Project Report (2022).

[2] Gateshead Health NHS Foundation Trust: Going Home Guidance. Available here.

[3] Gateshead Health NHS Foundation Trust: NHS E&I Commitment to Carers Trust Hospital Discharge Final Project Report (2022).

patients, who may leave hospital without thorough post-discharge plans.

Healthwatch Gateshead aimed to explore patient experiences of the hospital discharge process, focusing on individuals discharged via pathway 0 — those with no ongoing care needs; (the details of the full discharge pathways can be found in the appendices). This is because Gateshead Health NHS Foundation Trust emphasised in their report that Pathway 0 discharges remain a key priority for the organisation, requiring further exploration to identify additional support measures that could improve the discharge process.[4]

By conducting qualitative surveys, Healthwatch Gateshead sought to identify potential improvements, particularly in communication, planning, and support during and after discharge.

[4] Gateshead Health NHS Foundation Trust: NHS E&I Commitment to Carers Trust Hospital Discharge Final Project Report (2022).

Methodology

An opportunity sampling was used to recruit participants for this study, whereby Healthwatch Gateshead invited anyone who was available and willing to take part. The only eligibility criteria required participants to be over 18 years old and to have either personally experienced going through a hospital discharge process on pathway 0 or had a family member or friend who had done so.

Healthwatch Gateshead's Engagement Team designed flyers featuring a QR code, which were shared on social media platforms, the organisation's website, and in newsletters. These flyers were also distributed through partner organisations and internal networks to ensure survey information was distributed everywhere to their contacts and the wider public. This approach aimed to make potential participants aware of the survey and enable their involvement within the specified timeframe.

Furthermore, Engagement and Involvement Officers (EIO) carried out community outreach at various local venues in Gateshead, helping individuals complete the survey in person, one of which was the Queen Elizabeth Hospital in Gateshead. Having a locality point at the hospital ensured EIOs were able to speak to patients, or family and carers of patients who may have been discharged from their hospital admission on pathway 0.

Using tablet devices, EIOs accessed the survey online and assisted participants during drop-in sessions. Smartphone users could also scan the QR code to complete the survey digitally, while those without smartphones were provided with paper copies. To enhance accessibility, flyers, and paper surveys, along with freepost envelopes, were distributed to community centres, pharmacies, and retail stores in several locations.

The engagement and data collection was undertaken within a 6-week time period, between the 7th of October 2024, and the 18th of November 2024.

In total, 130 members of the public took part in filling out the survey; however, only 89 participants were able to fully complete the survey,

meaning 41 participants only partially completed the survey and were therefore not included in the overall figures.

The data analysis used a mixed methods approach where quantitative (statistical) data, and qualitative (thematic) data were studied and explored to help present findings.

Disclaimer:

- Research objectives and survey questions can be found in the appendices for an in-depth understanding of what this research aimed to establish.
- Percentages have been rounded to the nearest whole number.

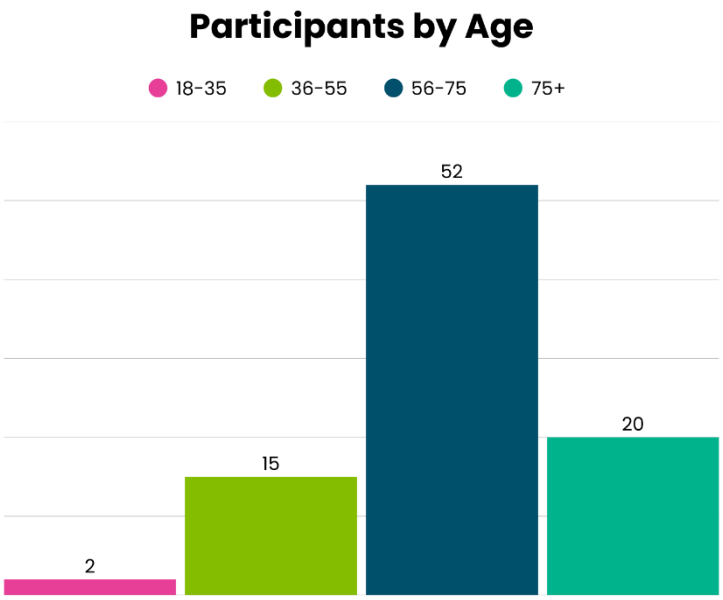
Results and Discussion

Survey questions have been sorted into the following categories:

- Demographics
- Discharge Experience
- Post-Discharge Care and Follow-Up
- Involvement of Family and Carers
- Overall Satisfaction

Demographics

A total of 89 participants took part in the survey, with ages ranging from 18 to 75 and above. Among them, 2% (n=2) were between 18-35 years old, 18% (n=15) were aged 36-55, 58% (n=52) fell within the 56-75 age group, and 22% (n=20) were 75 or older.



The survey was conducted across various areas within the borough of Gateshead, categorised into the following localities:

- **East:** Felling and Leam Lane
- **Central:** Deckham, key central locations such as Central Library and Gateshead High Street
- **South:** Birtley, Low Fell, Sheriff Hill, and Wrekenton
- **Inner West:** Dunston, Leam Lane, and Teams
- **West:** Blaydon, Chopwell, Clara Vale, Ryton, and Winlaton

Participants were also asked about their ethnicity.

Ethnicity	No. of respondents and percentages
White: English, Welsh, Scottish, Northern Irish, or British	96% (n=85)
Asian, Asian British, or Asian Welsh (including Indian, Pakistani, Bangladeshi, Chinese, or another Asian background)	2% (n=2)
Gypsy or Irish Traveller, Roma, or Other White	1% (n=1)
Any other Mixed or Multiple ethnic background.	1% (n=1)

The table above shows the majority identified as White: English, Welsh, Scottish, Northern Irish, or British. Two respondents identified as Asian, Asian British, or Asian Welsh (including Indian, Pakistani, Bangladeshi, Chinese, or another Asian background), and one participant identified as White: Gypsy or Irish Traveller, Roma, or Other White, and another identified as Any other Mixed or Multiple ethnic background. No participant indicated they are Black, Black British, Black Welsh, Caribbean or African, and no participant indicated they are Arab.

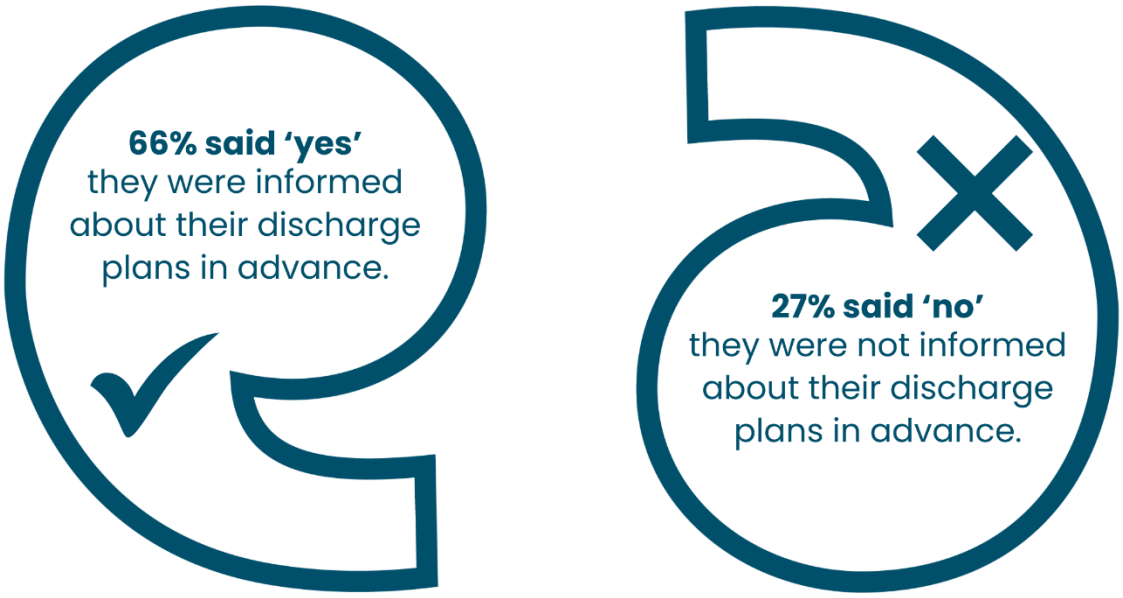
Discharge Experience

There exist wide variations in healthcare quality within the NHS. A shorter hospital length of stay (LOS) has been linked to early discharges, which may in turn lead to poor consequences such as readmissions.[5] Based on this theory, Healthwatch Gateshead asked participants about their admission into hospital, in particular their length of stay.

Ten percent (n=9) of participants reported staying for less than 24 hours, 33% (n=29) stayed for 1-3 days, 32% (n=28) were hospitalised for 4-7 days, and 25% (n=22) remained for more than 7 days. One participant skipped this question, therefore the percentages shown are considered for 88 participants.

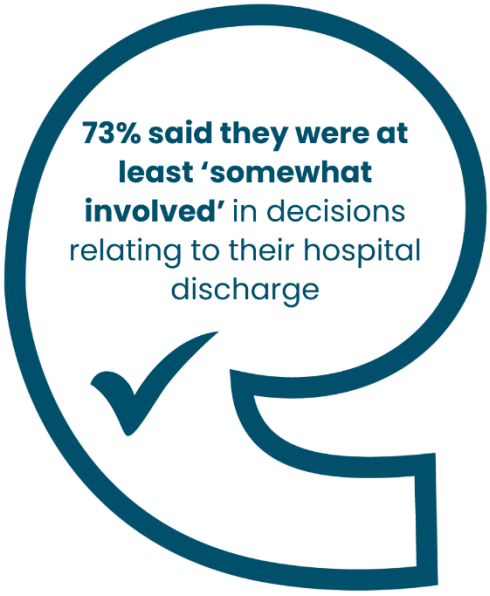
[5] Evaluation of the Association of Length of Stay in Hospital and Outcomes, (2021). Available here.

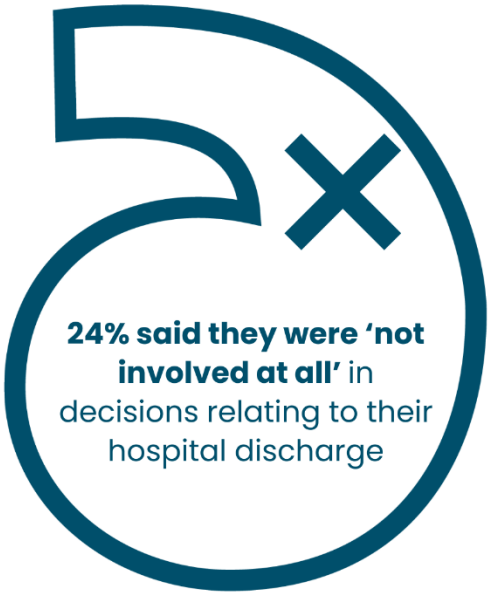
Despite the increased need for improvement, communication between hospitalists and patients has been characterised as being poor and ineffective.[6] To understand if this was the case, participants asked whether they were informed in advance about their discharge plans. Responses were recorded for 89 participants. The majority, 66% (n=59), responded "Yes, I was informed," while 27% (n=24) said "No, I wasn't informed," and 7% (n=6) selected either "Not sure" or "Not applicable."



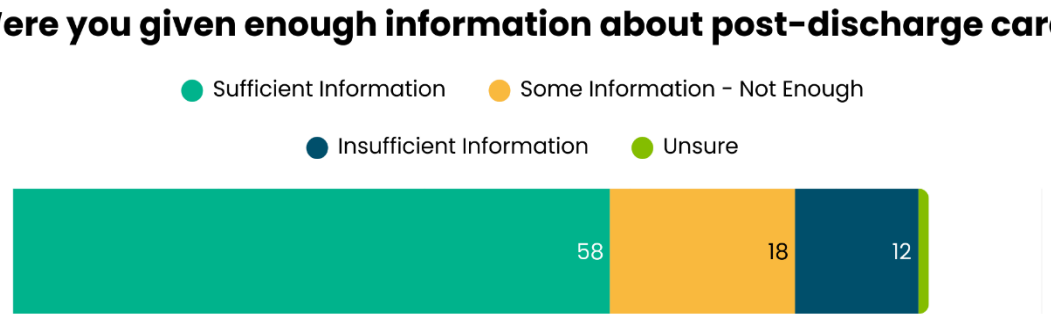
Participants were asked about their level of involvement in the decision-making process in relation to their discharge. The results showed that 40% (n=36) felt "very involved", while 33% (n=29) reported being "somewhat involved". Meanwhile, 24% (n=21) stated they were "not involved at all". A small percentage of respondents, 2% (n=2), indicated they were "not sure" and 1% (n=1) selected not applicable, suggesting they were not required to be involved in the decision-making process for their care.

[6] Deficits in Communication and Information Transfer Between Hospital-Based and Primary Care Physicians: Implications for Patient Safety and Continuity of Care, (2007). Available here.

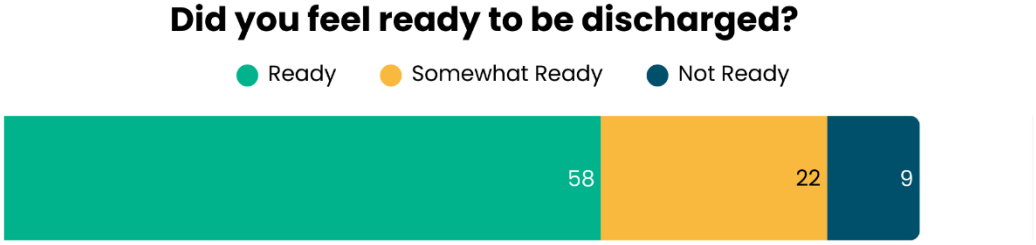




Participants were also asked whether they received adequate advice and information about post-discharge care. While the majority (65%, n=58) believed they had received sufficient information, 20% (n=18) felt they had received some advice but not enough. Another 14% (n=12) indicated they did not receive enough information, and 1% (n=1) was unsure.



Regarding their readiness for discharge, 65% (n=58) stated they felt ready to leave the hospital, 25% (n=22) said they were "somewhat ready," and 10% (n=9) admitted they did not feel ready for discharge.



When asked about the waiting time between being informed of discharge and actually leaving the hospital, 18% (n=16) reported a wait of less than two hours, while 23% (n=20) reported waiting between 2-4 hours. Nine percent (n=8) waited between 4-6 hours, whilst majority of the participants specified (37%, n=32), waiting more than six hours. The remaining participants were "unsure," (13%, n=11).

The final question related to discharge experience focused on transportation, as patients on pathway 0 often reported having issues with this. Interestingly, most participants, 80% (n=71), reported no problems, while only 6% (n=5) indicated that they experienced transportation issues being discharged. Fifteen percent (n=13) said the question was not applicable to them, suggesting they did not need transport for their hospital admission.

The findings highlight significant variations in hospital discharge experiences among participants. While a majority felt informed about their discharge plans and involved in decision-making, a considerable proportion reported a lack of communication and not enough post-discharge guidance. The data suggests that although many patients felt ready to leave the hospital, delays in discharge and transportation challenges remain concerns for some.

These results emphasise the need for improved communication and support, and clearer discharge planning to ensure patients feel prepared for their transition from hospital to home, ultimately reducing the risk of negative outcomes such as readmissions.

Post-Discharge Care and Follow-Up

Healthwatch Gateshead wanted to understand how a patient viewed their aftercare upon being discharged from hospital. Participants were asked whether they required follow-up care from their GP or another healthcare provider after being discharged. Only 78 participants chose to answer this question, so percentages have been calculated for this total. Nearly half (49%, n=38) indicated that they needed follow-up care, while 33% (n=26) reported they did not require any. The remaining 18% (n=14) were unsure.

They were then asked if they had been contacted for a follow-up after discharge. Half of the participants (50%, n=33) stated they had not received

any follow-up contact. Meanwhile, 29% (n=19) confirmed they had been contacted, with 16% (n=10) receiving follow-ups from the hospital. Another 14% (n=9) specified they received follow-ups from other healthcare professionals such as nurses, or community occupational therapists, as well as services such as Age UK Gateshead and Gateshead Adult Social Care. The remaining 21% (n=14) were unsure.

Here is what participants had to say:

"I took a funny turn, and the QE were great. They took my bloods, but all was well. Staff were friendly and supportive, but they were rushed off their feet."

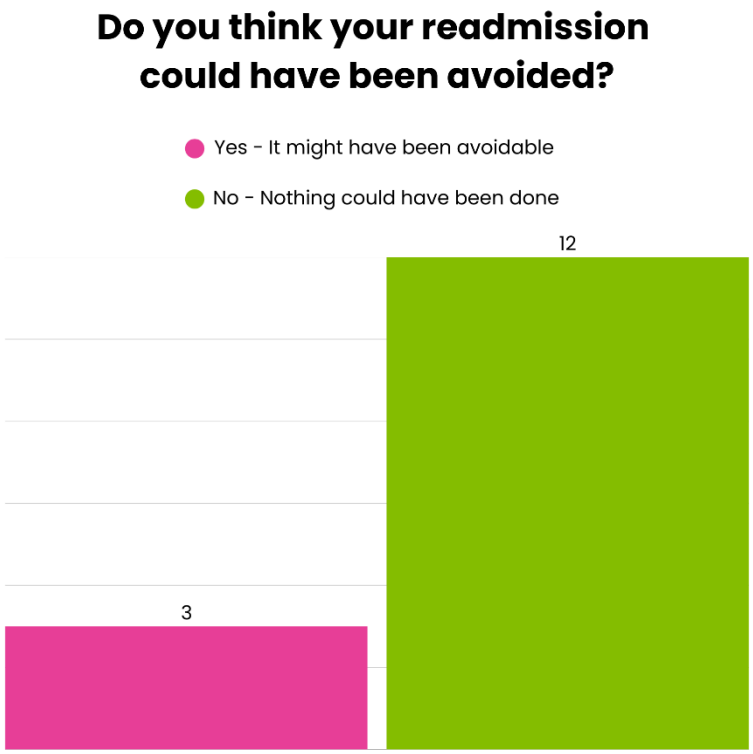
"They never told me if I was going to be contacted by the GP or if I had to make an appointment."

"I would have thought someone would have given me a call to see how I was."

"I contacted the GP and PALS."

Participants were also asked whether they experienced any post-discharge health issues that led to readmission. The vast majority (89%, n=51) reported no issues, while 11% (n=6) required readmission.

For those readmitted, an additional question explored whether their return to the hospital could have been prevented. Of these participants, 21% (n=12) believed nothing could have been done, whereas 5% (n=3) felt their readmission might have been avoidable. The remaining 74% (n=42) selected "not applicable," indicating they had not been readmitted.



Participants added additional comments on how they had found their experience upon being readmitted, and responses outlined both positive and negative experiences:

"I was diagnosed with prostate cancer. was given excellent information and eventually referred to Freeman Hospital for radio therapy. Follow up service and information from both hospital and GP surgery [was] excellent."

"I am not sure I was first sent home with codeine. I couldn't handle the pain so came back but waited 10 hours through the night. I was sat on a chair in the corridor as no beds were free."

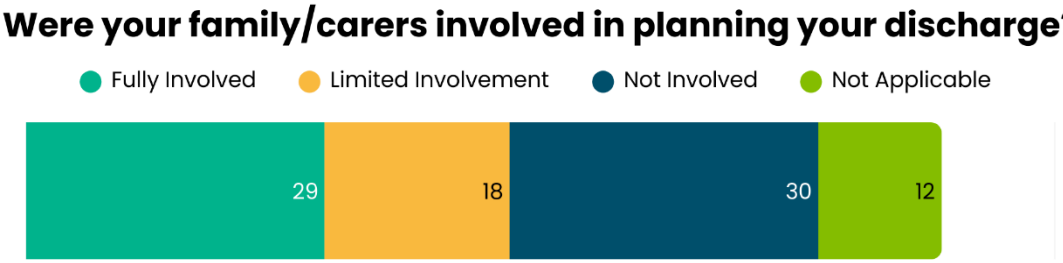
One participant wished *"to be listened to and taken seriously. I developed sepsis because I was palmed off."*

Involvement of Family and Carers

Gateshead Health NHS Foundation Trust state that [family and] carers play a vital role in the NHS and provide much-needed care and support for so many of their patients. They are likely to know more about patients than anyone else, and the knowledge they have of an individual's needs and health problems

– especially if they are complex – can help hospital staff to look after them better.[7]

Participants were asked whether their family members or carers were involved in planning their discharge. Responses were divided, with 34% (n=30) stating their family or carers were not involved, while 33% (n=29) said they were fully included in the process. Additionally, 20% (n=18) reported that their family members or carers were involved to some extent but with limited input, while the remaining 13% (n=12) indicated that the question was not applicable to them.



Participants were also asked whether their family members or carers felt prepared to support them after discharge. The majority (57%, n=51) responded that their family or carers felt prepared, while 17% (n=15) stated they were somewhat prepared. A small proportion, 3% (n=3), said their carers did not feel prepared. The remaining participants were either unsure (6%, n=5) or selected "not applicable" (17%, n=15).

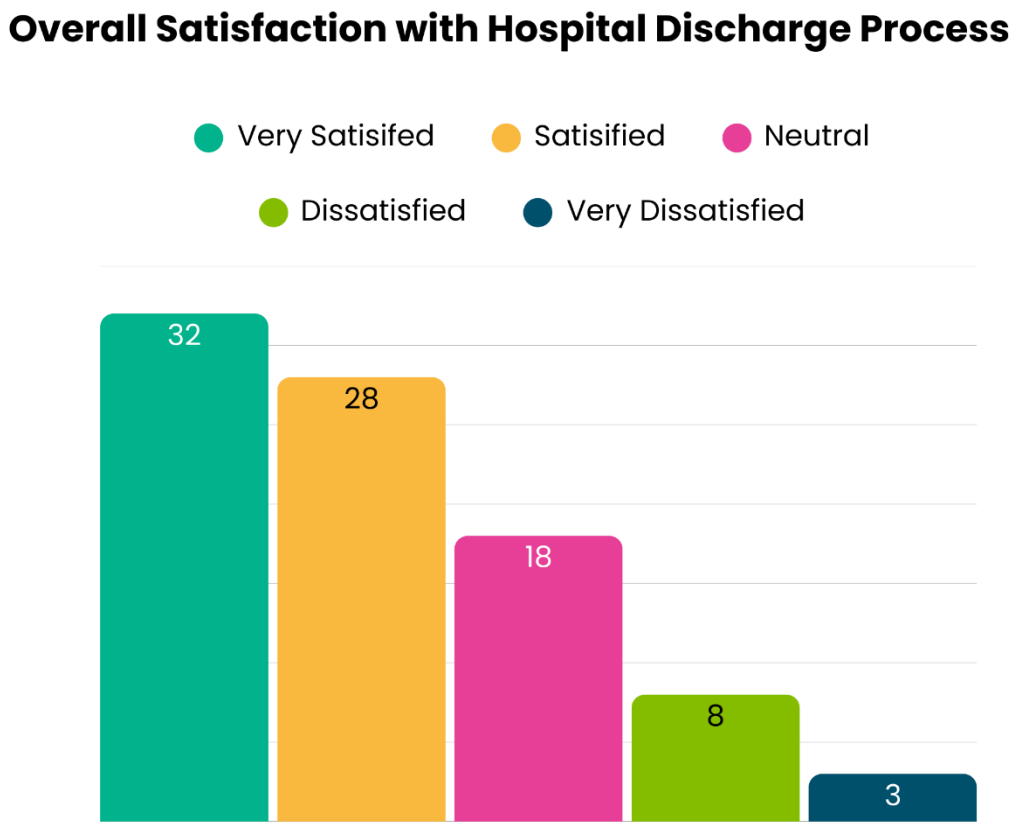
This data suggests that family and carer involvement in the discharge planning process is inconsistent. While a third of participants (33%) reported that their carers were fully included, an almost equal proportion (34%) stated that they were not involved at all. Additionally, participants indicated limited involvement, highlighting potential gaps in communication and collaboration between healthcare providers and family members.

Overall, this highlights the need for more consistent engagement with family members and carers during the discharge process to ensure they are adequately informed and prepared to provide post-discharge support.

[7] Gateshead Health NHS Foundation Trust Webpage: Patient Support & Carers. Available here.

Overall Satisfaction

Participants were asked to rate their overall satisfaction with the hospital discharge process. Among them, 36% (n=32) reported being very satisfied, while 31% (n=28) indicated they were satisfied. Conversely, 9% (n=8) expressed dissatisfaction, and 3% (n=3) stated they were very dissatisfied. The remaining 21% (n=18) selected a neutral response, indicating they were neither satisfied nor dissatisfied.



The factors influencing participants' satisfaction varied. Positive feedback included comments on the process being well-organised, staff being friendly and supportive, efforts made to facilitate an early discharge, and clear communication throughout.

However, some negative perspectives also emerged. Participants mentioned feeling rushed out of the hospital or not given enough time to prepare, a lack of involvement in the discharge process, long waiting times before discharge, and insufficient inclusion of family members or carers in decision-making.

Key Themes

Using the feedback collected from participants, four key themes were identified which will be discussed in more depth. The key themes are listed below:

- Communication and Involvement in Discharge Planning
- Post Discharge Care and Follow-Up Support
- Discharge Readiness and Experience
- Hospital Readmissions and Avoidability

Communication and Involvement in Discharge Planning

Communication between hospital staff and patients plays a crucial role in ensuring a smooth discharge process. While a majority (66%) of participants felt informed about their discharge plans, a substantial 27% stated they were not given adequate information, and another 7% were either unsure or found the question not applicable.

Furthermore, patient involvement in decision-making was inconsistent. While 40% reported feeling "very involved," 33% were only "somewhat involved," and 24% felt they were not involved at all. This suggests that while some patients had a say in their care transition, nearly a quarter of them felt excluded from important discussions regarding their discharge.

Similarly, family and carer involvement was uneven. While 33% of respondents said their family or carers were fully included in the discharge process, an almost equal percentage (34%) reported that their family or carers had no involvement at all. Given that family members and carers are often responsible for providing post-discharge support, their exclusion from planning could lead to confusion and increased strain on caregivers.

Post Discharge Care and Follow-Up Support

A considerable proportion of patients required follow-up care after leaving the hospital, with 49% indicating they needed further medical attention. However, there was a noticeable gap in post-discharge communication, as 50% of participants stated they were not contacted for follow-up care.

Among those who did receive follow-up contact, 16% were contacted by the hospital, while 14% received follow-up from other healthcare professionals,

such as community nurses, occupational therapists, or organisations like Age UK Gateshead. Despite these efforts, nearly half of the participants did not receive any form of follow-up, leaving them potentially vulnerable to complications or worsening conditions.

Some participants expressed frustration about the lack of clarity regarding follow-up procedures, with comments such as:

"They never told me if I was going to be contacted by the GP or if I had to make an appointment."

"I would have thought someone would have given me a call to see how I was."

Discharge Readiness and Experience

The data suggests that while most patients felt ready for discharge, a considerable number did not. Most participants (65%) stated they felt ready to leave the hospital, 25% felt only "somewhat ready, and 10% did not feel ready at all. Patients who were not fully prepared for discharge may have experienced issues such as insufficient post-discharge instructions, lingering health concerns, or a lack of confidence in managing their recovery at home.

Another major issue was long discharge waiting times. Once patients were informed about their discharge, there were significant delays in them actually leaving the hospital. Most (37%) waited more than six hours before being discharged, 9% waited between 4-6 hours, 23% waited 2-4 hours, and only 18% were discharged within two hours.

These delays can be frustrating for patients and may suggest inefficiencies in hospital operations, including administrative backlogs that cause slowdowns or disruptions, prolonged processing of medication prescriptions, or challenges related to transportation arrangements.

Hospital Readmissions and Avoidability

A relatively small proportion of participants (11%) experienced health issues that led to readmission. However, among those who were readmitted, some expressed concerns that their readmission may have been preventable.

For example, one patient noted:

"I was first sent home with codeine. I couldn't handle the pain so came back but waited 10 hours through the night. I was sat on a chair in the corridor as no beds were free."

Another participant described a more serious case of mismanagement:

"I developed sepsis because I was palmed off."

These responses suggest that better pain management, clearer aftercare instructions, and improved initial treatment could potentially prevent some readmissions.

Conclusion and Recommendations

The findings from Healthwatch Gateshead's survey on hospital discharge experiences highlight significant variations in patient care. While a majority of patients felt informed about their discharge plans and ready to leave the hospital, a considerable proportion reported gaps in communication, lack of involvement in decision-making, and insufficient post-discharge support. While the survey results highlight some positive aspects of the discharge process, they also reveal areas in need of improvement.

Communication remains a key concern, both between hospital staff and patients and among healthcare teams and caregivers, leading to gaps in understanding and coordination. This can also be related to a lack of involvement in decision-making in discharge plans, whereby information has not been provided adequately to patients and their family and carers. Additionally, a lack of adequate post-discharge follow-up leaves many patients without the necessary aftercare guidance, potentially impacting their recovery. Half of the participants requiring follow-up medical attention did not receive any post-discharge contact.

Patients' readiness for discharge also varies, suggesting that some individuals may require better support before leaving the hospital to ensure a smoother transition. Hospital readmissions could also be reduced with improved planning management and clearer discharge instructions, helping patients feel more prepared and preventing avoidable complications. Furthermore, lengthy discharge waiting times contribute to frustration and disorganisation, underscoring the need for a more streamlined process.

To enhance patient experience and outcomes, hospitals should focus on improving communication between staff, patients, and carers, ensuring timely and clear discharge planning, and strengthening post-discharge follow-up care. Addressing these concerns can help reduce avoidable readmissions and support smoother transitions from hospital to home.

Based on the above, Healthwatch Gateshead have proposed the following Recommendations:

Recommendations

- Although Gateshead Health NHS Foundation Trust have made their discharge information booklet publicly available via their website (Going Home – Gateshead Health; Returning Home from a Hospital Stay – Gateshead Council), more effort should be made to provide patients with general information at admission, including an overview of the admission and discharge process, key considerations, and follow-up care details. This could include GP surgery slides or leaflets on "Preparing for In-Patient Admission" and "Following Your In-Patient Care."
- Alternatively, GPs and hospital staff should ensure all patients receive clear, written discharge plans in both paper and digital formats including the NHS App, with families or carers receiving the same information when necessary.
- Hospital discharge staff should manage medication prescriptions in advance to avoid long waits for doctor signoffs, potentially by having doctors review medications the day before or exploring alternatives, such as other qualified/authorised staff or pharmacists, to handle this task.
- The hospital discharge staff team should establish a standard procedure, to involve family members, carers, and earlier in the discharge process.
- Discharge teams should streamline administrative processes, such as medication and transport coordination, to reduce discharge waiting times.
- We acknowledge that patients over the age of 65, on pathway 0 get a call from Age UK Gateshead, however, a mandatory follow-up call or appointment within 48-72 hours of discharge should be implemented for patients of all ages discharged on Pathway 0, to monitor patient recovery and address concerns, using the patient system to flag this as a 'task' for hospital discharge team staff.
- The hospital should introduce a risk-based tracking system to identify patients on pathway 0 at high risk of readmission, ensuring targeted

interventions like remote health monitoring or additional social care support.

Limitations

While the findings from this research provide valuable insights into the hospital discharge process, there are several limitations to the study that must be considered when interpreting the results:

The study included 88 participants who responded to discharge-related questions, which may not fully represent the diverse experiences of all patients within the NHS system. Therefore, a larger sample size would allow for more generalisable conclusions, especially given Gateshead's population of 199,139 residents.[8] There is also a geographic limitation as the study was conducted in Gateshead, and the findings may not be applicable to patients in other regions with different healthcare structures or discharge practices. The experiences of patients in other NHS Trusts or regions might differ.

The data relies on self-reported experiences from participants, which may lead to response bias. Participants might overestimate or underestimate their satisfaction or involvement in the discharge process due to memory recall issues or social desirability bias. This is where respondents give answers to questions that they believe will make them look good to others, concealing their true opinions or experiences, especially where hospital staff were helping to collect survey responses when necessary.

Another key limitation stems from gaps in the data collected. Some participants did not answer all the survey questions, with a number choosing to skip or decline to respond to certain items. This lack of consistency can impact the accuracy of specific information and potentially lead to non-response bias. For example, those with more negative experiences might have opted out of completing the survey, while individuals with strong views, positive or negative, may be overly represented, influencing the overall findings. Missing data can reduce the reliability of the findings and make it difficult to draw conclusions for the entire sample.

[8] Gateshead Council Population Estimates and Projection, (2023). Available here.

The survey did not include detailed demographic information (e.g. underlying health conditions), which could have provided context for understanding whether certain groups faced unique challenges during discharge. For example, patients with chronic conditions might have different discharge needs than those with short-term hospitalisations.

Moreover, the study focuses solely on patient experiences without comparing the outcomes for those who received better discharge planning versus those who did not. This limits the ability to draw definitive conclusions about the effectiveness of current practices.

Additionally, measures of "involvement" in discharge planning or "readiness/preparedness" for discharge are subjective and could be interpreted differently by patients, potentially leading to inconsistencies in the data.

These limitations suggest that while the study provides useful insights into hospital discharge processes, further research with a larger, more diverse sample, with comparative factors would be needed to validate the findings and assess the impact of discharge planning on long-term patient outcomes.

Future research should begin by involving a larger and more diverse sample of participants. This would help ensure that findings are more representative of the wider NHS patient population and not limited to the experiences of a small group. Including people from different backgrounds, age groups, health conditions, and locations would improve the generalisability of the results.

To reduce bias and strengthen the reliability of results, future studies should incorporate more objective data. Linking patient responses to clinical information, such as discharge timing, readmission rates, and care plans, would provide a clearer picture of discharge effectiveness and reduce reliance on memory-based responses.

Improving the quality of data collected is another key priority. Future research should aim to reduce missing or incomplete survey responses by refining survey design, offering support for participants, and using

reminders or multiple response options. This would help minimise non-response bias and ensure more accurate findings.

Collecting detailed demographic and health information is also recommended. Information on underlying conditions, disabilities, language needs, and social support can help identify which patient groups face specific challenges during discharge. This could lead to more tailored and equitable discharge processes.

It is also important to examine the impact of different levels of discharge planning. Comparing patients who received thorough, personalised discharge planning with those who received minimal support could reveal which practices lead to better outcomes, such as higher satisfaction, fewer complications, or lower readmission rates.

Optimising the use of a mixed-methods approach would enrich future research. Combining surveys with interviews or focus groups allows researchers to explore patient experiences more deeply while still gathering broad data. This combination can provide both the 'what' and the 'why' behind discharge outcomes.

Lastly, future research should use standardised and validated tools to measure concepts like patient involvement and readiness for discharge, which could be developed by working jointly with the hospital staff team. This would reduce confusion, ensure consistency in how responses are interpreted, and make it easier to compare findings across studies.

Response Statement

The following statement has been provided by Gateshead Health NHS Foundation Trust. This is intended to address, acknowledge, and engage with the research findings that have been presented by Healthwatch Gateshead:

"We thank Healthwatch Gateshead for their comprehensive report on Pathway 0 discharges, which are where people return home without needing formal support. We recognise that leaving the hospital, even after a short stay, can still feel daunting, and we are committed to making this as smooth and reassuring as possible.

It was encouraging to see that the majority of patients felt prepared for discharge and that carers were involved where appropriate. At Gateshead Health, we have a well-established continuous improvement programme and improving how we support patients and families at the point of discharge remains a key focus. For those with more complex needs, our discharge liaison nurses, and social workers provide tailored, coordinated care.

In line with NHS guidance, all discharge letters are sent electronically to GPs, with copies also given to patients. Discharge information is also available online for patients at: Going home - Gateshead Health.

We acknowledge the feedback about delays on the day of discharge. We discharge over 80 people each day and provide targeted support for those with ongoing care needs. Our ward teams work hard to ensure patients leave hospital promptly once medically ready, but we know there is more to do. Our patient flow and pharmacy teams continue to focus on preparing medication and documentation in advance to help reduce waiting times.

We are grateful to everyone who shared their experiences. Their feedback will help us continue to improve the discharge journey for all patients."

Gateshead Health NHS Foundation Trust

Appendices

NHS Hospital Discharge Pathways

Pathway 0	Most patients are discharged home without care needs. Staff typically follow up with a phone call to check on their recovery. For patients aged 65 and older, a volunteer from Age UK Gateshead may assist in getting them home and settling in.
Pathway 1	NHS staff will collaborate with health and social care providers to ensure initial support, like self-care, cooking, and shopping, is available when a patient returns home. The discharge team will assist until an assessment for long-term care is made. Free initial care eligibility will be assessed, while long-term support may require a financial assessment, with possible patient contributions.
Pathway 2	Patients may need rehabilitation to reach their full potential and can be offered four types of recovery in a bedded setting, depending on their care needs (e.g., learning new skills, building stamina, equipment assessments, or medical supervision). Recovery units support those unable to return home due to safety concerns, such as needing home adaptations or care packages. Stays in recovery units are short-term, with patients expected to return home afterward.
Pathway 3	If returning home is not suitable, a temporary care home stay may be needed for recovery while long-term care needs are assessed. A social worker will assess the support required for returning home, but for those with very high needs, a permanent care home may be considered. Patients can either stay in the temporary placement or choose another care home. A financial assessment will determine any contributions towards care home costs.

Research Objectives

a) To evaluate the overall impact of hospital discharge on patient health outcomes, satisfaction, and quality of life.
b) To assess the effectiveness of discharge planning and its role in reducing hospital readmission rates and post-discharge complications.
c) To examine patient and caregiver satisfaction with the discharge process and identify areas for improvement.
d) To analyse the role of communication and coordination among healthcare providers in facilitating effective patient transitions from hospital to home.
e) To disseminate research findings to healthcare providers, policymakers, and the broader community to inform and enhance discharge planning practices.
f) To develop recommendations for improving hospital discharge processes and post-discharge care based on research findings.

Survey Questions

Demographics

1) What is your age? (e.g. 18-35; 36-55; 56-75; 75+)

2) What is your ethnicity?

- Asian, Asian British or Asian Welsh (Indian, Pakistani, Bangladeshi, Chinese, any other Asian background)
- Black, Black British, Black Welsh, Caribbean or African
- Any other Mixed or Multiple ethnic background
- White: English, Welsh, Scottish, Northern Irish or British
- White: Irish
- White: Gypsy or Irish Traveller, Roma or Other White
- Arab
- Prefer not to share
- Other (please specify):

Discharge Experience

3) How long were you in the hospital before being discharged?

- Less than 24 hours
- 1-3 days
- 4-7 days
- 7+ days

4) Were you informed about your discharge plans in advance?

- Yes, I was informed
- No, I was not informed
- Not sure
- N/A

5) How involved did you feel in the decision-making process regarding your discharge?

- Very involved
- Somewhat involved
- Not involved at all
- Not sure
- N/A

6) Did you feel ready to be discharged when you were sent home?

- Yes, I felt ready
- I was somewhat ready
- No, I did not feel ready
- Not sure

7) Were you given sufficient advice and information about what to do after being discharged (e.g., medication, follow-up care, warning signs)?

- Yes, I received detailed advice
- I received some advice but not enough
- No, I did not receive sufficient advice
- Not sure

8) How long did you wait between being informed of your discharge and actually leaving the hospital?

- Less than 2 hours
- 2-4 hours
- 4-6 hours
- More than 6 hours
- Not sure

9) Did you experience any issues with transportation when being discharged?

- Yes
- No
- N/A

Post-Discharge Care and Follow-Up

10) After being discharged, did you require follow-up care from your GP or another healthcare provider?

- Yes, I needed follow-up care
- No, I did not need any follow-up care
- Not sure

11) Were you contacted for a follow-up after your discharge?

- Yes, by the hospital
- Yes, by adult social care services
- Yes, by another service (please specify)
- No, I was not contacted
- Not sure

12) Did you experience any health issues after discharge that required you to be readmitted to the hospital?

- Yes, I was readmitted
- No, I did not experience any issues

13) If you were readmitted, could there have been anything done to prevent this? If yes, please include any information in the comment box below.

- Yes
- No
- N/A

Involvement of Family and Carers

14) Were your family members or carers involved in the planning of your discharge?

- Yes, they were fully involved
- Yes, but their involvement was limited
- No, they were not involved
- N/A

15) Did your family members or carers feel prepared to support you after you were discharged?

- Yes, they felt prepared
- They were somewhat prepared
- No, they did not feel prepared
- Not sure
- N/A

Overall Satisfaction

16) Overall, how satisfied were you with the hospital discharge process? (And why?)

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

17) What aspects of the discharge process do you think need improvement, (e.g. internal communications; transport; medication etc.)?

18) Is there anything more you would like to share about your experience?

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