healthwatch Newcastle

Patient Experiences of Hospital Discharge Pathways 1-3 in Newcastle Hospitals

About Healthwatch Newcastle

Healthwatch Newcastle 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 Newcastle 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 Newcastle. 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

Collecting reflective feedback from patients with significant care needs after discharge from hospital remains a persistent challenge, leading to gaps in understanding the effectiveness of the hospital discharge pathway.

To address this issue, this research project focused on developing a survey to gather feedback from patients, particularly those discharged on pathways 1-3 from Newcastle upon Tyne Hospitals NHS Foundation Trust (NuTH).

These are patients who are categorised as having significant elements of care needs upon leaving hospital. By capturing these insights, Healthwatch Newcastle aimed to evaluate the system's effectiveness and identify improvements to ensure patients experience a seamless and supportive transition home after hospital care.

The project involved designing and distributing a detailed survey to understand patients' experiences and perspectives on the discharge process. A mixed-methods approach was used, combining quantitative (statistical) and qualitative (thematic) analysis. The survey explored key aspects such as the clarity and quality of information provided, the involvement of patients, caregivers, and families in discharge planning, and the coordination of services during the discharge process. It also examined the support received before and after discharge–including assistance from clinical staff, pharmacy services, and patient transport—and the overall impact of having, or lacking support.

The key findings from the research reveal widespread communication challenges throughout the hospital discharge process in Newcastle, with 82% of respondents unsure of their discharge pathway and only 40% being informed of their discharge plans in advance This means that they and their carers were not involved – a significant first finding. Many patients felt excluded from decision-making (51%) and lacked sufficient post-discharge information, with only 27% receiving detailed advice. Discharge lounges were poorly understood, with a majority unaware they had been in one, and issues such as long waits for medication were common. Additionally, a lack of privacy was also reported. Additionally, 64% reported that no follow-on

care plan was discussed, highlighting a significant gap in aftercare planning and post-discharge support.

The recommendations identified by Healthwatch Newcastle highlight several areas where Newcastle hospitals can improve their discharge processes, with communication emerging as the most pressing concern. Patients should be clearly informed about their discharge pathway and plan well in advance, as the current lack of clarity (evident in the 82% of respondents unsure of their pathway) leads to anxiety and confusion. Greater involvement of patients in decision-making (where they have competency to engage) is essential, given that over half felt excluded from these discussions. Detailed and accessible post-discharge advice must be prioritised, as many respondents reported receiving only limited or insufficient guidance.

Additionally, families and carers should be more consistently informed, particularly when patients rely on them for aftercare and transport. There is also a need to raise awareness about the function of discharge lounges and improve their comfort, privacy, and efficiency, as many patients were unaware they were in one, and some reported long waits or what they thought were minimal facilities. Finally, the development and clear communication of follow-on care plans before discharge is crucial along with ensuring reliable post-discharge contact and support, to reduce feelings of being overlooked and improve recovery outcomes.

Introduction

The hospital discharge process plays a vital role in a patient's recovery and overall experience with healthcare services. Research around patient perspectives of the discharge process often demonstrates differing findings; while some researchers found that patients reported a high level of satisfaction with discharge, others have found evidence suggesting that patient care on discharge was inadequate.[1] [2]

However, patient feedback on their care remains limited, especially for patients that have been discharged on pathway 1-3 from the Royal Victoria Infirmary (RVI), and the Freeman Hospital (FRH), in Newcastle. (The details of the full discharge pathways can be found in the appendices). While government statistics include long-term outcomes, they do not place much emphasis on patient experiences, particularly concerning the quality of information provided during discharge, the manner in which it is communicated, and its effectiveness in supporting recovery.

Newcastle City Council (NCC) and Newcastle upon Tyne Hospital Foundation Trust (NuTH) have shared concerns with Healthwatch Newcastle surrounding the current hospital discharge process:

Currently, voluntary services in Newcastle, funded by NuTH to provide home-from-hospital support, focus mainly on pathway 0 patients (those with fewer health and care needs). This focus may lead to inequalities, as patients on pathways 1-3 often have more complex needs that require ongoing and varied support. It is important to assess whether these patients receive the resources and support they need during discharge and to identify any challenges they face in accessing care afterward.

Healthwatch Newcastle has also discussed new initiatives with NuTH, including the introduction of permanent discharge lounges at the Royal Victoria Infirmary (RVI) and Freeman Hospital. Previously, a discharge lounge was available only at the RVI during winter. These lounges provide a

[1] Changes in inpatients' experiences of hospital care in England over a 12-year period: a secondary analysis of national survey data (2015). Available here.

[2] National NHS patient survey programme (2014). Available here.

transitional space for patients who are medically stable but not yet ready to return home (e.g. waiting for medication and transport), helping free up hospital beds for incoming patients.

However, the new system faces challenges, including funding, staffing shortages, training needs, and ensuring enough hospital beds are available for the lounges. Another pressing issue is identifying "golden patients"—those ready for discharge—so their care packages, medications, and aftercare plans can be prepared in time. NuTH staff must invest significant effort into this process, which may become increasingly demanding.

Additionally, the effectiveness of these discharge lounges remains unclear because they are still new, and NuTH has not yet been able to track their success. To address these concerns, Healthwatch Newcastle gathered feedback from patients to better understand their discharge experiences. This will help identify whether patients, families, and carers receive clear information about the process and whether the discharge system is meeting their needs. The findings will provide valuable insights for improving the hospital discharge process and ensuring fair and effective care for all patients.

Methodology

An opportunity sampling was used to recruit participants for this study which allowed anyone willing and available 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 pathways 1-3 or had a family member or friend who had done so.

Healthwatch Newcastle's Engagement Team designed a flyer (including a QR code) about this project to inform potential participants in advance and encourage their participation in the survey. To ensure the flyers reached the widest possible audience, they were shared across our social media platforms, Healthwatch Newcastle website and in newsletters. They were also distributed through partner organisations and internal networks. This strategy aimed to inform potential participants about the survey and encourage their participation within the set timeframe.

In addition, Engagement and Involvement Officers (EIOs) undertook outreach at various local venues in Newcastle, including the RVI and Freeman Hospital. This hospital-based outreach allowed EIOs to engage directly with patients and their families or carers who might have experienced discharge on pathways 1-3.

Using tablet devices, EIOs assisted participants in completing the survey online during drop-in sessions. Smartphone users could scan the QR code to access the survey digitally, while paper copies were made available for those without smartphones. To further improve accessibility, flyers and paper surveys with freepost envelopes were distributed to community centres, pharmacies, and retail stores in several areas.

The engagement and data collection was originally undertaken within a 6-week time period, between the 21st of October 2024, and the 2nd of December 2024. This had then been extended for a further two weeks, as NuTH had informed Healthwatch Newcastle that a new, permanent discharge lounge had been approved at the Freeman Hospital (FRH), which then required changes to the project scoping.

In total EIO staff undertook engagement activities for 8 weeks until the 16th of December 2024.

In total, 194 members of the public took part in filling out the survey; however, only 101 participants were able to fully complete the survey, meaning 93 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.

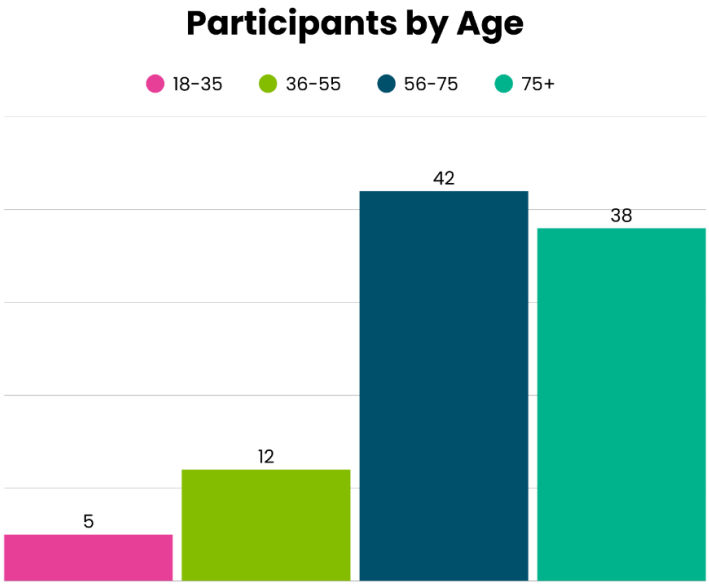
Results and Discussion

Survey questions have been sorted into the following categories:

- Demographics
- Discharge Experience
- Experience with the Discharge Lounge: RVI
- Experience with the Discharge Lounge: Freeman
- Follow-on Care and Aftercare Plans
- Overall Satisfaction

Demographics

A total of 101 participants completed the survey, with ages ranging from 18 to 75 and above. Among them, 5% (n=5) of them were aged between 18-35 years old, 12% (n=12) were aged 36-55, 42% (n=42) fell within the 56-75 age group, and 38% (n=38) were 75 or older. Four participants did not provide this information.



The survey was conducted across various areas within Newcastle categorised into the following localities:

- **North** - Heaton, Jesmond, Gosforth
- **East** – Byker, Benfield Park, Walker
- **Outer West** – Throckley, Newburn, Lemington
- **Inner West** - Cruddas Park, Elswick, Benwell, Fenham
- **Central** – Newcastle City Centre, Town Centre

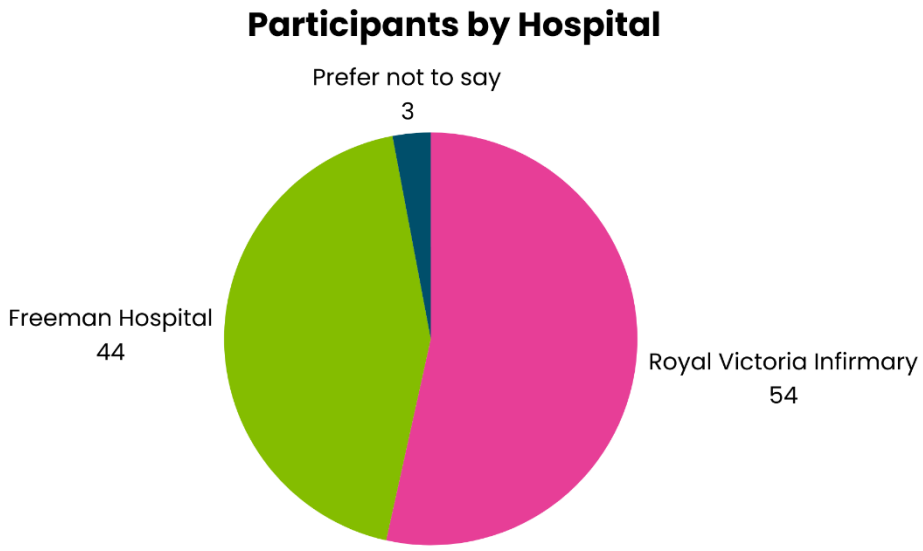
Participants were also asked about their ethnicity:

Ethnicity	No. of respondents and percentages
White: English, Welsh, Scottish, Northern Irish, or British	n=52 (53%)
Asian, Asian British, or Asian Welsh (including Indian, Pakistani, Bangladeshi, Chinese, or another Asian background)	n=35 (35%,)
Gypsy or Irish Traveller, Roma, or Other White	n=8 (8%)
Black, Black British, Black Welsh, Caribbean or African	n=3 (3%,)
Preferred not to specify	n=1 (1%)
No response	n=2 (2%)

The table above shows the majority identified as White: English, Welsh, Scottish, Northern Irish, or British. The second largest ethnic group identified as Asian, Asian British, or Asian Welsh (including Indian, Pakistani, Bangladeshi, Chinese, or another Asian background). The remaining participants identified as Gypsy or Irish Traveller, Roma, or Other White, Black, Black British, Black Welsh, Caribbean or African, and one participant preferred not to specify this information. Two respondents skipped this question for reasons unknown.

Discharge Experience

Fifty-five percent (n=54) of respondents were reporting their discharge experience with the Royal Victoria Infirmary (RVI), while 45% (n=44) were reporting their experience with the Freeman Hospital. Three respondents declined to answer this question. Therefore, percentages are shown for 98 respondents.



While the experience of discharge will differ greatly depending on the reason for the patient's stay in hospital, there were common threads throughout the data collected when respondents were asked which pathway they were discharged on. Eighty-two percent (n=82) of respondents reported being unsure about which pathway they were on. This is compared to 18% (n=18) who could confirm which pathway they were on, with 14 on Pathway 1, two on Pathway 2, and two on Pathway 3 (14%, 2%, 2% respectively). A hundred respondents answered this question, with one not providing a response.

Thirsty-six percent (n=35) of respondents told Healthwatch Newcastle that they were discharged from hospital in "1-3 days", the most common answer. While 28% (n=27) reported spending between '4-7 days' in hospital before being discharged. Another 27% (n=23) reported spending "7+ days" in hospital before discharge. The least common answer was "less than 24hrs", with only 9% (n=9) of respondents choosing this answer. 4 respondents declined to answer this question.

Respondents were mixed on whether they were informed about their discharge plan, with only 40% (n=39) reporting they were told their discharge plans in advance, the most common answer. However, 26% (n=25) reported not being given their discharge plan, with a further 30% (n=29) reporting they were "not sure" if they were told their plan in advance.

"Plan was ok on paper but in practice a little disappointed."

"I was told that I will be allowed to go home but [was informed of] no plan. [I] should be told everything."

"I was told the night before that I will be allowed to go home. There was nothing about discharge plan."

"My English not very good and there was no one from the hospital who spoke Cantonese. They spoke with my son and he explained after."

When asked what could have been done better, respondents stated:

"Discuss options" and *"try and give more notice."*

"If they could put the plan in writing that would help. They give me papers but not easy to follow."

"If they could use plain English and explain what the medical terms used, mean."

Respondents also had a mixed experience when it came to their discharge plans, particularly in terms of decision-making. Only 39% (n=38) of respondents felt at least "somewhat involved" in the decision-making process of their discharge, while 51% (n=50) felt they were "not involved at all" in the decision-making. Two respondents (2%) felt this question was not applicable to them and a further 8% (n=8) being "not sure" if they were involved. 3 respondents declined to answer this question.

Again, when asked what could have been done better, some respondents stated:

"To be told what was happening and seek my opinion"

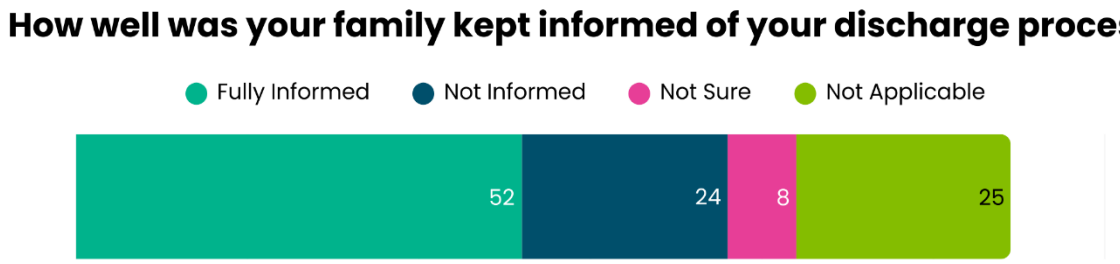
"To explain the decisions and why that was made."

"I had to ask specific and directed questions to find out what was going on. I had to lead nurses into explaining things to me."

One respondent was totally unaware that patients can in fact have involvement in the decision-making process; they responded with,

"Should I be? Is it not that the medic decide and tell you what will happen?"

On a more positive note, 53% (n=52) of respondents reported that their family was "fully informed" of their discharge process. With 25 respondents (25%) specifying that that the question was not applicable to them, this is 70% of applicable respondents stating that their family was kept fully informed. However, 14% (n=24) reported that their family was "not informed" – still a significant percentage. 8% (n=8) responded they were "not sure" if their family were informed. Two respondents did not answer this question.



Another positive is that the majority of people (79%, n=78) felt ready to be discharged, with 4% (n=4) reporting that they did not feel ready. A further 15% (n=15) told Healthwatch they were "somewhat ready", while 2% (n=2) reported being "not sure". 2 respondents declined to answer. Respondents who had answered that they felt ready to be discharged, often specified that they preferred being home rather than in the hospital, so were happy to return home. For those that did not share the same views specified that they returned home with some pain or were "fretful about being unable to manage at home". One respondent believed that they should not have been sent home under any circumstances due to feeling unsafe due to the nature of their hospital admission.

Forty-nine percent (n=47) of respondents received "some advice – not enough", with a further 16% (n=15) reporting they "didn't receive sufficient advice". Only 27% (n=26) felt they "received detailed advice" post-discharge. Responses were varied when participants were asked to comment further; most reported that information was provided and explain via family members, whilst others reported that the most information received consisted of medication usage. Some respondents shared that they would have appreciated if discharge staff had taken the time *before* their departure to clearly demonstrate how to use medications (such as injections), manage ongoing symptoms, and respond to any potential complications related to their condition – rather than rushing through this information at the last minute.

Experience with the Discharge Lounge: RVI

A total of 20 respondents spoke about their experience in the Discharge Lounge of the RVI. Of those 20, 55% (n=11) thought their experience could best be described as "fair", 30% (n=6) described their experience as 'good', while 15% (n=3) described their experience as "poor". Seventy-eight respondents chose to make comments about their experience, with 67% (n=16) of these answering that they were not aware of being in the discharge lounge.

"Discharge lounge? Was not aware of it."

"I cannot remember sitting in any lounge."

Nine respondents chose to comment on their stay in the discharge lounge, with 5 respondents telling us that the Lounge was comfortable or more comfortable than a ward. Two respondents told us that they experienced a long wait for medicine. Other answers included family members needing to transport the respondent home, and that the lounge was "just a room".

When asked if the discharge lounge effectively met their needs, 15 chose to answer. Of those, there was one response for each "yes, fully" and "no". A further 6 respondents (40%) told us that the discharge lounge "partially" met their needs. A further 7 respondents (47%) told us that they were "not sure" if their needs were met by the discharge lounge. One respondent mentioned that it would be "better in a separate room" to be seen to, suggesting a need for privacy to consult with medical staff. Another mentioned that they were "think it is all about waiting so that they can do the paper work and get medicine. Before I use to wait in the ward on my bed and now in a room on a chair." This suggests that the patient did not receive proper communication to help them understand what the discharge lounge involved.

Twenty-five respondents chose to answer how the RVI Discharge Lounge could be improved. Sixty-seven percent (n=16) felt there was nothing that could be improved. Two respondents (22%) answered that they would like the processes to be completed faster, with a further two respondents wanting to be allowed separate rooms. One respondent desired more information in general during their stay.

Healthwatch Newcastle also asked if they noticed any issues with the discharge lounge. Sixteen respondents chose to answer, all of whom answered "no". However, when asked to make a specific comment on this, one respondent replied that they'd like less waiting, while a further two responses expressed that they did not know about the discharge lounge.

"I do not remember being in a lounge."

Experience with the Discharge Lounge: Freeman Hospital

Healthwatch Newcastle also asked the same questions about respondents' experience in the Freeman Hospital. When asked how satisfied they were with their discharge experience, 25 respondents chose to answer. Fifty-six percent (n=14) told said that their experience could be described as "fair", the most common answer. A further 36% (n=9) reported their experience as "good", with one respondent each reporting their stay as "excellent" or "poor".

Participants were asked to provide any additional comments; 19 respondents chose to answer. Fifty-three percent (n=10) told Healthwatch Newcastle that they were "not in the discharge lounge". Forty-two percent (n=8) responded their stay was "comfortable or more comfortable than being on a ward". One respondent specified that their carer arranged transport for them.

Forty-two percent of respondents who chose to answer if their needs were effectively met (n=8) reported being "not Sure". 37% (n=7) responded "yes, fully", while there were two responses each for "partially" and "no" (10.5% each).

Twelve respondents chose to comment specifically on what could be done to better meet those needs. Three respondents (25%) answered that

communications and information needed to be improved generally, with one respondent (8%) answering that they struggled not being provided with antibiotics when they were discharged with an infection, and another (8%) answering they were "comfortable".

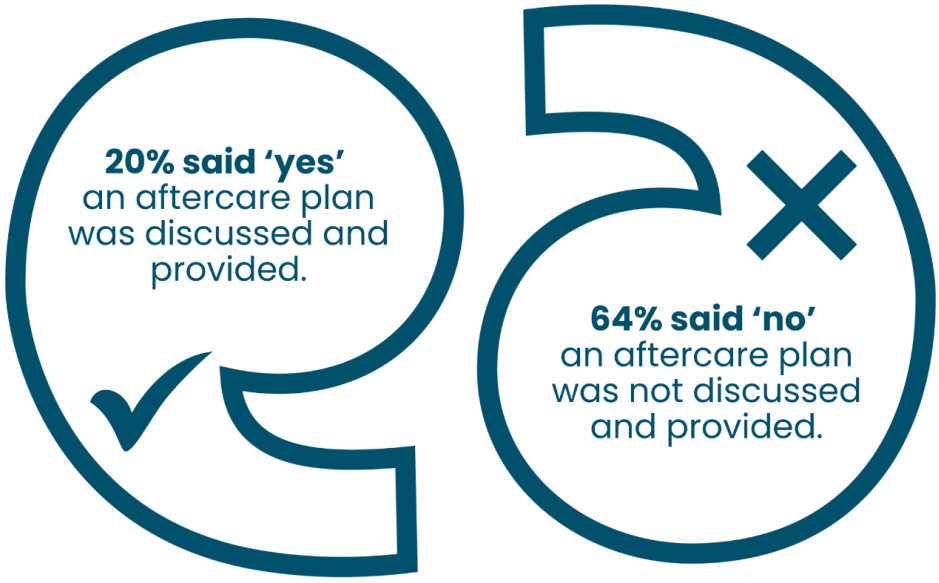
When asked if the Freeman Hospital's discharge process could improve, 15 respondents chose to answer, all of whom answered "no". However, when asked to make a specific comment, two respondents chose to answer. One of these answered that they were unable to acquire medication, while the other mentioned that they were sent home with little to no help.

"No help sent to home [e.g.] district nurse"

"I have not been given any medication to take with me so I have been left with none."

Follow-on Care and Aftercare Plans

Healthwatch Newcastle asked all respondents whether a follow-on care plan was discussed and provided before the discharge process commenced, of whom 95 answered. Sixty-four percent (n=61) answered "no", indicating that communication and information sharing around discharges is quite an issue. Only 20% (n=19) could confirm that a plan had been discussed and provided, with a further 16% reporting being "not sure" whether their plan was discussed and provided.



"I received a post discharge letter weeks after it was written. This caused me some confusion as I had already had a phone call from the Nurse giving me more up to date news than the letter gave. Again, although the outcome for me was good the delay in the letter caused some distress."

Healthwatch Newcastle also asked respondents how satisfied they were with the follow-on care and aftercare provided after their discharge. Of the 54 respondents who answered, 46% (n=25) described themselves as "satisfied" or "very satisfied" (satisfied: n=20, 37%; very Satisfied: n=5, 9%), while 15% (n=8) of respondents described themselves as "dissatisfied" or "very dissatisfied" (n=4 each, 7.5%). Thirty-nine percent (n=21) of respondents described themselves as "neutral".

"I got some medicine and was told to see my doctor after a few days. "

"I think I have covered this already. Clinical ignorance and unsafe care pathway lead to really poor aftercare – there was seemingly no warning or even knowledge by any of the clinical staff, and total ignorance when I went back to the GP about the dangers of ultrafast reduction in benzo dosage. I should not have been discharged into this situation with no plan as to how to address the underlying health issue."

"Wound not closed when dressing removed, and it became infected."

Thirty-two respondents chose to comment on their satisfaction. There was repeated occurrence (n=5) of answers that found issues with communications post-discharge, with particular mention of anxiety post-discharge as a result of feeling uninformed. A number of participants (n=9) also reported that they were not aware of their aftercare plan or its implementation, though others (n=11) reported that family members had been given plenty of information on their post-discharge plan.

"Let down by communication-can build anxiety when dealing with a medical situation following a surgery."

Eighty-three respondents chose to answer a question on whether they experienced challenges in accessing follow-on care services. Seventy-two percent (n=59) felt this question was not applicable to them, however. Of the 23 respondents who felt the question was applicable to them, Eighty-three percent (n=19) felt that they experienced no challenges, with the remaining 17% (n=4) expressing that they had experienced challenges.

Despite this, when asked to comment on any challenges faced, there were 5 occurrences of respondents expressing that they needed support that was not offered, in particular a recurring theme of calls not being returned. There were also two occurrences of respondents expressing frustration at a perceived lack of communication.

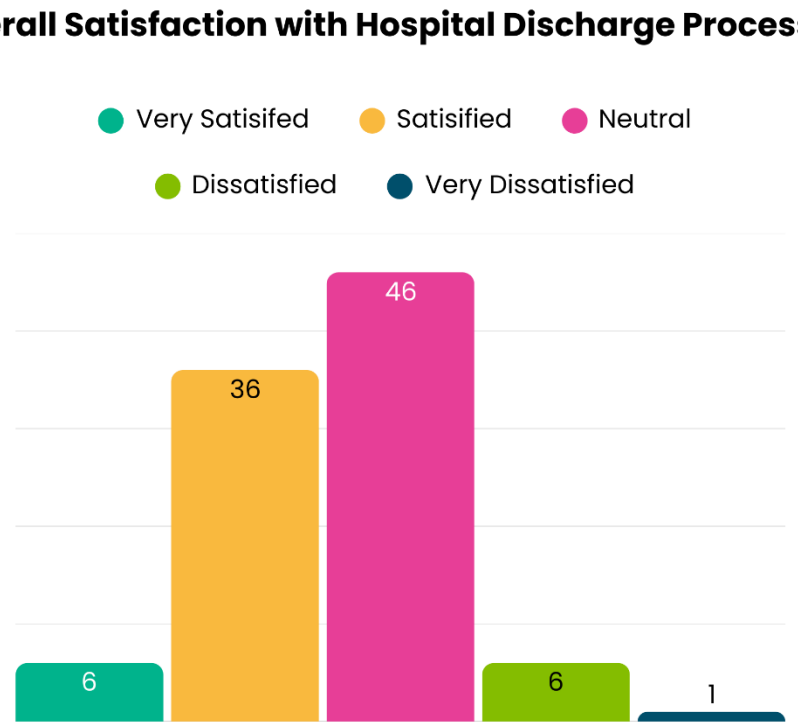
"Didn't return call for help."

"Still waiting and my GP has just given me painkillers."

"NHS can be great-but not this time. This time it was an utter disaster for me, and it has had life-changing consequences that I am still living with."

Overall Satisfaction

Healthwatch also asked respondents to grade their overall satisfaction with the hospital discharge process. Of the 95 responses received, 48% (n=46) felt overall "neutral", about their satisfaction, while 38% (n=36) felt "satisfied" with the process, with a further 6% (n=6) expressing they were "very satisfied". Only 6% (n=6) of respondents expressed they were "dissatisfied" with the discharge process, with a further one respondent feeling "very dissatisfied".



When asked to comment on specific improvements to the process, three respondents mentioned a concern with a lack of family involvement, especially in relation to spouses. There were also three responses concerning a lack of time given to get medication, and a delay in the prescription of medicines. A general lack of understanding of the discharge process and feelings of frustration at a perceived lack of communication from the hospitals was mentioned seven times, making it the most recurrent theme.

"They don't spend time talking and explaining. I wish they did."

"They should have discussed and got my family involved too."

Key Themes

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

- Communication Gaps
- Understanding Discharge Lounges
- Follow-Up Care Planning Insufficiency

Communication Gaps

The findings from this research highlight significant communication challenges throughout the hospital discharge process. A major issue is the lack of clarity regarding discharge pathways, with 82% of respondents unsure about which pathway they were on. Similarly, only 40% of patients were informed of their discharge plans in advance, while 26% reported not receiving any information at all, and 30% were unsure. This uncertainty extended beyond discharge planning, as only 39% of patients felt involved in decision-making, leaving 51% feeling excluded from discussions about their own care. Such gaps in communication can lead to confusion, anxiety, and frustration for patients and their families.

Post-discharge communication also emerged as a concern, particularly regarding aftercare plans and follow-on support. 64% of respondents stated that no follow-on care plan was discussed, indicating a systemic issue in preparing patients for their recovery at home. Several respondents reported calls not being returned when seeking post-discharge support, further exacerbating their distress. Additionally, those who did receive information often found it insufficient, with 49% stating they received “some advice but not enough” and 16% reporting they received no meaningful advice at all.

These findings suggest that while hospitals may have discharge procedures in place, the way information is communicated to patients remains inconsistent, leading to uncertainty and dissatisfaction. Addressing these communication barriers by improving transparency, patient engagement, and post-discharge follow-ups would significantly enhance the overall discharge experience.

Understanding Discharge Lounges

A hospital discharge lounge is a designated area within a healthcare facility where patients who have been medically cleared for discharge can wait comfortably for their final paperwork, necessary medication, or transportation. These lounges are equipped with amenities such as seating and refreshments to ensure patient comfort during the transition from hospital to home. The primary objectives of discharge lounges are to enhance patient experience, quicken bed turnover, and ease overcrowding in critical areas like emergency departments.

In the context of this research, communication issues surrounding discharge lounges were evident. At the RVI, 67% of respondents were unaware they were in the discharge lounge, indicating a significant gap in informing patients about their location and the purpose of the lounge. In relation to Freeman Hospital, 56% of respondents described their experience as "fair," with 42% finding it comfortable or more comfortable than being on the ward. However, common complaints included long waits for medication and lack of privacy, with patients often wanting their “own room”. These findings underscore the need for clear explanations regarding the function and benefits of discharge lounges to ensure patients are adequately informed and comfortable during their discharge process.

Follow-Up Care Planning Insufficiency

The research reveals significant gaps in the planning and communication of follow-up care after hospital discharge. A striking 64% of respondents reported that no follow-on care plan was discussed or provided before they left the hospital, leaving many uncertain about the next steps in their recovery. Additionally, 16% were unsure whether a plan had been discussed, further emphasising the lack of clear communication. This lack of structured aftercare planning can lead to confusion, difficulties in accessing necessary services, and increased anxiety among discharged patients. Several respondents specifically mentioned experiencing distress due to feeling uninformed, with repeated reports of calls not being returned when seeking post-discharge support.

Patient satisfaction with aftercare was also mixed. While 46% of respondents were satisfied or very satisfied with their follow-up care, a significant proportion (39%) felt neutral, and 15% were dissatisfied with the support they received. Furthermore, nine respondents stated they were unaware of their aftercare plan or its implementation, indicating that even when follow-up care was planned, it was not always effectively communicated. Some respondents acknowledged that their family members had received information about their post-discharge care, suggesting that reliance on family as intermediaries may not always be effective. Addressing these insufficiencies requires hospitals to improve how follow-up care plans are developed, ensure that patients themselves receive and understand the information, and enhance communication channels to provide better post-discharge support.

Conclusion and Recommendations

The findings from Healthwatch Newcastle's survey on hospital discharge experiences at Newcastle upon Tyne Hospital Trust highlight notable variations in patient care across the sites. While many patients felt informed about their discharge plans and ready to leave the hospital, a significant proportion reported issues such as poor communication, lack of involvement in decision-making, and inadequate post-discharge support, i.e. inadequate discharge plans. Although the survey results reveal some positive aspects of the discharge process, they also underscore key areas that require improvement to enhance patient experiences.

A significant concern emerged regarding awareness of discharge pathways. An overwhelming 82% of respondents were unsure of which pathway they were on, while only 18% could confirm their pathway, with 14% on Pathway 1, two on Pathway 2, and two on Pathway 3. This lack of clarity suggests a gap in communication between hospital staff and patients regarding discharge procedures.

In relation to this, communication remains a significant challenge, affecting interactions between hospital staff and patients as well as coordination among healthcare teams and caregivers. Follow-on care planning was another key concern relating to communication between hospital staff and patients and the care they were discharged into. Recurring issues included a lack of post-discharge communication and feelings of anxiety due to insufficient information. These issues often result in misunderstandings and inconsistencies in care, for example inter-clinical service communication. Limited involvement of patients and their care givers in discharge planning further aggravates the issue, as patients and their families may not receive sufficient information about the process or accessing aftercare. Additionally, inadequate post-discharge follow-up leaves many individuals without the necessary guidance for recovery. Notably, half of the participants who required further medical attention did not receive any follow-up contact after discharge.

Decision-making in the discharge process appeared to be another area of concern. Only 39% of respondents felt at least somewhat involved in their

discharge decisions, whereas 51% reported feeling entirely uninvolved. These findings suggest that patient involvement in discharge decisions remains limited. Despite these concerns, there were some positive aspects; over half of the respondents (53%) indicated that their families were fully informed about their discharge, however 14% reported that their family was not informed, highlighting room for improvement.

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

Recommendations

- 82% of patients unaware of which discharge pathway they were on. NuTH hospital discharge staff team should provide patients with a simple, verbal and written explanation of their specific discharge route upon admission, or as soon as it is known, therefore bettering their communication with patients.
- Only 39% of respondents felt involved in decisions. The hospital discharge staff team should be trained and encouraged to engage patients early in the discharge planning process, ensuring their input and understanding are prioritised. This will enhance patient involvement in decision-making.
- There is a need to improve discharge lounge awareness and functionality. Since 67% of RVI patients did not know they were in the discharge lounge, hospital discharge staff team should give a short briefing or explanation when moving patients to the lounge, to introduce patients to the lounge purposefully.
- To strengthen aftercare and follow-on support, the hospital discharge staff team should work closely with others who need to be in the planning loop for care plans (e.g. family/carer, social care, community services etc.), to ensure every patient has a follow-on care plan before leaving hospital, given that 64% of patients reported not receiving one.
- Hospital discharge staff team should introduce mandatory structured post-discharge check-in calls or texts within 48–72 hours to answer any questions, offer reassurance, and identify issues early. This can be

sent as a 'task' to hospital discharge staff team, via the patient system used.

- Additionally, there should be a named 'discharge co-ordinator' for each patient, who knows and understands the plan, and for the patient/carer to call in extremis.
- 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 patient experiences shared in this report shows the need to improve communication and coordination as they go through the hospital discharge process. Also, a more compassionate approach would be welcomed from staff to the patients and including their caregivers/family more in the process. Healthwatch Newcastle needs to act upon this feedback, by creating a working group to review the findings of this report. This working group could include representatives from the hospital, the system flow coordination, VCSE and adult social care. The aim of this working group would be to coproduce service change to improve the hospital discharge experience for patients

Limitations

While the research conducted by Healthwatch Newcastle provides valuable insight into patients' experiences of the hospital discharge process, it is important to recognise several limitations that may affect the generalisability and interpretation of its findings.

Firstly, the study's sample size was relatively small, with 101 participants responding to the survey. While this number offers some analytic findings, it limits the ability to generalise the results to the broader population of hospital patients in Newcastle. Furthermore, there was a notable skew in age distribution, with 80% of respondents aged 56 and over. This means that the experiences and perspectives of younger individuals – particularly those in the 18–35 age group, who only made up 5% of the sample – may not be adequately represented. Similarly, there may be

underrepresentation of certain ethnic and locality groups, potentially masking diverse or unique challenges faced by specific communities.

The self-reported nature of the data introduces another limitation. Participants were asked to recall details of their discharge experience, which may be influenced by memory lapses, emotional responses, or personal interpretations of events. This recall bias could lead to inconsistencies in the data, particularly in areas where respondents expressed uncertainty, such as whether a discharge plan was provided or which discharge pathway they were on. Additionally, subjective experiences – while important – may not fully capture the practical accuracy or intent of the hospital's discharge processes.

Another significant limitation arises from incomplete data sets. Not all respondents answered every question, and there were several instances where individuals declined to respond or skipped questions altogether. This inconsistency affects the reliability of certain information and may introduce non-response bias. For instance, individuals with particularly negative experiences may have been less inclined to complete the survey, or conversely, those with strong opinions may be overrepresented, thus skewing the data.

The research also lacks detail on clinical context, such as the patients' medical conditions, length of hospitalisation, or type of care received. These factors are crucial, as they heavily influence a patient's discharge needs and expectations. Without this context, it is difficult to compare or draw conclusions across different patient groups or to assess whether dissatisfaction was due to systemic issues or specific medical scenarios, or poor understanding and health literacy of the patients.

Feedback related to discharge lounges was limited in both scale and depth. Only a small number of respondents from each hospital (20 at the RVI and 25 at Freeman Hospital) commented on their discharge lounge experience, and many were unaware that they had even been placed in such a facility. This small and potentially unrepresentative sample makes it challenging to evaluate the effectiveness or user experience of discharge lounges with any degree of certainty.

Lastly, the method of participant selection is not outlined in detail, raising concerns about potential selection bias. Without knowing how individuals were recruited, for example, whether they volunteered, were referred, or selected randomly (by nurse staff), it is difficult to determine whether the sample reflects the broader hospital population. Those who are more confident, articulate, or motivated may have been more likely to participate, while those with communication barriers, cognitive impairments, or more complex care needs may have been mistakably excluded.

In conclusion, while this study offers important insights into the hospital discharge process in Newcastle, it is hampered by limitations related to sample size, representativeness, subjective recall of information, incomplete data, and lack of clinical detail.

The presence of incomplete data further complicates the analysis, as missing information can obscure important trends or relationships within the dataset. Moreover, the lack of clinical detail restricts the ability to draw meaningful connections between medical factors and discharge outcomes. These limitations highlight the need for more comprehensive data collection methods and a more robust study design.

Future research should aim to expand the sample size and ensure it is representative of the wider patient population by employing stratified (dividing subjects into sub-groups) or random sampling techniques. Incorporating objective data sources, such as hospital records and electronic health data, would reduce reliance on memory and improve data reliability. Ensuring completeness in data collection and including detailed clinical information would provide a more nuanced understanding of discharge processes.

Furthermore, researchers may consider using longitudinal or mixed-methods approaches to capture both short, and long-term outcomes, as well as the contextual and subjective dimensions of patient experience. Expanding the geographic scope of future studies could also help determine whether the findings in Newcastle are applicable in other healthcare settings. These steps would strengthen the evidence base and support more informed improvements to hospital discharge procedures.

Response Statement

The following statements have been provided by partners at Newcastle City Council's Adult Social Care and Prevention Team, and Newcastle Hospitals NHS Foundation Trust. This is intended to address, acknowledge, and engage with the research findings that have been presented by Healthwatch Newcastle:

"We know patient involvement is highly beneficial to shaping our services and Healthwatch Newcastle has supported us with the opportunity to gain feedback from our patients and their carers to support continuous service development. This is something the team will continue to do going forward. "I'd like to thank Healthwatch and those who gave their time to share their experiences for this report. While the findings show some very good practice and joint working, this is unfortunately not the experience for everyone. Colleagues in the hospital have already been working with partners, including adult social care and the voluntary sector, to help change this. We are committed to continuing this work alongside the hospital and the Integrated Care Board to make sure everyone gets to leave hospital feeling well-informed, in-control, and well-supported."

Adult Social Care and Prevention Team

"We would firstly like to thank all participants who have contributed to this report and to Healthwatch Newcastle for completing this work to help us to understand patients' experiences and perspectives on the discharge process. The findings will provide valuable insights to guide our improvement work on our hospital discharge lounge process which we have recently secured funding to recruit staff substantively. The information gathered from our patients in partnership with Healthwatch Newcastle, will support our improvements as we work towards an improved pathway and environment through their feedback.

We are pleased to read the positive experiences shared, particularly in terms of the respondents reporting that their family was "fully informed" of their discharge process. We recognise that not all have reported similar

positive experiences, and we aim to use this feedback and the recommendations to explore how we can develop and improve our communication with patients. We are working with patients to support us in the development of communications on the purpose of our discharge lounges and locations and looking at ways of how we can inform our patients and their families when they come into hospital on the function of a discharge lounge to support our patients discharge. An additional positive feature in the report showed the majority of people felt ready to be discharged. We will utilise this feedback to explore further how we can ensure our patients feel supported through their discharge pathway and look at ways we can support all of our patients with appropriate information, medication and ongoing support to support their transition back to a place of residence. Our team have recently undertaken a visit to a hospital site outside the region and have brought back lots of ideas which we have begun to discuss and implement. We have formed a working group with an improvement lead to support our team in gathering further feedback from patients to support our work along with this report. Some of this work includes communication for patients and their families, early identification of patients who will transition through our discharge lounge and a meet and greet in advance to inform patients and their carers. We are working with our estate colleagues to improve signage, and our charity have supported us in securing items to read. At the RVI in particular, we are engaging with our patients to understand ways to improve our environment. We want it to be a welcoming and comfortable environment for our patients to wait to return to their usual place of residence. The team have linked in with our pharmacists to begin to look at ways we can improve medication education and support for patients whilst they are based within the discharge lounge and improve on delays.

From the report we can see that we need to make improvements with our follow-on care around our communication. We need to consider ways to support patients with information on how they can seek further help and support should it be required when they leave hospital and we will work together with our patients to make our improvements based on their feedback. In addition, we have conducted work across the organisation on improving our discharge letter process. We have also recently employed a

new role called a flow facilitator and are in the process of embedding these new roles. These roles can provide patients with support as they travel in and out of the hospital and providing support. Evaluating our criteria to support earlier bed availability and accommodating different groups of patients dependent on daily usage is something that we are striving to achieve."

Newcastle Hospitals 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 a Home from Hospital service 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?

- 18-25
- 26-35
- 36-45
- 46-55
- 56-65
- 66-75
- 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) Which pathway were you on during the discharge process?

- Pathway 1
- Pathway 2
- Pathway 3
- Not sure

4) Which hospital were you discharged from?

- RVI (Royal Victoria Infirmary)
- Freeman Hospital

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

- Less than 24 hours
- 103 days
- 4-7 days
- 7+ days

6) Were you informed about your discharge plans in advance? Please also explain what could be done better.

- Yes, I was informed
- No, I was not informed
- Not sure
- Not applicable
- What can be done better?

7) How involved did you feel in the decision-making process regarding your discharge? Please also explain what could be done better.

- Vey involved
- Somewhat involved
- Not involved at all

- Not sure
- Not applicable
- What can be done better?

8) Were you or your family/carer informed about the discharge process and what to expect? Please also explain what could be done better.

- Yes, fully informed
- No, not informed
- Not sure
- Not applicable
- What can be done better?

9) Did you feel ready to be discharged when you were sent home? Please also explain what can be done better.

- Yes, I felt ready
- I was somewhat ready
- No, I did not feel ready
- Not sure
- What can be done better?

10) Were you given sufficient advice and information about what to do after being discharged (e.g., medication, follow-up care, warning signs)? Please also explain what could be done better.

- Yes, I received detailed advice
- I received some advice but not enough
- No, I did not receive sufficient advice
- Not sure
- What can be done better?

11) How long did you wait between being informed of your discharge and actually leaving the hospital? Please also explain what could be done better.

- Less than 24 hours
- 2-4 hours
- 4-6 hours
- More than 6 hours

- Not sure
- What can be done better?

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

- Yes
- No
- Not applicable

Experience with the Discharge Lounge (RVI only)

The following questions only apply to you if you were discharged via the discharge lounge at the RVI. If this does not apply to you, please skip to Question 16.

13) How would you rate your overall experience with the discharge lounge? (And why?) Please explain your answer in the comment box below:

- Excellent
- Good
- Fair
- Poor
- Very poor
- Comment:

14) Do you think the discharge lounge effectively met your needs? Please also explain what can be done better.

- Yes, fully
- Yes, partially
- No
- Not sure
- What can be done better?

15) Were there any issues you noticed with the discharge lunge process? If yes, please explain your answer further in the comment box below:

- Yes (please specify)
- No
- Comment:

Experience with the Discharge Lounge (Freeman Hospital only)

The following questions only apply to you if you were discharged via the discharge lounge at the Freeman Hospital. If this does not apply to you, please refer back to question 13, to tell us about your discharge experience at the RVI.

16) How would you rate your overall experience with the discharge lounge? (And why?) Please explain your answer in the comment box below:

- Excellent
- Good
- Fair
- Poor
- Very poor
- Comment:

17) Do you think the discharge lounge effectively met your needs? Please also explain what can be done better.

- Yes, fully
- Yes, partially
- No
- Not sure
- What can be done better?

18) Were there any issues you noticed with the discharge lunge process? If yes, please explain your answer further in the comment box below:

- Yes (please specify)
- No
- Comment:

Follow-On Care and Aftercare Plans

19) Was a follow-on care plan discussed and provided to you before discharge?

- Yes
- No
- Not sure

20) How satisfied were you with the follow-on care and aftercare services provided post-discharge? (And why?) Please explain your answer in the comment box below:

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very dissatisfied
- Comment:

21) Did you experience any challenged in accessing follow-in care services after discharge? If yes, please explain your answer in the comment box below:

- Yes
- No
- Not applicable
- Comment:

Overall Satisfaction

22) Overall, how satisfied were you with the hospital discharge process? (And why?) Please explain your answer in the comment box below:

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very dissatisfied
- Comment:

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

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