healthwatch South Tyneside

Guiding You Home

Feedback from relatives/friends on hospital discharge arrangements

February 2026

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Background

Health and social care leaders in South Tyneside want to improve the outcomes of people discharged from hospital by promoting 'home first' as the priority.

A programme designed to speed up hospital discharge by supporting patients to return home has been launched by NHS and local authority leaders.

Called ‘Guiding You Home’ it aims to support as many patients as possible who have an urgent health or care need to receive that care as close to home as possible, as part of neighbourhood working.

The initiative is designed to ensure that people are given the right care in the right setting from the point of preparing for hospital discharge, through home-based services and ‘returning to independence’ beds.

‘Home first’ will be promoted as the priority, with the questions asked ‘why not home?’ and ‘why not today?’

The partnership behind ‘Guiding You Home’ includes South Tyneside and Sunderland NHS Foundation Trust, South Tyneside Council, Sunderland City Council and North East and North Cumbria Integrated Care Board.

Ward teams including doctors, nurses, therapists, discharge nurses and social workers will liaise with patients and carers to discuss discharge arrangements early in their hospital stay.

This multi-disciplinary discussion will support the patient’s wishes and challenge assumptions that a care facility is best, coordinating a health and care response to support the patient home where possible.

Methodology

As part of the research and consultation process, Healthwatch South Tyneside developed a short survey in partnership with South Tyneside and Sunderland NHS Foundation Trust and Healthwatch Sunderland.

Relatives and friends of hospital patients were asked what care and support they would like to see in place to enable them to return to their own home rather than going into a care home. The survey also asked what type of support and reassurance carers would need to help them support their relative/friend going home after a period in hospital.

This survey ran for four weeks between January and February 2026, with an online version being shared widely using Healthwatch South Tyneside networks and social media platforms.

The survey link was advertised by South Tyneside and Sunderland Hospital Discharge Support and South Tyneside Council's online platforms. It was also shared via the Integrated Care Board's Peoples Hub Newsletter, HealthNet Network and in the South Tyneside Public Health A Better U Champions weekly updates.

We provided print versions of the survey to use during face-to-face outreach at South Tyneside Hospital, Palmer Community Hospital and Cleadon Park Primary Care Centre to record responses. This included speaking to people during our ongoing schedule of outreach and engagement events across South Tyneside.

Findings

There were four questions asked, with 29 respondents taking part in the survey.

Q1. Following a stay in hospital for your relative/friend, what care and support would you like to see in place to enable them to return to their own home rather than going into a care home.

The kind of care and support relatives and friends asked for to enable a return home included:

- Equipment that they need that works
- Care staff turning up on time and staying for the allocated period
- More structured support at home
- More interaction about care packages
- Funded care support at suitable times of day to support with showering, meals, medicine taking and getting ready for bedtime
- Aids to support such as rails, walking stick, wheelchair, raised toilet seats, bed guards
- Physiotherapy at home
- Befriending services to help with isolation and loneliness
- Regular visits from health professionals
- More nursing staff

Responses to question one included:

"Listen to the carers. If they feel they cannot cope at home anymore, then at least some respite care in a care home should be provided so a proper and thorough assessment may be made, and not a rushed attempt at getting them home which would result in a return to hospital."

"Ensuring that family members are involved in the discussion about the return home and that their thoughts are listened to. Sometimes a brief stay in a care home could be

beneficial if a family member needs to know their relative is safe and cared for until they are in a better place to return home. Also, thinking about increased care packages to help a relative return home and help to understand the cost implications of that. Sometimes what is needed is more visits by care providers and that can be for social reasons or until the person feels more confident at home rather than for physical health needs. The changes might be short lived until things return to normal. If a family member does need to be in a care home or respite space temporarily, it should be near to their home so that family can visit easily."

"More interaction from social workers when needed - more interaction about care packages i.e. what care will be given, how long for giving specific dates when it will end and if care needs to be extended how much this will cost."

"After a stay in July we are still being told my 86-year-old dad can get into his bath to get clean - despite numerous assessments this is not true! there are no support handles and he cannot lift his legs! The assessments are done quickly and seem to be a tick box exercise - they need to be more personalised!"

"My wife was discharged home and needed equipment; some was broken when it was delivered."

"Carers need to come when they are supposed to; this does not happen all of the time."

"To return home they have to have the right equipment in place before they get discharged and all services in place."

"From previous experience of care at home, care staff need to turn up and stay for the time they should stay. They also need to be clean and presentable."

"Assessment to see what equipment is required. Talking to their relatives/carers to ensure they can be looked after at home."

"More available social care in the community to help transition those that may have had a life changing stay at hospital and due to no support at home are left in a

'discharge ward' for weeks."

"My husband has terminal cancer. The district nurses visit and they are fantastic but I don't think that there is enough of them. They are always rushed off their feet. There needs to be more nursing staff."

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Q2. Do you think a care home would provide better care than what could be offered to your relative/friend in their own home?

Responses to question two included:

"Yes. My mother-in-law had extreme anxiety about being at home alone. She would not engage with carers or ask them to do anything and would then complain to my partner that 'they didn't do anything'. After moving into a care home she began painting again, something she hadn't done for over two years since her first stroke, showing how much her anxiety had reduced. She is happy and relaxed because she knows she is safe and someone is always there if she needs them. My partner is no longer in a mental health crisis of their own brought on by the lack of services to help support their mam."

"No I don't. My husband was in a care home, had a bad fall and the home did not tell me."

"It might do as there are plenty of staff, or should be, but my wife wanted to come home after a long stay in hospital."

"I suppose there would be more staff on hand, other people in the home for company so maybe my relative would be better off there."

"No. I have used respite and my husband did not receive the level of care he needed in the care home. I can take care of him much better at home."

"Feel patient would be more comfortable in own home but unsure if amount of care that could be afforded would be enough to provide sufficient cover throughout and feel more services should be funded to allow wider access to support."

"If a person has a progressive condition and the carer is already saying they cannot cope, then a care home would be better as circumstances would only get worse at home. Paid assistance at home is sporadic and quality is incredibly variable so the carer at home ends up doing the work of the paid carer anyway."

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Q3. What type of support and reassurance would you need for yourself, to help you support your relative/friend going home after a period in hospital? Such as:

- A list of relevant services i.e. equipment services helpline in case of breakdown
- 24-hour helpline
- Support from employer

Responses to question three included:

"All of the above and to meet the care staff before they are allocated to the family member."

"Full record of diagnosis. Full list of medication. Equipment to be delivered before patient is discharged. At home booklet to include all relevant information. 24hr helpline signposting numbers to contact for additional services. Nominated support worker."

"Knowledge that if it got too much, then respite care would be available very quickly. Also someone who can organise everything you need that you are entitled to. A carer does not have the time or energy to look into that themselves."

"A helpline that is there and can answer questions - not just (a 24-hour service taking messages)."

"Definitely a list of relevant services that are available to help if needed. A 24 helpline would be a great resource as it's often difficult to know what the best course of action is for family/friends so professional help would be appreciated."

"Support from my employer is a must in case of an emergency. Contact phone numbers in case things go wrong."

"A 24-hour helpline to give reassurance which friends and family providing the care and support could access."

"Just want better communication from the discharge team and a faster response when there are already carers in place to settle mam home."

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Q4. Is there anything else you would like to tell us regarding care at home or in a care home?

Responses to question four included:

"Being at home is the best place to be when all the care has been sorted out, which it was eventually for my husband. I would never let him go into a home again; awful places."

"Best place is at home with the right people to care for you, and not to rely on family and friends when things go wrong."

"I think most people would rather be in their own home but getting the right care staff to look after them is hard."

"Care at home is a better approach with the right care package and support in place and communication with the family. This can go a long way helping the person to recuperate better."

"Care at home is the better option if, and only if, all of the services are in place and carers etc turn up. Care homes do not have a good reputation for caring for people, especially dementia patients."

"Both are not sufficiently funded to deliver best care possible."
"A care home has change of shifts and various disciplines of staff to take care of the patient. A spouse alone at home would have the responsibility 24/7. This is not sustainable."

"Care at home is much better for mental health and recovery."

"Hospitals at present do not communicate with family members. They ignore family contributions and requests. They need to remove bullying tactics. They need to stop 'eviction Friday'. They need to treat the patient holistically. Look at everything the patient has, not just the reason they are in hospital."

"Some relatives do not want to be carers for many different reasons, and that is not respected by hospital discharge staff and certainly should not be assumed when planning discharge. Sometimes carers need a representative as much as the patient. Also discharge plans are often discussed with a patient (who often isn't able to relay information very well) and not discussed at all with the main carer prior to discharge, leading to missed opportunities for appropriate assistance."

"That the local authority considers the way private care companies treat their staff as this impacts on the client. Carers are not paid for travel time or if the visit is cancelled. They are always under pressure and dashing between jobs and so cannot give the full time to the client."

Key observations

Some key themes emerged from the responses to the survey, with a majority of the relatives/friends highlighting similar issues with current discharge arrangements.

Communication was frequently cited, with respondents wanting more depth to discussions with healthcare staff and adult social care teams about discharge plans.

A call for increased support to enable a return home – both in terms of an accurate assessment of required assistive equipment at home and sufficient care staff resource allocated – also comes out in the responses.

There were mixed views as to whether the patient's home or a care home was the most appropriate venue for hospital discharge to, largely dependent on the individual circumstances.

But overall, the message seemed to be 'home first' was the best option provided there was sufficient support in place for the patient and their unpaid carers - in line with the ambitions of the 'Guiding You Home' strategy.

Respondents wanted a combination of a detailed inventory of diagnosis, medication to be taken, assistive equipment, suitable home care support and a 24-hour care line should they need any help or advice.

But there was clear concern in some cases that there were not enough home care resources available to provide adequate care to hospital patients being discharged home, as well as some negative comments expressed about care homes.

The following comment sums up the overall message we received well:

"Care at home is a better approach with the right care package and support in place and communication with the family."

Recommendations

With the usual proviso of the limitations of the social care sector to meet all the demands of our ageing communities, there may be some tangible improvements providers could introduce to discharge arrangements which would assuage some of the concerns raised in our survey.

Healthwatch South Tyneside would make the following recommendations for consideration by the 'Guiding You Home' programme partners, should these not already be in place or planned:

- A communication protocol when preparing a patient for hospital discharge which includes a sufficiently detailed discussion with the patient and their next of kin/main carer to correctly identify the most appropriate discharge location.
- Should a return home be the agreed destination, the patient and their next of kin/main carer are properly consulted to ensure the full needs of the patient and carer are captured and included in the discharge arrangements – eg assistive equipment, required care worker support package.
- An information pack is provided for the patient/next of kin to include the required discharge medical advice, equipment needed at home, agreed care package, 24-hour support line contacts and everything is in place prior to discharge.
- Home care providers are thoroughly briefed on any new hospital discharge arrangements and their role in rolling them out successfully.
- Should the next of kin/unpaid carer indicate they require employer support, a letter can be provided for their employer which confirms the hospital discharge and care they will need to provide over a given period.

We would like to thank all survey respondents and healthcare staff who assisted us to carry out this research.

Provider response

"Thank you Sheila and the Healthwatch Team for completing an excellent piece of work to help inform the next steps of the Guiding You Home Programme.

"The information gained is very valuable to the programme and from this I can see that we are in agreement with your recommendations and will endeavour to ensure all of our documentation for discharge covers the points raised as well as explore the feasibility of supporting letters for carers, for employers.

"Communication around discharge arrangements was a clear message from the feedback. I look forward to working with you on the implementation of the changes needed and going forward as part of Guiding You Home."

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