



Experiences of Hospital Discharge at Hillingdon Hospital

Healthwatch Hillingdon Report

2026

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Introduction

Healthwatch Hillingdon is your **local, independent health and social care champion**. We help local people to voice their views and opinions about the services they use.



We **listen** to people and collect their feedback on health and social care services



We **report** key findings and make recommendations for improvement.



We **present** these reports to those involved in the planning and commissioning of the health and social care services.

Project Background

Through our ongoing engagement with local residents and health and care partners, Healthwatch Hillingdon identified hospital discharge as an important area to explore. This project aimed to understand people's experiences of discharge from Hillingdon Hospital, specifically focusing on:

- The discharge process from start to finish
- Communication around discharge
- Experiences post-discharge once patients have settled at home

The project was a collaboration with Hillingdon Hospital Trust and LB Hillingdon (LBH). The findings will be used to:

- Inform and improve the current discharge process
- Identify examples of good practice as well as gaps
- Support LBH in developing and refining discharge communication tools (e.g. patient leaflets).

Introduction

Methodology

Feedback was collected over 3 months from April to June.

The feedback collection consisted of two phases: the first phase involved in-person engagement with patients waiting in the discharge lounge at Hillingdon Hospital. These patients were asked for their consent to participate in further engagement regarding their post-discharge experiences. These patients were then contacted by phone 4-10 days after our initial contact.

The feedback was collected using a questionnaire. However, rather than conducting structured interviews, the questionnaire was used as a conversation guide with patients. Therefore, not all patients provided feedback to every question. We have highlighted the sample sizes to help understand the level of engagement regarding the different service aspects.

The survey was also promoted on our social media accounts and website for people who could access it digitally.

Limitations

As the responses were mostly conversational, we have placed them under the most appropriate question to enable structured analysis of the responses.

There is also a degree of recall bias, particularly during follow-up calls. For example, some participants were unable to accurately recall which ward they were discharged from, how long they waited in the discharge lounge, or the exact reasons for delays.

We were also unable to speak to patients with language barriers, and those who were feeling too unwell to engage in a conversation.

Additionally, only 28% of participants were from Asian, Black or other ethnic minority backgrounds.

Therefore, we acknowledge that the findings are not representative of the population in Hillingdon.

Introduction

Acknowledgements

We want to thank Hillingdon Hospital Trust for accommodating our visits to the hospital discharge lounge to speak with patients.

We are also grateful to staff at Age UK for supporting us in obtaining consent for the follow-up engagement with some patients whom they were supporting through the discharge process.

Most of all, we want to thank the patients and family members who participated in this project by sharing their feedback, and volunteers who supported us throughout the project.

Who we spoke to

We spoke to 38 patients and 5 family members. Here is a breakdown of the demographics:

- 60% were women and 37% men.
- The participants' ages ranged from 25 to 85+. We did not collect feedback from anyone under the age of 25.
- 47% were from White backgrounds and 28% were from the Global Majority.
- 65% reported having a long-term condition.
- Only 5% reported being a carer.

For detailed demographic information, [please see the Appendix](#).

Key Findings & Recommendations

Finding 1: Patients and families experienced difficulties locating the discharge lounge. 53% of the patients using self-arranged transport reported that family/friends found it difficult to locate the discharge lounge. Some had challenges with parking; and a few relied on staff assistance or called the patients for directions.

Recommendation 1: Install clear signage and volunteer support at key hospital entrances to improve navigation to the discharge lounge.

Finding 2: Long wait in the discharge lounge were common, particularly for patients waiting for their medication. Overall, 39% of the patients waited for more than 3 hours; 56% of them stating medication as the main reason.

Recommendation 2: Review and improve medication dispensing processes for discharged patients to shorten wait times and reduce delays.

Finding 3: Communication throughout the discharge process was inconsistent. Many patients received limited notice of discharge with 73% reported receiving no updates while they waited.

Recommendation 3: Improve communication around discharge, including longer notice of discharge where possible, explanation of the discharge process, follow-on care and updates on waiting times.

Finding 4: Patients reported uncertainty and delays relating to transport arrangements, and some experienced longer waiting period while awaiting hospital arranged transport.

Recommendation 4: Liaise with the hospital transport provider to improve communication around delays and ensure patients understand the available transport option.

Full Findings



Overall Experience

Overall, the feedback suggests that most patients had a positive discharge experience and felt supported and confident returning home. However, we also heard about recurring issues around poor communication and management of the discharge process.

Positive Experiences

Overall, most patients (68%) we spoke with rated their experience of being discharged from Hillingdon Hospital as positive. Additionally, similar proportion of patients (66%) reported not experiencing any difficulties during the discharge.

75% of patients were confident going home, and most (67%) also felt adequately prepared for their recovery.

Patients were most satisfied with the support they received from staff, with 90% feeling supported in their recovery. The patients praised the staff for being caring and attentive, offering refreshments, arranging transportation and follow-on care as needed.

“Staff were excellent. They offered me breakfast and checked up on me. They are kind and lovely.”

“Yes, I felt supported. Lovely staff, they have done everything for me. They're amazing.”

Negative Experiences

14% of patients rated their overall experience as neutral, while 18% rated it as negative. In addition, 34% of patients reported experiencing some difficulties during the discharge process. A few patients (10%) reported not feeling supported in their recovery.

The negative ratings were often related to **poor communication and management of the discharge process**. Patients reported that they had not received adequate notification of the discharge or that their medication was not properly explained to them. Others noted that the discharge process was poorly managed, with one patient describing it as “mishandled” and another reporting issues around receiving medication due to being discharged on a weekend.

The difficulties mostly related to **medication**. Patients reported delays or a lack of information or explanation of the prescribed medication. One patient said that they didn't understand their medication, as they were given 15 boxes, which seemed like too many and this was causing confusion. The same patient also reported that the hospital pharmacy was struggling to find their other medication.

“Communication was poor from all teams; communicate better with the patient and provide a better explanation, particularly with medication.”

“The doctor just came in early in the morning and said: “You can go”. He went and left me there. Very rushed at the end.”

Overall Experience

18% of patients also did not feel confident or adequately prepared to go home. Patients told us that they did not feel confident, as they were still feeling poorly or that the problem that had led them to be admitted to hospital had not been resolved. One patient also mentioned that the discharge was “sudden”.

“Pain keeps coming and going, they just said I need to go home and rest and was given exercises. Painkillers wear off and I don't know how long I am going to last with the pain, it is really worrying me. I may have to come back to A&E again.”

Communication on Discharge

When asked about what the patients would like to improve about the discharge process, most people (58%) mentioned **improving communication**. They felt that staff communication to patients about their discharge was poor, with inadequate notice; the communication of the discharge process between different teams was disjointed; **explanations of medication were inadequate**; and updates around wait times were often either non-existent or infrequent.

Lack of adequate notice of discharge and miscommunication

We found that patients were given very little notice of discharge, with most patients (46%) telling us they were informed the morning of discharge. **The short notice often resulted in rushed departures, inadequate time for families to prepare for their loved ones' arrival at home, and long wait times in the discharge lounge.**

Patients noted that they would have benefitted from longer notice to help them and their families prepare adequately. One patient reported that they were given 3 hours' notice, which was not enough for their family to get everything ready and collect them from the hospital as they lived far away. Another patient found their departure stressful; they were told of the discharge the same morning, with staff packing the patient's bags while rushing them to get dressed.

Some patients also reported miscommunication about their discharge, highlighting poor management and communication around the discharge process. For example, one patient was informed on a Friday that they would be discharged the following day, but as transport could not be arranged over the weekend, they were unable to leave until the following Monday. Another patient reported that **they experienced confusion from the staff regarding their discharge and that their discharge was cancelled due to it being late in the evening**:

"(I was told) yesterday morning, I was woken up between 8 and 8:20 and was informed that I would be discharged today. I experienced confusion on the staff's side regarding whether I would be discharged. I was instructed not to eat, which caused me to miss lunch. Then, the discharge was cancelled, moving from 9 PM to 12 AM, and it became too late for me to be discharged, so I was discharged the following morning."

44% of patients told us they had been told the day before that they would be discharged, while 10% were told more than a day before. However, the slightly longer notice did not seem to result in a more positive overall experience. **67% of patients who were informed of their discharge the same day rated their overall experience as positive, the same as those informed of discharge at least a day in advance.**

Patients who were informed of their discharge on the same day were, however, more likely to arrange their own transport home than patients informed of discharge the day before (84% compared to 33%). Patients who were informed the day before were most likely to use hospital transport (45%). This could indicate that those who are not informed at least a day before their discharge may experience inconvenience from needing to arrange their own transport at short notice. This may also result in long wait times if their families or friends are not available to collect them straightaway. However, it could also be that many patients prefer to arrange their own transport or are not necessarily told that hospital transport is available.

Waiting at the Discharge Lounge

Patients reported being taken to the discharge lounge to wait for medication, transport and a discharge summary. While some were able to leave relatively soon, **many patients reported waiting for hours while not receiving updates on wait times or the reason for the delays.** Overall, 21% of the patients told us they would like to see improvements in wait times while 17% would like to receive updates on wait times.

"Why can't they have brought us down when they were ready with everything, instead of making us wait for so long here."

"I waited 5-6 hours for medication and no one gave an update or shared information during that time. Given an approximate discharge time would have been nice."

Long waits for medication and lack of updates

The main reason for the wait in the discharge lounge was medication, with 59% reporting it as the reason they were waiting. This was followed by transport – hospital or self-arranged (46%) and discharge summary (35%). However, it should be noted that only 5% of patients were waiting for a discharge summary only.

While around 30% of the patients reported waiting an hour or less in the discharge lounge, **the wait time was, in most cases, several hours.** 39% of patients told us they waited in the discharge lounge for more than 3 hours, while 30% waited from more than an hour to 3 hours. Long wait times could sometimes cause discomfort for patients, particularly if they were still feeling poorly, with one patient telling us they had been given a mat to lie down to rest while waiting.

In addition, 56% of patients who reported waiting 3 hours or more in the discharge lounge told us the reason for their wait was medication, highlighting delays and issues around providing medication to discharged patients. Improving dispensing medication for discharged patients would result in much shorter wait times.

22% told us they were waiting for family to pick them up, reinforcing the idea that longer notice of discharge would give families more time to make arrangements for transport and reduce wait times.

Reason for the wait	1 hour or less	From more than an hour to up to 3 hours	More than 3 hours
Waiting for family transportation	–	–	22%
Waiting for family transportation and medication	20%	–	–
Waiting for medication	40%	33%	56%
Waiting for medication and transport	–	–	11%
Waiting for transport	40%	50%	11%
Waiting for transportation and medication	–	17%	–

Waiting at the Discharge Lounge

Patients also reported a lack of updates on wait times and delays, with 73% saying they had not received an update. Some patients were given updates or told that there were no updates from the hospital transport.

Improved processes around medication and communication on discharge between different teams in the hospital, pharmacy and transport staff would allow staff in the discharge lounge to provide regular updates to patients waiting. This could have a significant impact on the overall experience for discharged patients.

Transport and locating the discharge lounge

While most (60%) patients relied on self-arranged transport after discharge, 35% of the patients we spoke with were waiting for hospital transport.

53% of those who had arranged their own transport said that their **family member or friend had found it difficult to locate the discharge lounge in the hospital**. One patient reported that their daughter had difficulties locating the discharge lounge and had to call the patient to ask them to come out to the entrance. Some also mentioned **difficulties finding a parking space**.

47% said that the family member or friend had found it easy to locate the discharge lounge, although in some instances this was because they were already familiar with the hospital or they were guided by hospital staff. Improved signage and allocating volunteers to direct relatives and friends to the discharge lounge would help more people easily locate the discharge lounge.

Those who relied on hospital transport were also likely to experience long wait times, with 50% of patients who waited 1-3 hours in the discharge lounge reporting the reason for their wait was transport (see the table on the previous page). While understandably there are things such as traffic that can cause delays to hospital transport, providing updates would keep patients informed of any delays and therefore improve their experience.

One person reported having to take the bus home. They were informed by staff that hospital transport was unable to take them due to their mobility scooter. The patient told us that if they had known this, they would have taken their manual wheelchair.

Care and Support Needs

Discharge Summary Provided and Explained

Overall, we found that **patients were provided with discharge summaries detailing their follow-on care and whom to contact if help is needed.**

62% of patients told us they had received their discharge summary or that it had been given to their carer or a family member. Only a few people told us they had not received their discharge letter; however, some of these patients were being discharged to other services, meaning the discharge summary was sent directly to them. One patient, who was being discharged into a rehabilitation unit, told us that they had not been given a discharge summary or any information about it. Therefore, they were not aware of what they needed to do at the rehabilitation unit. Patients who have the capacity should be provided with their discharge summary even if they are being discharged to another service, helping them to understand what was expected next in their recovery journey.

Of the patients who had received their discharge summary, **the majority (89%) told us they or their carers understood the discharge summary and knew what they needed to do once home**, but a few remained unsure. 19% of patients who had received their discharge summary said it had not been explained to them.

Follow-on Care Arrangements

60% of patients reported requiring follow-on care after discharge. The follow-on services arranged included: district nursing, respite care home, rapid response team, rheumatology referral, cardiovascular referral, home care, and physiotherapy. **Most patients (86%) said the follow-on care was arranged for them by the hospital or adult social care and that it had started as expected.**

“Yes. It was arranged by the hospital, including carers and a deep clean from social care.”

“Hospital arranged services with a respite care home and social care.”

A small proportion of patients, however, had experienced minor issues with the follow-on care. One patient had been referred for an MRI and a rheumatology appointment; however, they were still waiting for both appointments at the time of our interview. They further explained that the rheumatology appointment had been scheduled for November, but the patient had been informed it would be brought forward to take place in the next couple of weeks.

Another patient told us that they had requested additional home care service hours. These were being arranged but had not yet started.

Care and Support Needs

Contact with Services Post-Discharge

Overall, 47% of patients had been in contact with health care services since their discharge. Some patients reported regular contact with services as part of their follow-on care, such as district nurses or social care. Others had experienced complications in their recovery.

67% of patients reported being given information on whom to contact for support if needed after discharge. In many cases, patients were told to contact their GP, nurse, or adult social care.

However, 20% of patients said that they had not been given information on whom to contact for help. One patient reported receiving a discharge summary, but it was not explained to them. Another patient who was being discharged to a rehabilitation unit reported not receiving a discharge summary. Although they felt ready for discharge, they felt they had not received enough information about their recovery.

Additionally, **some patients who reported not being given information about whom to contact for help after discharge described their discharge process as “chaotic”, “rushed”, and “sudden”.** One also reported feeling tired and not confident about being discharged. The rushed discharge process may be the reason why they were not given information about whom to contact, or they did not recall being given this information. Although these patients reported receiving a discharge summary.

One patient told us they were advised to contact their GP, but as it was the weekend, they were unable to get an appointment urgently and therefore had to go to the hospital for help.

Appendix



Appendix

Age	n.	%
Under 18		
18-24		
25-34	4	9%
35-44	2	5%
45-54	6	14%
55-64	4	9%
65-74	2	5%
75-84	6	14%
85+	7	16%
Prefer not to say	1	2%
Not answered	11	26%
Grand Total	43	100%

Gender	n.	%
A woman	26	60%
A man	16	37%
Non-binary		
Other		
Prefer not to say	1	2%
Not answered		
Grand Total	43	100%

Ethnicity	n.	%
Asian/Asian British	9	21%
Black/Black British	3	7%
Mixed/Multiple ethnicities		
White - British	17	40%
White - Any other White background	3	7%
Other - Any other background		
Prefer not to say	1	2%
Not answered	10	23%
Grand Total	43	100%

Long-term condition	n.	%
Yes	28	65%
No	10	23%
Prefer not to say	1	2%
Not answered	4	9%
Grand Total	43	100%

Carer	n.	%
Yes	2	5%
No	22	51%
Prefer not to say	9	21%
Not answered	10	23%
Grand Total	43	100%

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