



Feedback on the Discharge Process at North Middlesex University Hospital

October 2026

healthwatch
Enfield

Contents

Contents	2
Acknowledgements	3
About Us	3
Introduction	4
○ Literature Review	5
Discharge Lounge Visits	7
○ Communication and Information	9
○ Accessibility Needs	11
○ Delays and Timings of Discharge	12
○ Support for Carers	13
○ Support After Being Discharged	14
○ Staff Care	16
○ What We Observed	18
○ Demographics of Survey Participants	21
Conclusion	22
Recommendations	24
References	26

Acknowledgements

We would like to extend our sincere thanks to North Middlesex University Hospital and the Discharge Lounge Team, for warmly welcoming us and supporting this engagement work. Their cooperation enabled us to speak with patients, visitors, and staff, and coordinate the visits.

We are also grateful to everyone who took the time to participate in our survey. Their feedback and experiences are invaluable and will help drive improvements to local health and care services.

Finally, we would like to thank the volunteers and staff of Healthwatch Enfield for their support throughout the visits and their contribution to this work. Their ongoing commitment to community outreach and empowering local voices continue to have a meaningful impact on the communities we serve.

About Us

Healthwatch Enfield serves as an independent champion for local people who use health and social care services; we lend our ears to the Enfield community and represent their voice. We team up with multiple community organisations and statutory institutions to share information and gather insights in the aim of helping to improve the quality of health and social care services in the borough.

We gather feedback through projects, experiences shared by residents and community groups and social listening to share with public health and social care leaders and local decision-makers to help guide local policies and strategies.

Healthwatch is for everyone that uses all health and social care services, ranging from GPs to care homes, hospitals to pharmacies.

Introduction

Each year, Healthwatch Enfield conducts an annual priorities survey to understand residents' views on local health and care services. In our 2026–2027 survey, hospital discharge was identified as one of the top three issues of concern. Alongside this, Healthwatch Enfield has seen an increase in the number of enquiries, concerns and complaints relating to hospital discharge through our information and signposting service over the past two years.

North Middlesex University Hospital (NMUH), part of the Royal Free London NHS Foundation Trust, is one of the main acute hospitals serving Enfield residents. Although NMUH introduced an updated Discharge Policy in August 2025, concerns about the discharge process continue to be raised.

In response, Healthwatch Enfield launched a review to better understand patients' and carers' experiences of hospital discharge and explore how discharge pathways are managed. The review also sought to understand whether patients and their carers receive the information, support and coordination needed for a safe and timely discharge, and to identify opportunities for improvement.

This review aimed to:

- Understand the discharge pathways experienced by patients.
- Identify gaps and challenges within the current discharge process.
- Gather patient and carer feedback to help inform service improvements.

What is Hospital Discharge?

Hospital discharge is the process of a patient leaving hospital once they are medically ready to do so. National guidance promotes a "Home First" approach, meaning people should return home wherever possible, with any ongoing assessment and support delivered in the community rather than in an acute hospital setting. The guidance also states that discharge planning should begin as early as possible and involve patients, carers and families throughout the process (Department of Health and Social Care 2024).

Literature Review: Scope of Hospital Discharge and Challenges

Discharge to Assess (D2A)

The national Discharge to Assess (D2A) model discharges people as soon as they are clinically ready, with longer-term care assessments completed in the community. Around 50% of patients return home without additional support (Pathway 0) and 45% return home with short-term support (Pathway 1), with smaller numbers requiring rehabilitation beds or long-term care placements (Department of Health and Social Care 2024; Royal Free London NHS Foundation Trust 2025).

Unnecessary delays to discharge increase the risk of deconditioning, loss of independence and poorer health outcomes, particularly for older people, who are also more likely to experience delayed discharge due to complex health conditions, reduced mobility and ongoing care arrangements (Department of Health and Social Care 2024).

People with Complex Care Needs and Inequalities

NMUH's Discharge Planning Policy identifies people with learning disabilities, dementia, mental health conditions and complex social care needs as requiring more coordinated discharge planning, and the Trust's Equality Impact Assessment found older people and people with learning disabilities experience longer hospital stays (NHS England 2024; NHS England Digital 2025; Royal Free London NHS Foundation Trust 2025).

Enfield experiences higher levels of deprivation, long-term illness and reliance on unpaid carers than many other areas, increasing demand on health and social care services; the Trust has identified longer stays among patients from the most deprived areas (Enfield Council 2024; Royal Free London NHS Foundation Trust 2025).

Enfield Council reports that the number of residents experiencing hospital stays of more than 14 and 21 days has increased since 2021/22, reflecting wider system pressures and difficulties accessing social care packages, reablement, community nursing and equipment. As is the case nationally, pressures across the health and social care system can affect the timeliness of access to post-discharge support, such as care and therapy services; delays can also arise from family or carer-related factors, such as disagreements about the discharge destination or pending financial

assessments (Enfield Council 2024; Department of Health and Social Care 2024).

Carers and Communication

National guidance requires carers and families to be involved in discharge planning, kept informed of arrangements and expected discharge dates, and their willingness and capacity to care considered when discharge decisions are made (Department of Health and Social Care 2024).

The Royal Free London Discharge Planning Policy requires discharge conversations to begin within 24 hours of admission, with coordination across hospital teams, social care, community health services and the voluntary sector, as poor communication between organisations can lead to delayed discharges and poorer patient experiences (Royal Free London NHS Foundation Trust 2025; Department of Health and Social Care 2024).

Evidence suggests delayed discharge contributes to loss of independence, reduced mobility and poorer physical and mental wellbeing, and that inadequate support for carers can affect the sustainability of care arrangements and patient outcomes (The Health Foundation 2025; Department of Health and Social Care 2024).

Healthwatch Enfield received 17 enquiries relating to hospital discharge between April 2025 and April 2026. Several residents reported confusion regarding discharge plans, care packages and post-discharge support, indicating communication remains a challenge. Cases involved carers reporting that they felt overwhelmed, unsupported or insufficiently consulted regarding discharge decisions and ongoing care responsibilities (Healthwatch Enfield 2026).

Medication and Transport

NMUH operates a dedicated Discharge Lounge, where patients should normally leave within two hours of arrival once medication, transport and final arrangements are complete (Royal Free London NHS Foundation Trust 2025).

Through outreach and signposting, Healthwatch Enfield received feedback from residents reporting lengthy waits for discharge medication and hospital transport, indicating that delays can continue even after a patient is medically ready to leave hospital (Healthwatch Enfield 2026).

Discharge Lounge Visits

Between 20 July and 5 August 2026, Healthwatch Enfield carried out seven visits to the Discharge Lounge at North Middlesex University Hospital (NMUH). During these visits, Healthwatch staff and volunteers:

- Surveyed patients and carers
- Conducted semi-structured interviews
- Observed the discharge lounge environment and discharge process

The survey was divided into four sections: Patient experience, Carer experience, Overall satisfaction and Demographic questions.

All responses were provided voluntarily and were anonymised before analysis. Information was collected, stored and processed in accordance with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018.

Who we spoke to



Not all participants answered every question, so the number of responses varies between questions. Percentages are based on the number of people who answered each question, and the base numbers (n) are shown alongside each figure.

Emerging themes

The key themes presented in our findings emerged from our visits and survey responses:

1 Communication and information



Patients and carers did not always receive timely information about when to collect the patient, discharge plans, medication, follow-up care, or who to contact after leaving hospital.



2 Accessibility

2

Some patients felt their communication, language, sensory, or additional support needs were not fully considered.

3 Delays and Timing of Discharge



Patients and carers reported experiencing delays while waiting to leave hospital. Delays include waiting for medication, paperwork, transport, and updates, often with limited information about the reasons for delays.



4 Supporting Carers

4

Some carers reported feeling excluded from discharge planning and were unaware of available support.

5 Support after Discharge



Patients were sometimes unclear about follow-up appointments, ongoing treatment, and who to contact after leaving hospital.



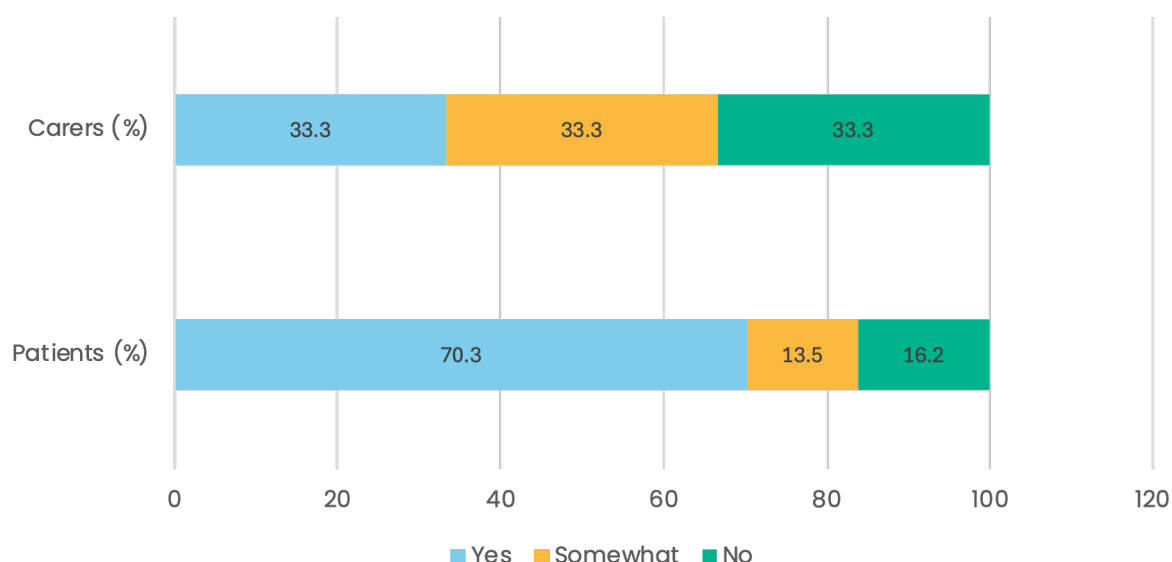
6 Staff Care

6

Many patients and carers praised the kindness, professionalism, and dedication of staff. Positive experiences were often linked to staff who took time to explain information, answer questions, and provide reassurance.

1. Communication and Information

1.1 Involvement in discussions about Discharge



There was a large involvement gap between patients and carers. While 70.3% of patients reported feeling involved in discharge discussions, nearly three in ten (29.7%) felt only “somewhat” involved or not involved at all. In contrast, carers’ responses were evenly split, with one-third (33.3%) reporting that they felt involved, one-third somewhat involved, and one-third not involved.

A recurring theme was “being told, not asked.” Multiple comments describe discharge as a *notification* rather than a *discussion*; patients has described being “woken and told to pack” or informed by a consultant with “no dialogue”.

1.2 Communication and Medication in Discharge

Topic	Yes	Somewhat	No
Written discharge summary*	40% Patients 16.7% Carers	11.4% Patients – Carers	48.6% Patients 83.3% Carers
Medication information	54.3% Patients 33.3% Carers	18.6% Patients 22.2% Carers	37.1% Patients 44.4% Carers

**Note: Discharge Summary is usually provided at the end of the discharge process, we spoke to participants who had yet to receive their papers.*

Hospital staff explained that discharge paperwork is often issued at the final stage of the discharge process. Delays in providing the paperwork can occur due to last-minute changes in discharge arrangements or when staff are managing a high volume of patients in the discharge lounge.

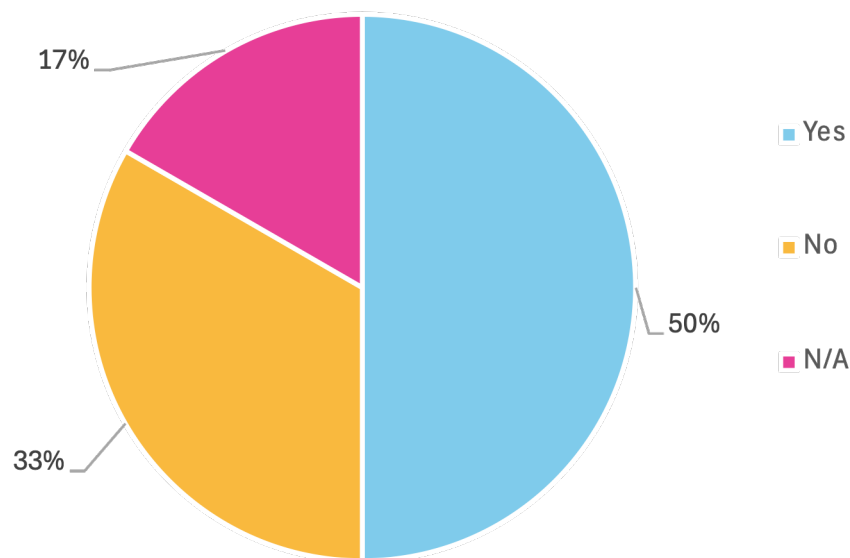
- Nearly half of patients (48.6%) and over four in five carers (83.3%) said they had not received a discharge summary yet. This paperwork was provided at the very end of the discharge process, while some patients reported receiving only verbal information or leaving without a written summary at all.
- Some patients were given paperwork without an explanation of what the documents contained.
- Medical terminology made some discharge information difficult to understand.
- Carers often did not receive discharge information, making it harder to support patients at home.
- Delays in providing paperwork left some patients waiting in the discharge lounge before they could leave hospital.

Many patients and carers said they did not receive medication, clear information about medication or treatment before discharge, leaving some feeling unprepared to manage care at home.

- Over a third of patients (37.1%) and 44.4% of carers said they did not receive clear medication information.
- Some patients were unsure what their medication was for or how it should be taken.
- Carers reported not always receiving enough information to support medication management at home.
- Delays in providing medication sometimes contributed to longer waits before discharge.
- There were examples of good practice where information was provided in a patient's preferred language, helping them better understand their treatment.

2. Accessibility Needs

2.1 Were your/patient's accessibility needs (language, disability, sensory needs) considered during discharge?



52.8% patients felt their accessibility needs were fully considered; 27.8% said "No" and 19.4% said "Not applicable".

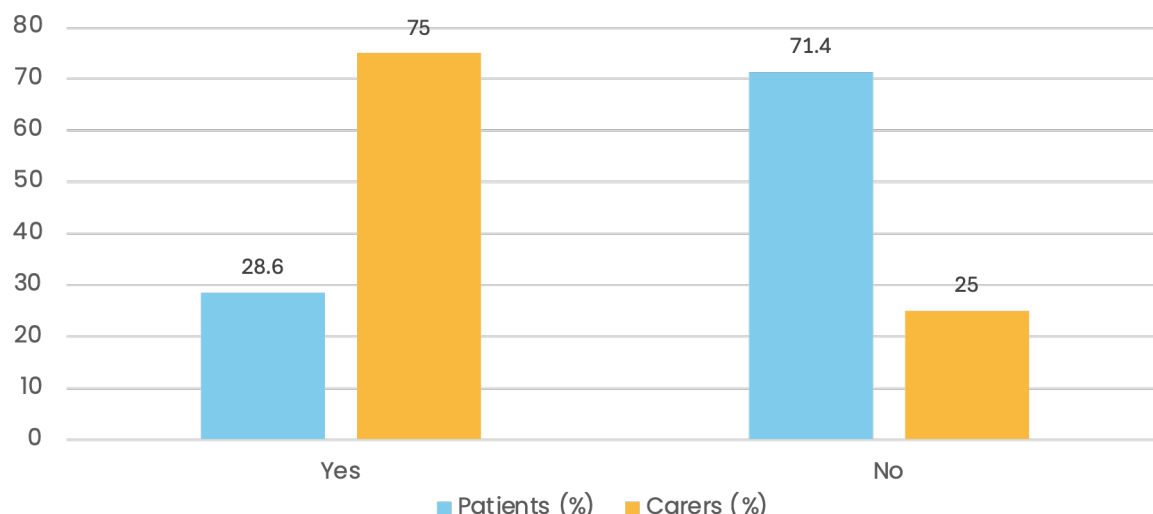
Two-thirds (66.7%) of carers said their family member's or the patient they are caring for, their accessibility needs were "not considered".

Some patients told us that they lost important items such as hearing aids or glasses during their hospital stay, which could affect their safety after discharge. Language support was not always available, making it harder for some patients and families to understand information and make decisions.

Some carers felt discharge decisions did not fully consider memory problems or confusion for patients who had strokes or had a dementia diagnosis. Carers reported that they often had to ask for updates themselves and were not kept informed about discharge plans.

3. Delays and Timings of Discharge

3.1 Did you experience delays in discharge?



Group	Experienced delays
Patients	28.6%
Carers	75%

Delays were a common theme that emerged in the discharge process, particularly for carers. Many people described long waits in the discharge lounge and said they received limited updates about when they would be leaving hospital.

Common reasons for delays included:

- Waiting for medication or discharge paperwork
- Delays with hospital transport
- Unclear communication about timings and next steps
- Long waits in the discharge lounge without regular updates

While some people reported positive support from staff, others felt frustrated by a lack of communication during delays.

4. Support for Carers

4.1 Recognition of Carer status



71%

71.4% of carers were asked if they were carers at admission, but 28.6% were never asked.

Nearly 3 in 10 were not identified as carers when the patient was admitted, making it harder for them to be involved in planning and decision-making.

4.2 Information for Carer Support

66.7% of carers were unaware that support was available from Enfield Carers Centre and felt they did not receive enough information about the discharge process.

Even actively engaged carers were unaware, making this on-site resource very underutilised.



No one asked who I was. My mum was admitted... I have been visiting every day.

Carer

4.3 Involvement of Carers



1/3

Carers reported mixed experiences of involvement in discharge planning.

One-third felt included and listened to, while others felt excluded from important discussions and decisions.

5. Support after being Discharged

Topic	Yes	Somewhat	No
Follow-up information	48.5% Patients	12.1% Patients	39.4% Patients
	25% Carers	37.5% Carers	37.5% Carers
Who to contact after discharge	41.7% Patients	8.3% Patients	50% Patients
	50% Carers	16.7% Carers	33.3% Carers

5.1 Did you receive clear information about follow-up appointments and support available at home after discharge?

Less than half of patients (48.5%) and only a quarter of carers (25%) received clear follow-up information, this suggests that most people were leaving hospital without a clear understanding of what happens next.

Key concerns included:

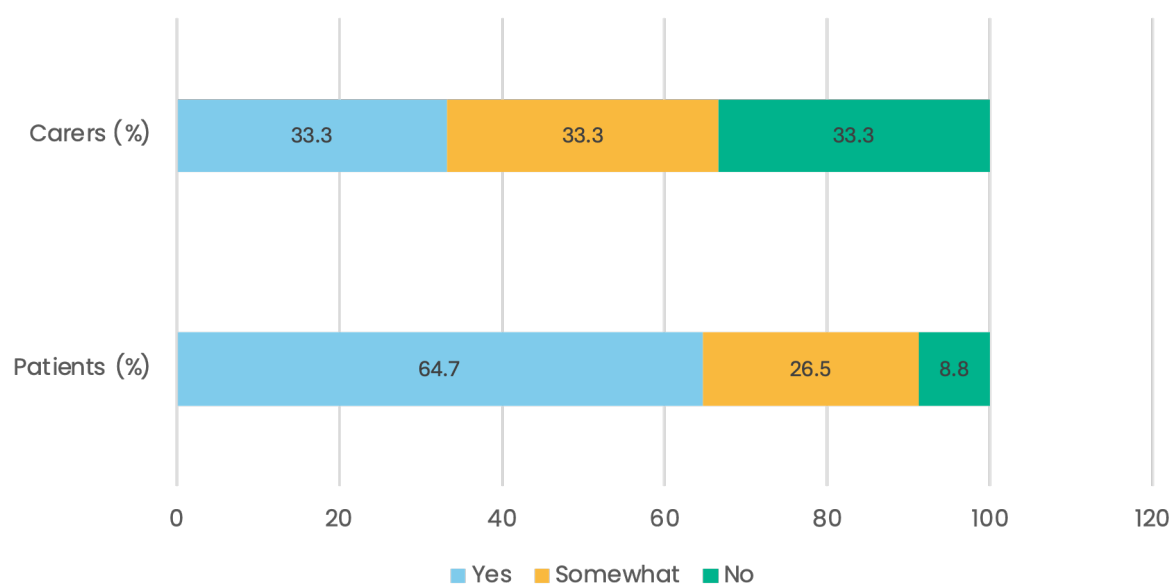
- Many patients were unsure whether follow-up appointments had been arranged or if they were necessary.
- Some patients said information was shared with family members, but carers themselves were still unclear about what would happen next.
- Patients often left hospital without a clear understanding of what support would be available after discharge.
- Some patients felt their discharge was rushed and did not give them enough opportunity to ask questions.

There were also examples of good practice, where patients received clear information about follow-up appointments and support available in the community.

5.2 Were you told who to contact if you had questions or concerns after discharge?

41.7% patients and 50% carers were not told who to contact after discharge, leaving hospital with no clear contact pathway for questions or concerns.

5.3 After leaving hospital, did you feel confident managing your/patient's recovery at home?



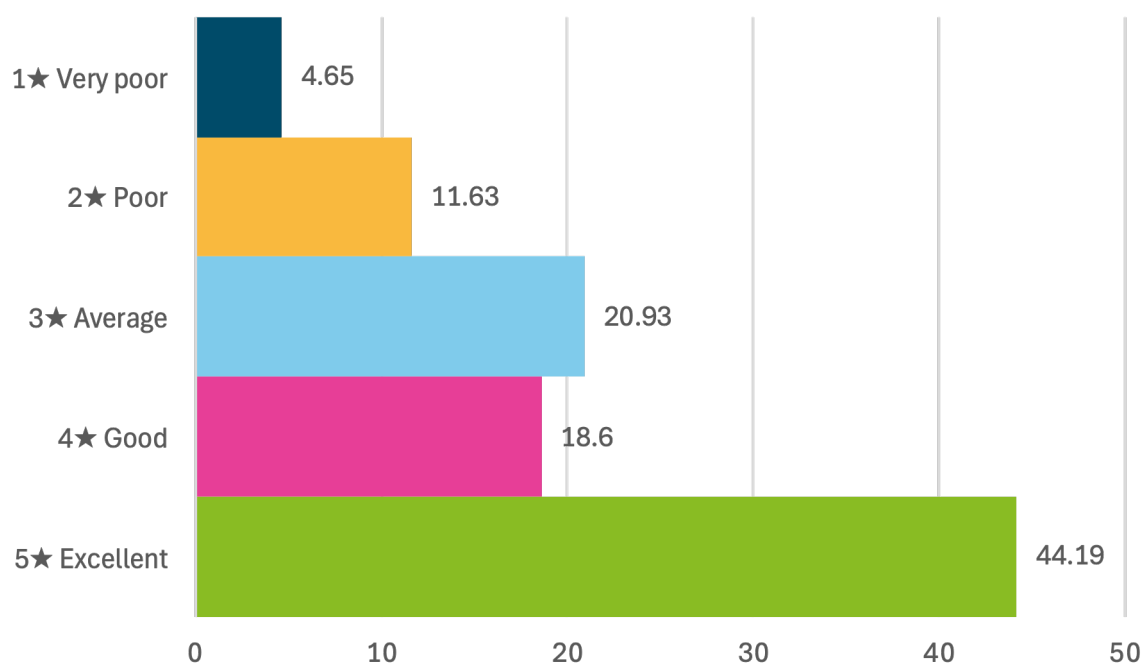
Most patients felt confident (64.7% said Yes), with a further 26.5% saying "somewhat".

Most patients felt confident about recovering at home, particularly when family, carers, or support services were available. Carers were generally less confident and wanted clearer information and support.

6. Staff Care

6.1 How would you rate your overall discharge experience?

Nearly half of patients rated their discharge experience as Excellent (5 stars), but 37.21% rated it 3 stars or below.



Overall, 62.79% were satisfied with the discharge process at North Middlesex Hospital rating it as "Good" (18.6%) or "Excellent" (44.19%), whereas 20.93% has rated it as an average experience, and 16.28% were unsatisfied, rating "Poor" (11.63%) and "Very poor" (4.65%).

6.2 Did you feel listened to during the discharge process?

53.5% felt listened to but 46.5% felt only sometimes or never listened to. Specific staff (doctors, day nurses) were mentioned for listening well to the patient and carer, and attending their needs. When it happens, it's often described as "excellent" or "very smooth."

However, some patients describe being woken and told to pack, sent to the discharge lounge with no explanation, left in a chair and ignored, or treated as if they're just a bed that needs freeing.



Didn't feel I had time to think about or plan how to get home.

Patient



[Named Nurse] went above and beyond in her care.

Carer

6.3 What went well during the discharge?

Positive themes emerged such as staff care and practical support were frequently cited. However, negative experiences also emerged, such as being ignored or rushed to leave.



Excellent treatment, by both day and night staff.

Patient



Got rushed this morning. When I was ready, I had to wait. I feel I'm wasting their time. The feeling they give me.

Patient

6.4. What could have been improved?

Time was the most cited suggestion, followed by communication gaps and medication or paperwork issues.

Positive comments such as "happy with experience", "continue the good work" show that when discharge works well, it's genuinely appreciated.

6.5. Is there anything else you would like to tell us about your hospital discharge experience?

Positive feedback highlights good staff care, comfortable facilities, and helpful processes, but concerns emerged such as patients with dementia not being identified among staff.

7. What we Observed

During seven visits to the Discharge Lounge between 20 July and 5 August 2026, Healthwatch Enfield staff and volunteers observed the environment, and spoke with staff about how the discharge process works.

The Discharge Lounge supports patients who are medically fit to leave hospital and are waiting for transport, medication, discharge paperwork, equipment, or final arrangements before returning home.



The lounge has capacity for up to 18 patients, with an additional overflow room available when demand is high. Staff told us that patient numbers can occasionally exceed 30 during busy periods.

The service operates Monday to Friday, 8am–8pm. It is staffed by two Band 5 nurses and one healthcare worker; a Band 6 senior nurse post is currently vacant, and there is no reception cover for the lounge. Staff explained that where shortages occur, additional nursing staff may be temporarily redeployed from other departments. Since our visits, the trust has extended the lounge's opening to Saturdays and Sundays, staffed by one registered nurse and one healthcare assistant.



The lounge includes a kitchen area where patients can access food and drinks, with dietary and medical requirements taken into consideration.

Transport is primarily provided through DHL Patient Transport Services. Patients can book transport with Alpha Care Specialist if they are ineligible for the hospital transport services.

The lounge has a combination of chairs and beds to accommodate patients with different needs. Additional chairs and beds can be provided when required, and some patients arrive directly from wards in their hospital beds. There was limited reading material available for patients during longer waits.



We found that signage to the discharge lounge could be improved. The route was not always clearly marked, and several notices were positioned on doors making it potentially difficult for patients and visitors to identify the correct location. Toilet signage was in written text, with no suitable graphic.

We found some differences between the discharge lounge experience described on the hospital website and what volunteers observed during visits, particularly regarding entertainment and the overall waiting environment.

Staff described good efforts to manage patient flow but has noted delays continued to affect some patients and carers. The target stay within the discharge lounge is two hours, however volunteers observed two occasions where patients waited up to five hours before leaving hospital.

Staff reported instances where discharge documents, medication, or equipment had not arrived with patients from the ward, requiring additional follow-up before discharge could be completed.

Patients also told us that staff seemed unclear when their medication would arrive, or what stage of the discharge process they were currently at. These delays can increase frustration for patients, while also affecting bed availability elsewhere in the hospital.

Several factors appeared to contribute to delays, including:

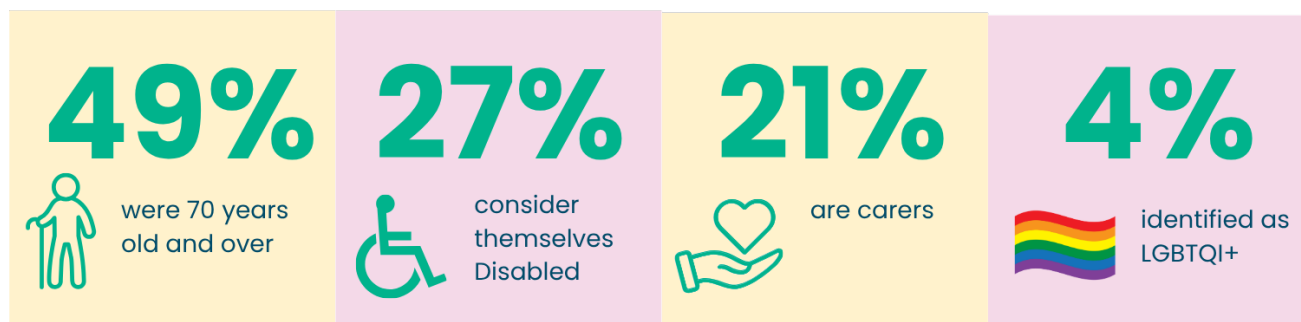
- transport coordination
- discharge paperwork
- medication availability and administration
- Communication between wards and discharge staff

Patients generally spoke positively about the staff working within the discharge lounge. We observed staff providing support and assistance while responding to individual needs in a professional and compassionate manner.

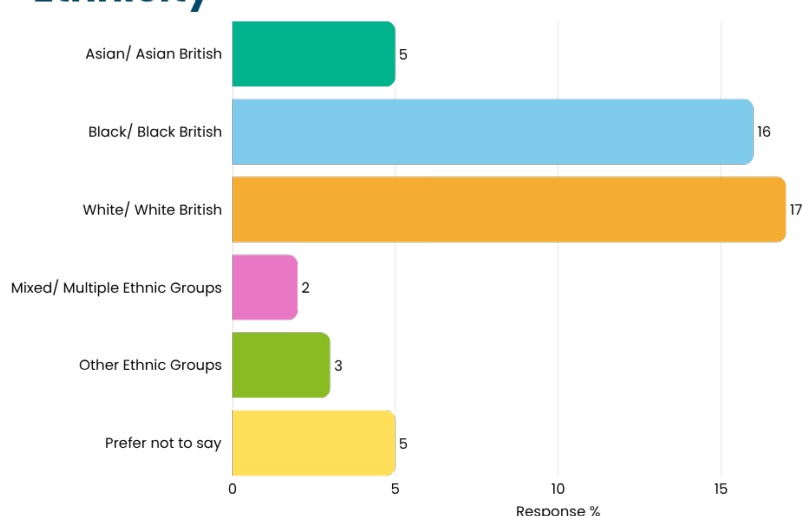
However, volunteers observed occasions where patients were discharged wearing hospital gowns rather than their own clothing. This raised concerns about the dignity and comfort of patients.

Additional concerns were raised regarding patients with additional support needs, such as a patient with dementia not having a sign near their bed in the discharge lounge, to indicate that they were living with dementia. Volunteers noted inconsistencies between observations and the information available to staff, which may affect how additional support needs are recognised for patients and carers.

8. Demographics of Survey Participants (n= 48)



Ethnicity



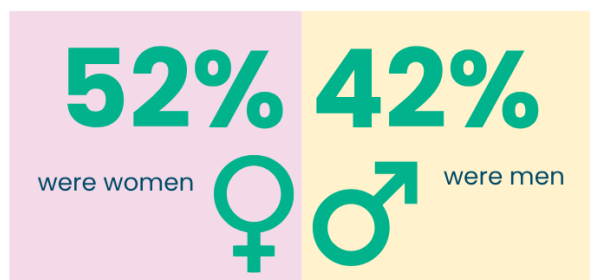
54%

from Black, Asian, Mixed or other minority ethnic backgrounds



Two-thirds (66%) of patients who took part in the survey were 65 and over

Patients n = 38

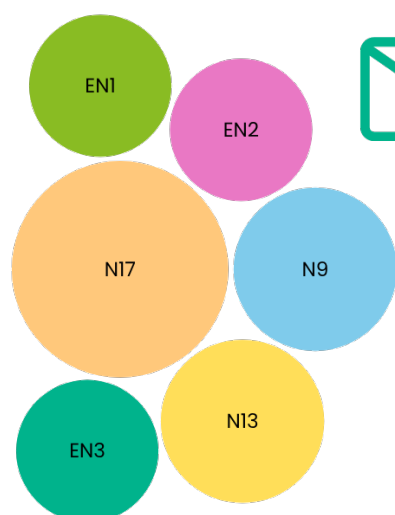


Carers n = 10



Carers were mostly working-age adults: 83% of those who gave their age were under 60 (aged 35–59)

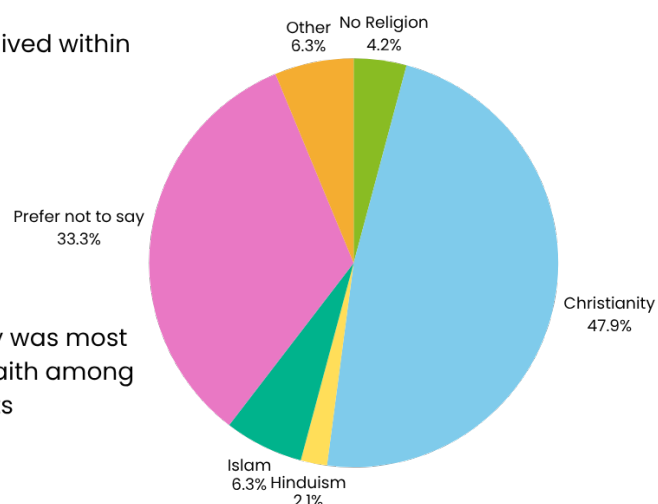
Carers who specified their gender were all women, 40% did not specify



Two-thirds of respondents lived within Enfield



Christianity was most common faith among participants



Conclusion

Our findings reveal that, while many patients reported positive experiences and spoke highly of the care of staff, challenges remain in communication, coordination, accessibility, and carer involvement in the discharge process.

Many of these challenges appear to begin early in the patient journey, as discharge planning starts at admission and continues throughout a patient's hospital stay, with the discharge lounge representing the final stage of the process.

Feedback suggests that some patients and carers experienced discharge as a process that happened to them rather than *with them*, with communication often focused on informing people of decisions rather than involving them in discussions and planning. The findings also suggest that communication breakdowns can occur at several points throughout the discharge pathway. Delays relating to medication, transport, and discharge arrangements often affected the overall experience, while patients and carers described uncertainty about what would happen next and who was responsible for providing information.

Communication gaps

Many patients and carers did not receive clear information about discharge summary, medication, follow-up care, or post-discharge support.

- Nearly half of patients (48.6%) had not yet received a written discharge summary at the time we spoke to them.
- 41.7% of patients and 50% of carers were not told who to contact if they had questions or concerns after leaving hospital.

Delays were common

Patients and carers reported delays relating to medication, discharge paperwork, transport, and final discharge arrangements. Carers were most affected, with 75% reporting delays during the discharge process.





Accessibility needs were not always met

Only 52.8% of patients felt their accessibility needs were fully considered. Feedback highlighted concerns around language support, sensory impairments, cognitive needs, and communication barriers.



Carers felt excluded

Carers were not always recognised in discharge process. While 70.3% of patients felt involved in discussions about their discharge, only one-third of carers felt fully involved.



Staff were highly valued

Despite concerns about the discharge process, many patients and carers praised staff for their kindness, professionalism, and compassion. Positive experiences were often linked to staff who took time to explain information, answer questions, and provide reassurance.

Closing remarks

Our findings show that discharge experiences varied considerably for both patients and carers. While many patients felt confident returning home and almost half rated their discharge experience as excellent, others experienced communication difficulties, delays, unmet accessibility needs, and limited involvement in planning their care.

This concludes that while many elements of the discharge process work well, there remains an opportunity to improve consistency and ensure that patients and carers are equally informed, involved, and supported throughout their discharge journey.

Recommendations

1. Improve communication throughout the discharge process

- Ensure patients and carers receive clear, timely, and consistent information from admission through to discharge.
- This should include discharge plans, medication changes, follow-up arrangements, and who to contact if support is needed after leaving hospital.
- Clearly communicate Discharge Lounge's existence, purpose, and permanence to patients.
- Address timing issues between ward bookings and transport availability.

2. Involve patients and carers in discharge planning

Patients and carers should be actively involved in discussions and decisions about discharge, rather than simply being informed of arrangements. Carers should be recognised early and included in planning where appropriate.

3. Strengthen accessibility and personalised support

Discharge planning should consistently take account of patients' communication, language, sensory, cognitive, and mobility needs.

- Information should be provided in accessible formats and interpreted where required.
- Signage: Install clear, permanent signage with pictograms for toilets and navigation to the discharge lounge.
- Provide magazines, newspapers, or books for patients at the lounge, that is accessible and easy to reach.
- Improve identification and support for patients with complex needs such as dementia.

4. Reduce avoidable discharge delays

- Review processes relating to medication, discharge paperwork, transport, and communication between wards and the discharge lounge to minimise unnecessary waiting and provide regular updates when delays occur.
- Address staffing capacity within the Discharge Lounge, including filling the vacant Band 6 post and reviewing reception cover, to support timely discharge, the extended seven-day opening and any future expansion of operating hours (See Section 7: What we Observed).

5. Ensure patients leave hospital prepared and informed

- Ensure patients are appropriately clothed at all times and not discharged to home in hospital gowns
- Before discharge, patients and carers should receive and understand:
 - A discharge summary
 - Medication information and any changes to treatment
 - Details of follow-up appointments and support services
 - Contact information for post-discharge questions or concerns

References

1. **Department of Health and Social Care** (2024) *Hospital Discharge and Community Support Guidance*. Available at: <https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance>
2. **Enfield Council (2024)** *Better Care Fund Briefing for Health and Wellbeing Board*. Available via the HWBB agenda of 11 June 2024: <https://governance.enfield.gov.uk/ieListDocuments.aspx?CId=640&MId=15005>
3. **Healthwatch Enfield (2026)** *Hospital discharge: signposting and enquiries data, April 2025 – April 2026*. Unpublished internal dataset, 17 cases. Available from Healthwatch Enfield [accessed 27 April 2026].
4. **NHS England (2024–)** *Statistics: Discharge Ready Date (Timeliness of Acute Hospital Discharges)*. Available at: <https://www.england.nhs.uk/statistics/statistical-work-areas/discharge-delays/discharge-ready-date/>
5. **NHS England Digital (2025–)** *Compendium: Emergency Readmissions to Hospital within 30 Days of Discharge*. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/compendium-emergency-readmissions/current>
6. **Royal Free London NHS Foundation Trust (2025)** *Discharge Planning Policy Version 3.0*. Available at: <https://www.royalfree.nhs.uk/about-us/quality-and-patient-safety>
7. **The Health Foundation (2025)** *Delayed Discharges from Hospital: Comparing Performance*. Available at: <https://www.health.org.uk/reports-and-analysis/analysis/delayed-discharges-from-hospital-comparing-performance>



Healthwatch Enfield
Community House
311 Fore Street
London
N9 0PZ

www.healthwatchenfield.co.uk
t: 020 8373 6283
e: admin@healthwatchenfield.co.uk
📱 @HealthwatchEnf
f www.Facebook.com/healthwatchenfield