



## HEALTH AND WELLBEING BOARD: 16 MARCH 2017

### REPORT OF HEALTHWATCH LEICESTERSHIRE

#### THE LIVED EXPERIENCES OF HOSPITAL DISCHARGE

##### Purpose of report

1. The purpose of this report is to present the findings of Healthwatch Leicestershire's (HWL) survey, that saw HWL listen to patients, carer's and staff members on the issue of hospital discharge.

##### Policy Framework and Previous Decisions

2. In 2015, HWL's Carers Reference Group (HWL CRG) worked closely with University Hospitals of Leicester (UHL) NHS Trust's Specialist Discharge Team (UHL SDT) to increase the level of carer and family member involvement in the patient discharge process.
3. The exercise highlighted the need for a joined-up approach between all the discharge teams, who are all based at different sites across the hospital Trust.

##### Background

4. The aim of the Research Project was to capture the discharge experiences of patients, carers and staff with a focus on hospitals as a care setting.
5. To capture the three different perspectives, we developed three separate survey Questionnaires specifically targeted at the different groups. In developing the surveys, we consulted with:
  - HWL Board members with many years' experience of working in the public and voluntary sector, experience in social care, service development, commissioning and contracting, primarily around services to support carers of people living in Leicestershire.
  - Local Carer support organisations across LLR.
  - Specialist Nurse for Discharge at UHL.

##### Emerging findings

6. The emerging headline findings for each target group highlight many similarities relating to their shared lived experience of hospital discharge.

##### Patients

7. The emerging findings from 216 Patients responses are as follows.

- Half of patients had been an emergency admission with a third having been previously admitted/ discharged for the same reason.
- Just over a third of patients told us they had their discharge delayed, with 41% stating this was down to waiting for medication.
- Almost two thirds of patients told us that hospital staff had not discussed their discharge with a family member or carer.
- Over two thirds of patients stated they were not offered any support for when they got home.

### **Carers**

8. The emerging findings from 30 carer responses are as follows.

- Just under half of carers told us they were not given information about what would happen when the person they cared for was discharged from hospital.
- Half of the carers we spoke to said that they were not involved in discussions or the planning of discharge for the person they care for.
- From the carers we spoke to, over a third rated their experience of hospital discharge below average, with only five carers rating their experience above average.
- We asked carers how easy or difficult is it to find time to get treatment or support for themselves. For example, to make appointments or take a break from caring. Half of the carers that responded told us it was very or extremely difficult. Only two carers found it extremely easy.

### **Staff**

9. The emerging findings from 40 staff responses are as follows.

- The majority of staff we spoke to (34 out of 40) admitted that there are areas that could be improved to benefit the patient's discharge journey.
- Almost all the staff members we spoke to (39 out of 40) told us that discharge processes are delayed due to internal practices.
- Over three quarters of staff (33 out of 40) said they are involved in the care planning and discharge of patients on a weekly basis. However, almost half of the staff told us that they have never had discharge training.
- We asked staff how confident they were when discharging patients and found that just over half felt very or extremely confident.
- Just under a quarter of staff (9 out of 40) said they are always supported with discharge planning, whilst seven staff members told us that they are rarely supported.

### **Report recommendations**

10. This report highlights a number of experiences and insights into how patients, carers and staff feel about hospital discharge services.
11. We have made key strategic and practical recommendations although the full report also contains a number of key messages that can be used to improve experiences of discharge.
  1. The issue of timings around medication to take out (TTOs) should be addressed with some urgency, including more immediate practical steps to examine how the overall discharge process can be speeded up and improved.
  2. Hospital discharge should look the same whichever hospital setting the patient is coming from. There should be an improved schedule and a consistent approach to staff training relating to discharge.
  3. There are many processes, people and procedures that are intertwined with hospital discharge. There needs to be a cultural shift and greater communication between staff teams, departments and partners working toward an effective pathway and process for discharge.
  4. Carers and family members often feel on the margins/ left out when it comes to the care of the patient. Better information for carers and family members, in terms of processes, timings and care should be made accessible and explained.
  5. Hospital discharge affects people's lives in many different ways. There should be a follow up survey specifically around hospital discharge so that the system can continually be improved to benefit patient and carer's experiences.

### **Recommendations to the Health and Wellbeing Board**

12. The Health and Wellbeing Board is asked to:
  - I. Note the findings and to urge health and social care partners to consider actions to improve services, systems and processes outlined in the findings report.
  - II. Suggest stakeholders that would welcome the presentation of this report.

### **Officer to Contact**

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### **Relevant Impact Assessments**

#### **Equality and Human Rights Implications**

1. Healthwatch Leicestershire is aware that the Public Sector Equality Duty (PSED) applies to all functions of public authorities that are listed in Schedule 19 Equality Act 2010. Schedule 19 list does not include Healthwatch England or Local

Healthwatch organisations, however as bodies carrying out a public function using public funding we are subject to the PSED general duty.

2. Healthwatch Leicestershire is committed to reducing the inequalities of health and social care outcomes experienced in some communities. We believe also that health and social care should be based on a human rights platform. We will utilise the Equality Act 2010 when carrying out our work and in influencing change in service commissioning and delivery.