



HOSPITAL PATIENT DISCHARGE SURVEY

February-March 2017

Commissioned by Healthwatch Brent
Research by Brent Mencap



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Hospital Patient Discharge Survey – Healthwatch Brent

February-March 2017

1. Introduction

In February and March 2017 Healthwatch Brent asked Brent Mencap to conduct a survey to gain feedback from Brent patients on their experience of being discharged from local London North West Healthcare NHS Trust (LNWHNT) hospitals.

Patients were asked for their views on the hospital discharge process, including about the information they received about their discharge, the point of discharge itself, and the aftercare they received. The aim was to provide feedback to Healthwatch Brent on patient experiences in order to help improve services for patients.

Healthwatch was established through the Health and Social Care Act 2012. Healthwatch Brent is part of the national network, led by Healthwatch England. It is an independent organisation which acts as a local consumer champion on health and social care services delivered in Brent. Healthwatch Brent aims to give people in Brent a stronger voice to influence and challenge how health and social care services are provided in the borough.

Brent Mencap staff conducted the survey and authored this report for Healthwatch Brent. We have objectively interviewed the patients, collated the data, reported patient and carers' experiences throughout and highlighted key themes based on the evidence provided to us by them. We also list some other conclusions on page 30. See Appendix 3 for information about the work of Brent Mencap.

Acknowledgements

Thank you to patients and their families for taking the time to respond to the questionnaire and for their informative responses. Thanks also to staff at NPH, CMH, WCR and the care homes for their co-operation and help with facilitating administration of the survey.

Abbreviations

CMH	Central Middlesex Hospital
NPH	Northwick Park Hospital
WCR	Willesden Community Rehabilitation Hospital
LNWHNT	London North West Healthcare NHS Trust
PWLD	People with Learning Disabilities

2. Executive Summary

We asked patients in Brent about their experiences of the hospital discharge process. 73 patients participated in the survey. Most patients interviewed had a positive experience of hospital discharge. However, some patients and carers had a poor experience, which may affect their experience of health services and their on-going health and wellbeing.

The findings highlight the following:

- Overall, the majority of patients felt positive about the discharge process. 85% were Very Happy or Fairly Happy on the point of discharge. 80% of patients rated the discharge process overall as Good or Very Good.
- There was a lack of patient involvement in decision-making. Only 26% of respondents said they felt involved in decisions about their discharge.
- Patients were particularly pleased when they felt that their individual needs were taken into account. Some patients appreciated small concessions such as a few more hours in the ward or one more night in the hospital, or being able to have lunch before they had to leave.
- Most patients were not given an opportunity to discuss any worries or concerns. Only 39% said they had been able to talk about any worries or concerns before being discharged.
- 21 people did not confirm that they felt well enough to leave hospital.
- There were 6 cases where patients/carers reported a particularly poor experience and these may illustrate wider problems in the discharge process.

Northwick Park Hospital Discharge Lounge

- The discharge lounge at NPH was felt to be a pleasant environment in which to wait.
- Patients waiting in the discharge lounge were not always aware that the discharge process can routinely take four and a half hours. In practice some patients had had to wait longer. Patients were unhappy if they had to wait too long.

Discharge to Willesden Community Rehab (WCR)

- The discharge of patients from hospital to WCR was experienced as a streamlined, seamless process by the patients interviewed.
- However, vulnerable patients felt anxiety if they were not already familiar with the building and did not know where they were going.

Discharge to Care Home

- Just over half of patients (53%) being discharged to care homes were not clear about what would happen next.

Discharge to Own Home: After-Care

- Experience of after-care was variable. 26 patients (65% of 40 respondents) did not feel they had received enough health and social care support after discharge.
- 30% of the people who responded did not know if a care plan was in place¹.
- 21% of people discharged to their own home were not clear about what would happen next

¹ See comments on page 23

- 7 people (10%) were given no spoken or written advice. 30% did not receive spoken advice and 64% did not receive written information.
- 11% said not enough advice was given to family or friends about how to help care for the patient after discharge.
- 3 patients were discharged home in spite of them or their relatives saying their accommodation was not suitable – needed aids, had stairs etc.
- There was evidence of a lack of co-ordination with after-care. Some patients felt they had been left unsupported.
- Patients did not seem to be aware of any follow-up procedures to ensure proper continuity of care.

Discharge using Hospital Transport

- Patients reported high levels of satisfaction with hospital transport (94% Good/Very Good) and transport staff (97% Good/Very Good).

Discharge using Own Transport

- Some patients with mobility problems reported a lack of support from staff when they were trying to get to their relative's car. Patients were not offered wheelchairs or mobility aids. When a wheelchair was used, no porter was available to take the wheelchair back to the hospital.

3. Summary of Additional Key Findings

- **NURSES:** 93% patients who were discharged from NPH rated the nurses' role in their discharge as Good or Very Good.
- **MEDICATION:** 83% rated the process of being given medication take home as Good or Very Good. However, 41% said possible side effects had not been explained to them.
- **WRITTEN INFORMATION** Only 34% said they had been given written information to take home
- **CMH JOINTS SCHOOL** the written information provided in advance by the Joints School at CMH was highly praised.
- **PHYSIOTHERAPY** 24 people (33%) responded about physiotherapy services. Their comments give mixed views of service, and further comments post-discharge highlight some concerns about physiotherapy.
- **WILLEDEN COMMUNITY REHAB (WCR) (See Section 19)** Some patients being discharged to WCR commented that there was no choice involved as it was the only rehabilitation facility available. Plentiful patient comments on discharge to WCR were provided which should be useful for future planning and patient communication prior to transfer (See all of Section 19).

4. Methodology

We conducted surveys with 73 patients, 63 of whom also completed follow-up questionnaires (86%). The questionnaire was developed in consultation with Healthwatch Brent and local partners. The demographic make up of respondents, type of admission and hospital used is included as Appendix 4.

Location of interviews	Numbers	Percentages ²
Hospital	29	40%
Rehab	16	22%
Care homes	15	21%
Community	13	18%
Total	73	100%

Interview took place in

- Central Middlesex Hospital (Gladstone Ward, end of February 2017)
- Northwick Park Hospital (Carroll Ward, Dickens Ward, Gray Ward, Fletcher Ward (Mondays), Ambulatory Care³, first two weeks of March 2017)
- Two care homes in Brent – Lansdowne and Victoria (end of February 2017)
- Willesden Community Rehabilitation Hospital based in Willesden Centre for Health & Care (March 2017)
- A small random selection of Brent residents in the community (March 2017)

In Central Middlesex and Northwick Park, the first part of the questionnaire was filled in face-to-face as the patients were on the point of discharge, and the second part was filled in by telephone survey two or three weeks later.

In the care homes, the rehabilitation centre, and community patients, the whole questionnaire was completed in one interview, as patients had been discharged from hospital.

In a small number of cases (8) when the patient was too unwell or too drowsy to speak, a carer or relative answered the questions on behalf of the patient.

The number of responses varies for the following reasons:

- The questionnaire was used flexibly and as a prompt, in order to develop more of a human interaction. This generated more qualitative responses.
- Some patients avoided the closed option answers and gave narrative answers.
- Many patients were tired or suffering from other medical conditions. During the follow-up phone calls some respondents did not have a lot of time, so in some cases only key questions were posed. In others some patients spoke very freely and gave extensive responses.

² Figures rounded.

³ No patients were interviewed from Ambulatory Care as the staff on duty explained that their role was to treat patients who did not need to be admitted to hospital, therefore there was no discharge process from that section.

Challenges and mitigations

There were some challenges in coinciding with hospital patients on the point of discharge who were Brent residents. This was partly due to the small number of wards researchers had been given access to, and also because many patients on the point of discharge at NPH who were willing to be interviewed were residents of Harrow, Ealing or came from outside of London.

To increase the number of respondents and to find Brent residents:

- Other wards were visited at NPH to try to catch patients on the point of discharge.
- Patients were interviewed in the Discharge Lounge at NPH.
- We also interviewed patients at Willesden Community Rehabilitation Hospital who had been discharged there from hospital. These patients were almost all Brent residents as the facility serves people who are registered with a Brent GP.
- A small sample of local Brent residents was included, who had been discharged from hospital fairly recently. This included some service users of local charities including a hostel and Brent Mencap.

Anonymity

- In writing the report, to ensure patient anonymity, we have avoided identifying certain specific circumstances.
- Some terms used in comments have been generalised e.g. “foot surgery” and “relative.”

5. Findings: Patients' Views and Experiences of Discharge

The vast majority of patients 85% said they felt either fairly Happy or Very Happy. 14% felt not very Happy or very Unhappy. Some patients had not had a positive hospital experience and wanted to leave hospital so said they were happy with their discharge.

Responses ⁴	Number	Percentages:
Very Happy	37	54%
Fairly Happy	21	31%
Not very Happy	09	13%
Very Unhappy	01	1%
Total responses	68	100%

Patients' comments included

- *Quite pleased was able to have lunch, left after lunch. Went quite smoothly. Very well treated throughout the whole thing.*
- *Not offered any food after operation. Had nothing to eat for over 24 hours. Had to fast before procedure. Left home 6am-6.30am, called in for 7am, operation not till 1pm. Had not eaten from evening meal the evening before to 10pm the following day when came from Recovery to general ward. Starving. Requested a sandwich and someone went to look but came back to say there weren't any sandwiches. Member of staff brought a cup of tea and managed to find some very sweet biscuits despite fact that patient is diabetic. Relative had to go out of hospital to buy some food. They had wanted to discharge me the night before but then didn't. After breakfast the next day, was told was going home. Waited 10am-1pm. Had to keep phoning relative at home to update. Was in dark cubicle, with the back-to-front gown on, freezing. Inconvenient for family. People had to book leave from work.*

Of the 9 people who did not feel very happy, the reasons included:

Length of waiting time in discharge lounge (2)

- *Told at 9.30am that could leave. Now 11.45am. Waiting for paperwork and medicine which are not ready. Has been told he might have to wait another 2 hours. Doctors are doing rounds and don't have time to do the paperwork until afterwards. They should improve process. Says yesterday another patient was told in the morning but was still here at dinner time 5pm or 6pm*
- *Feeling let down. Had been waiting in departure lounge from 9.50am to 12.10 when interviewed, waiting for medication & paperwork including discharge letter to GP. Family had been waiting at home from 11.30 but she wasn't there. No nuclear family. Some family members had only just heard. Hadn't had her address book. Friend brought her in.*

⁴ Patients in hospital were interviewed on the day that they were being discharged. Patients in care homes, the rehabilitation unit and back in the community were asked to cast their minds back to the day they were being discharged. Patients were asked: How are you feeling about the discharge process at the moment? and were offered the following options: Very Happy, Fairly Happy, Not very Happy, Very Unhappy

Anxiety about health, complications, what was happening, unhappy, no-one to care for them at home

- *Not very happy because of possible complications. (Patient in Central Middlesex, treated for kidney stones, being discharged to own home)*
- *I was confused with what was happening.*
- *I have no-one to care for me*

Concern about suitability of home situation for relative

- *Relative concerned patient will be stuck upstairs again. He phoned a week before patient came into hospital as she was stuck upstairs in bedroom. Was told the GP would have to refer to social services. This led to hospital admission. Being taken to family home in an ambulance and they will take her upstairs.*

Wanted to go to a rehab unit nearer home rather than a care home in Brent (non-Brent resident)

- *I wanted to be discharged in the care of Edgware as all my support is in Edgware. My family find it difficult to travel to here. Edgware rehab centre would have been perfect.*

Wanted to stay in hospital (rather than go to rehab unit) as had settled there.

6. How informed did Patients feel about next steps after Discharge?

The majority of patients felt very clear about what would happen to them next. 29% felt unclear.⁵ Understandably 53% of people being discharged to a care home did not feel clear about what to expect next. 46% felt Fairly Clear or Very Clear.

Overall responses	Number	Percentages
Very Clear	32	44%
Fairly Clear	19	26%
Not Very Clear	16	22%
Very Unclear	05	7%
Total	72	100%

People discharged to a care home responses	Number	Percentages
Very Clear	5	33%
Fairly Clear	2	13%
Not Very Clear	6	40%
Very Unclear	2	13%
Total	15	99%

Patients going to a care home said:

- *I was informed that I was going to a care home.*
- *I can't go home as I cannot manage the stairs right now.*
- *I will be looked after until I go home.*
- *I'm not sure what will happen next.*

⁵ Patients on the point of discharge were asked, In terms of your healthcare and any social care, how clear are you about what you should expect to happen after discharge? Patients were offered the options Very Clear, Fairly Clear, Not Very Clear, and Very Unclear.

- *I was not consulted as to where I would go. I was just told I where would be going to, and that was that. I was told I could go private / go home or to the present care home.*
- *It has not been made clear as to what will happen next. I was never informed.*
- *I am unclear about the general future. At present my current accommodation is on the 1st floor and I will struggle with my health condition. I did not have my overnight bag and this has been very difficult.*

79% of people being discharged to their own home or other usual accommodation (e.g. hostel) reported they felt clear about what would happen next.

Response	Numbers	Percentages
Very Clear	21	53%
Fairly Clear	10	26%
Not Very Clear	07	18%
Very Unclear	01	3%
Total	39	100%

- *Hospital will contact doctor; doctor will put her on a regime.*
- *Clear but not Happy. All "DIY". Is in process of moving, attempting to move to smaller retirement place. (Age 92, only get 2 hours help a week)*
- *I need to stop doing drugs.*
- *I need to take my meds when I am supposed to.*
- *I have to go back to have the leg put in a cast*
- *Arrange another appointment*
- *Had a course at Ealing Hospital - about using good leg first then bad leg and vice versa for going up & down stairs. Had physio for a couple of weeks arranged by the hospital. Came to her home. Once or twice a week. She was very good, she helped a great deal. Then stopped coming. Now doing exercises at home by herself.*
- *I need to rest and take thing easy.*
- *Will be having anti-biotics for 6 weeks then they will see.*
- *A district nurse came (to home previously?) Another nurse was due to come but didn't (?)*
- *Therapists to visit (physio/occupational)*
- *They found something and she might have to have another little op. (Has already had a bowel operation last year). They will get in touch with her.*
- *Will need to come back at some point for post-operation de-brief with consultant.*
- *Use eye drops as prescribed.*
- *Worried, had foot pain. Couldn't walk properly. [Patient had had foot surgery]*
- *I am not too sure*
- *I had to push for the feedback. After the operation I would have liked to have been told about do's and don'ts.*
- *Not 100% Clear. Think has carers coming. Doesn't know what time going yet.*
- *Patient not sure if any follow-up is necessary.*
- *Got carers one hour in am, 3/4hr in afternoon. Had carers for 6wks now paying. Daughter far away. Patient didn't want to go to CMH as has been there previously. (Last year went from NPH to CMH 3 weeks before saw physio. Had fallen, last time was in 6 weeks). This time disappointed in physio. Came yesterday at 3pm and said only 2 options CMH or go home. Stressful. Wanted her to go then. Senior staff nurse said stay overnight. Had to fight to get what she wanted. Physio didn't ask to see how she walked with frame. Hadn't seen this physio before.*

- *No idea at all. Nurse has spoken to relative. Patient bit confused and had loss of memory.*

On point of discharge - How Happy and How Clear (combined)

We compared the responses to How Happy people felt on point of discharge with How Clear they were about what they would expect to happen next; the results are as shown in the table below. 67 people answered both questions. 30% of patients on the point of discharge said they were both Very Happy and Very Clear about what to expect. However 13% despite being Very Happy were either Not Very Clear or Very Unclear about what to expect.

	Very Clear	Fairly Clear	Not Very Clear	Very Unclear
Very Happy	30%	12%	10%	3%
Fairly Happy	12%	13%	4%	1%
Not Very Happy	3%	3%	7%	0%
Very Unhappy	0%	0%	0%	0%

7. How well did Patients feel when leaving the Hospital?

27 people thought they were well enough to leave. 21 people were not sure they were well enough. 4 of these were being discharged to a care home, and 1 to another hospital for rehabilitation. 3 people were discharged to their own homes.

Response	Number	Percentage
Yes	27	56%
Partly	10	21%
No	08	17%
Not sure	03	06%
Total	48	100%

We asked patients what would have helped them feel better about leaving hospital.

‘More instructions about diabetes, blood sugar levels, insulin injections’. (Newly diagnosed with diabetes, aged over 80).

One relative said they had the same problem which had led to admission, which was that the patient was not well enough to use the stairs and was being discharged to the first floor of the house, so would be marooned upstairs.

A patient who said YES they did feel well enough to leave the hospital, added that they would have preferred to stay another hour or two at least.

8. Did Patients feel their Discharge had been Delayed?

The majority of patients did not feel their discharge had been delayed

Response	Number	Percentage
No	26	74%
Not Sure	06	17%
Yes	03	9%

Total	35	100%
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Where patient felt there had been a delay they commented

- *Was all packed up to come on the Wednesday afternoon but there are no admissions here after 5pm. so had to come the next morning.*
- *Patient's wife was told on Sunday he should be coming on Monday but they couldn't confirm until the doctor came on Monday. She had asked her son to take the day off work. She was arranging for son to pick him up and told hospital this, but they arranged hospital transport for him instead. Hospital didn't communicate with patient's wife. Then they didn't bring him home until after 8pm. Wife was told he would be home this afternoon, she waited 3pm-5pm, she phoned and spoke to nurse 6pm, told he will be coming, but he didn't arrive until after 8pm. Wife (aged 82) was out of mind with worry.*

7 patients said they had waited longest for Medication (2 CMH patients and 5 NPH patients) and 1 said Transport (patient who had been in 3 hospitals).

We also asked patients their views of the Discharge Lounge – Northwick Park Hospital⁶. On the whole patients found the discharge lounge a pleasant place to be.

- *Very Happy because very nice [in discharge lounge]. Get tea and coffee and biscuits. Good idea to have the discharge lounge. Really good! Not having to wait by bed.*
- *Very good to have a little place like this.*
- *Had arrived in discharge lounge at 9.50am. Interviewed at 12.20pm. Was waiting for medication. Family had gone to her home and had been waiting for her since 11.30am but she wasn't there. She "sat and sat". Was given tea and sandwiches. According to notes written during follow up phone call, patient suggests whole process took from 9.30am to 5.30pm, with hospital transport from 5pm.*
- *He was told at 9.30am that he could leave. Now 11.45am. Waiting for paperwork and medication. Doctors doing round. Don't have time to do paperwork. He has been told he could have another two hours to wait. "They should improve". He says that yesterday a patient was told in the morning and was still here at dinner time 5pm/6pm.*

9. Discharge Medication

85% of the patients were given medication to take home⁷ and 83% thought the process had worked well. Patients were generally positive about being given clear instructions on taking their medicine and understanding the its purpose. Some people experienced problems with obtaining follow-up

⁶ Patients may expect a more prompt departure than is achievable once they are in the discharge lounge. Doctors have to complete paperwork. The pharmacy then has to prepare the medication. Patient transport cannot be booked before the patient has their medication. It can take an hour for the transport once booked. A sign on the wall, situated near the staff workstation rather than the patient seating, states that there could be a 2-3 hours wait, but the leaflet states it could be 4-5 hours

⁷ NB The hospital term is 'TTA' - medication To Take Away.

medicines after discharge. These emerged during the follow-up phone calls even though patients weren't asked a specific question about medication after discharge. Some of the patient comments below indicate some issues that may need further exploration

- *Only given a week's supply of medication, wife had problems sorting out the new medication with GP. In the end it was sorted but the chemist nearly had to bring to their home.*
- *Rang chemist. GP meant to have received email. Nobody had communicated with the chemist. GP supposed to have it all on email. Didn't get in touch with chemist. Could have done with advance notice.*
- *Very hard to get needles. Rang chemist. They said they would try to get them.*
[Patient newly diagnosed with diabetes, aged over 80.⁸

Response	Number	Percentage
Yes	47	85%
No	08	15%
Total	55	100%

How would you rate the process of giving you medication to take home?

Response	Number	Percentage
Very good	28	50%
Good	18	33%
Verbal answer ⁹	9	17%
Total	55	100%

Patient comments included

- *Given right dosage but not sure if has right medication for his needs.*
- *Only given painkillers.*
- *Patient says only had to wait an hour for medication, spouse says they waited a few hours and had to collect.*
- *No yellow box for needles & something else didn't get.*
- *Mistake - One lot of medicine was missing so had to wait.*
- *Had a day's medication. Was waiting for week's follow-up. At a quarter to five a lady came and said could I go home now? Came back and said it can't be done as the pharmacy shuts at five.*
- *Had to phone pharmacy to check about how to take. A written instruction would have been helpful.*
- *Pharmacist came the day before. Changed on day. Very efficient. Very smooth.*

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- ⁸ Note from interviewer: At time of the follow-up phonecall, the patient had run out of the needles she needed to administer insulin to herself. Strongly advised her to take more action – she agreed to phone the nurse.

⁹ Some patients gave a verbal answer instead of choosing a closed option rating

Were any side effects of your medication explained to you?

59% said side effects were explained to them but a significant group (41%) said side effects of the medicine were not mentioned to them.

The staff didn't go through them but it is on the leaflet in each packet which I can read OK

Response	Number	Percentage
Yes	15	52%
Partly	2	7%
No	12	41%
Total	29	100%

10. Patient views on Hospital Transport

66% patients had transport arranged for them when they were leaving hospital. Of those 94% said it was good or very good. 97% said transport staff were Good or Very Good. Only 2 people thought the service was average

Was transport arranged for you?

Response	Numbers	Percentages
Yes	42	66%
No	21	34%
Total	63	100%

How would you rate the transport service?

Response	Numbers	Percentages
Very good	22	63%
Good	11	31%
Average	02	6%
Poor	0	0%
Total	35	100%

Patients' comments included:

- *Was introduced to the man. He got her bag and made sure she had her paperwork. No other drop off to do. Ramp for wheelchair (wrote down on list?) Saw her to the door in wheelchair. Watched her let herself in.*
- *Private ambulance. No problem. Very nice. Saw her up to her flat and helped her off with her coat. Gave her good support.*
- *Terrific. Nice guys. Have to come so far. Surprised Ambulance Company is based in Essex.*
- *Pleasant staff. Daughter was able to travel with her.*
- *I didn't have to pay for taxi.*
- *Prompt. Came at five to four.*
- *Men were lovely. Really kind. Patient leaving CMH*
- *Surprised to find that transport was labelled Passenger private ambulance.*

- *Small ambulance. She said she couldn't walk and they said she had to. From wheelchair - had to step into vehicle and sit on chair. [Discharged from Royal Free, rated Transport Service as Good]*
- *Small vehicle. Rather crowded with driver & 4 ladies (2 patients, 2 staff)*
- *Ambulance. All right. A bit cold, on the chilly side. (No blanket. Didn't put his jumper on as driver had said weather wasn't too bad)*
- *Was long bumpy ride in wheelchair. There was another patient in ambulance who had to be delivered first.*
- *Normal ambulance. Couldn't see out*

Patients who were collected by Family

3 (14%) of the 21 patients who did not need hospital transport arranged for them, mentioned a lack of support from hospital staff.

Leaving CMH:

- *Husband collected her but she couldn't walk as the bandage on her foot was too big. A doctor had said it was too big and asked someone to reduce it but no-one came to remove it. Not given any crutches or wheelchair, had to hop, with husband helping, to get to car.*

Leaving NPH:

- *Relative collected her 7pm. Wasn't offered a wheelchair, had to walk to car park. (Patient aged over 81, with heart and kidney problems)*
- *Family collected. Relative added: family had to get wheelchair to take him to car. No porter. Family had to go back to return the wheelchair.*

11. Role of Staff in Discharge Process

Overall 96% patients rated nurses across all hospitals as good or very good and 93% patients who were discharged from NPH rated the nurses' role in their discharge as Good or Very Good.

- *The staff nurse was an angel. Stayed extra night. Relaxed.*
- One patient added: *Healthcare assistants very good too.*

Patient views on Nurses– their role in the discharge process¹⁰ (across a number of hospitals¹¹)

Response	Number	Percentage
Very good	35	67%
Good	14	29%
Average	02	4%
Poor	0	0%
Total	51	100%

Rating of Nurses' role in discharge **at NPH**

¹⁰ Patients were asked to give a rating for nurses, doctors and physiotherapists. Although reminded that these questions were related to the discharge process, some respondents gave general comments about staff.

¹¹ Respondents had been in the following hospitals: NPH 46, CMH 11, Royal Free 4, St Mary's Paddington 3, Charing Cross 1, Ealing Hospital 1, Moorfields 1

Response	Number	Percentage
Very good	23	74%
Good	06	19%
Average	02	06%
Poor	0	0%
Total	31	100%

Doctors involved in discharge (across a number of hospitals)

95% of patients who gave a rating, rated the doctors involved in their discharge as Good or Very Good. One patient (NPH) who rated the Doctors as Poor made the comment:

- *I didn't like one, he didn't say good morning, another one stood at the end of the bed and said my heart was going downhill.*
- *Had 3 procedures. Biggest concern after first op was had to keep asking to see a doctor to find out how it had gone, what had happened. Communication was bad, no feedback from doctor*

Response	Number	Percentage
Very good	29	54%
Good	22	41%
Average	02	4%
Poor	01	2%
Total	54	100%

Physiotherapists during the discharge process.

Of the 24 patients (33% of total respondents) who gave a rating, the responses were:

Response	Number	Percentage
Very good	09	38%
Good	10	42%
Average	03	13%
Poor	02	8%
Total	24	100%

Patients' Comments on Physiotherapists ¹²

- *Couldn't do much physio - felt depressed.*
- *Had no physio in NPH, only when was in Willesden.*
- *I need physio for my arm and my leg.*
- *No physio in NPH. They saw how tired she was. Couldn't lift arm. All bruised. Had to have arm in sling.*
- *No physios involved until came to WCR.*
- *Physios need to learn not to talk down to clients.*

¹² Again not all comments relate to their role in the discharge process

- *Physios in hospital good. Physio afterwards: extremely poor - no physios at all.*
- *Physios ON WARD very good.*
- *Physios excellent.*

General comments about staff

- *I was looked after by all the staff.*
- *The staff took good care of me.*
- *Most of the staff have been good, everyone can't be good.*
- *I want to compliment all the staff who have been superb.*
- *Everybody has given me good advice and it has been very good.*
- *Physio has been fantastic. Nurses have been great and doctors.*
- *The nurses have been very kind*
- *Routine for staff - had done so many times before.*
- *The staff have been wonderful.*

12. Patient Involvement in Discharge Decisions

Only just over a quarter of people said they had felt involved in decisions, while almost a half said they did not feel involved.

Response	Number	Percentage
Yes	14	26%
Partly	03	6%
No	25	48%
Not sure	10	20%
Total	52	100%

However, both anecdotally and statistically, people were not unhappy about not being involved in decision-making. Many patients do not seem to expect to be involved in decisions.

Of the people did not feel involved in decisions, when they were asked how happy they were feeling at discharge, 41% were feeling very happy and a further 36% were feeling Fairly Happy. 23% of those who did not feel involved in decisions were feeling Not Very Happy on the point of discharge.

Response	Number	Percentage
Very Happy	10	41%
Fairly Happy	09	36%
Not Very Happy	06	23%
Total	25	100%

Of the 14 people who said they did feel involved in decisions, on the point of discharge 57% were feeling very Happy and 36% were Fairly Happy. Involvement in decision-making may help to give people a positive experience.

Response	Number	Percentage
Very Happy	08	57%
Fairly Happy	05	36%
Not Very Happy	01	7%
Total	14	100%

Involvement in Decision-making, compared with Overall rating of discharge process

Of the 23 people who said they did not feel involved in decision-making, 12 people still rated the overall discharge process as Very Good or Good. 6 rated the process as Average or Poor.

1 the 4 patients who rated the overall process as Poor had still felt involved in decision making. *Staff knew I wasn't happy*. So she had felt involved in decision-making to the extent of stating her preferences, but did not get the outcome she wanted. Patient's full comment:

- Registered nurse is coming to see her. To supervise the insulin. Staff have explained several times but she is only Fairly Clear. She thinks she is not absorbing info fully as she doesn't want to have to be on insulin.*

During follow-phonerecall: Staff knew she wasn't happy. Her relative didn't want her to come home so soon. No mention of rehab, no other options. Knew she lived on her own.

Communication problems with some staff. Diabetic nurse told her about blood sugar levels.

Did staff explain choices to patients in discharge process

Some patients commented that there was 'no choice'. If they were in need of rehabilitation, Brent only has one rehabilitation facility, so some patients said the choice was to go there or go home. One patient, who would have preferred to go home with physio visits to the house, had to go to Willesden Community Rehab (WCR). One patient would have preferred to stay in hospital but had to go to WCR. Some of the patients in care homes felt there had been no choice.

Response	Number	Percentage
Yes	14	30%
Partly	03	7%
No	17	37%
Not Sure	12	26%
Total	46	100%

Were patients able to talk about any worries/concerns before they left the hospital?

Nearly half (49%) of patients did not feel they had been able to talk about any worries or concerns. One CMH patient who responded Yes, added a comment about the doctor who discharged him: *"although that doctor – he was a no-nonsense type of person"* which may indicate the patient would not have felt able to raise any worries with the doctor.

Response	Number	Percentage
Yes	19	39%
Partly	04	8%
No	14	29%

Not Sure	10	20%
N/A	02	4%
Total	49	100%

53% said they thought their home circumstances and situation had been considered., but 42% said no or they were Not Sure. One relative who was the main carer commented *no-one had asked who would look after the patient after discharge.*

Response	Number	Percentage
Yes	22	51%
Partly	01	2%
No	03	7%
Not Sure	15	35%
N/A	02	5%
Total	43	100%

13. After-Care Information and Advice, Rehabilitation and Home Care

57% of patients were given verbal advice about what they should or should not do after discharge, 40% were not, although 2 of these patients indicated they had been given some written advice instead.

Response	Number	Percentage
Yes	22	52%
Partly	02	5%
No	09	21%
Not Sure	08	19%
N/A	01	2%
Total	42	99%

The remaining 7 who said they were not given verbal advice were admitted for

Planned	Knee replacement
Planned	Kidney stones
Planned	Tendon operation
Emergency	Blood disorder
Emergency	Collapsed. Heart & kidney problems. Newly diagnosed with diabetes.
Emergency	Pneumonia
Emergency	Prostate

Only 34% of patients said they had been given written or printed information about what they should or should not do, to take home with them on discharge.

Response	Number	Percentage
----------	--------	------------

Yes	15	34%
Partly	01	2%
No	25	59%
Not sure	02	5%
Total	43	100%

Patient comments included:

- *Wasn't given enough advice on what was allowed to do e.g. exercise, how much walking. Extremely brief, wasn't Clear. Had 3 procedures 1st one no written info, 2nd one did have written info, one had pre-op info.*
- *Whole process clockwork, antithesis of what hear about. Elective unit, dedicated, couldn't really be better, flawless. So efficient, reassuring.....Attended Joints School beforehand - compulsory. Given a 'glossy' (info brochure), substantial booklet = very good practice.*
- *Attended Joints School beforehand. Very useful. Physio has been fantastic. Nurses have been great and doctors. I'm very clear on what to do. Physio plan - going back to hospital/unit for physio – Amazing.¹³*

Only 40% patients recalled being told about any danger signs to be aware of after discharge

Response	Number	Percentage
Yes	14	35%
Partly	02	5%
No	09	23%
Not Sure	15	38%
Total	40	100%

51% Patients were told about Rehabilitation or therapy services but only 29% were told what that support might be.

Response	Number	Percentage
Yes	29 ¹⁴	48%
Partly	02	3%
No	15	25%
Not Sure	08	13%
N/A	06	10%
Total	59	100%

Were you told about home care support you would get after discharge?

¹³ 2 patients who had had hip replacements spoke very highly of the whole process, which in advance of the procedure had included attending Joints School :

¹⁴ 16 patients were in the rehabilitation unit. Without these patients, the percentage of the 60 respondents who were offered rehab is 22%.

Response	Number	Percentage
Yes	12	25%
Partly	02	4%
No	10	21%
Not Sure	12	25%
N/A	12	25%
Total	48	100%

41% of patients were aware of a plan after discharge but 30% of the people who responded did not know if a care plan was in place. This uncertainty is highlighted in patient comments later in the report. (See page 23)

Response	Number	Percentage
Yes	18	41%
Partly	03	7%
No	04	9%
Not Sure	13	30%
N/A	06	14%
Total	44	100% ¹⁵

11% clearly said not enough information was given to their family or friends

Response	Number	Percentage
Yes	10	22%
Partly	01	2%
No	05	11%
Not Sure	11	24%
N/A	19	41%
Total	46 ¹⁶	100%

Carer comment:

- *Daughter did not get a copy of discharge letter; it only went to GP this time. Would have liked a discharge summary. She is trying to get OT to come. Normally the hospital would sort it out. Tried to phone Willesden but couldn't speak to anyone. She wants OT to do an assessment. Rang GP - can't get any joy. GP said no follow-up. In hospital he went from A&E to another room, had ECG in ambulance. She doesn't know what tests were done. He has the same care plan as before.*

¹⁵ Numbers rounded

¹⁶ . In a few cases the informal carer or next of kin answered the question.

14. Patients' Views: 2-3 weeks after discharge

Having been discharged, people were asked a few weeks later how they would rate the overall discharge process. 80% of patients still rated the discharge process overall as Good or Very Good and the remaining 20% rated the overall process as Average or Poor. Only 6 patients had changed their overall views in the intervening time¹⁷.

Response	Number	Percentage
Very good	15	29%
Good	27	51%
Average	05	10%
Poor	05	10%
Total	52	100%

Numbers of patients:

Patient views 2-3 weeks after discharge					
Patient feeling on discharge	Very good	Good	Average	Poor	Totals
Very Happy	11	12	0	3	26
Fairly Happy	3	11	3	0	17
Not very Happy	0	3	1	2	6
Very Unhappy	0	0	0	0	0
					49

As percentages of the people who answered both questions, the results appear as in the table below. 46% of the people, who answered both questions, said they were Very Happy on the point of discharge, and later rated the overall discharge process as Good or Very Good. 28% of the people who answered both questions, said they were Fairly Happy on the point of discharge, and later rated the overall discharge process as Good or Very Good.

Combining those figures, a total of 74% of the people who answered both questions, were Very Happy or Fairly Happy on the point of discharge, and later rated the overall discharge process as Good or Very Good.

	Very good	Good	Average	Poor
Very Happy	22%	24%	0%	6%
Fairly Happy	6%	22%	6%	0%
Not very Happy	0%	6%	2%	4%
Very Unhappy	0%	0%	0%	0%

¹⁷ See highlighted cells in table

Did whether it was a planned or emergency admission affect patient views?

Fewer than 50% of patients with planned admissions thought the discharge process was very good or good compared to 82% of emergency admissions patients.

Very good	Good	Average	Poor
5 ¹⁸	4	1	1

Emergency Admissions – Rating of overall discharge process as percentages

Very good	Good	Average	Poor
30%	52%	12%	6%

15. After-Care: Overall Ratings

Only 35% patients felt they had **received** enough support from health and social care professionals. The remaining 26 people (65% of 40 patients) did not feel they had received enough health and social care support after discharge. 79% said their medical care had been very good or good after discharge. Only 2 patients (of 63) said they were re-admitted to hospital with the same problem. (One with Asthma, other with a previously undiagnosed Prostate problem).

Response	Number	Percentage
Yes	14	35%
Partly	06	15%
Not sure	07	18%
No	11	28%
N/A	02	5%
Total	40	100%

Patient view of medical and healthcare since discharge

Response	Number	Percentage
Very good	12	38%
Good	13	41%
Average	06	19%
Poor	01	3%
Total	32	100%

¹⁸ The number of planned admissions who gave a rating for the overall discharge process represents a very small sample of the total respondents, so the table above shows numbers rather than percentages.

Patient view of Social Care since discharge

Response	Number	Percentage
Very good	07	19%
Good	13	36%
Average	02	6%
Poor	02	6%
N/A	12	33%
Total	36	100%

Patient Comments about health and social care after discharge included:

Positive

- *Everything OK.*
- *They done me proud*

Neutral

- *Carer imagines that there will be a care plan and that if necessary she will be involved in it.*
- *Care plan has been mentioned but not yet settled. Has steps, needs some aids e.g. stairlift, buzzer (pendant) etc.*
- *Home care plan not yet decided.*
- *Home care plans not mentioned yet. Will be in rehab at least another week.*
- *I was told I would go to a care home.*
- *Haven't got anything to compare with.*
- *No physios to house. Got exercises to do. Already had carers so didn't need additional care arranged.*
- *Has a carer already but they are not a nurse.*
- *Wants to arrange own care.*
- *Only option: rehab. Still in rehab.*
- *Organised care herself, hired someone and has help in garden*

Mixed

- *Nurse under pressure last few hours. Physio plan - going back to hospital/unit for physio – Amazing*
- *Fine but longing to be back home!*
- *Given a leaflet. Number to ring wasn't 24 hrs, only working hours, office hours. Got recorded message. However overall comment: Nothing to complain about.*
- *Good service from NPH. No waiting around. No benefit in going to WCR. Could have gone home and had the physios there. Physios just checked he could walk along and up and down stairs. He did have physios come to visit him at home a couple of times over a couple of weeks for half an hour to see how he was walking.*
- *Very happy. Don't like to cause trouble. They are doing their best. (Always seems to be last for physio etc.). No written info - was only given her notes to pass onto the staff here.*

Negative

- *Extremely poor afterwards. No visits to home at all.*
- *Once patient was home, he had problems having a shower. Relative said it was arranged for someone to come in to help him have a shower every morning which would be free for 6 weeks. Then they received a letter from Brent Social Services saying they had to pay for this help from a date which was only 2 weeks after the date of discharge¹⁹.*
- *Health care is do it yourself.*
- *Once been discharged, have been dumped. (Willesden Community Rehab not mentioned.) Stuck in her room upstairs. No physios have visited.*
- *Was in for a short period. Didn't do much for him. He could walk.*
- *Once I left hospital no after care for me. My GP had to take on my care contacting people. They just said when I get home social services will contact me but nobody did contact me. Had no help from Social Services at all.*
- *Had to go to local hospital to be re-bandaged.*
- *Her follow up appointments were at Ealing Hospital when procedure was at CMH. Difficult to get to from where she lives by public transport. Her relative drove her once. 1st appointment was in March and 2nd appointment was supposed to be in April but has been cancelled and now put back to July - to have the stitches out. Long time to have the bandage etc. on.*
- *She needs to have physios. Now this time they only have nurses coming - 1 or 2 a week. A dietician came. Previous time a whole team came (after 4-5 weeks). (After 1-2 weeks they stopped) Was readmitted previously, this was 2nd time in hospital.*

¹⁹ *[Relative gave permission to pass on details to Brent Carers.]*

16. Patients discharged to Willesden Community Rehab (WCR)

16 patients were interviewed in WCR, plus 3 patients interviewed in NPH were going to WCR, and one respondent in the local community sample had been discharged from hospital to WCR. Total 20.

Type of hospital admission before coming to WCR

Emergency	19
Planned	1

Ages groups of people discharged to WCR

Response	Number	Percentage
51-60	02	10%
61-70	02	10%
71-80	05	25%
81 and over	11	55%
Total	20	100%

Patients were notified that they would be going to WCR when a bed was available and told when they were actually moving. Some people were moved after 4 hours others had to wait 4 days.

Patients' Comments on notice given to go to WCR

- *4 hours*
- *Was told on the morning he came. Had been waiting a couple of days for a place here.*
- *Had to wait for bed. Was told the night before.*
- *Two days - Thurs to Sat. Did explain that she was coming here. Had to accept bed when it became vacant.*
- *Mentioned 4 days before.*

Three patients experienced the process as very quick:

- *All done in a rush. 8.30am. Vacancy here.*
- *Transfer happened very quickly, within a couple of hours. Relative had to bring clothes. Dentures lost in transit, having to be replaced.*
- *Just managed to have lunch!*

One of the **positive aspects** of the move from hospital to the rehabilitation unit was that the patients did not seem to experience a sense of waiting around for paperwork, medication, or transport.²⁰

- *No waiting, all part of the process.*
- *Didn't have to wait for anything*
- *There was no waiting*
- *No wait, staff had prepared, ready.*

²⁰ The NHS Trust refers to the process of moving from one NHS setting to another as a "transfer" rather than a hospital discharge.

- *Routine for staff - had done so many times before. Best thing - calmness of staff. Not irate. Few funny laughs.*

70% patients were happy or very happy to be discharged to WCR

Response	Number	Percentage
Very Happy	04	20%
Fairly Happy	10	50%
Not Very Happy	02	10%
No answer	04	20%
Total	20	100%

Patients' comments – how they felt about being discharged to WCR:

Very Happy ²¹	<i>Because more physiotherapy available here. (Food was better at the other place). No other option was given. Has view of garden from window, nice in the sun. Best thing: Everyone was very helpful and kind. Worst thing: Nothing. Concerned about where was going.</i>
Very Happy	<i>Delighted to be coming here so close to home. Was quite happy to come here. They told me I was coming. Family were Happy she was coming (given original idea was for her only to be in hospital for 3 days)</i>
Fairly Happy	<i>Was nice in CMH. Liked ward. Would rather have stayed there. Had own room with TV. (TV here doesn't work) 4 weeks. Time flew by. Thought it wouldn't be as nice here. Bored. Went out in wheelchair once? Seems bit more regimented here. Doesn't like.</i>
Fairly Happy	<i>Don't like it here. Don't come here.</i>
Fairly Happy	<i>Transfer happened very quickly, within a couple of hours. Relative had to bring clothes. Dentures lost in transit, having to be replaced. Looking forward to getting back to normality.</i>
Fairly Happy	<i>Daughter: they were OK, told in advance about discharge, but not told actual day and time, was visiting when patient was discharged, then told she was going that afternoon</i>
Fairly Happy	<i>Ok, been here before</i>
Fairly Happy	<i>Was familiar with this place as GP surgery is based here. Just wants to get fit and get out. Never been in hospital before! Brain not working fully. Is near home. Has met old friends here!</i>
Fairly Happy	<i>In a way - step forwards to getting home. Used to live near here.</i>
Fairly Happy	<i>Depends really. Been here before. So many people. Have to remember not to treat everyone as a fool. For my benefit to come here. They needed the room at NPH. As long as treated as human being. Only one rehab place in Brent. Knew couldn't go home.</i>
Fairly Happy	<i>Was transferred to Willesden for physio and as the staff had to do some check-ups. Was in NPH less than a week then WCR for about 3 days.</i>
Not Very Happy	<i>Have settled here (NPH). Physios were very good here (NPH). Still has clips and stitches on wound - wasn't expecting to go before they were removed. Has one day's notice. Staff are aware. Depends where can get bed. Medication is being organised.</i>

²¹ This column refers to patient overall view of discharge process

Not Very Happy	<i>Didn't know what was wrong with her. Didn't know how to get back to her normal self.</i>
No happiness rating	<i>He didn't know where he was going. He didn't know anything about it until they told him. Was happier in NPH. Nearer his work. Part was rehab and part wasn't. The other places weren't called rehab.</i>
No happiness rating	<i>Patient: All right. Everything is all right. Anywhere will do. Doesn't matter where as long as get help. Carer: She wanted to go home but she couldn't go home. Had to have OT to help her walk again. Been here 2-3 weeks. Didn't have physio in the hospital.</i>

75% patients being discharged to WCR were clear about what to expect there and were able to identify advantages such as more access to therapies or time for homecare to be arranged or increased. Some people were still not clear about the next steps for them or how long it might take.

Response	Number	Percentage
Very Clear	08	40%
Fairly Clear	07	35%
Not Very Clear	03	15%
Very Unclear	01	5%
No answer	01	5%
Total	20	100%

Patient comments included

Very Clear	<i>Continued therapy. 2 weeks in rehab unit. Hopes not to be in for more than 2 weeks.</i>
Very Clear	<i>Having rehab. Might be another week. Has to get strength back to manipulate wheelchair. Doesn't want carers.</i>
Very Clear	<i>Carer: Patient was disorientated by the move - thought was in NPH again</i>
Very Clear	<i>Was told the package. Much more physio. Had some in CMH. Best thing to come here to local rehab. (Knew place well & previous building.) No complaints. Was originally told would only be in 1st hospital for 3 days. (Will get 6 weeks of carers & physio when goes home)</i>
Very Clear	<i>Re next stage - entitled to 6 weeks care but wants to arrange care privately. Is now a business. Has had previous experience of care workers.</i>
Fairly Clear	<i>When goes home, needs carer. Going to be arranged. Thinks getting home soon. Never been in hospital before in life!</i>
Fairly Clear	<i>Was coming to rehab. Has been there two and a half weeks. Will be here at least another week. Then goes back to see consultant. Apparently there will be some care at home. Pays for care 3 times a week, bath etc., through Carewatch. Originally council paid for, now patient pays for.</i>
Fairly Clear	<i>She noticed the sign outside said Health & Care (instead of rehab hospital). Waiting for a hearing aid - relative is arranging. Matron is organising her clinic appointments. Seeing a consultant in a week. Depends on outcome of that visit. May be here another week.</i>
Fairly Clear	<i>Continue exercise & physio. No night care is provided; otherwise she could have gone home.</i>
Fairly Clear	<i>Was in here previously (WCR), very nice here, they have helped her.</i>
Fairly Clear	<i>No plans about leaving here yet. Will find out more about future plans tomorrow. Has been having physio walks.</i>

Fairly Clear	<i>Didn't know what it would be like at Willesden (WCR), worst thing was no knowing. Found it was like an old people's home or like being in prison. Felt like you had to put your hand up to go to the toilet.</i>
Not Very Clear	<i>Not sure if being discharged.</i>
Not Very Clear	<i>Didn't know where would end up! Relative explained it to her but it was a bit mixed up. Re home discharge support / care plan: have only been whispers about so far.</i>
Very Unclear	<i>He didn't know what to expect. Doesn't know when going home. Doctors will have to tell him. Hopes to be going back to work. Not going back to work immediately. (Patient seemed concerned about whether he could get to his job from wherever he was sent)</i>
No clarity rating	<i>Needs wheelchair replaced before she can leave. Has a wheelchair but needs a new one. Does everything in wheelchair. No idea what will happen. Hopes not being in here too much longer. She thinks she will have a carer 4 times a day. Has a shower room and a lift which takes the wheelchair.</i>

Some patients were happier as they were already familiar with the building and felt they were on 'home ground'.

- *Delighted to be coming here so close to home.*
- *Step forwards to getting home. Used to live near here.*
- *Was familiar with this place as GP surgery is based here.*

Some patients who didn't know the building were more anxious. .

- *Concerned about where was going.*
- *He didn't know where he was going. He didn't know anything about it until they told him. Was happier in NPH. Nearer his work.*
- *Didn't know where would end up!*
- *Didn't know what it would be like at Willesden, worst thing was not knowing.*

17. Conclusions

17.1 Complexity of hospital discharge process

The overall hospital discharge process is complex and consists of multiple stages or elements :

- the medical decision to discharge
- discussion with the patient and family about an appropriate place for the patient to go to
- a decision about the appropriate place for the patient to go to
- the availability of an appropriate place for the patient to go to
- the time taken to process paperwork, medication and arrange transport
- the organising of any continuing care the patient needs
- the delivery of the continuing care

As the process is so complex, the reasons for patients to be unhappy with discharge or to rate the process as poor can be located at any stage in the process.

17.2 Brent patients' experiences

Local hospitals serving Brent such as NPH and CMH also treat patients from neighbouring boroughs and from outside of London. People living in Brent also have access to hospitals in Central London. Some patients are transferred from one hospital to another so have experience of multiple transfers. These factors complicate the idea of a single experience of hospital discharge for Brent patients.

17.3 Sympathy for NHS staff

The majority of patients interviewed had great sympathy for NHS staff and were reluctant to express views that might be interpreted as complaints. However there needs to be a way for patients to express legitimate concerns and for patients' health needs to be met.

17.4 Individual voices and management information

This report contains responses made by 73 patients in February and March 2017. Their individual views have not fallen into neat patterns or indicated major trends. Their comments are contained throughout this report and illustrate the hope for continually improving patient-centred care. From these local voices we have identified a need for the following recommendations.

18. Recommendations

1. Ensure that hospital patients feel included in the decision-making process.
2. Provide an opportunity for all patients on the point of discharge to express any worries or concerns, which should be either resolved or recorded for follow-up.
3. Ensure that patients who are leaving the hospital using their own transport are always asked if they need help or the use of a mobility aid, to get to the vehicle.
4. Patients waiting in the discharge lounge at NPH should be clearly informed that they may have to wait over 4 hours. Patients should not be transferred to the discharge lounge if the discharge process is going to take longer this.
5. Vulnerable patients being transferred to Willesden Community Rehab should be given more information about where they are going and there should be an opportunity for them to ask further questions to avoid anxiety.

6. When patients are discharged to their own homes, follow-up procedures should be put in place to check if patients have been receiving proper continuity of care and action should be taken to address any problems.
7. The following individual poor experiences should be treated as indicators of problems in the discharge process locally and steps should be taken to avoid recurrence:
 - A patient not offered any food for 24 - 36 hours after fasting for a procedure from the night before until leaving recovery and arriving on a general ward the following evening
 - An immobile patient discharged to the upstairs of a family home and left without physio
 - An elderly patient not brought home by hospital transport until 8pm
 - A recently diagnosed elderly diabetic patient running out of syringes
 - An elderly couple sent a letter from Brent Social services asking for payment for a carer from two weeks after discharge, instead of after the six weeks of free social care the family have been told they are entitled to.

Appendix 1: Questionnaire

Hospital Patient Discharge Survey Questionnaire

Please see the Information Sheet for details about this survey and confidentiality.

About you (please circle)

Age 18 – 50 51-60 61-70 71-80 81 and over
Gender Female Male Transgender M=>F / F=>M
Postcode HA0 HA1 HA3 HA9 NW2 NW6 NW8 NW9 NW10
 W9 W10

Ethnicity (see interviewer's list)..... 1st Language.....

Do you have a Disability? Yes / No **Type of disability**.....

Hospital

Hospital Northwick Park Central Middlesex Other.....

How long were you in hospital?

0 – 6 days 1 – 4 weeks 5 - 8 weeks 9 - 12 weeks over 12 weeks

Was your admission to hospital Planned Emergency

Reason you were in hospital.....

Discharge

Are you being discharged to the place where you usually live? Yes / No

Where are you being discharged to?

Own home Home of family member other hospital Care home other

Do you usually live alone? Yes / No **Do you live with an informal carer?** Yes / No

Is your usual accommodation suitable for your current needs? Yes / No

If No, please give details.....

CONTACT DETAILS for phone follow-up use only:

First name..... **Surname**.....

Phone number.....

Will we be able to reach you on this number in February-March? Yes / No

Is this number: (please circle)

Your home landline Your mobile Another hospital Care home Other.....

Landline/mobile of family member/friend/informal carer/support worker (give name below)

Alternative phone numbers.....

Details.....

As you are about to be discharged, please could you answer the following two questions:

1. How are you feeling about the discharge process at the moment?

Very happy Fairly happy Not very happy Very unhappy

Please give further comments

.....

.....

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.....

2. In terms of your healthcare and any social care, how clear are you about what you should expect to happen after discharge?

Very clear Fairly clear Not very clear Very unclear

Please give further comments

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We will phone you in the next few weeks (February-March) to ask you the follow-up questions about your experiences of the discharge process.

Thank-you for taking part in this survey.

Phone call – 2nd stage questions

Timing of discharge

Do you feel you were given enough notice about when you would be discharged?

Yes / No How much notice were you given?.....

Did you feel well enough to leave the hospital at the time of your discharge?

Yes Partly No Not sure

If No: If not, what would you have liked to have happened? What additional care or time did you need?.....

If Yes: Did you feel your discharge was delayed?

Yes Partly No Not sure

If you can remember – At what time were you discharged from the hospital?.....

If you can remember - How long did you have to wait to be discharged?.....

What did you have to wait the longest for? Paperwork Medication Transport Other

Medication given on discharge

Were you given medication to take home with you? Yes / No

As far as you know, were you given the correct medication? Yes / No /Partly /Not Sure

Were you given clear instructions about taking your medicine? Yes / No / Partly

Did you understand the purpose of the medication? Yes / No / Partly

Were any side effects of your medication explained to you? Yes / No / Partly

How would you rate the process of giving you medication to take home

Very good Good Average Poor

Please give details/comments

Transport on discharge

Was transport arranged for you? Yes / No

How would you rate the transport service?

Very good Good Average Poor

Please give details/comments

Role of staff

In relation to the discharge process, how would you rate your treatment by the following healthcare and medical staff

Nurses	Very good	Good	Average	Poor	
Doctors	Very good	Good	Average	Poor	
Physios	Very good	Good	Average	Poor	N/A
Transport	Very good	Good	Average	Poor	N/A

Do you have any comments about how you were treated during the discharge process?

.....

Communication, Decision-making, Information and Paperwork on discharge

Did you feel involved in decisions about your discharge?

Yes Partly No Not sure

Were your family / friends / next of kin involved in decisions about your discharge?

Yes Partly No Not sure Not applicable

Did staff explain your choices when they were making plans for you to leave hospital?

Yes Partly No Not sure

Were you given the chance to talk about any worries/concerns before you left the hospital?

Yes Partly No Not sure

Did the hospital consider your home and family situation when planning your discharge?

Yes Partly No Not sure

Did staff explain the plans that were made for you when you left the hospital?

Yes Partly No Not sure

Were you given any spoken advice about what you should or should not do?

Yes Partly No Not sure

Were you given written or printed information about what you should or should not do?

Yes / No

Were you told about any danger signs to be aware of?

Yes Partly No Not sure

Were you told who to contact if you had concerns about your condition or your treatment after leaving hospital?

Yes Partly No Not sure

Information about continuity of care

Were you offered any rehabilitation or therapy services?

Yes Partly No Not sure Not applicable

Were you told about home care support you would get after discharge?

Yes Partly No Not sure Not applicable

Was there a plan in place to continue your care after discharge?

Yes Partly No Not sure Not applicable

Was enough information given to family or friends about how to help care for you?

Yes Partly No Not sure Not applicable

Overall

How would you rate the **overall** discharge process?

Very good Good Average Poor

Please give your comments on the discharge process overall

.....

Since Discharge

How has your health been since discharge?.....

Since discharge, have you received enough support from health and social care professionals?

Yes Partly No Not sure Not applicable

How would you rate your medical and health care since discharge

Very good Good Average Poor

How would you rate your social care since discharge

Very good Good Average Poor Not applicable

Were you readmitted to hospital since discharge for the same or a related problem?

Yes No

Any other comments.....

.....

Thank-you very much for taking the time to answer these questions.

Appendix 2: Survey Information Sheet

Healthwatch Brent and their partners are conducting a survey to gain feedback from patients on their experience of being discharged from hospital. The survey will take place in February & March 2017. Patients will be contacted by phone a few weeks after discharge. All the information given will be kept CONFIDENTIAL. Your name will not be used in any report or other document. No staff will be given any individual feedback. The findings will be used anonymously.

Hospital Discharge Survey

Dear Patient

We would like your views on the hospital discharge process. We hope that your feedback will help to improve services for patients. Your responses will be used anonymously and confidentially to produce a report. This work has been commissioned by Healthwatch Brent.

The survey involves:

- a **short questionnaire**, to be completed now, as you are being discharged, and
- a **follow-up phone call** in a few weeks time, to find out how the discharge process went for you. Please note that the follow-up call may be made from an office landline or mobile phone.

The person interviewing you works for a local charity but is not an adviser. Their role is only to get your views on the discharge process for the purposes of this survey.

If you do have any immediate concerns about your discharge, please raise these with the hospital staff. If you need further advice, you can also discuss your concerns with the following organisations:

Patient Advice and Liaison Service (PALS) 020 8869 5118 or email LNWH-tr.PALS@nhs.net

PALS is a confidential service for people who would like information or help or who would like to comment about any aspect of the services provided by local hospitals. (Northwick Park & St Mark's Hospitals and Central Middlesex Hospital). PALS can help you to sort out any issues or problems you may have. They can speak on your behalf to anyone involved in your care. PALS can also provide advice on how to make a formal complaint.

Healthwatch Brent

Healthwatch Brent is your local consumer champion on health and social care services delivered in Brent. We are an independent organisation. We aim to give people in Brent a stronger voice to influence and challenge how health and social care services are provided in the borough. To contact Healthwatch Brent please phone 020 8912 5831 or 020 3598 6414. You may be directed to voicemail and we encourage you to leave a message.

Healthwatch Brent, 3 Rutherford Way, Wembley, Middlesex HA9 0BP

Appendix 3: Brent Mencap

Brent Mencap has existed since before 1979 to enable Brent residents of all ages with a learning disability to live as full and independent a life as possible. Our core areas of work are to

- Improve the health and wellbeing of PWLD and promote their safety
- Increase engagement opportunities for PWLD and other disabilities

Brent Mencap has worked for many years to ensure that the health needs of PWLD are met by better, local, inclusive health services. Brent Council and Brent CCG commissioned us to work with them to improve health services for PWLD for several years. We successfully completed an excellent Health Engagement Project for Brent CCG In March 2016. Tasks included:

- Organisation of the Brent Big Health Check Day. (An annual event aimed at people with a learning disability (PWLD), their carers and health and social care professionals. The day aims to bring groups together, exchange information, network and learn from each other. Outcomes inform the self assessment framework (SAF) which is submitted every year to NHSE and compiled by either CCG Brent or Brent Adult Social Care (ASC) with input from other relevant stakeholders such as Brent Mencap, Brent Carers and service users)
- Brent NHS Learning disability website – to consult and advise on its content & usability
- Health Passport – publicity
- Health focus groups for people with a learning disability and carers
- Engagement with people using day services and other user groups about health
- Health Action group – facilitation and servicing
- Health Partners Forum – support PWLD to attend them and other consultation events
- Sexual health awareness courses for PWLD
- GP training in conjunction with CNWL Mental Health Trust – planning & service user participation

We engaged with over 200 PWLD, carers, NHS and other workers during this complex project. We supported PWLD to attend and contribute to NHS meetings and consultations such as the Brent Health Partners Forum, Embedding Partnerships/NW London strategy & transformation team – Lay Partners Forum, Healthier NW London – Lay Partners forum, NHS NW London – Travel Advisory Group, NHS 111 engagement, Healthier London Partnership – urgent & emergency care vision, a Focus group testing communication material for the Whole Systems Integration Care project, a Focus group re Kingswood & specialist in patient services, Healthwatch Brent members/friends, Brent CCG Strategy & Delivery Committee and Like Minded - Wellbeing & prevention working group.

We had long discussions about Brent CCG's Learning Disability section of the Brent NHS website with commissioners and partners. We then got PWLD to comment on the content and lay-out of the site. The site did not go live till after our commissioned work had finished but it will have benefited from user and other specialist feedback about accessibility and key information needed.

Brent Mencap led a consortium of local voluntary sector groups to deliver the first Healthwatch Brent Contract which ended in July 2015. This greatly expanded our health related experience, knowledge and skills. We were delighted to be commissioned to undertake this important local survey.

You can find out more about us at www.brentmencap.org.uk or ring us on 020 8451 5278.

Appendix 4: Demographics, Hospitals Used and Discharge Destination

59% were women. Over half were aged 18-70. 48%, almost half of the sample were aged over 70. A third were over 80.

Gender

Gender	Numbers	Percentages
Female	43	59%
Male	29	40%
Gender not recorded	1	1%
Total	73	100%

Age Groups

Age groups	Numbers	Percentages
18-50	14	19%
51-60	09	12%
61-70	15	21%
71-80	11	15%
81+	24	33%
Total	73	100%

Ethnicity

62% considered themselves to be White (British, Irish or Other), 21% Asian and 14% Black.²²

Ethnicity	Numbers	Percentages
Asian British	04	5%
Asian Indian	10	14%
Asian Pakistani	01	1%
Asian Other	01	1%
Black Caribbean / Black British	10	14%
White Irish	11	15%
White British	31	42%
White Other	04	5%
Not recorded	01	1%
Total	73	98%

²² In order to ensure consistency of terminology, respondents were shown a list of ethnic descriptions and asked to indicate which one they considered themselves to be. The list had separate terms for Black Caribbean and Black British but as some respondents chose both, these totals have been added together. Some respondents wanted to specify White English / Welsh / Scottish; these have been added together as White British.

First Language

82% of patients said English was their first language. A Gujarati speaker asked a friend to help with the follow-up phone call. A relative answered questions on behalf of a Punjabi speaker. Two patients did not speak English well enough to communicate as fully as they might have wished.

First language	Numbers	Percentages
English	54	82%
Gujerati	03	5%
German	02	3%
French & Arabic	01	2%
Gaelic	01	2%
Hindi	01	2%
Iranian	01	2%
Punjabi	01	2%
Tamil	01	2%
Welsh	01	2%
Total Responses	66	100%

Disability

Of the 70 people who answered this question, 26 (37%) said they had a disability. Patients defined themselves in relation to disability in a variety of ways. Some indicated a current mobility issue that may not have been permanent. Conditions such as diabetes for example were considered a disability by some patients, while others who reported having diabetes responded no.

Response	Numbers	Percentages
No	44	63%
Yes	26	37%
Total	70	100%

Learning Disability

5 (7%) people interviewed had a learning disability. 2 were interviewed in hospital or rehab and three were interviewed in the community.

Hospitals and Length of Stay.

Which hospital were Patients in?

Patients mentioned 7 hospitals. 82% had been in hospitals in Brent

Hospital	Numbers	Percentages
Northwick Park	46	66%
Central Middlesex	11	16%
Royal Free	04	6%
St Mary's Paddington	03	4%
Charing Cross	01	1%
Ealing Hospital	01	1%
Moorfields	01	1%

Multiple	03	4%
Total	70	100%

5 patients had been on a journey via several multiple hospitals. This meant there wasn't one hospital discharge but a series of transfers. This complicates the idea that patients have a single experience of hospital discharge

- One patient had been on the following journey, from early January to early March:

St Mary's Paddington, to Charing Cross, to Central Middlesex, to Willesden Rehab.

- Another had been to three different hospitals with the same problem and discharged home each time:

Northwick Park; St Mary's Paddington; Royal Free; [for survey purposes listed as NPH]

Type of Admission

80% of the patients had been admitted as an emergency. Of the 14 patients with a planned hospital admission, 9 were treated at CMH, 3 at NPH, 1 at Moorfields and 1 at Charing Cross Just under half the patients interviewed had had short stays of less than a week. Over a third of patients had stayed 1-4 weeks. Just under a fifth had stayed 5 weeks or longer. Some patients had been in more than one hospital, so their answer may have applied either to their time in the most recent hospital or to the whole journey since they were first admitted to a hospital

Admission	Numbers	Percentages
Emergency	56	80%
Planned	14	20%
Total	70	100%

Hospital stay	Numbers	Percentages
0-6 days	33	46%
1-4 weeks	25	35%
5-8 weeks	07	10%
9-12 weeks	01	1%
Over 12 weeks	06	8%
Total	72	100%

Where were patients discharged to

Just under half the sample of people interviewed were being discharged (or had been discharged) to their own home. 37% said they lived alone. Just over a quarter were discharged to another hospital, generally Willesden Community Rehab (WCR). 49% lived alone. Of the people who did not live alone, nearly 60% were being discharged to their own home. 10 people said their home was not suitable for their needs. 7 were discharged to a care home or to WCR. The remaining 3 were being discharged to their own home, despite considering it not to be suitable for their current needs:

Patient Comments included:

Can't get upstairs (or if taken to bedroom, can't get downstairs)

Waiting for a bath rail. Has been waiting months. (Not Clear if can manage stairs?)

Problems with the stairs

It is not clear how a patient's domestic situation is taken into account on discharge. Patients who live

alone are seen to need more support. However when patients who do not live alone are being discharged from hospital, it is not clear to what extent the onus of care is being placed on relatives. *In one case the next of kin were worried because their relative had been discharged to the upstairs of the family house. In another case the spouse said they didn't ask who was going to look after him.*

Destination	Numbers	Percentages
Own home	36	49%
Another hospital	19	26%
Care home	15	21%
Other	03	4%
Total	73	100%

Live alone	Numbers	Percentages
Yes	28	49%
No	30	51%
Total	58	100%

Accommodation suitable for current needs?

Response	Numbers	Percentages
No	10	20%
Yes	41	80%
Total	51	100%

Live alone – being discharged to:		Live with someone- being discharged to:	
Another hospital	19%	Another hospital	15%
Care home	26%	Care home	22%
Other	7%	Other	4%
Own home	48%	Own home	59%

Appendix 5: Reasons for Admission

Reasons for admission - Detailed list

Broken bones: 20		
Broken ankle	Ankle fracture Broken ankle x 3	4
Broken leg	Broken leg x 5 Broken leg & shoulder Fell, hurt leg just below the hip Fell twice, hurt knee	8
Broken hip	Fall – broke hip Had fall – fractured hip Hip dislocated	3
Arm	Fall outdoors, broke arm, hurt back Accident – arms injured	2
Shoulder	Chipped bone in shoulder	1
Multiple bones	Fell broke shoulder & two bones in pelvis Broke pelvis & shoulder	2
Joint replacement / operation: 4		Surgery: 4
Hip replacement	1. New hip	1. Shoulder surgery
	2. Hip operation	2. Tendon operation
	3. Hip replacement	3. Straighten my toes
Knee replacement	4. Full knee replacement	4. Inguinal hernia
Falls or collapsed, cause and effect not specified: 10		
<ol style="list-style-type: none"> 1. Accident 2. Fall 3. Fell backwards - doesn't remember 4. Hit my head 5. Fell over. (Previously has broken bones) 6. Fell. Keeps falling. 7. Collapsed in house. 	<ol style="list-style-type: none"> 8. Travelled to visit relatives, collapsed in toilet on arrival. Not sure what caused it. 9. Collapsed at doctor's surgery. (Went in about stitches) Has heart & kidney problems. Irregular heartbeat. 10. Collapsed. Had to be re-sussed. Was brought back to life. 	
Specific conditions: 19		
<ol style="list-style-type: none"> 1. Kidney stones 2. Kidney stones 3. Blepharitis 4. Chronic obstructive pulmonary disease 5. COPD/Diabetic 6. Asthma 7. Pneumonia 	<ol style="list-style-type: none"> 8. Chest infection then urine infection 9. Urine tract 10. Stomach ulcer - burst. Lying on floor bleeding. Has had stomach operation 11. Bowel x-ray. 	<ol style="list-style-type: none"> 12. Ankle inflammation 13. Blood disorder 14. Knee arthroscopy 15. Bleed on the brain 16. Drug induced psychosis 17. Seizure / epileptic fit 18. Mini-stroke 19. Prostate
Other: 15		
<ol style="list-style-type: none"> 1. Mental health 2. Check-up 3. Chest & respiratory. Antibiotics didn't agree with blood. Problems standing. 4. Patient said he is confused. (Possibly had a stroke.) 	<ol style="list-style-type: none"> 5. Patient not sure. 6. Not feeling well 7. Pain in chest (prev. op). Referred from clinic. 8. Leg problems. Bit confused. 9. Severe headaches. Viral symptoms. MRI scan 10. Nose bleed 2 hours 	<ol style="list-style-type: none"> 11. Problems breathing 12. Said had operation - hernia but also fell indoors, bruised. Had injured arm. 13. Planned check-up 14. Self neglect by care worker. 15. Shortness of breath, swelling of face and ankle

Reasons for Admission

Some patients gave their medical diagnosis, others various stated an event (e.g. I collapsed), reported symptoms, named a procedure, identified the part of their body that had a problem or stated an existing medical condition. It is worth noting some patients seemed unaware of their actual medical diagnosis. Some patients were being treated for several conditions in addition to the event or procedure which had triggered their admission.

Reason for admission (summary)	Numbers	Percentages
Broken bones	20	28%
Fall or collapse (cause and effect not stated)	10	14%
Joint replacement	04	6%
Other surgery	04	6%
Specific conditions (see table above)	19	26%
Other	15	21%
Total	72	100%