Experience of hospital discharge

Views from Whittington Health NHS Trust patients

December 2017

healthwatch
Camden Barnet Enfield Haringey Islington

Introduction

Via telephone interviews we spoke to nine people who had been discharged from the Whittngton Hopital within the last six months of 2017 (in three cases this was via a family member on behalf of the patient). We asked about:

- the information they were given before discharge,;
- if they had a care plan;
- whether they felt sufficiently involved in the care plan;
- whether they felt supported when they back at home;
- anything that could have been done better.

Did people have sufficient information before discharge?

Four of the nine were satisfied with the information and arrangements for leaving hospital. For one, no further follow up was needed. Three had existing care arrangements that were re-started.

Three were offered re-ablement packages. One did not want it and felt it had been imposed, for one it worked smoothly, for the third there was a delay in starting the plan, leading to the patient feeling guilty about 'bed blocking'.

Three families mentioned a lack of notice about the day or time of discharge. One family that was informed on the day by telephone said they felt "out of the loop":

"We hadn't realised he was nearing discharge when it happened... it was hard finding anyone to speak to at the hospital when we came to collect him."

Another said that if the hospital could narrow down the timing of a patient's discharge to morning, afternoon or evening that would be good - she'd waited in all day once, afraid even to pop out for milk.

Care planning

Opinions on care planning were varied. One person had simply been told the name of his named nurse. However, he was satisfied with the support he was getting, so did not want further involvement in planning. Another reported that workers asked him if he'd cope alone at home and respected his view that he could. At the other end of the spectrum, one person felt she had not been listened to. She has a care plan but she didn't feel involved in drawing it up or agreeing to its implementation. She self-advocated to try to not have any carers but was over-ruled.

Families sometimes felt excluded:

> *"The previous care plan was going to be re-started but it needed to change to include new equipment, bed rails and a hoist, but no one asked us about this."*

Did the discharge go smoothly? And if not, what would have helped?

Some patients felt very well supported by the hospital and that discharge had gone smoothly. The link to a named cardiac nurse was mentioned, and one described how he felt extremely well-supported by the respiratory team at the Whittington:

> *"They're brilliant! The consultant, my named nurse, the staff on Nightingale Ward – they're all absolutely fantastic."*

Others were less satisfied:

> *"Not happy about the delay for a hoist and also a two month wait for an OT assessment, though it was very helpful when it happened."*

One person said that although the patient was put on Whittington's virtual ward on discharge, the family couldn't see much benefit from this. Initially someone visited briefly once a day and was available by phone but the patient was discharged quickly after one week.

Another reported that the take home medications weren't correct and there was some confusion about the dose, too.

Do people feel well supported?

As mentioned above, some people are very satisfied with the support they get. For example, the District Nurse was described as offering a good service, and having useful knowledge, and giving well-being checks at home, which was appreciated.

"My GP has been very good, by doing home visits recently."

"Have to admit services have been really good'

However, where people had a care package provided, this was not always meeting their expectations, and five of the nine people we spoke to described problems:

No continuity

- People said that having a stream of different care workers causes strain, especially when they may visit up to four times a day.
- These visits are very disruptive, as it's rarely the same person twice.
- Carers didn't come on two occasions.

No control over what they do

- They'd only make a sandwich if they were there at lunchtime even though they had time to empty the commode and make the bed. In this instance a family member had referred them to the care plan which included 'light domestic tasks' but without success.
- One described how carers sit with her for 30-60 minutes but often saying very little, some insist on making a cup of tea, so they have something to record on their timesheet, she thinks. This is not the help she wants – she can make tea herself. However, she would like help with putting her eye drops in, *"but they aren't allowed to do this"*.
- Another reported that carers did what they wanted to do rather than what she needed, e.g. watering plants, which she couldn't do herself, because this wasn't in the care plan.

Competencies and attitudes varied a lot

- Excellent ones assessed needs, were flexible and had a 'can do' attitude. Poor ones wouldn't do anything they felt wasn't expected.
- A family member reported that workers asked her for information about 'the patient', which they need, but then ignore her.
- A family member described how one carer was 30 minutes late and when the patient wanted them to change her bed linen, not just make the bed, they made a big fuss.

Communication about reablement packages had not always been clear. One family member said that the reablement package was badly managed but now that their mother was on a regular care package things were better, and communication had improved.

Another person complained that social services did not contact her before her six week enablement package had finished, despite her chasing them. Subsequently she was asked to pay the cost of enablement package retrospectively. She feels the financial issues were not clear at the outset.

What would have made thing better?

"Carers being flexible & responsive to the needs they were faced with at any given time, which the best one did."

"Bullet points at front of the care plan so carer can get up to speed quickly."

"LBI should be easier to contact and should inform people about charges"

Discharge to assess'

We asked for people's views on the idea of being assessed for future needs once they were at home, rather than before they leave hospital.

Most were in favour of this – two had no view and one thought it would be a waste of staff travel time, as they could ask the questions while the person was still in hospital. The other six thought it was a good idea.

One was in favour because she did not want much help – *"They could see how much I can do for myself!"*

Three specifically mentioned the benefit of being able to ask for advice about your home environment, for example how to manage steps, transfers to bed, bath, and so on:

"People don't know about helpful aids that are available and workers could give them advice tailored to their circumstances" and "you can discuss specific practical things and think things through better when you in your home."

It was seen as more convenient for family and carers.

Yes, it's a good idea but they should come one or two days after discharge when things have settled down.

About the people we spoke to

Three men and six women, six of who were patients, and three family carers speaking on behalf of patients. In this report they are all described as family members, to differentiate from paid carers. The age range of patients was 64 to 93, with most being in their seventies or eighties.

Self-described ethnic origin:
Two Irish, one Welsh, one British Asian, one British White, four did not say.

The interviews took place in December 2017.

Our thanks to patients who agreed to share their views, to staff at the Whittington Hospital who obtained consent from patients to share their contact details with us, and to Healthwatch Barnet, who carried out the interviews.

About this report

This report and the research which informed its findings was done as part of a programme of engagement on the North London Partners Urgent and Emergency Care programme.

North London Partners is the sustainability and transformation partnership for North London, formed of health and care organisations from the five London boroughs of Barnet, Camden, Enfield, Haringey and Islington.

The five local Healthwatch in the North London area are collaborating to promote citizen engagement in the work of the partnership. This includes an extensive programme of engagement on Urgent and Emergency Care, led by Healthwatch Camden.

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