

**University Hospital  
of North Tees  
Arrangements for  
Discharge from Hospital**

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## What is Healthwatch?

Local Healthwatch organisations have been set up across England to create a strong, independent consumer champion whose role is to:

- Strengthen the collective voice of citizens and communities in influencing local health and social care services in order to better meet their needs.
- Enable people to find the right health and social care services for them by providing appropriate information, advice and signposting.

Local Healthwatch works with local people, patients, service users, carers, community groups, organisations, service providers and commissioners to get the best out of local health and social care services.

### 1. Executive Summary

- 1.1 This report presents the outcome of the Healthwatch Stockton-on-Tees review of discharge arrangements from North Tees Hospital.
- 1.2 The aim of the study was to examine the experiences of patients who have recently be discharged from The University Hospital of North Tees and make recommendations for improvements based on this experience.
- 1.3 Patients' experiences of discharge arrangements were inconsistent. Some people reported a positive experience and others highlighted difficulties and problems.
- 1.4 The Healthwatch Stockton-on-Tees Board have made the following recommendations to North Tees and Hartlepool Foundation Trust:
  - The Trust to review and improve the process by which medication is issued during discharge.
  - The Trust is asked to investigate the consistency of information provided to patients about the discharge process.
- 1.5 The Healthwatch Stockton-on-Tees Board plan to investigate the below as part of future work plan items:
  - Healthwatch Stockton-on-Tees will investigate the transport arrangements for discharge from hospital more thoroughly. This will be included as a project in the next Healthwatch Stockton-on-Tees Work Programme.
  - Healthwatch Stockton-on-Tees will investigate the arrangement of care packages in relation to patient discharge from hospital. This will be included as a Brief Investigation in the next Healthwatch Stockton-on-Tees work programme.

## 2. Aim of the Report

The aim of this study is to gather intelligence from patients and carers about their experience of being discharged from the University Hospital of North Tees (North Tees). The study will examine whether the current service meets the needs of patients, families and carers. The Healthwatch Board has directed study into this issue because of intelligence gathered from patients through a variety of public engagement and consultation activities.

Our investigations are intended to:

- Gather further information on the discharge experience from patients' and carers' perspectives.
- Collect information about how patients and carers are involved in the hospital discharge process.
- Investigate the extent to which the discharge process is 'joined up'
- Make recommendations to improve the discharge process from the perspective of patients and carers.

For the purposes of this report, discharge from hospital will be defined as the following:

Discharge from hospital is the point at which the patient leaves the hospital and either returns home or is transferred to another facility such as one for rehabilitation or to a nursing home. Discharge involves the medical instructions that the patient will need to fully recover. For this report, the term discharge will also cover transport arrangements.

## 3. Methodology

Healthwatch has utilised a number of approaches to gather information about public perception of the discharge process. Below is a list of the methods used to gather information from the public, commissioners and providers:-

- Information obtained from the North Tees and Hartlepool NHS Trust including:-
  - Associate Director of Nursing, Quality & Patient Experience
  - Lead Nurse Patient Flow-Discharge Lounge Manager
  - Integrated Care Pathways Manager
  - Clinical Care Coordinator -Discharge Liaison and Emergency Care Therapy
- The Discharge Policy was examined and compared with practice. It should be noted that this document was being reviewed at the time of writing.
- Our investigation was publicised on the Healthwatch Stockton-on-Tees website as well as Facebook and Twitter accounts. Members of the public were asked to get in touch to share their experiences.
- An e-bulletin was sent out to all organisation and individual members asking for their feedback.
- Support received from Stockton Borough Council's Adult Services Team.

- Visit to the Single Point of Access Team carried out by staff member.
- Joint work was carried out in conjunction with Healthwatch Hartlepool who are also conducting work around the discharge process at North Tees and Hartlepool Foundation Trust.
- Information from Healthwatch members was gathered at Healthwatch Network and engagement events during 2014.
- A series of questionnaires were used to collect information from patients to provide a snapshot in time of public opinion of the process. This included-
  - 50 initial face to face questionnaires (appendix 1) completed by patients and their families during the discharge process. Patients and families were supported in completing the questionnaires by staff members and volunteers either in the discharge lounge or on a ward. The days and times were varied to provide a more realistic indication of experience. Patients were asked for permission to be involved in follow up questionnaires following their discharge.
  - 16 follow up questionnaires (appendix 2) were then completed via the patient's preferred method of contact to track the progress of those 50 people interviewed in the hospital when they returned home.
  - 78 additional telephone questionnaires were completed by our Partner Organisation, Stockton Residents Community Groups Association. 50% of these were targeted at the BAME community in Stockton and 50% collected from the general community groups they work with.

## 4. Findings

Responses to the questionnaires have been collated and analysed. In total 144 responses were received. Some questions were left unanswered. 32% of people completed both questionnaires. Most of the people questioned had been in hospital less than one week and most had been emergency admissions. The following themes emerged as significant to this study.

### 4.1 Communicating and planning the discharge process

**Transport home is not discussed on admission**

**A lack of written information about the discharge process**

**Half the respondents did not have a discharge plan**

- Nearly 90% (49) of those questioned stated that they expected to be discharged on that day.
- 85% (40) stated that they were satisfied with the notice they were given about their forthcoming discharge.

- 70% (35) of people stated that there had been no change to their date of discharge since it was given. Where this had changed it was largely for medical reasons.
- People gave a range of responses to what time they had been told about discharge. There appeared to be no pattern to this.
- On admission to hospital, 60% (28) of people were not given an estimated date of discharge and 60% did not have a discussion about their transport arrangements home.
- Prior to discharge, 74% (34) of people questioned had not been given specific written information about the discharge process. 98% (48) of people did not receive a leaflet.
- 40% (18) of people stated that their family or carer was fully involved in the process with 33% (15) stating that this was not the case. Of those people who did not feel that the carer was involved, 80% told us that it was because they felt it was not necessary.
- 50% (34) of the people had a written discharge plan in place.

## 4.2 The Discharge Lounge

Most people expressed a general satisfaction with the Discharge Lounge, however comments were made about how the patient experience could be improved.

- Of those people spoken to in the hospital, 55% (21) of people stated that they were happy to use the discharge lounge rather than stay on the ward. 76% (29) felt that they understood why it was appropriate to use the discharge lounge. 83% (31) of people were stated that the discharge lounge was either good or fairly good.
- 25% (5) of people stated that they knew why the discharge lounge was used. Yet 75% (15) stated that the discharge lounge service was either very good or fairly good.

Comments on how to improve the service included-

- *“Reduce the waiting time in discharge lounge”*
- *“Communicate better between the wards”*
- *“A better process for organising medication is needed.”*

For those people who would rather stay on the ward, comfort, company and waiting time were cited as reasons.

Comments made about how to improve the discharge lounge included-

- *“Increasing the number of staff allocated to the Discharge Lounge”*
- *“Improving the process for organising medication”*
- *“Make the process more effective, streamlined and fast.”*
-

### 4.3 Timescales and delays in discharge

A third of people had waited for more than 4 hours to be discharged from hospital.

The majority of people felt that organisation of medication was the main factor delaying their discharge.

It was clear from the qualitative comments that organising transport slowed the discharge process down.

- Of the people completing the questionnaire at home, 27% (25) waited between 1 and 2 hours to be discharged. 30% (28) of people waited between 2 and 3 and 30% (29) waited for more than 4 hours.
- Delays in discharge were overwhelmingly attributed to problems with organising medication. Of the people questioned within the hospital, nearly 50% (24) stated that this was an issue. For those people completing the questionnaire at home, 66% (54) of people stated that this was the main factor.
- However, many of the comments made about why the discharge process had been slowed down related to transport. Of the 19 comments in total, 10 people mentioned transport. People were waiting for ambulances, taxis or family members to collect them.

### 4.4 Medication

People felt that organisation of medication slowed the discharge process down.

Once received, people were generally happy with the information relating to medicines supplied.

- As highlighted above, waiting for medication has been attributed as a significant factor in causing delays to the discharge process.
- People generally felt that they had a good understanding of the medication they had received as well as how to take it. 70% (34) of people stated that the written information was easy to understand. 77% (49) of people did not feel that they needed additional support regarding receipt of their medication.

General comments about the medication procedure included-

- *“Hartlepool and Stockton have different systems and these need to be streamlined.”*
- *“Language could be easier to understand for those people with poor literacy or whose first language is not English.”*

- *“Bubble packs are the best way of administering medication.”*
- People felt that they received the correct information regarding their medication in 92% (41) of cases. They felt that they generally knew who to contact if there was a problem. Half of the respondents were given printed information about their medication and of these 70% (34) of people felt that it was easy to read.

#### 4.5 Adaptations, Equipment and Care Packages

**A significant number of people felt that the organisation of a care package had delayed their discharge.**

**15% of respondents felt that organisation of a care package caused the delay to their discharge.**

93% of people were either very satisfied or fairly satisfied with the support they received once they returned home from hospital.

Although a large proportion of people commented that there had been no discussion on additional equipment to support them in their home, for most this was not considered necessary. 16 of the 72 people surveyed needed additional equipment to be arranged.

78% (58) of people stated that organising a care package did not delay their discharge yet 15% (11) of people did give this as a factor.

#### 4.6 Point of contact for patients

**42% of respondents commented that they had experienced some difficulty in accessing support post discharge.**

In terms of when they had returned home, people gave a range of responses as to how difficult it was to contact the hospital regarding any problems. 47% (9) of those who had attempted to contact the hospital, stated that it was either very easy or fairly easy but 42% (8) stated that it was either ‘not easy’ or ‘difficult’ to get support post discharge.

Comments on this highlighted that-

- People are not clear who to contact- whether it be their GP or the hospital.
- Interactions with GP receptionists were often problematic.
- It is difficult to get in touch with a medical professional.
- Wards do not answer the telephone.

## 5. Recommendations

Healthwatch Stockton-on-Tees would like to thank all those patients and carers who responded to our survey with their experiences of the discharge process. Healthwatch is also grateful to the staff at University Hospital of North Tees for welcoming our team and supporting the process.

North Tees and Hartlepool NHS Foundation Trust staff co-operated with our study in a positive fashion and are committed to ongoing improvements to patient experience.

Healthwatch would ask that the Trust consider the following recommendations:

### 5.1 Medication process

The Trust is asked to review and improve the process by which medication is issued during discharge. The preparation and delivery of medication cause delays to patients' discharge from hospital. Healthwatch Stockton-on-Tees is very happy to be involved in this review.

### 5.2 Communication

The Trust is asked to investigate the consistency of information provided to patients.

- Every patient should receive a discharge leaflet.
- Every patient should receive clear information of who to contact if there are any issues post discharge.
- A discharge letter should be readily available to patient and carers.
- On discharge, every patient should have personal contact with a member of staff detailing the discharge process including transport, medication etc.

### 5.3 Transport

Healthwatch Stockton-on-Tees will investigate the transport arrangements for discharge from hospital more thoroughly. This will be included as a project in the next Healthwatch Stockton-on-Tees Work Programme.

### 5.4 Post Discharge Support

The Trust is asked to review and clarify the information and guidance given to patients to enable them to receive appropriate post-discharge support. This could include ensuring that every patient has a realistic point of contact on discharge. Healthwatch Stockton-on-Tees is very happy to be involved in this review.

### 5.5 Organisation of care packages

Healthwatch Stockton-on-Tees will investigate the arrangement of care packages in relation to patient discharge from hospital. This will be included as a Brief Investigation in the next Healthwatch Stockton-on-Tees work programme.

## 6. Addendum

### 6.1 Visit to Single Point of Access

As part of the main study staff from Healthwatch visited the Single Point of Access Team which allows the hospital to co-ordinate community nursing from a central point. Observations were made by the team regarding the efficiency of this referral process.

Referrals are being made to this service via fax. This is causing problems for staff interpreting and reading the forms. In some cases the SPA referral sheet is not included and this omits the reason for the referral. On discussion with the SPA team, Healthwatch identified that this is causing significant time delays in the referral process.

Healthwatch Stockton-on-Tees has already written to the Trust advising them of this and suggesting that the process is evaluated.

Healthwatch Stockton-on-Tees proposes to monitor this situation.

## 7. Contact

For further information or if you would like to feed information into ongoing pieces of Healthwatch Stockton-on-Tees work, please contact:

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