

Enter and View Report

Charing Cross Hospital Discharge Unit, 7th and 10th March 2022



A report by Healthwatch Hammersmith & Fulham

“Staff have been amazing, even though I have been complaining about my stay and things are taking a long time.”

Patient

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| Visit Details | |
|----------------------------|---|
| Service Visited | Discharge Unit, Charing Cross Hospital, Fulham Palace Road, London W6 8RF |
| Manager | Pohlin Chung |
| Date & Time of Visit | 7 th and 10 th March 2022, 2.00 - 4.00pm |
| Status of Visit | Announced |
| Authorised Representatives | Mari Tiitinen, Ahmed Noori, Anysia Mehta |
| Lead Representative | Mari Tiitinen |

1. Visit Background

1.1 What is Enter and View?

Part of the local Healthwatch programme is to undertake ‘Enter and View’ visits.

Mandated by the Health and Social Care Act 2012, the visits enable trained Healthwatch staff and volunteers (Authorised Representatives) to visit health and care services - such as hospitals, care homes, GP practices, dental surgeries, and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service, but equally they can occur when services have a good reputation.

During the visits we observe service delivery and talk with service users, their families, and carers. We also engage with management and staff. The aim is to get an impartial view of how the service is operated and being experienced.

Following the visits, our official 'Enter and View Report', shared with the service provider, local commissioners and regulators outlines what has worked well, and gives recommendations on what could have worked better. All reports are available to view on our website.

1.1.1 Safeguarding

Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with safeguarding policies. If at any time an Authorised Representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

1.2 Disclaimer

Please note that this report relates to findings observed on the specific date(s) set out. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

1.3 Acknowledgements

Healthwatch Hammersmith & Fulham would like to thank the service provider, service users and staff for their contribution and hospitality in enabling this Enter and View visit to take place. We would also like to thank our Authorised Representatives, who assisted us in conducting the visit and putting together this report.

On this occasion, two Enter and View Authorised Representatives attended the visits. The Authorised Representatives spoke to patients and staff. Suggestions have been made on how to improve the service and good practice has been highlighted.

2. About this Visit

2.1 Charing Cross Hospital - Discharge Unit

On 7th and 10th of March 2022, Healthwatch Hammersmith & Fulham visited the Discharge Unit and an Elderly Medicine ward in Charing Cross Hospital. The hospital is operated by Imperial College Healthcare NHS Trust.

The discharge lounge staff comprises of two Registered Nurses and two Healthcare assistants. The lounge opens five days a week 0900-1700. The minimum staffing levels are as follows:

Bedded and Chair area open -1 Registered Nurse and 2 HCAs

Just chair area open: 1 registered nurse and 1 HCA

2.2 CQC Rating

The CQC are the independent regulator of health and adult social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

Charing Cross Hospital was last inspected by the CQC in February 2019.

The subsequent [report](#) rated the service as 'Requires Improvement' overall, with individual ratings of 'Good' for being effective and caring, and 'Requires Improvement' for being safe, responsive, and well-led.

On discharge specifically, the report found that arrangements to assess, admit, treat, and discharge patients did not meet national standards (though specific examples are not highlighted).

2.3 Online Feedback

The Care Opinion [review page](#) contains mixed feedback, with the majority of reviews positive in nature.

2.4 Focus of the Visit

The 'Discharge to assess' model was introduced in 2020 to cope with the demand for hospital beds during the peak of the COVID-19 pandemic. The purpose of the model was to discharge patients from hospitals faster by having their ongoing care needs assessed at home.

Following the implementation of the new discharge model, Healthwatch England conducted a research project together with the British Red Cross, where they spoke with nearly 600 people that had been discharged from hospital during the pandemic. This report highlighted the hard work performed by the NHS staff, but also raised some inconsistencies in the implementation of the model across NHS Trusts in England. Two examples of this were a lack of follow-up visits and care assessments at home and discharge of patients at night-time without having transport arrangements in place.

Based on their findings, Healthwatch England made a number of recommendations on how to improve the discharge model. In October 2021, an [updated hospital discharge guidance](#) document, with suggested improvements to the issues highlighted, was published.

The improvements include ensuring patient safety first by avoiding discharge at night and always informing patients of the next steps in their care. Other improvements

include signposting to voluntary and housing sector partners; holistic welfare checks to determine the level of support needed; involving and assessing the needs of carers in the discharge process; and ensuring clarity regarding which staff members are responsible for each step of the discharge process and arrangements.

Healthwatch Hammersmith & Fulham received permission from the Imperial College Healthcare NHS Trust to make two visits to Charing Cross Hospital to observe how the patient discharge process is currently being implemented locally. These two visits were conducted on the 11th and 14th October 2021. From our findings a report identifying recommendations and highlighting good practice highlighted was subsequently produced.

Two follow-up visits to the discharge unit were arranged for the 7th and 10th March 2022 to observe whether these recommendations had been put in practice. In addition, we wanted to further engage with staff members and patients regarding the main issues with patient transport and with patients transitioning from hospital to social care as requested by the Healthwatch H&F committee members and the local authority.

3. Executive Summary of Findings

Our analysis is based on the feedback of 6 patients and 4 staff members.

This is a summary of key findings - see sections 4 - 6 for findings in full.

General Environment

Notes

- The discharge unit is located on the ground floor of the Charing Cross Hospital.
- The staff room and changing area is currently being converted into a bedded area with two beds for frail patients.
- During our visit, we were informed that the hospital is undergoing refurbishment work and part of this will be to change the internal signage. Therefore, it is currently not

possible to add internal signage to direct patients to the discharge unit until this work has been completed.

What has worked well?

- The unit is easily accessible for wheelchair users, and it is easy to find if directions are given.
- The door to the unit is kept locked, and a door buzzer needs to be pressed, but on all occasions, we were promptly let in.
- The unit has a sign outside their door, which means it is easily identifiable.
- The unit is clean and feels safe.
- Decorations have been added, such as artificial plants, paintings, and posters. TV was also on.
- Patients commented on being well looked after in the unit with refreshments being offered.

What could be improved?

- There are no signs regarding the discharge unit within the main reception area and we had to ask for directions from the reception.
- Staff reported being disappointed about losing their staff room and changing area, and not having a locker to put their personal belongings in.

Covid-19 Protocols

Notes

- Patients are tested for Covid-19 48 hours before their discharge.
- Patients who test positive for Covid-19 are not allowed in the discharge unit.

What has worked well?

- Patients and staff members are required to wear masks and the discharge unit layout allows for patients to socially distance.
- There are masks, gloves, wipes, and hand gel available at the unit.
- The seats are cleaned after each use - as was observed during the visit - and daily cleaning also takes place.

- If a patient being discharged has tested positive for Covid-19, their family/carer will be informed.

What could be improved?

- Care homes do not always accept patients who have tested positive for Covid-19 which can cause delays to the discharge process.

The team at the Discharge Unit provided the following response:

“You observed that care homes do not accept Covid-19 positive cases which contributes to discharge delays. This is one of several delays that are flagged regularly within both Imperial’s internal governance structures as well as the Northwest London Discharge Steering Group. We continue to work with our community partners in the ICS to address our delayed discharges and improve patient experience.”

Patient Transport

Notes

- Patient Transport is one of the main causes of delays to a patient being discharged, as was reported by both patients and staff members during our previous visits.

What has worked well?

- Patients and their families/carers are being kept up to date on the arrival times by the ward and discharge unit staff.
- Staff at the discharge unit reported having received training on the transport booking system.

What could be improved?

- Better and more accurate communication is needed regarding transport arrival times as the information on the live patient transport system is inaccurate and hospital staff rely on information from the Transport Coordinator.
- Delays can occur if a patient requires a two-man crew or specialist equipment; if the wrong type of transport has been ordered; or another patient is prioritised.
- Ward manager reported not having received training on the transport booking system.

Discharge Planning and Patient Involvement

Notes

- Multidisciplinary team (MDT) approach is used in planning and executing the discharge process.

What has worked well?

- The MDT approach.
- Patients are involved in the planning where possible, otherwise, families/carers are involved.
- Patients reported that this was done in a way that they understood.
- Patients who have difficulties in understanding the discharge process or information regarding their care plan can be referred to a specialist team or organisation.
- Discharge letter is directly sent to patient's GP.
- No delays to the discharge process were reported by the patients that we spoke with.

What could be improved?

- Patients were not aware of the person responsible for planning their discharge.
- Delays in putting care packages in place were reported by staff members.

The team at the Discharge Unit provided the following response:

“Discharge Planning occurs at ward level; discharges are fully planned before a patient arrives on the discharge lounge. We have a number of improvement projects ongoing to ensure patients, MDT and those important to the patient at home have sufficient information about their discharge. This includes technological solutions using our electronic patient record and the care information exchange. As noted before discharge delays are analysed regularly and discussed locally and across the ICS to ensure we inform system wide change.”

Medication

Notes

- Medication is one of the main causes of delays to a patient being discharged, as was reported by both patients and staff members during our previous visits.

What has worked well?

- We observed discharge nurses explaining medication to a patient and their carer in a calm and clear manner and helping them to obtain a syringe which was missed from the medication package.

What could be improved?

- The reasons for the delay in medication include delays in receiving a discharge letter; pharmacist not screening the medication on time; the format in which the medication is required (a dosette box takes longer to prepare); and late changes to the TTA (To Take Away) by medical teams.

Communication

Notes

- In our previous report, we recommended that the discharge unit staff participate in ward meetings and that awareness of the unit's function should be included in the new ward staff induction.

What has worked well?

- The Elderly Medicine ward that we visited includes the discharge unit as part of their new staff induction. However, it seems that this is not the case with all wards.
- The discharge staff also take part in the Elderly Medicine ward's bed meeting in the mornings.
- The discharge unit staff reported visiting the wards daily and having a good working relationship with them.
- Discharge checklists which highlight any special needs or requirements are completed for all patients.

What could be improved?

- The staff at the discharge unit reported having not attended any ward meetings.
- The communication between hospital staff and social care organisations, for example, in terms of organising care packages needs improving.

General

Notes

- The team at the discharge unit consists of two registered nurses as well as two healthcare assistants.

What has worked well?

- The staff at the discharge unit are happy with the way they work as a team.

What could be improved?

- The staff at the unit are disappointed about losing their staff room and changing area
- Discharge can sometimes run past the closing time of the unit (5pm) in which case either the staff will need to stay until the patient is collected; they move the patient to a transport lounge; or the patient is moved back to the ward.
- It seems that the unit is not used as effectively as it could be, and patients are often discharged directly from the wards.

The team at the Discharge Unit provided the following response:

“Lots of work is underway to improve the utilization of the unit. The bedded area is opening in August 2022 and we will be using this opportunity to do lots of work and communications across the ward areas to advertise and improve how much each ward use the lounge. We will be able to take a broader range of patients with our two new beds.”

Based on findings, we have made several recommendations (see section 7).

4. General Observations

During the visits, the Authorised Representatives made the following general observations. The team at the Discharge Lounge have provided a response to some of these and we have included them below the relevant observations.

Location and Signage

Observations

- Discharge lounge is located on the ground floor and is accessible for wheelchair users.
- Upon entering the hospital, we did not observe any signage directing us to the discharge unit and therefore we asked for directions from the reception after which the unit was relatively easy to find.
- The unit is easily identifiable due to signage above the entrance.
- During our visit, we were told that it is not currently possible to add signage for the discharge unit as the signage throughout the hospital is being changed and due to the ongoing refurbishment work in the hospital, this will not be done until after the work has been finished.

Accessibility

Observations

- The door to the unit is kept locked and entry requires a buzzer press - which on all occasions was responded to promptly.
- The unit is large enough for a wheelchair users.
- No visible obstructions observed.
- Tables are adjustable and height may be set.

Covid-19 Protocols

Observations

- Staff members are wearing face masks and social distancing is observed in the positioning of the chairs in the unit.
- Hand gel is provided at the entrance of the unit and masks, gloves, and wipes are also available.

General Environment/Facilities

Observations

- Environment appears safe and clean and to an extent comfortable but limited in that aspect.
- Discharge lounge lacks beds and the necessary equipment to provide for fragile and more critical patients. However, we were told that the staff and changing rooms are being converted into a new bedded area, which will have two beds.
- Decorations have been added, such as artificial plants, paintings, and posters. TV was also on.

Noticeboard/Information

Observations

- There were some information leaflets available, including leaflets about independent living services, Age UK - Caring for Someone with Dementia, NHS Your Hospital Discharge, and Fulham Good Neighbours.

Additional Observations

Observations

- During both of our visits, the discharge unit was very quiet with only a few patients coming to the unit. It seems that most patients are being discharged directly from the wards because of the lack of beds and other appropriate equipment that would enable more frail patients to be discharged from the unit.

5. Patient Feedback

During the visits of Monday 7th and Thursday 10th March 2022, we engaged with 3 patients in total. 2 of these patients (Patients A and B) were in the Elderly Medicine ward and were not being discharged on the day. However, we asked these patients questions on their discharge plan so far.

A further 3 patient questionnaires were filled in following our visits.

We asked questions around the general experience, environment, patient transport, Covid-19, medication, and follow-on support.

Patient A

Approximately how long have you been in the hospital?

7-8 days.

Where are you being discharged to?

I've been told that I will be discharged sometime next week, but this was not 100% certain. I will be discharged to home.

Has anyone talked to you about your arrangements for being discharged (i.e., transport arrangement and follow-on support)?

Not yet, but my granddaughters will pick me up if transport is not available.

Do you know the name of the person that is responsible for planning your discharge?

No.

Are you involved in the planning of your discharge and if so, can you tell us how?

Carers will be involved.

Have you been asked if you want to involve a family member or a carer in the planning of your discharge?

My family will be involved.

Have you found it difficult to understand what happens after your discharge and if yes, have you been provided with any additional support to help explain everything to you?

Not sure.

Do you feel ready to be discharged from the hospital on the date that you have been given?

Not ready yet, I have difficulty walking and would like to receive exercises to help.

Have there been any delays to your discharge so far? If so, have you been explained the reason for the delay?

No delays, slowly recovering.

Do you know if you will be given any medication to take at home after you have been discharged?

Yes (the patient has diabetes).

If so, have you been given any information about the medication and instructions on how to take it?

Not at the moment.

Have you been involved in deciding what care and support you might need once you are discharged from hospital?

I would like to be independent when I get home, for example when I go for walks. But if this will not be possible, I will need a carer.

Do you know if there have been any delays in putting the follow-on care and support in place?

Not sure.

Do you require a follow-up appointment to discuss your care? If so, has this been arranged for you yet?

Not sure, I may need to contact the doctors about medication.

Any other comments?

Staff have been amazing, even though I have been complaining about my stay and things are taking a long time. Doctors have been great, and my recovery has been positive.

Patient B

Approximately how long have you been in the hospital?

1 week and a day.

Where are you being discharged to?

Home. I have not yet been given a date for discharge.

Has anyone talked to you about your arrangements for being discharged (i.e., transport arrangement and follow-on support)?

Yes.

Do you know the name of the person that is responsible for planning your discharge?

No.

Are you involved in the planning of your discharge and if so, can you tell us how?

No.

Have you been asked if you want to involve a family member or a carer in the planning of your discharge?

My son.

Have you found it difficult to understand what happens after your discharge and if yes, have you been provided with any additional support to help explain everything to you?

I have carers who provide additional support.

Have you been involved in deciding what care and support you might need once you are discharged from hospital?

Carers, which has been arranged.

Do you know if there have been any delays in putting the follow-on care and support in place?

Not sure.

Patient C

Which ward are you being discharged from?

Acute care unit.

Approximately how long have you been in hospital?

2 nights.

Where are you being discharged to?

Home.

When did you know you were leaving today?

11.30 this morning.

Did anyone talk to you about your arrangements for being discharged (i.e., transport arrangements or follow-on support)?

No.

Do you know the name of the person that was responsible for planning your discharge?

Not sure, but a doctor told me when I would be leaving.

How were you involved in the planning of your discharge?

I was not involved.

Were you asked if you wanted to involve a family member or a carer in the planning of your discharge?

My husband is a doctor, so he was involved.

Did you find it difficult to understand what happens after you are discharged and if yes, were you provided with any additional support to help explain everything to you?

No.

Do you feel ready to be discharged from the hospital?

Yes, nobody wants to stay in the hospital.

Did you get a discharge summary? If so, has anyone been through it with you?

I'm waiting for it now.

Were you given an information leaflet about discharge - if so is this helpful?

No.

Was your discharge delayed for any reason? If so, were you explained the reason for the delay?

No.

Have you been tested for Covid-19 before your discharge?

No.

Have you been given any medication to take at home?

Yes.

If so, are your medications ready? If not, what was the reason for the delay?

No, I've been waiting since 11.30 this morning and not been given a reason.

Do you understand the information/instructions you were given about the medication?

No but hopefully when I get the medication.

Additional note: The HW authorised representatives later observed one of the discharge nurses collecting the patient's medication from the pharmacy and explaining the medication to the patient and her husband in a calm and clear manner. The discharge nurse also collected a syringe which was required for one of the medications but was missed from the medication package by the pharmacist who prepared it.

Have you been involved in deciding what care and support you might need once you are discharged from hospital?

No, the hospital will send a letter to the doctor.

Have you been given information about your recovery (for example, things you can and cannot do)?

No.

Have you been given any contact numbers in case you need any information or support?

No.

Do you require a follow-up appointment to discuss your care? If so, has it been arranged for you?

Yes, but it hasn't been arranged.

If it has not been arranged with you, have you been given a reason why?

It hasn't been discussed, the discussions with doctors have been very short.

Are you being looked after well by staff? (have they checked on you, have you been offered refreshments)?

Yes, very nice so far, they have provided us with coffee and biscuits.

Additional Information

The husband of the patient requested copies of the patient's medical reports which were promptly provided by the discharge unit. The discharge nurse also apologised for the delay in obtaining the patient's medication and therefore delaying their departure.

Patient D

Which ward are you being discharged from?

LSW. (We were unable to identify which ward the patient was referring to.)

Approximately how long have you been in hospital?

14 days from acute care ward.

Where are you being discharged to?

Home.

When did you know you were leaving today?

About an hour ago.

Did anyone talk to you about your arrangements for being discharged (i.e., transport arrangements or follow-on support)?

Not really, just said that transport was coming for me.

Do you know the name of the person that was responsible for planning your discharge?

Sister Diana.

How were you involved in the planning of your discharge?

Got social services involved. Have an allocated social worker's phone number.

Were you asked if you wanted to involve a family member or a carer in the planning of your discharge?

Nobody to involve.

Did you find it difficult to understand what happens after you are discharged and if yes, were you provided with any additional support to help explain everything to you?

The patient understand that her first point of contact is her social worker.

Do you feel ready to be discharged from the hospital?

The patient is happy to be going home, but still feels very weak.

Did you get a discharge summary? If so, has anyone been through it with you.

The patient has received a discharge summary, but no explanations given.

Were you given an information leaflet about discharge?

No, but the discharge unit has provided the patient with relevant leaflet 'Community Independence Service'.

Was your discharge delayed for any reason? If so, were you explained the reason for the delay?

No.

Have you been tested for Covid-19 before your discharge?

Yes.

Have you been given any medication to take at home?

Yes.

If so, are your medications ready? If not, what was the reason for the delay?

Medications are with the patient.

Do you understand the information/instructions you were given about the medication?

Yes.

Have you been involved in deciding what care and support you might need once you are discharged from hospital?

Yes, she does not need additional help/support.

Have you been given information about your recovery (for example, things you can and cannot do)?

No.

Have you been given any contact numbers in case you need any information or support?

Social services number.

Do you require a follow-up appointment to discuss your care? If so, has it been arranged for you?

No.

Are you being picked up by the hospital transport? If so, how long are you having to wait for it?

Yes.

Have you received updates on the arrival time of the transport and the cause of any delays?

Not yet.

If you have used hospital transport before, did you feel safe in the vehicle with your seatbelt on or your wheelchair secured correctly? Did the driver wait until you were safely inside your home or the place you were being discharged to? If not, please tell us why.

Feeling safe based on previous experience of hospital transport.

How long did your journey take from door to door?

Around 15 min (to Putney).

What do you think about the discharge lounge environment?

It's ok.

Are you being looked after well by staff? (have they checked on you, have you been offered refreshments)?

Yes.

Any other comments?

Some confusion regarding discharge, one minute the doctors were saying about discharge this afternoon, and the next minute, NIC sent her to discharge lounge.

Patient E

Which ward are you being discharged from?

8W (Eight West).

Approximately how long have you been in hospital?

Approximately 2 weeks.

Where are you being discharged to?

Home.

When did you know you were leaving today?

Yesterday I asked.

Did anyone talk to you about your arrangements for being discharged (i.e., transport arrangements or follow-on support)?

Yes, the nurse.

Do you know the name of the person that was responsible for planning your discharge?

No, I think social worker.

How were you involved in the planning of your discharge?

Yes.

Were you asked if you wanted to involve a family member or a carer in the planning of your discharge?

Yes, but not possible as sister lives in Devon.

Did you find it difficult to understand what happens after you are discharged and if yes, were you provided with any additional support to help explain everything to you?

I understand.

Do you feel ready to be discharged from the hospital?

Yes, I feel better.

Did you get a discharge summary? If so, has anyone been through it with you.

Not yet, because I am waiting for medication.

Were you given an information leaflet about discharge?

No.

Was your discharge delayed for any reason? If so, were you explained the reason for the delay?

No.

Have you been tested for Covid-19 before your discharge?

Yes, yesterday.

Have you been given any medication to take at home?

Waiting for medication now.

If so, are your medications ready? If not, what was the reason for the delay?

Not yet, the reason I'm here (at the Discharge Unit).

Do you understand the information/instructions you were given about the medication?

Hoping that it will be explained to me, but I know my usual medications.

If not, have you been offered any additional support to help explain everything to you?

I can call my GP.

Have you been involved in deciding what care and support you might need once you are discharged from hospital?

Yes, I was involved.

Were there any delays in putting the care and support in place? If so, were you explained the reason for the delay?

No.

Have you been given information about your recovery (for example, things you can and cannot do)?

Not really, I just need to rest. My left arm needs to be supported.

Have you been given any contact numbers in case you need any information or support?

My social worker.

Do you require a follow-up appointment to discuss your care? If so, has it been arranged for you?

Yes, for fracture clinic.

Are you being picked up by the hospital transport? If so, how long are you having to wait for it?

Yes.

Have you received updates on the arrival time of the transport and the cause of any delays?

Previously used volunteer transport - no delay. Had hospital transport when transferred from one hospital to another.

If you have used hospital transport before, did you feel safe in the vehicle with your seatbelt on or your wheelchair secured correctly? Did the driver wait until you were safely inside your home or the place you were being discharged to? If not, please tell us why.

Yes.

How long did your journey take from door to door?

It's ok, no delay.

What do you think about the discharge lounge environment?

It's nice and clean. Having the TV is good, but don't watch normally.

Are you being looked after well by staff? (have they checked on you, have you been offered refreshments)?

Yes, had lunch and tea.

Patient F

Which ward are you being discharged from?

8W (Eight West).

Approximately how long have you been in hospital?

4-5 days

Where are you being discharged to?

Home.

Is this the same place you were admitted from? If not, have options been discussed with you?

Yes.

When did you know you were leaving today?

Nurse told me this morning.

Did anyone talk to you about your arrangements for being discharged (i.e., transport arrangements or follow-on support)?

Nurse / someone?

Do you know the name of the person that was responsible for planning your discharge?

Don't know.

How were you involved in the planning of your discharge?

Asked about any help needed on discharge.

Were you asked if you wanted to involve a family member or a carer in the planning of your discharge?

Sister was involved.

Did you find it difficult to understand what happens after you are discharged and if yes, were you provided with any additional support to help explain everything to you?

Knows.

Do you feel ready to be discharged from the hospital?

Yes.

Did you get a discharge summary? If so, has anyone been through it with you.

Yes.

Were you given an information leaflet about discharge?

Independent Living Service leaflet was given in the discharge lounge.

Was your discharge delayed for any reason? If so, were you explained the reason for the delay?

No.

Have you been tested for Covid-19 before your discharge?

Yes.

Have you been given any medication to take at home?

Yes.

If so, are your medications ready? If not, what was the reason for the delay?

Yes.

Do you understand the information/instructions you were given about the medication?

Yes.

If not, have you been offered any additional support to help explain everything to you?

Yes.

Have you been involved in deciding what care and support you might need once you are discharged from hospital?

Yes.

Were there any delays in putting the care and support in place? If so, were you explained the reason for the delay?

No.

Have you been given information about your recovery (for example, things you can and cannot do)?

Yes, information regarding dizziness.

Have you been given any contact numbers in case you need any information or support?

Only carers 3 x week - leave with brother.

Do you require a follow-up appointment to discuss your care? If so, has it been arranged for you?

No.

Are you being picked up by the hospital transport? If so, how long are you having to wait for it?

Yes.

Have you received updates on the arrival time of the transport and the cause of any delays?

Yes - discharge coordinator.

If you have used hospital transport before, did you feel safe in the vehicle with your seatbelt on or your wheelchair secured correctly? Did the driver wait until you were safely inside your home or the place you were being discharged to? If not, please tell us why.

Very long time ago.

How long did your journey take from door to door?

½ hour.

What do you think about the discharge lounge environment?

Yes.

Are you being looked after well by staff? (have they checked on you, have you been offered refreshments)?

Yes, given a snack box to take home.

6. Staff Feedback

During the visits we interviewed 3 members of staff - 1 Senior Discharge Nurse, 1 Health Care Assistant (HCA) and 1 Ward Manager. In addition to this, one of the discharge nurses filled in the questionnaire following our visit.

6.1 Health Care Assistant

The Health Care Assistant has worked at the unit for 3 years.

Waiting Times

How long on average do patients have to wait (in particular for hospital transport)?

Patient waiting time is 90 mins, however, the wait is usually longer due to delays with transport and medication.

Are patients kept up to date on the arrival times of the hospital transport and are they given the reason for any delays?

Yes, information is provided.

What are your experiences of the hospital transport and what, if any, changes would you make to the way it currently operates?

There are constant delays with transport so improving communication between transport team and discharge, informing them on driver replacements and any other reasons that may cause delays, which happen frequently, would go a long way on improving the hospital transport.

Involvement

Are patients in the lounge prioritised for any reason (such as care home residents)?

Yes, more critical patients are prioritised and depending on their needs.

How do you know about any specific needs or requirements?

Information is provided by the relevant ward/Doctor regarding any needs/requirements

Environment

Do you think patients are comfortable while in the lounge?

Yes, they are provided with the necessary equipment and service to meet their needs.

How often are they checked on - are they offered refreshments, or asked about needs?

Patients are checked on upon admission to the lounge and every 15-30 minutes after, this also depends on the patient condition.

What are your thoughts on the general environment? Is there anything you particularly like, is there anything that could be improved?

Addition of beds and better equipment.

What Covid-19 procedures are in place?

Social distancing is followed, hand gel, and masks are readily available and COVID positive patients aren't admitted in the lounge to prevent spread of disease.

Communication

Do you regularly communicate with social care partners and how is information shared between the teams?

Yes, initially this is done by the discharge ward who relay information back to us.

What areas of communication between hospital and social care partners, if any, do you feel could be improved?

More detail and specific information on patient needs and any other relevant information.

Do you feel that anything works particularly well?

Communication is good for the most part has been improving over the past few years and months.

General

Can you tell me what you enjoy most about your job?

Helping patients and interacting with them and the staff.

And what do you find most difficult?

The constant transport and medication delay which make the discharge process more complex than needed. Discharge often runs past the set time which leads to the lounge staff having to communicate with other wards to provide care for the patients and the wards are usually busy which makes the whole process very tiring.

6.2 Senior Discharge Nurse

The Senior Discharge Nurse has worked at the unit for 2 years.

Waiting Times

Have you received any training on hospital transport? For example, how the patient transport system works, guidelines on when to order a two-man crew etc.

Yes, when I started I was given a login to the transport system and training on how to book the transport.

How long on average do patients have to wait?

On average 2-4 hours, depending on the transport. Two-man crews who are needed for patients in wheelchairs or patients who need to be transported on a stretcher take longer to arrive as there are not as many of them.

Are patients kept updated on the arrival times of the hospital transport?

Yes, we work closely with the transport coordinator. However, sometimes the delays are out of their control, for example, if a driver is allocated to a patient waiting in the discharge unit, but a more urgent request for transport comes through, the driver can be removed and a new driver needs to be re-allocated which causes delays. Patients with

serious illnesses are the first priority for patient transport, the second outpatients, and discharged patients are third.

What are your experiences of the hospital transport and what, if any, changes would you make to the way it currently operates?

Main problem is delays, we sometimes still have patients here at 5pm which is when the discharge unit closes. In those cases, we might transfer the patient back to the ward or the transport lounge. Sometimes we have had occasions where a ward has booked the wrong transport, for example a one-person crew when the patient requires a two-man crew.

Involvement

Are patients in the lounge prioritised for any reason (such as care home residents)?

Yes, those with serious illnesses. We closely liaise with the transport coordinator and keep family informed as well.

How do you know about any specific needs or requirements?

There is a handover from the ward. We have a discharge unit checklist which is completed during the assessment of the patient. The checklist includes details of any special needs or requirements.

Have you been invited or attended any ward team meetings?

Since I started, I have not attended any ward meetings, but I have suggested this on few occasions.

Is the discharge unit part of the new ward staff induction?

I am not sure as I have suggested this previously to the senior member of the team.

Do you think that by attending ward team meetings and including the discharge unit as part of the new ward staff induction has helped (or would help) to raise the awareness of the discharge unit and improved the coordination and communication with the wards?

I do believe that it will be beneficial to everyone if all the staff are aware that discharge lounge exists and what we do. This will also improve communication between us and the wards.

Environment

Do you think the new bedding area will help patients to feel more comfortable in the discharge unit?

Yes, I believe it would because we can accommodate stretcher patients, and this will help with the bed flow.

Do you think patients are comfortable while in the lounge?

Yes, but there are patients who cannot sit for long or they might need to put their legs up, for example, if they are on crutches. We requested a recliner, but due to some confusion, the request was unsuccessful.

How often are they checked on - are they offered refreshments, or asked about needs?

At lunch time, patients are offered hot meals, and in the afternoon, sandwiches and tea or coffee.

What are your thoughts on the general environment? Is there anything you particularly like, is there anything that could be improved?

We can't really do anything about it. We were successful in getting a bedded area, but that means we no longer have a staff room or changing area as this is being converted into the bedded area. We have been told that we can use other staff rooms and changing

areas, but it is difficult to go far when you have a 30-minute break and we are also a small team, so you don't want to go too far in case the other staff member in the unit needs help.

What are your thoughts on the staff room and changing area being converted to a bedding area for patients?

I was disappointed that we do not have a staff room that we can sit and relax to have our break. Changing area is not so much of a problem because we can change in the toilet, but we have no proper lockers to put our things.

Have you been offered alternative spaces to use as a staff room and changing area?

Yes, our manager offered us to use the therapy department changing room, but no specific staff room identified. We feel that if it is outside the unit, it will be difficult as we are a very small team.

Communication

Do you regularly communicate with social care partners and how is information shared between teams?

We keep care agencies up to date when patients are being discharged, but there is a separate team who deal with patients who require continued care (complex discharge team).

How often do you communicate with social care organisations (i.e., care homes etc.) and what are the main reasons for this?

We often contact care agencies to let them know when patient is collected by transport.

What areas of communication between hospital and social care organisations, if any, do you feel could be improved?

Sometimes in the ward patients are not being handed over to us properly and we have to find information on Cerner (an electronic health record software). Some care agency information is not clearly documented and at times are not written on the discharge checklist. It would be good if care agencies' contact numbers are clearly documented on Cerner in case we need to call them if there are issues with transport and the patient will miss their package of care.

General

What are the main reasons for delays in medication for patients that are being discharged?

- If patients discharge letter is not finalised by the doctor on time.
- If patient is going home with a dosette box as it takes longer to prepare.
- If a ward pharmacist doesn't screen the medication on time.

What do you think works well in the discharge unit?

- Teamwork of all the staff in the unit.
- Working relationship between the discharge lounge staff and ward.

Can you tell me what you enjoy most about your job?

Talking and having a conversation with patients and their families.

And what do you find most difficult?

Chasing everything; chasing patient transport and chasing doctors for patients' discharge letters which sometimes takes a long time because they are very busy.

Anything else you would like to mention?

If all wards will discharge patients via DL (discharge lounge), if they are suitable, so that the DL is being used effectively. If patients in DL are being prioritised in terms of their transport and medication.

6.3 Ward Manager

The Ward Manager has worked at the Elderly Medicine ward for 3.5 years.

Involvement

Is discharge supervised by a designated staff member (do patients or families/carers know who to speak to)?

Yes, typically a band 6 nurse, who I liaise with, and we have a collective ward round which is multidisciplinary team (MDT) led.

How do you know about a patient's particular needs (such as transport arrangements or follow-on support)?

Through MDT who provide relevant information and arrangements are made with the discharge unit team.

How do you involve patients, families/carers in the discharge process?

Lot of our patients have dementia which means that due to lack of capacity they are not always involved. But we keep next of kin or care home informed.

Do patients typically know what to expect from the discharge process?

Not all of them, because of lack of capacity, but most of them.

Is a discharge summary provided, if so, are patients, families/carers talked through it?

Yes, 9 out of 10 times it is with the next of kin and we also inform them that a discharge letter is being sent to their GP.

Is general information given on discharge (such as a leaflet)?

Many of our cases are complex, so only regarding a specific condition or treatment.

Is any condition-specific information given?

Yes, patients are provided information regarding their condition.

Is there any additional support provided for people who have difficulty understanding information about their care and treatment? (Such as those with sensory or learning disabilities, foreign language speakers)?

Yes, for example dementia patients are referred to dementia team who can provide them with information or refer them to community organisations that can help.

Timing

What is the latest time a patient is discharged?

Usually by 5pm but it can happen later. It also depends on where they are being discharged to - if they are going to a care home, what is the latest time the care home will accept the patient or if they are being discharged to home, when is the patient's care package in place. Personally, I would not charge after 7pm.

Are patients, families/carers notified of any delays?

In 9 out of 10 cases, yes.

What are the most common reasons for delays in discharge?

Transport and medication.

What are the most common reasons for delays in patient transport and obtaining medication for patients who are being discharged?

With transport it is traffic, or they do not know what transport is needed. This could be miscommunication from both ends.

With medication, it could be because the TTA (To Take Away) medication system has not been done for the patient. Pharmacies could be short staffed, and it depends how medications are prepared; if it's in single boxes or in a dosette, dosettes take longer to prepare. If the patient is going to a care home, they might want the medication in single boxes, but it has been prepared into a dosette.

Management

At what point do you start planning a patient's discharge (is it when the patient is first admitted)?

A few days after they are admitted. The first few days are about treating the patient, but we start the planning once the patient comes to us from the acute ward.

Do you have a discharge checklist or procedure in place?

Yes, a discharge checklist is available in our system.

When are patients assessed for discharge and what does the assessment involve?

It is MDT led who make the decision.

Do delays occur in the assessment process and if so, can you tell us what are the most common reasons for delays?

Yes, all the time. It is more down to social care, for example, delay in putting a care package in place. Patients can also become unwell again.

What is the policy on Covid-19 and discharge?

Patients are tested 48 hours before and if they test positive, we inform their carer/family of their status. If they are fine with the patient going home, then they will be discharged and they will need to finish self-isolating at home. If the patient is going into a care home and have tested positive, the care home might not accept them, which will then cause a delay to the discharge.

Patient Transport

Do staff members receive training on hospital transport? For example, how the patient transport system works, guidelines on when to order a two-man crew etc.

When Falck took over, they had some people come over to talk to the wards and they made sure that everyone had access to their system, but there has not been any actual training, so maybe that would be a good idea.

How long on average do patients have to wait for their discharge (in particular for hospital transport)?

It is difficult to say. If you book the transport a day before the patient is discharged, you can choose a time for the transport to arrive and usually they tend to arrive at this time. But if you book it for the same day, you can't choose a time. 4-6 hours in worst case scenario. So book in advance where possible.

Are patients kept up to date on the arrival times of the hospital transport and are they given a reason for any delays?

We tend to speak to next of kin and we tell them what we know.

What are your experiences of the hospital transport and what, if any, changes would you make to the way it currently operates?

Communication should be improved. The transport coordinators should tell drivers what and when the transport is needed. There is an internal system you use to book the transport, but I find it better to speak to them on the phone.

Have you heard of any difficulties with the patient transport from patients in the ward?

Not really, can't think of anything.

Communication

Do you regularly communicate with social care partners and how is information shared between the teams?

We have social workers that work in the trust, and we have a discharge co-ordinator who is part of the MDT, so the relationship is close.

What areas of communication between hospital and social partners, if any, do you feel could be improved?

Communication is slow when there are multiple people and teams involved in complex cases. Sharper and clearer communication would help.

Do you know if the discharge unit staff members are part of any ward team meetings?

They are part of the bed meetings in the morning where it is discussed how many patients can go to the unit on that day. Not sure how they could be part of the team meetings when there are so many wards.

Is the discharge unit part of the new ward staff induction?

Yes, at least in this ward.

Do you think that these changes have helped (or could help) to raise awareness of the discharge unit and improved the coordination and communication between the unit and the wards?

We could work together better with tighter communication. When the current team leader of the discharge unit started, we had a lengthy conversation about communication

and how important it is, but I feel this has not been followed through. The staff at the discharge lounge could be more hands on with the patients, but they might be reluctant to do this if they are not sure how, or there could also be access issues, they do not have access to the relevant systems. Maybe more training would be a good idea.

General

Do you feel that anything works particularly well?

MDT is great, but with our patients who are complex cases there are many people involved and this can be a downside.

Can you tell me what you enjoy most about your job?

Getting patients back to their own environment, i.e., home.

And what do you find most difficult?

When my hands are tied, especially in terms of social care. It is frustrating to try and link up everything in order to get a patient home. Unrealistic expectations from patient's relatives/carers regarding care provided and the discharge process.

Any other comments?

When the discharge unit was set up, it was done so that it is only for patients who are able to move and sit up as there are no beds in the discharge unit. With complex cases, where a patient is not able to sit up, they need to wait for their discharge in the ward. If there were beds, this would add more capacity and more patients could go and wait for their discharge there. I've heard that they are getting two beds in there which is good.

6.4 Discharge Nurse

The Discharge Nurse has been in post for just over 2 years.

Patient Transport

Have you received any training on hospital transport? For example, how the patient transport system works, guidelines on when to order a two-man crew etc.

In-house training. We have access to live patients' transport, but it is often inaccurate. We rely on information received by our transport coordinator. Wards are requesting a particular type of transport but we need to assess its appropriateness.

How long on average do patients have to wait?

We are told that for simple booking (one-man crew) it's anything between 60-90 minutes. It is much longer for two-man crew, and with additional equipment such as carry/chair or stair climber.

Are patients kept updated on the arrival times of the hospital transport?

We are doing our very best to update our patients regularly, but we are fully dependent on information received from coordinator.

What are your experiences of the hospital transport and what, if any, changes would you make to the way it currently operates?

- Eligibility criteria - from our experience everybody discharged can get hospital transport, even fully independent.
- Better communication and quality information given to us, so that we are able to update our patients.
- Really prioritising patients in discharge lounge - several hours spent in a chair could be very upsetting.

Involvement

Are patients in the lounge prioritised for any reason (such as care home residents)?

In theory yes, but their particular needs have to be specified on booking form.

How do you know about any specific needs or requirements?

During the handover of care, reading the structured notes on Cerner - particularly OTPT (Occupational Therapy and Physical Therapy) entries.

Have you been invited or attended any ward team meetings?

No, but we are visiting wards daily and have an opportunity to speak to NIC (Nurse In Charge) / Ward Manager.

Is the discharge unit part of the new ward staff induction?

Not that I know of.

Do you think that by attending ward team meetings and including the discharge unit as part of the new ward staff induction has helped (or would help) to raise the awareness of the discharge unit and improved the coordination and communication with the wards?

I think that ultimately, the NIC decides to send the patient to discharge lounge or not. Some consultants suggest and clearly document, for example: "patient can go to DL."

Environment

Do you think the new bedding area will help patients to feel more comfortable in the discharge unit?

Well, I am positive person, and we will do our very best to make our patients comfortable in the new bedding area.

How often are they checked on - are they offered refreshments, or asked about needs?

On arrival - offered refreshments / snacks / lunch menu to scrutinise. Patients who live alone are always offered to take a snack box home (sandwiches, fruit, juice, biscuits).

What are your thoughts on the staff room and changing area being converted to a bedding area for patients?

Well, we are left without changing area, staff room or staff toilet. We are such a small team that it is impractical to let us use facilities away from discharge lounge.

Have you been offered alternative spaces to use as a staff room and changing area?

Did not hear anything officially.

What Covid-19 procedures are in place?

Yes, still are and we have a leaflet on the noticeboard.

Communication

How often do you communicate with social care organisations (i.e. care homes etc.) and what are the main reasons for this?

As required. Often have to call Homefirst (therapists assessing patients in home environment) when the patient is discharged. Also informing them of any delays. Similar communications with care homes.

What areas of communication between hospital and social care organisations, if any, do you feel could be improved?

I think that there is room for improvements in organising / confirming POC (Package of Care). I think that this is the most common reason for delayed discharge.

General

What are the main reasons for delays in medication for patients that are being discharged?

- TTA (To Take Away) medications are not screened by pharmacists.
- Signed copy of discharge summary with CD (controlled drugs) not send to pharmacy.
- Late changes to TTA by medical teams.

What do you think works well in the discharge unit?

We work well as a team (talking about registered nurses mainly) - we are very proactive and do things at once (without leaving for next day). We were sorry that one of our fantastic members of staff left.

Can you tell me what you enjoy most about your job?

My background is working in acute care. I am very experienced in assessing patients, communication and contributing to safe discharge hence improving patient flow.

And what do you find most difficult?

- Inaccurate on purpose handover
- “Dumping patients” to discharge lounge with full knowledge that it will be impossible to discharge
- Not prioritising discharge lounge in inpatient pharmacy and transport.

Anything else you would like to mention?

I feel really disappointed that the bedded area is created in staff room location (two beds only), not in the clinic next door. That area would have given us more beds and more chairs for ambulatory patients and would have been managed easier.

7. Recommendations

The Authorised Representatives would like to express thanks for the invitation to visit the service at Charing Cross Hospital.

Based on the analysis of all feedback obtained, Healthwatch Hammersmith & Fulham would like to make the following recommendations. We include the response from the Charing Cross Hospital Discharge Unit below the relevant recommendation.

We make 2 recommendations on patient transport.

7.1 Patient Transport

The delays relating to patient transport are one of the main causes of delays to patient discharge. We understand that this is difficult to address as the transport is operated by external company Falck. As per the response from the Discharge Unit to our previous recommendations on patient transport, we are aware that the unit is working closely with Falck to improve the ongoing challenges.

***Recommendation 1:** We believe that there is a plan to have the Transport Coordinator based in the Discharge Unit in order to improve the communication and escalation of issues. We would encourage this to be implemented as soon as possible as it would take the pressure off the discharge unit staff and help them to keep patients, families and care agencies better informed of the arrival times. It could also enable wards to better plan patient discharge if they can easily access up to date information on the patient transport.*

***Recommendation 2:** We would also recommend that staff, including ward staff, are provided with training on the transport booking system and clear guidelines on what type of transport to book for patients with special requirements. This could help to minimise the mistakes made during the booking process.*

Response: “We have lots of ongoing work regarding the transport contract that ICHT (Imperial College Healthcare NHS Trust) holds. Falck the company who provide patient transport are experiencing workforce and recruitment problems that they are working to address. Ward teams are working to ensure that all their staff are trained on the transport booking system, and we are rationalising ordering patient transport only for those that need it. The Discharge lounge staff are also ensuring all members are trained on the system and are building strong relationships with the transport coordinator to ensure transport cases are prioritised according to any cut off times of the receiving care team (rehab unit, care home etc.).”

We make 2 recommendations on the general environment.

7.2 Environment

During our visit, we were informed that the hospital is undergoing refurbishment work and part of this will be to change the internal signage. Therefore, it is currently not possible to add internal signage to direct patients to the discharge unit until this work has been completed.

Recommendation 3: We would encourage that this is followed up with the building management team in order for the discharge unit to be included in the new signage.

We were also informed that the staff and changing rooms within the unit are being converted into a new bedded area, which will have two beds for frail patients.

Recommendation 4: We were happy to hear that the bedded area is currently being built; this will enable more patients to wait for their discharge in the unit and therefore improve the patient flow. However, we would recommend that the staff are provided a nearby alternative space to take their breaks and store their personal belongings to maintain staff morale.

Response: “Thank you for noting the ongoing works regarding the bedded area, this is due to open next week. We now have a sign outside of the unit that is visible from the corridor. The Trust has launched a Charing Cross Site Wide Wayfinding project to improve patient experience of wayfinding and the discharge lounge area will be included in this.

Locked cupboards, drawers or lockers are being provided to ensure staff have a safe place to leave their belongings. Imperial Charity has just opened a brand-new refurbished staff rest area on the 2nd floor which can be used during breaks by all staff including the discharge lounge team.”

We make 2 recommendations on staffing.

7.3 Staffing

The discharge staff team reported having a good relationship with the ward staff and visiting the wards on a daily base. During both of our visits, the discharge unit was very quiet with only a few patients coming to the unit. It seems that the unit is not used as effectively as it could be, and patients are often discharged directly from the wards. Whilst the main reason for this is the lack of beds and appropriate equipment for patients who are not able to sit, we also wonder if this could be due to lack of awareness of the discharge unit.

Recommendation 5: *We would echo our previous recommendation of the inclusion of unit staff at ward level meetings to strengthen relationships with nursing staff and ward managers, a basis on which to address inconsistencies across wards.*

Recommendation 6: *We would recommend that the unit is included in the new ward staff induction so that all ward staff members are aware of the operation of the Discharge Unit. This may increase the use of the Unit and encourage the*

flow of information regarding patient needs from the wards and enable staff to share this amongst their team. This could in turn; improve the efficiency in the discharge process, enhance patient experience; and save time on the Wards regarding discharge activities.

Response: *“We are always working to better communicate discharge arrangements between the MDT and social services. The discharge lounge staff attend daily bed meetings with the nurses in charge of the medical wards and the site team. We also have a discharge team who liaise with the wards every day. The discharge team also facilitate a daily complex discharge huddle at 1030 attended by adult social care and other community partners where issues are raised and problem solved. We are working to better use our electronic patient record to ensure all updates are on the patient record as soon as we receive them. We expect changes to our electronic patient record to go live in Autumn.”*

Recommendation 7: *It may be beneficial for Discharge Unit staff to liaise more closely with the Pharmacy department/other wards to identify whether any improvements can be made to expedite medication requests. This could include, for example, raising the overall priority of discharge medication requests within the Pharmacy department, and working with other wards to help ensure a signed copy of the discharge summary with Controlled Drugs is sent to the pharmacy as promptly as possible. This could help maximise the time the busy pharmacy has to prepare the medication.*

Response: *“We note that that the provision of take-home medications does cause delays on the day of discharge. The Trust is rolling out a large programme of Improvement focussed on Board Round and Ward Round practices with the aim of early completion of Discharge letters to improve discharge and flow. This programme of work is launching in July 2022. We are also working with the NWL ICS about alternative solutions to Medications Compliance Aids for patients going home with a care package as we acknowledge that the provision of dosette boxes adds to delays.”*

In addition to the above responses, the team at the Charing Cross Hospital Discharge Lounge also provided the following feedback:

“We would like to thank the Healthwatch team for taking the time to visit the discharge lounge again and for their very comprehensive report and feedback. Thank you very much for the very positive feedback contained within the report. We would agree that there is scope for improvement in the discharge unit and welcome the suggestions made by Healthwatch which we will now work with our colleagues and staff to implement.”

8. Glossary of Terms

| | |
|-----|---------------------------------|
| AIS | Accessible Information Standard |
| BSL | British Sign Language |
| CQC | Care Quality Commission |
| FFT | Friends and Family Test |
| HCA | Health Care Assistant |
| MDT | Multi-Disciplinary Team |
| PCN | Primary Care Network |
| PPE | Personal Protective Equipment |
| RAG | Red, Amber, Green |
| UCC | Urgent Care Centre |

9. Distribution and Comment

This report is available to the general public and is shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences, please contact us.

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“We will do our very best to make our patients comfortable in the new bedding area.”

Staff Member