

# Hospital Discharge

Experiences of people leaving hospital

Spring 2023



# Contents

---

About us	2
Summary	3-4
Why we did this project	5
How did we do it?	6-7
Who did we hear from?	8
What did people tell us?	9-16
What has happened so far?	17
What should happen next?	18
Thank you	18
Disclaimer	19



# About Us

Healthwatch Derbyshire is an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

## Our mission

We are a strong, independent, and effective champion for people that use health and social care services. We will continue to influence health and care services and seek to improve joined-up care for the people of Derbyshire.

## Our vision

We want to see consumers of health and social care services being put centre stage so that service providers and commissioners listen to what they have to say and use their voices to shape, inform and influence service delivery and design.

# Summary

## Successful hospital discharges happen with informed patients

Being discharged from hospital plays a key role in people's recovery and staying well. We gathered the experiences of people leaving hospital, as effective discharge can help in recovery and reduce the chances of readmission. Poor co-ordination of the discharge process can lead to delayed transfers of care, poor or absent care, emergency readmissions, and wasted resources.

In Spring 2023, we collected the views and experiences of over 100 people leaving hospital. This was carried out at the Discharge Lounge of Chesterfield Royal Hospital, and the University Hospitals of Derby and Burton Discharge Assessment Units. Feedback was also collected from people who had recently left hospital and had received help from the Derbyshire Home from Hospital Service.

We wanted to listen to people's views of leaving hospital, to identify areas of good practice, along with areas that people felt would improve the patient experience when returning home after a stay in hospital.



**Over 100 people shared their views about leaving hospital.**

### Key information:

- 75% of people had conversations with staff about going home and any needs they may have whilst they were on the ward
- 66% of people felt fully involved and 67% able to raise any concerns they had
- 67% of people recalled being told what would happen when they were in the discharge area
- Only 23% knew who to contact if they had any queries or problems when they returned home.

## **Key findings:**

- People not knowing why or what they were waiting for caused frustration and distress
- There were experiences of delays in receiving medication preventing efficient discharge
- People experienced delays in transport, again preventing efficient discharge
- Some felt rushed to be discharged from hospital care - they wanted more time to get better.

## **Key positive feedback:**

- People appreciated and acknowledged the hard work of staff members
- People recognised staff kindness and professionalism.

## **Key issues:**

- Improve communication with patients about the process of leaving hospital
- Provide information that patients and their relatives and carers can understand and remember
- Provide realistic timescales to patients and their carers.

## **What has happened so far?**

All the feedback collected has been shared with the relevant hospital trust.

Information from the findings is already being used by both hospital trusts to improve the patient experience for people leaving hospital. Further details can be found on Page 17: What has happened so far?

We will continue to work with the hospital trusts to make sure the information is used to further improve patient experience.

# Why we did this project

Since Healthwatch was first established in 2013 people across the country have shared their experiences of leaving hospital and how it could be improved for patients.

During Covid-19 there was pressure on hospitals to discharge patients and hospital discharge became a great concern. This affected the whole of the health and care system both locally and nationally.

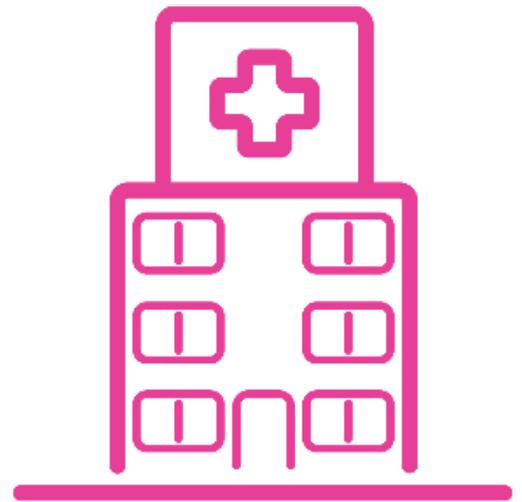
During Covid-19 we heard from people about their poor experience of leaving hospital.

However, due to the restrictions in place at the time, we were not able to visit hospitals to ask patients about being discharged.

Before starting this research, we looked at other local Healthwatch reports about discharge. The main themes from these reports were that people generally experienced poor communication about leaving hospital, with little discussion taking place with patients. We wanted to know if this was also the case for Derbyshire and if so, what could be done to improve patient experience and care.

In July 2022, the government updated new guidance initially published in March 2022 that, "Sets out how health and care systems should support the safe and timely discharge of people who no longer need to stay in hospital."

Following discussions with the commissioner (Derby and Derbyshire Integrated Care Board) and the two hospital trusts, it was agreed to carry out face-to-face engagements as soon as it was safe to do so. This was so they could hear from local people to see how their experiences could be used to improve hospital discharge in Derbyshire.



# How did we do it?

We carried out face-to-face conversations with patients in the discharge areas using a survey. The questions were produced together with both the hospital trusts within Derbyshire and the Derbyshire Home from Hospital Service.

A total of 20 visits were made to the University Hospital of Derby and Burton discharge assessment units at Royal Derby Hospital, Queens Burton Hospital, and Chesterfield Royal Hospital Discharge Lounge.



## What is a Discharge Assessment Unit (DAU)?

“The aim is to provide a comfortable and relaxing environment for patients to wait away from the ward area, while the final parts of their discharge/transfer of care are being arranged where they can wait for medications, transport or family members to take them home or to another unit/hospital.”

Source: <https://www.uhdb.nhs.uk/dau>

## What is a Discharge Lounge (DL)?

“On the day of your discharge, you may be invited to move to the discharge lounge where you will be cared for whilst the hospital makes all the necessary arrangements such as transport etc.”

Source: <https://www.chesterfieldroyal.nhs.uk/patients-and-visitors/staying-hospital/when-you-leave>

We spent time in the discharge areas of each hospital trust, to ensure the views of people leaving hospital would be collected. However, we acknowledge that many patients still leave hospital from the ward. Therefore, this report does not reflect the experience of those who did not use the discharge areas when leaving hospital.

Following discussions and an agreement with the hospital trusts, visits took place between 12.00 – 5.00 p.m. on either a Tuesday, Wednesday, or Thursday. Each visit lasted approximately two hours.

Firstly, we asked people if the staff had spoken to them about leaving hospital and going home whilst they were still on the ward. This included any needs they may have and what would help them to feel confident returning home.

Then questions were asked about their experience in the discharge lounge. This included questions on the topics discussed and timescales. People were asked to share their views of any changes to their discharge and how this made them feel. Finally, people were given the opportunity to share what they felt had gone well about leaving hospital and what could be better.

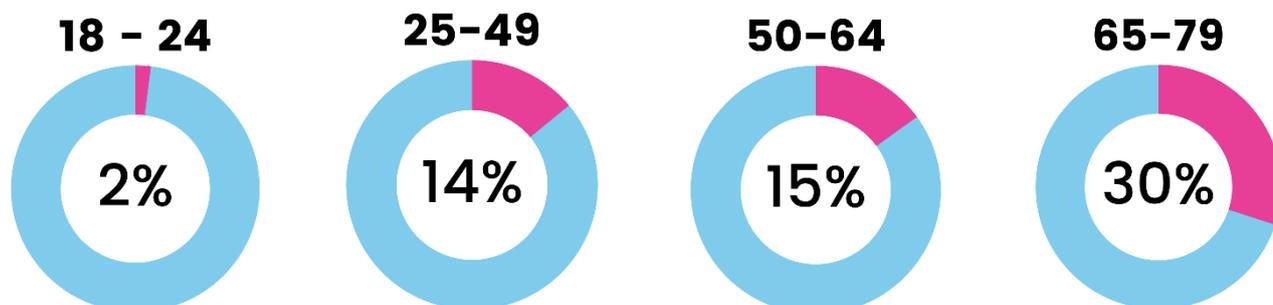


**A QR code was produced to enable home-from-hospital coordinators to input feedback from their clients who wished to share their experiences about leaving hospital.**



# Who did we hear from?

Over 100 people shared their views about leaving hospital. Of the people we spoke to 39% were over 80+ years old, and the rest ranged between the ages of 18-79:



In terms of gender and sexual orientation:



The remainder stated that they would prefer not to say.

There was a mix in terms of partnership status:

- 38% were married
- 32% widowed
- 13% single
- 7% divorced
- 5% cohabiting
- 6% preferred not to say.

In terms of ethnicity of the people we spoke to:

84% were White British. Whilst this is a high percentage, according to the 2021 census 96% of people living in Derbyshire identify themselves as White British.

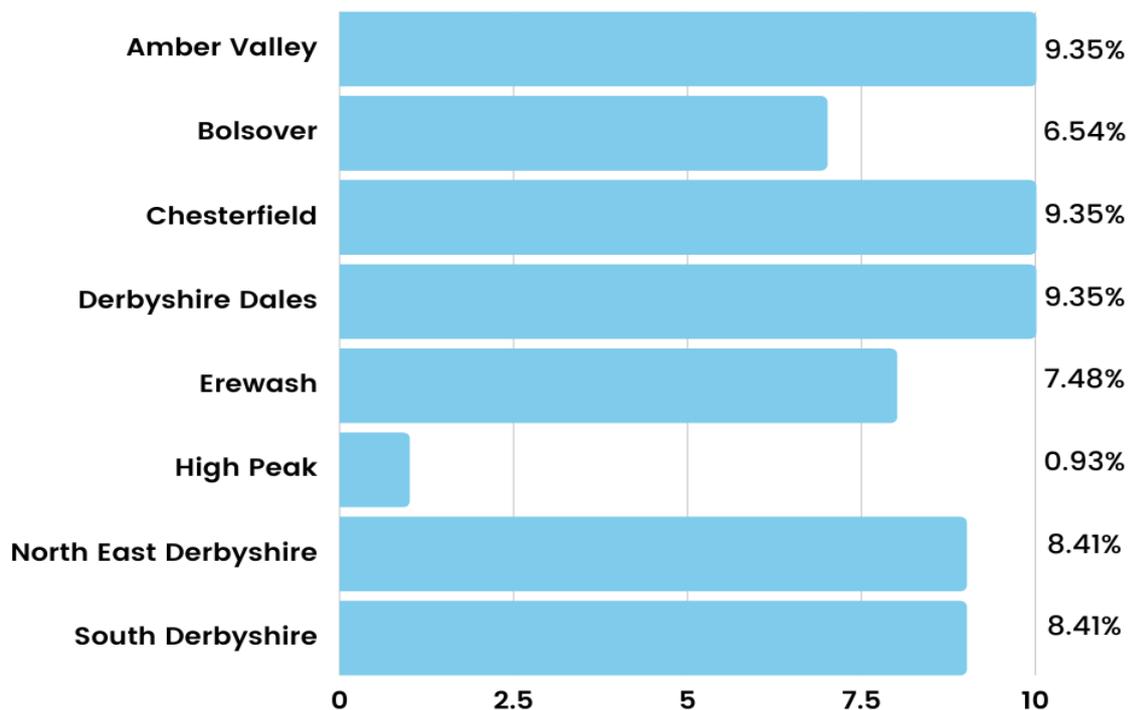
The other ethnicities stated were:

- 3% Asian/Asian British: Pakistani
- 1% Black/Black British: Caribbean
- 1% Black/Black British: Any other Black/Black British background
- 1% Mixed/multiple ethnic groups: Any other Mixed/Multiple ethnic group background
- 2% White: Any other White background
- 1% White: Irish
- 5% Prefer not to say
- 1% Other.

## What did people tell us?

Overall, 107 people shared their views with us. There was feedback from across the whole county, including Derby City and neighbouring counties that use Derbyshire hospital services.

Below is a table which highlights the percentage of people from each area of Derbyshire who contributed to this report:



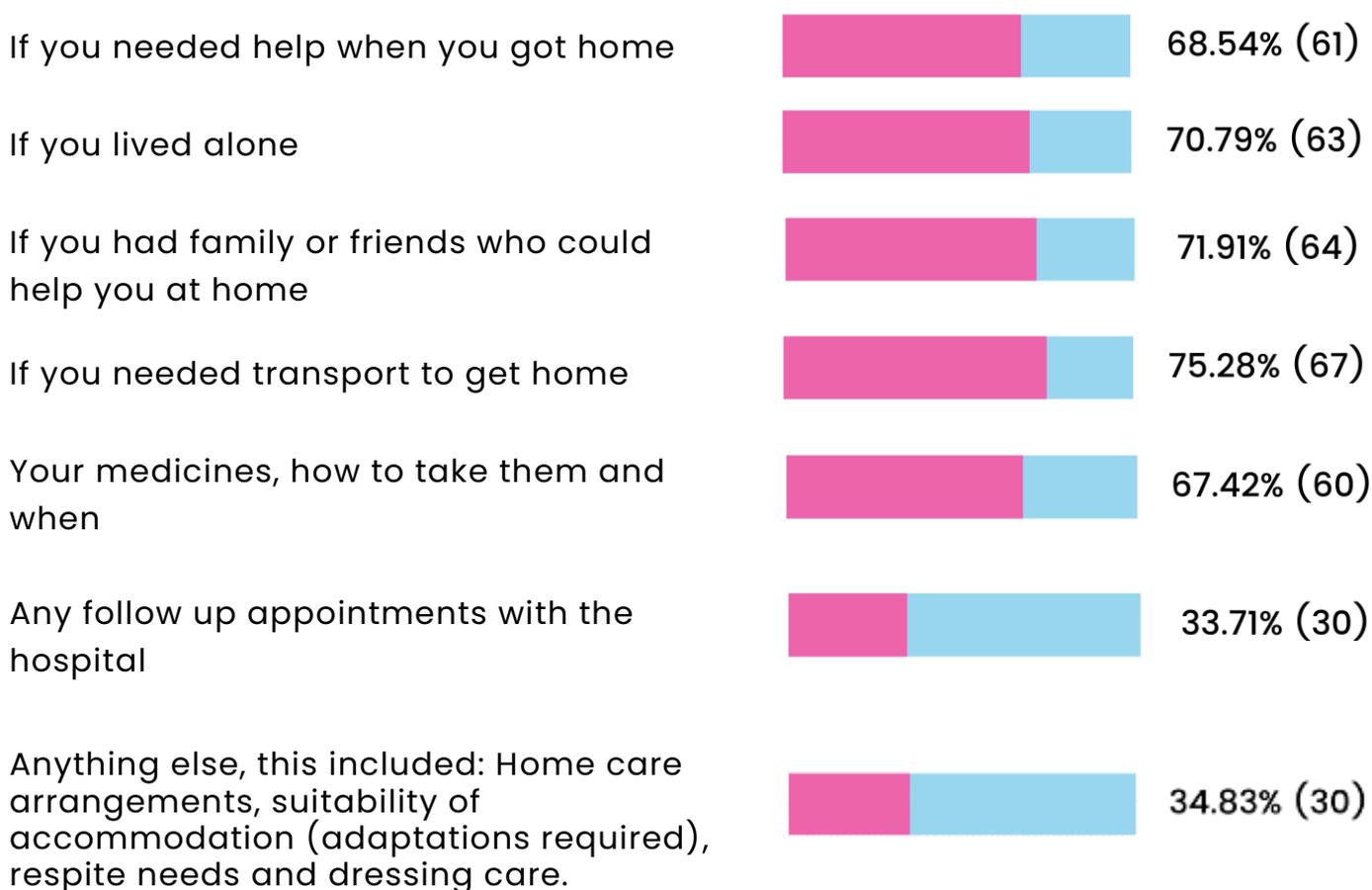
We also heard from 43 (40.19%) people who answered 'other' to where they live. This included 19 people from Derby City and 18 from Staffordshire.

## Conversations with staff on the hospital ward

When asked, 'Did you have a conversation about leaving hospital and going home (being discharged) with hospital staff?':

- 75% said Yes
- 10% said Unsure
- 15% said No

### The following areas were discussed by staff with patients on the ward:



66% said they felt fully involved in the conversation and 67% said they felt able to ask questions or raise any concerns they had during the conversation.

## People were asked to suggest what would help them to feel more confident about going home:

The following suggestions were made:

- More time to get better and not to feel rushed home
- Clearer information and simpler use of language
- Request to repeat information, as people are tired, confused and in pain. Also, to provide and share with their family/carers so they are informed
- Knowing home care is in place
- The next steps of diagnosis or treatment after discharge
- Knowing it is safe at home, for example, no risk of falling/adaptations have been made where necessary
- A detailed explanation of medication; including what it is, why they are taking it and when to take



"I was told I would be discharged ... A porter arrived with a wheelchair and was brought here ... It [the hospital discharge] would have been better if it was done slower, it was a rush to get hold of my husband to let him know I was being discharged. I had no clothes and was moved in just a small nightshirt and underwear. I know they need the bed, but I felt rushed."



"It [the hospital discharge] was just sprung on me this morning I told them they need to discuss my medications with my carer, as I have short-term memory problems, but nobody has told me if this has been done, so I am worried about the meds I have and how to take them. If I knew they had spoken with my carer I would be less anxious and more confident. I did not know how I was to get home I had to ask."

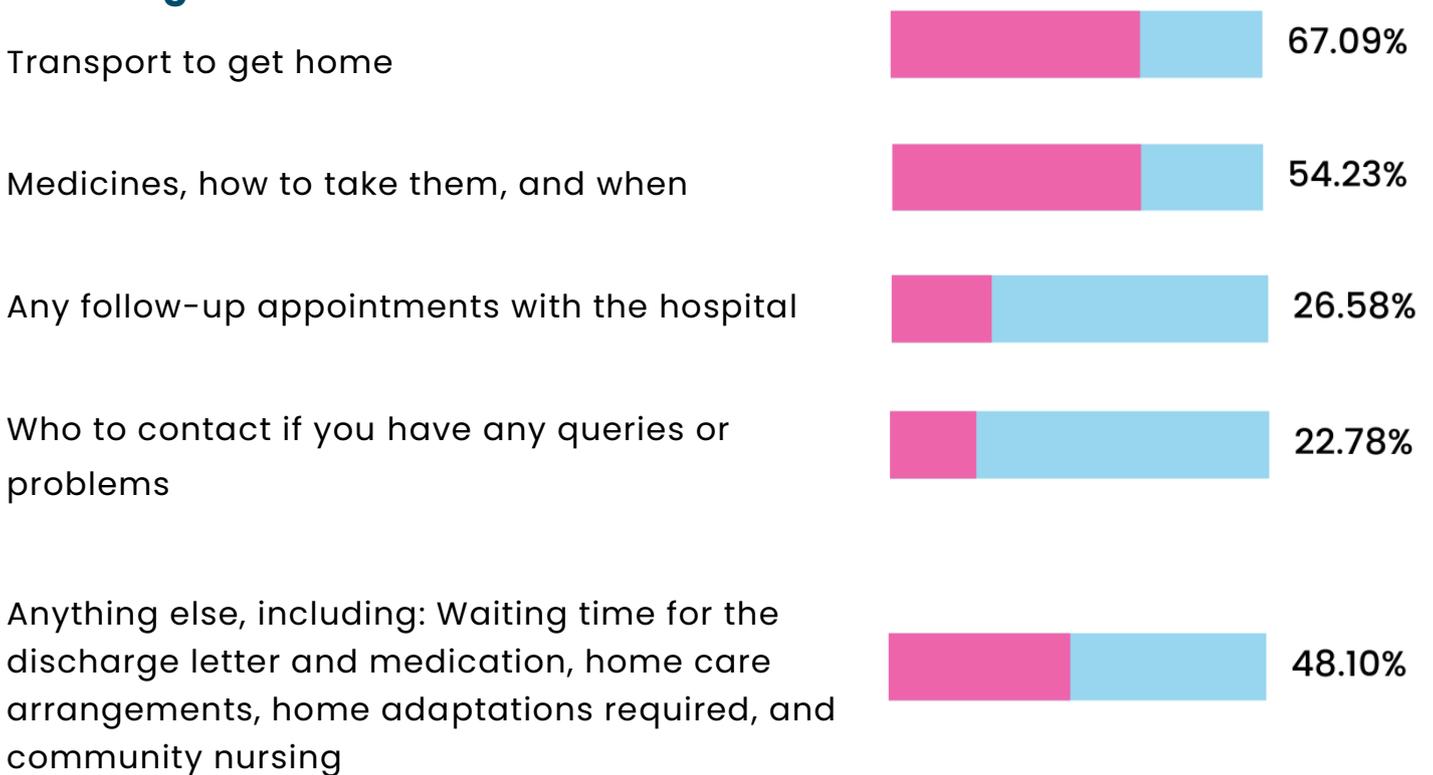


## Experience of the discharge area

When people are taken to the discharge assessment unit or discharge lounge, they should be informed of what will happen.

We asked people if they recalled being told what would happen and 67% said Yes.

### The following areas were discussed by staff with patients at the discharge area:



It is important to note that 77% of people did not know who to contact if they had any queries or problems when they returned home.

If this percentage was reduced it may have a beneficial effect on patients, relatives, and carers and may impact on reducing hospital readmissions. Only 40% of people were given timescales of when things would happen with the discharge process.

### People were asked to share their experiences of any changes or delays going home and how this made them feel

60 people answered this question.

The most common concern raised by over 30 people was 'not knowing what they are waiting for or 'not knowing what is going on'. Many people said they found this distressing. Others said they felt frustrated, fed up, and annoyed. Several people said they did not know they were being taken to the discharge area until the moment they were being taken there.



"I do not know what is happening. I do not think I am going home now (today) but nobody has said anything either way."



The second most common delay was patient and ambulance transport delays. This was shared by 19 people.

Again, people said they felt frustrated and annoyed. They said hospital staff were trying to chase up the delays for transport and there was understanding from patients they can be delayed.



"I am still uncertain what is going to happen. I was led to believe by the ward that an ambulance would be waiting to take me home. It is now nearly 5.00 p.m. (three hours after arrival) and they have just told me they are going to book a taxi for me ... it is a long journey back. I live with my daughter who is also housebound due to Long Covid. We live in the middle of nowhere, 20 minutes' walk to the nearest road."



Nine people said their delays were due to waiting for medication. Again, people said this was frustrating, some were also upset and disheartened. Others were worried as they were due to take the medications they were waiting for.



"My wife has come to pick me up and has had to move her car because of the length of time the discharge is taking. It is really frustrating having to wait for my medication and it is depressing not knowing how long things will take. The staff are so busy I do not feel I can ask them anything. My medication was agreed on the ward yesterday, why could it not have been ordered then?"



Two people were delayed due to delays in paperwork. One person said:



**“I have been here for four hours already; it’s really frustrating just for a piece of paper.”**



Two people whose discharge was delayed was due to awaiting confirmation of home care. They felt they had to remain at hospital as they were not safe to be at home without care in place.

People said the delays caused stress for families and carers, as they impact on loved ones waiting to collect them.

## **What went well?**

Over 40 people shared what had gone well whilst being discharged from hospital.

Most of the positive comments were about the staff in the discharge areas. People said the staff were friendly, kind, professional, and helpful. They said staff kept patients and relatives informed by clearly explaining what was happening and why they were waiting. Staff were actively providing food and refreshments and responding to people’s needs.



“I cannot speak highly enough. They have sorted me out when I asked for things, and they have attended to me, then made it happen.”



“It must be hard for the staff here as they are waiting too. I know we need to leave the hospital as soon as we can. It is good they are trying to make things smoother. It is good you are asking us what we think.”



There were also positive comments about the environment of the discharge areas being clean, fresh and a good temperature.



**“I am very impressed by how clean and tidy everything is here.”**



## **What could be improved?**

Over 50 people said what they thought could be better.

The theme most raised was better communication with patients, carers, and relatives about leaving hospital. People wanted improved information about the discharge process including what will happen and when, as people did not know.

Two specific suggestions were put forward by people we spoke to:

1. A flowchart or journey board of what happens for patients so people understand
2. A leaflet explaining the discharge process with both images and text.

Further suggestions for improvements were realistic timescales, repeating information, and consideration of individual communication needs, e.g. hearing or vision loss.

People said realistic timescales would cause less distress and they would feel more certain about what was going to happen. This would result in a more positive patient experience overall. Quite often patients were in discomfort and/or tired, so the information told to them they did not easily take in; patients said they would appreciate information to be repeated by staff.



“They should have explained before I left the ward what would happen, I did not know I was coming here. They need to say that I would have to wait but if they had told me approximate timescales, I may not feel so bad and would be prepared. It is so hard to take things in when you are tired and ready to go home. They need to check and double-check we remember what is going to happen. I am just sat here wondering, waiting, and worrying what time I will get home tonight.”



Some people said they did not know they were being taken to the discharge area prior to being taken there and they would like this to be explained to them.

 "The staff could explain the change as to why I am now going home today as they did not say this this morning." 

Long waits for medicines were of concern to some people and they wanted this to be improved due to the frustration it caused as they wanted "to get home."

 "Why does pharmacy take so long? I saw a person on my ward being told they were being discharged and they returned to the ward later that day to stay overnight as her medication was not ready, it seems there is something not right with that bit." 

Some people wanted more comfortable chairs in the waiting areas, especially when sitting for several hours.

 "There is a lot of sitting and waiting, chairs are uncomfortable and there is nothing to do." 

Another person suggested a quiet waiting area for patients as it can be busy and noisy. This would enable people to rest and relax whilst waiting.

 "It may benefit from a quiet area where people can go to sit and read/rest as it is a but noisy with people going in and out the doors all the time. Staff could ask if they are okay or if they need to move rather than relying on ill people asking for help." 

# What has happened so far?

All the feedback collected in the discharge areas has been shared with the hospital trusts. Both trusts value and appreciate the information patients have shared with us and have committed to using it to improve the experience of people leaving their hospitals.

To date, one hospital trust is:

- Introducing a 'Welcome meet and greet' for patients entering the discharge area reception. Staff will explain why they are there and what to expect.
- Developing 'What to expect' boards for displaying in the seating areas of the discharge units for patients to read. They will show what people are waiting for and the average waiting times.
- Making sure senior staff wear a 'Nurse in Charge' badge, so waiting patients can easily see who to ask for specific information about their discharge.

The other trust is:

- Working to co-produce ward information booklets. These will include information on the discharge process and the comments and suggestions received from patients will be taken into consideration.
- Reviewing their volunteer training so volunteers can support patients to understand the discharge process and what needs to happen before they return home. The feedback received will be used to inform the training.
- Creating a discharge booklet for patients providing clear information, including waiting times.

All these commitments contribute to increasing people's knowledge and understanding of leaving hospital. They address the key issues that people shared with us as part of this project. We hope this leads to improvements in patient experience and may contribute to reducing re-admittance to hospital.

We are continuing to work with the hospital trusts to make sure the patient voice is listened to and is considered.

# What should happen next?

- We recommend **'Enter and View'** visits within the hospital discharge areas of Derbyshire hospitals to further understand the experience of patients leaving hospital. This may highlight areas that were not identified during previous visits which took place on weekdays and during the daytime.
- The hospital trusts and Patient Experience Teams to review the effectiveness of the changes that have been planned and agreed upon following receipt of the patient experience.

# Thank you

- We would like to thank the people being discharged from hospital for taking the time to share their views and experiences with us. Your voice matters and has already been used to make changes for other patients in the future.
- University Hospitals of Derby and Burton NHS Foundation Trust for letting us visit their Discharge Assessment Units at the Royal Derby Hospital and Queens Burton Hospital, and for co-designing the questions that were asked to patients.
- Chesterfield Royal Hospital NHS Foundation Trust for letting us visit their Discharge Lounge at Chesterfield Royal Hospital and for co-designing the questions that were asked to patients.
- Derbyshire Home from Hospital Service for promoting this project among their coordinators to allow people who were already at home to share their experience of leaving hospital. Also, for co-designing the questions that were asked.

# Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of all people leaving hospital within Derbyshire but nevertheless offer useful insight.

It is important to note that the engagement was carried out within a specific time frame and in discharge areas, therefore only provides a snapshot of people's views.

They are the genuine thoughts, feelings, and issues people shared with us. The data should be used in conjunction with, and to complement, other sources of data that are available.



# healthwatch Derbyshire

Healthwatch Derbyshire  
Suite 14 Riverside Business Centre  
Foundry Lane  
Belper  
Derbyshire  
DE56 0RN

[www.healthwatchderbyshire.co.uk](http://www.healthwatchderbyshire.co.uk)  
t: 01773 880786  
e: [enquiries@healthwatchderbyshire.co.uk](mailto:enquiries@healthwatchderbyshire.co.uk)  
 @HWDerbyshire  
 HealthwatchDerbyshire