

Hospital Discharge Patient Engagement Phase 2



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November 2023

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Background

This project was part of a wider programme of work being carried out by the System Discharge group under the lead of Wakefield District Health and Care Partnership. Membership of the partnership includes Wakefield Council, Mid Yorkshire Teaching NHS Trust, community health, voluntary sector organisations and reablement services amongst others. Wakefield District Health and Care Partnership is part of our integrated care system in West Yorkshire, it brings together organisations that meet local health and care needs.

Aim

The overall aim of the work carried out by Healthwatch Wakefield was to gather views and experiences of adults, and their families, who have recently been discharged from Pinderfields, Pontefract, or Dewsbury hospitals. This was to ensure that the patient voice is heard and to enable appropriate changes to be made to improve the patient experience of hospital discharge.

Methodology

The public engagement for this project was carried out in two phases, this was to compare findings and see if there had been any changes over time. Phase 1 ran from August 2022 to March 2023. Phase 2 ran from May 2023 to October 2023. Please see here for further background and the findings from Phase 1 of this project www.healthwatchwakefield.co.uk/wp-content/uploads/2023/05/Healthwatch-Wakefield-Hospital-Discharge-Patient-Engagement-Report.pdf.

In both Phase 1 and Phase 2, weekly, semi-structured telephone interviews were conducted with people who had recently been discharged from hospital. The contacts were provided by the Integrated Transfer of Care Hub, also known as IToCH. IToCH focus on people who need further support from health or social care in order to be discharged from hospital. People who are medically able to leave hospital but are waiting for services to be put in place before they can be discharged, are classed as having 'no reason to reside'. The contacts provided to Healthwatch Wakefield were from the IToCH daily 'no reason to reside' list.

Phase 1

- Weekly, semi-structured telephone interviews with people who had recently been discharged from hospital.
- Completed 111 telephone interviews between August 2022 and March 2023.
- Six case studies were also recorded.

Phase 2

- Further six months consultation from May 2023 to October 2023.
- 56 Telephone interviews completed.

Summary of Phase 2 findings

1. Overall, there has been an improvement compared with Phase 1 findings. Phase 2 findings showed:
 - o Less negative comments about moving between wards or hospitals.
 - o A big improvement in people feeling that they had everything in place ready to go home.
 - o A small improvement in satisfaction with overall communication and information.
 - o Less people mentioned waiting for medication or poor discharge notes.
 - o Big improvements in satisfaction levels both for discharge and care and support after discharge.
 - o When asked what the main thing they would improve was, people said 'nothing – everything was good!'
2. There is still a need to consider what is in place to keep family members up to date where patients are unable to keep in touch themselves.
3. Continue to work on improving the patient discharge leaflet. In Phase 2, slightly less people said that they had been given a discharge leaflet compared with Phase 1.

Overview of changes made

Feedback from the System Discharge Group highlighted the following areas where changes had been made over the last year. These are areas that could have impacted the differences noticed between phase 1 and phase 2 calls.

- A focus on earlier discharge planning which reduced the need for movement between wards or hospitals.
- The development of a Dementia Pathway, supporting discharge of those with the most complex needs.
- Streamlining of referral pathways to ensure support can be accessed more quickly and reducing unnecessary hospital stays. This includes to reablement and intermediate care settings as well as an enhanced offer within a recovery unit.
- Closer links to voluntary sector organisations such as Age UK Wakefield District and Carers Wakefield and District.
- Raising awareness of carer needs and rights through the introduction of carers lanyards.
- A focus upon communication with people in hospital and their families. A variety of ways including 'calling cards' leaving discharge information for people.
- A Trust focus on bringing discharge times earlier in the day, supported by timely transport and medication arrangements.

Demographics

The demographics were a similar spread to those in Phase 1. All had been discharged within the last two months. There was a spread of postcodes with the highest number of respondents being in WF10, Castleford, and the lowest number in WF12, Thornhill, Saville Town.

Chart 1. What is your (the patient's) age?

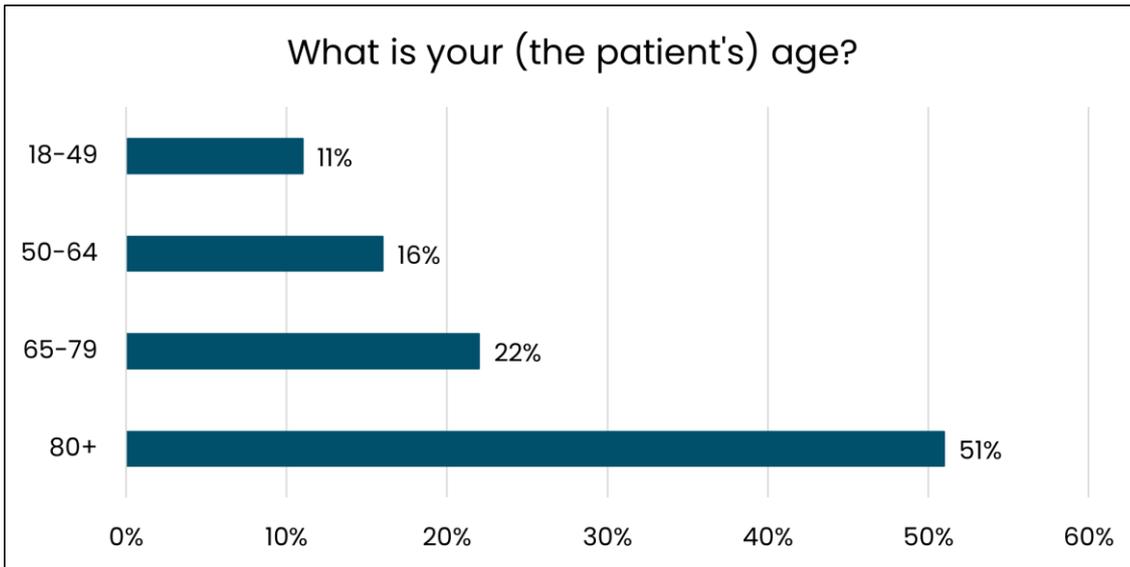
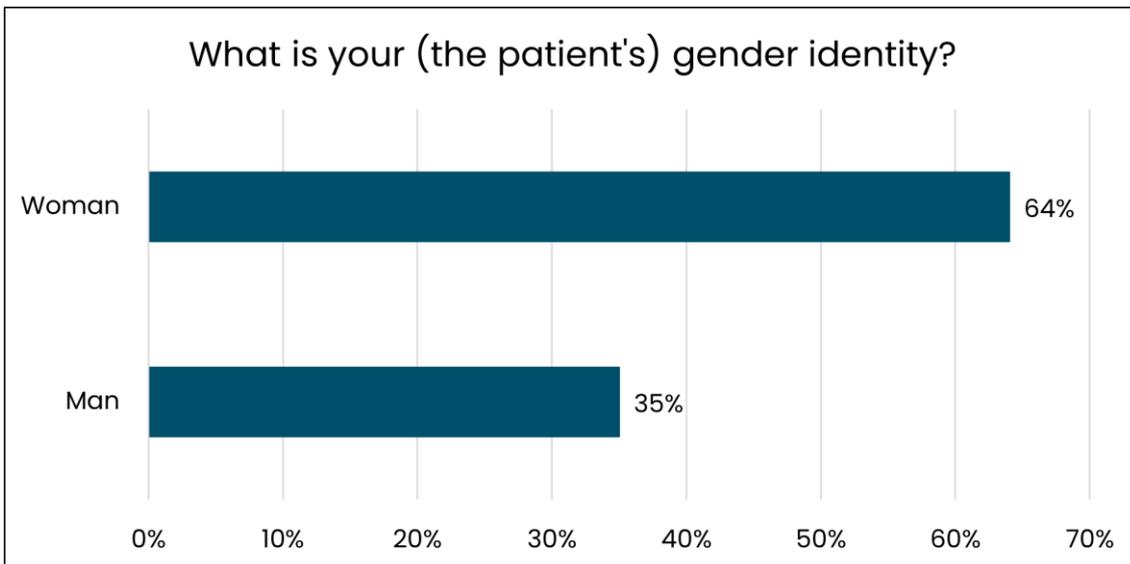


Chart 2 What is your (the patient's) gender identity?



Findings

Which hospital?

- 63% of respondents were discharged from Pinderfields, 32% from Dewsbury, 3% from Pontefract.
- 17 people had moved between hospitals during their stay. The vast majority of those moving between hospitals were from Pinderfields to Dewsbury. Of the 17 people who said they had moved, most were positive about it, only three people had negative comments.

“Moved from Pinderfields to Dewsbury, everything was fine.”

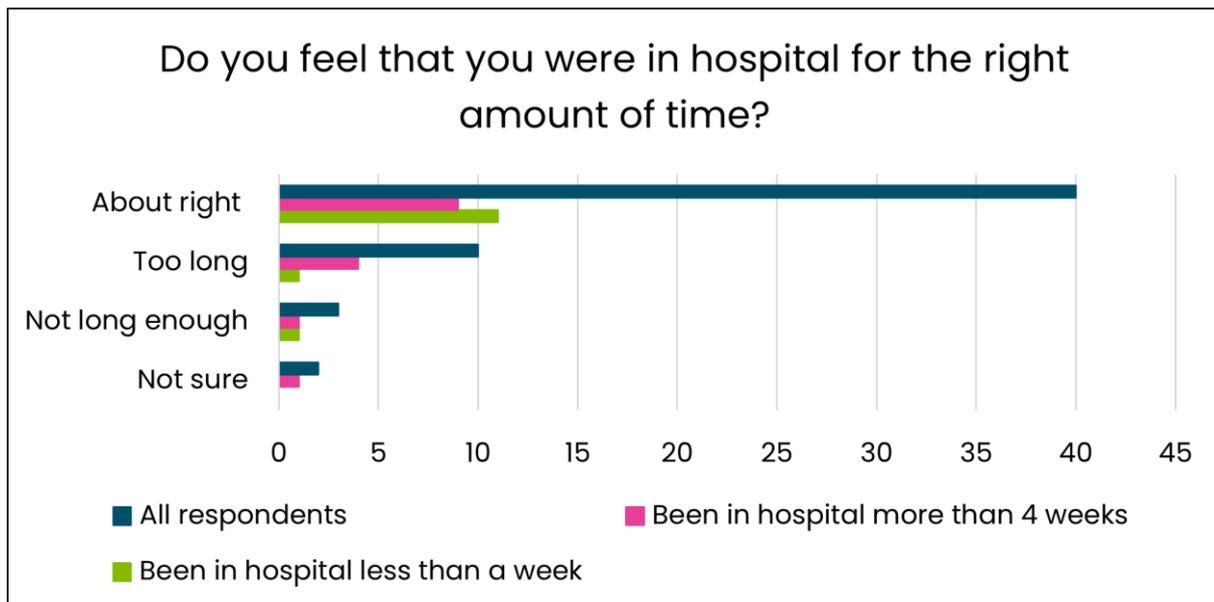
“...he was told he was moving... his wife wasn’t told until he had actually got to Dewsbury.”

Length of stay

Most people felt that they had been in hospital for the right amount of time, particularly those who had been in less than a week.

A quarter of people who had been in hospital for more than 4 weeks felt that was too long – this is similar to Phase 1 findings.

Chart 3 Do you feel that you were in hospital for the right amount of time?



Were you prepared for your discharge?

There was an improvement in Phase 2 in the number of people feeling that they had everything in place ready for their discharge.

Only four people commented on things that were missing, this was around having to wait for equipment, but they did feel that the wait wasn't long, and they were managing at home and glad to be home.

Chart 4 Phase 2: did you feel that you had everything you needed in place ready for your discharge?

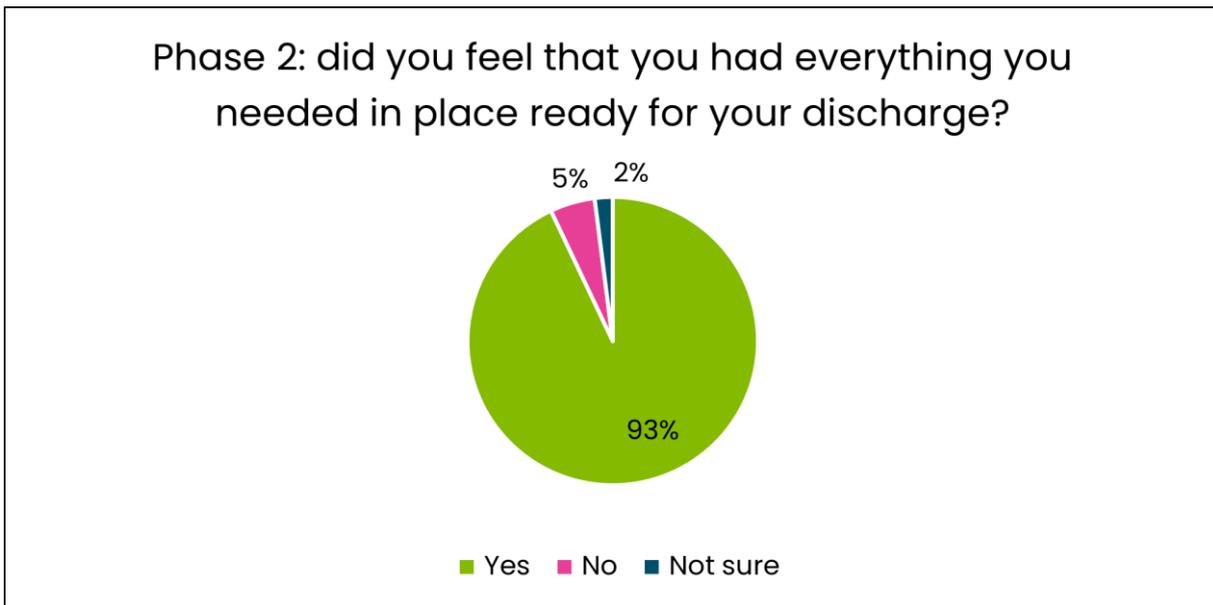
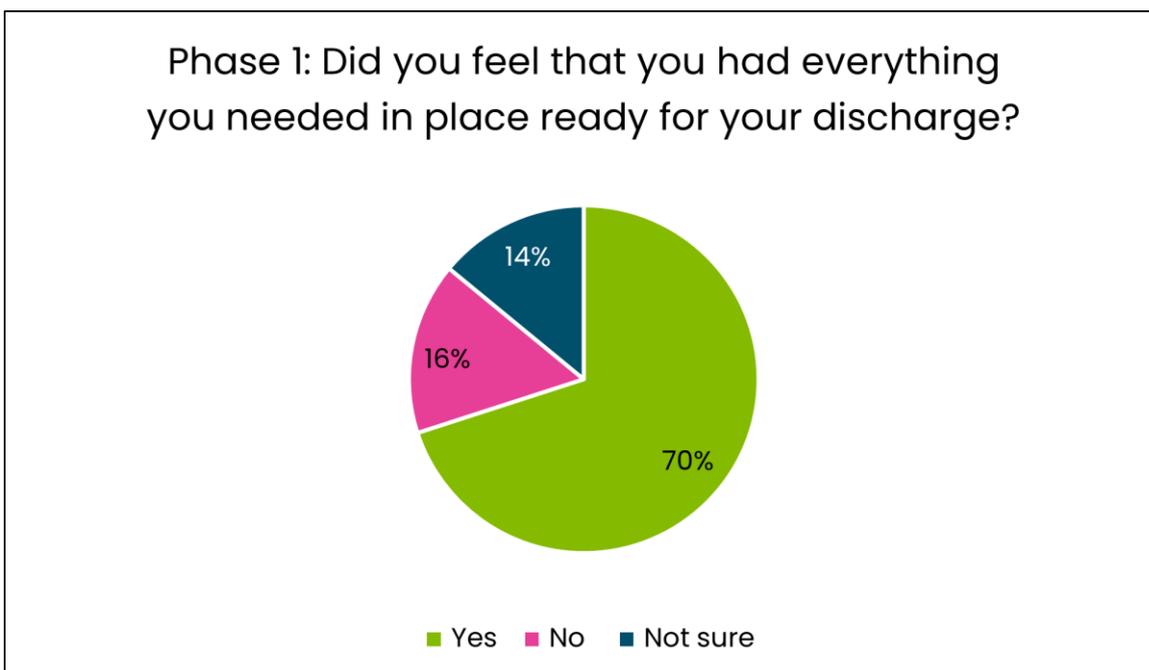


Chart 5 Phase 1: Did you feel that you had everything you needed in place ready for your discharge?



Were you emotionally prepared for your discharge?

There was a slightly higher level of feeling emotionally prepared for discharge in Phase 2 compared with Phase 1.

A variety of reasons were given for not feeling emotionally ready to be discharged. These included not feeling ready to go into a care home, not having enough information and feeling that they needed a bit more time in hospital.

Chart 6 Phase 2: did you feel emotionally prepared for your discharge?

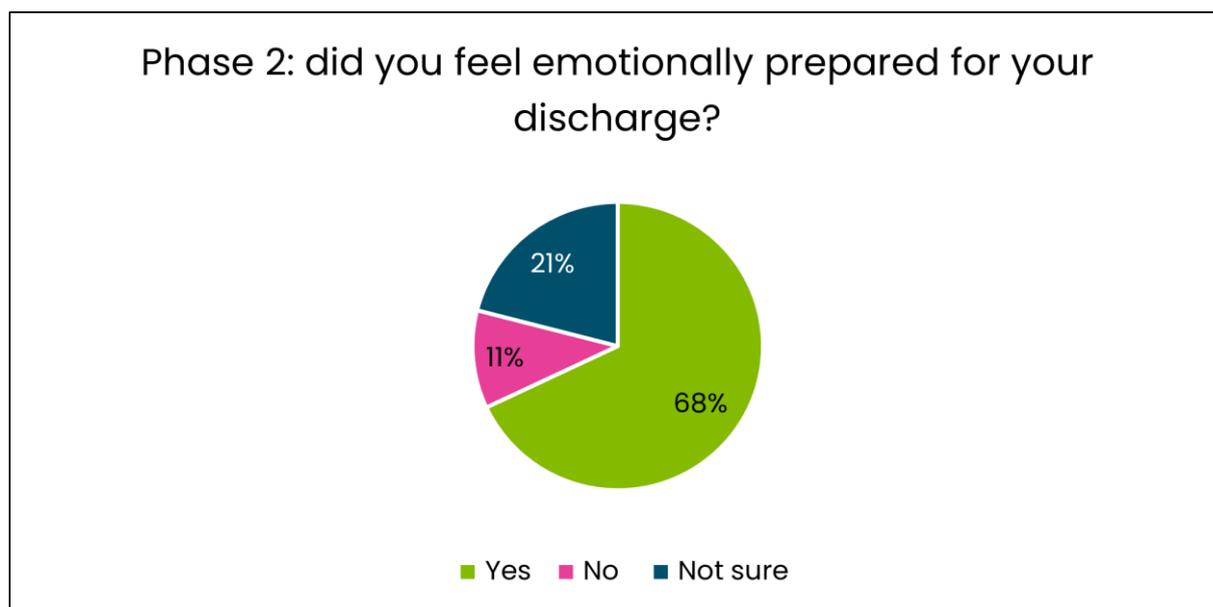
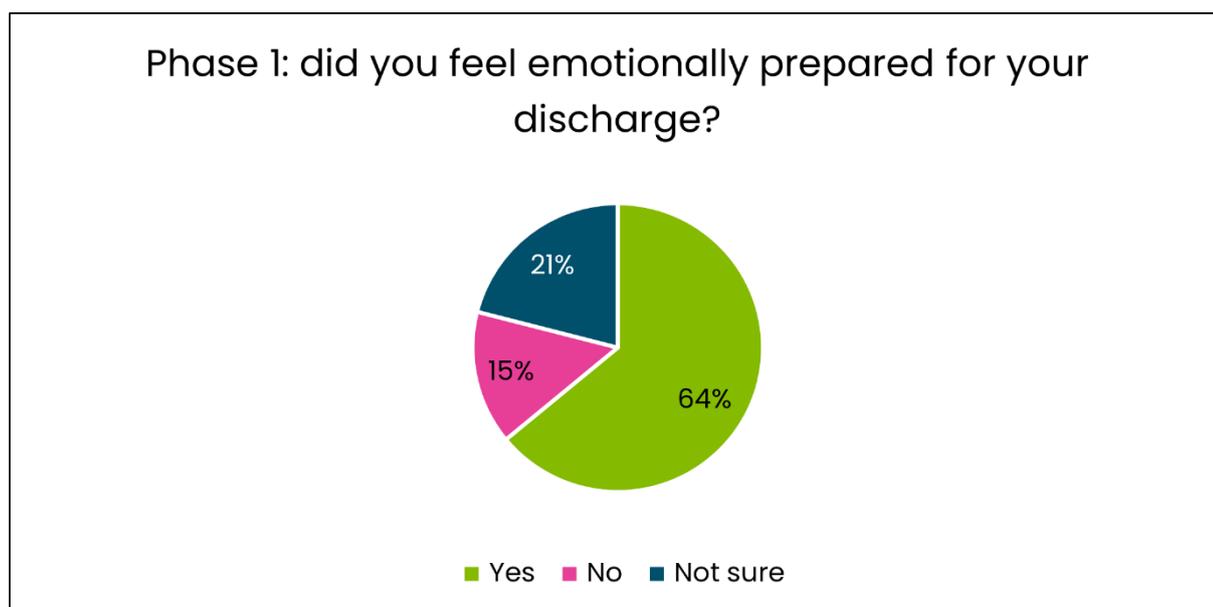


Chart 7 Phase 1: did you feel emotionally prepared for your discharge?



How satisfied were you with communication and information?

There was a split in feelings of satisfaction with regards to communication and information about discharge.

- 53% were 'satisfied' or 'very satisfied' but,
- 26% were 'dissatisfied' or 'very dissatisfied'.

This was an improvement on Phase 1 when 45% of respondents said that they were satisfied but 45% said that they were dissatisfied, the remaining 10% were 'neutral'. In Phase 2 there were much lower levels of dissatisfaction. There were also significantly fewer negative comments in Phase 2 specifically about moving between wards or hospitals.

Communication and Information was also the number one thing that people said they would improve about the whole discharge process.

Communication and Information – What worked well?

There were 26 responses to the question asking what worked well around communication and information. Three themes emerged, these were the same themes as in Phase 1, they were:

1. Everything worked well (11 people).
2. Staff were good (10 people).
3. Kept up to date and questions were answered (5 people).

“It was the best ward that I've ever been on, it was such a good experience, nice food, I can't praise them enough. They told me on Friday I would go home on the Monday. It ended up being Wednesday, but it was ok as they kept me informed and I knew what was going on. I've been in a lot of hospitals and this one stood out as being exceptional.”

Quote refers to Ward 11 at Dewsbury Hospital

Communication and Information – what could be improved?

Five themes emerged when asked what could be improved about communication and information, again, overall, the categories were very similar to those given in Phase 1.

1. More or better communication (13 people).
2. More information about length of stay or discharge date (9 people).
3. Staff communication (6 people).
4. More information about medication (4 people).
5. More information about transfer between wards or hospitals (3 people).

“I would like to have been kept up to date without having to keep asking.”

“He came home with a few different medications; nobody went through them with him, so he wasn’t sure what things were for.”

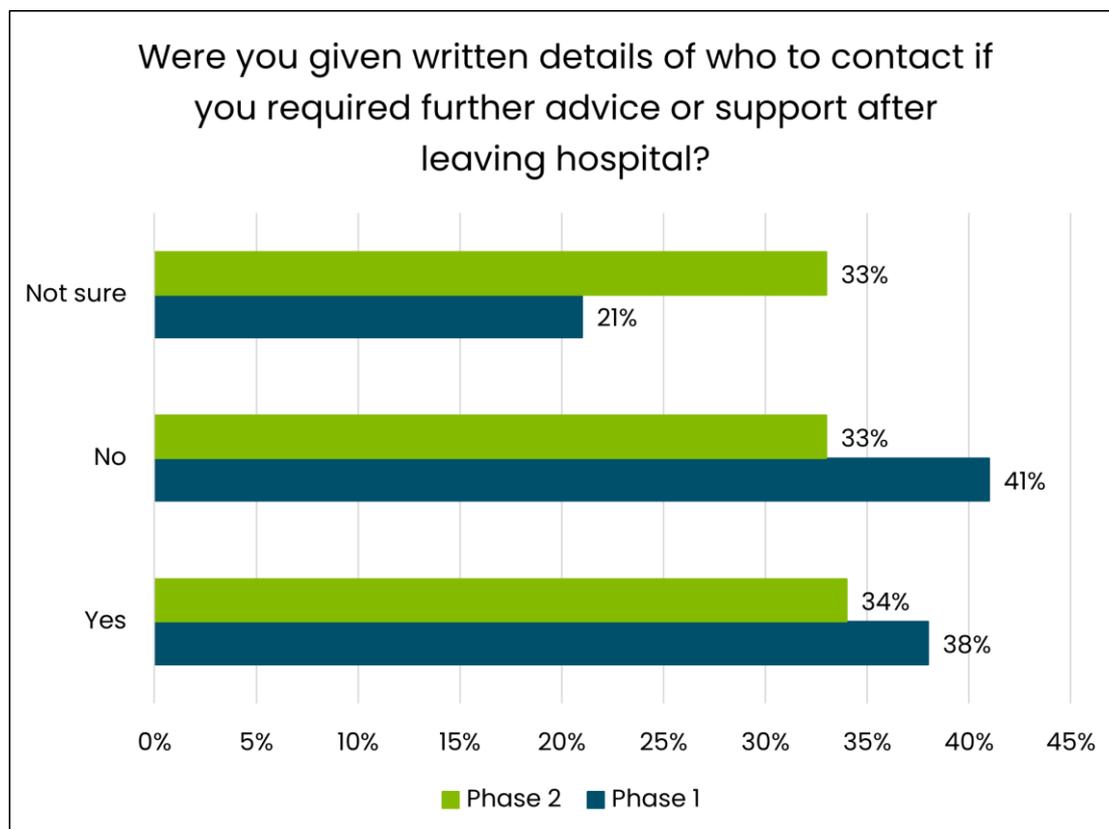
In Phase 1, waiting around for medication was mentioned more than in Phase 2. Respondents in Phase 2 commented more on the information that they were given about medication needing to be improved rather than being commenting on how long they had to wait for it.

There were also comments in Phase 1 about better written information and discharge notes being needed, this wasn’t mentioned by respondents in Phase 2.

Advice and support after leaving hospital

All patients should receive a leaflet with discharge information on when they are admitted to hospital. Only 34% of people remembered being given this. Again, there was no correlation with length of stay in hospital or age. This was slightly less than phase 1, so less people remembered getting the leaflet in Phase 2.

Chart 8 Were you given written details of who to contact if you required further advice or support after leaving hospital?



Care and support following discharge

Most respondents were discharged back to their own home, 10% were discharged to a temporary or permanent place in a care home.

In Phase 2, 70% of people had received some further care and support after discharge. This was mainly from family, carers, district nursing and social workers. Of those receiving further care and support, only 4% felt that it wasn't enough. This is an improvement from Phase 1 where 9% felt that it wasn't enough.

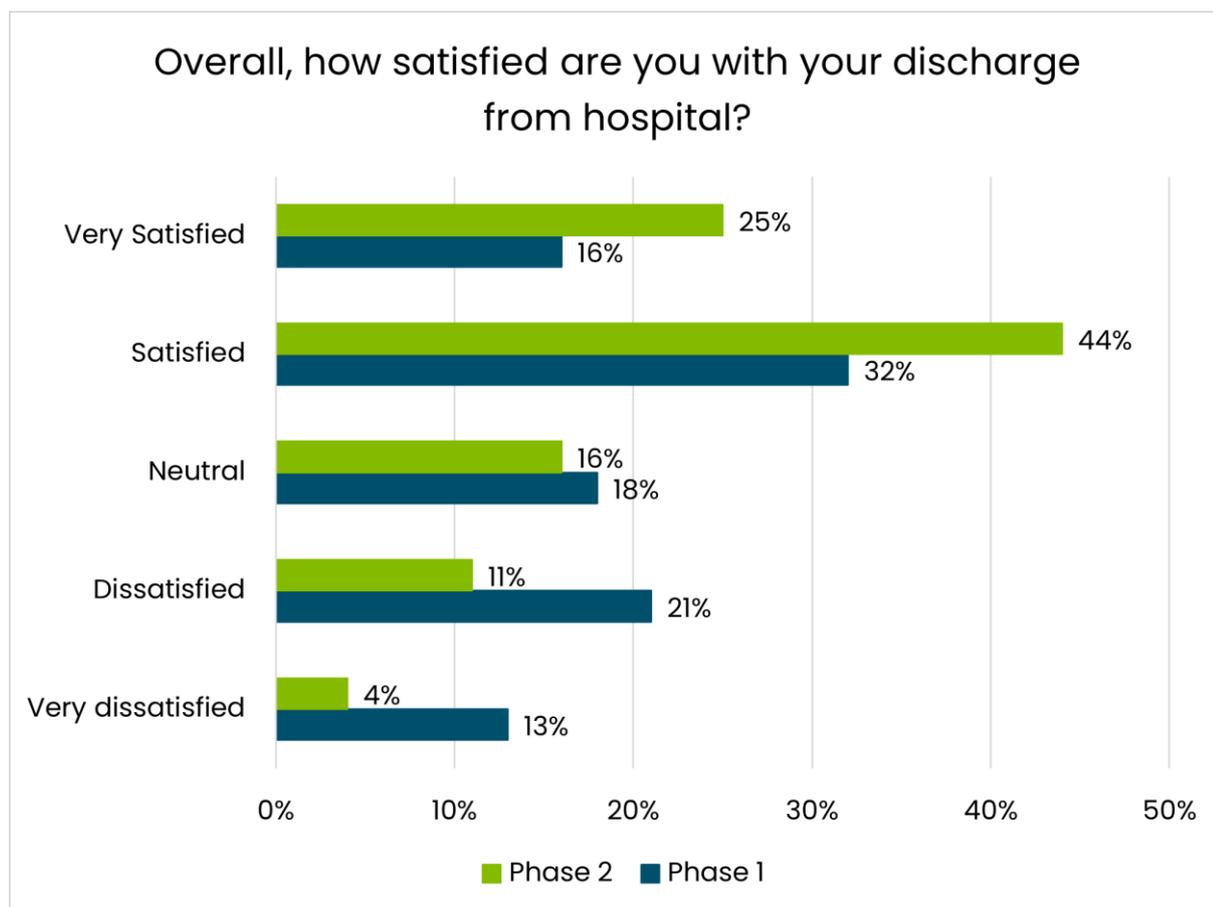
Four people mentioned that they felt they should have had more Physiotherapy, this is also something that was mentioned by several people as being lacking whilst they were actually in hospital. People were overall very positive about the physiotherapy that they had received.

Hospital Discharge - Overall satisfaction

Overall, there were big improvements in levels of overall satisfaction in Phase 2 compared with Phase 1.

The percentage of people either 'satisfied' or 'very satisfied' increased from 48% in Phase 1 to 69% in Phase 2. Those who were 'Dissatisfied' or 'very dissatisfied' went down from 34% in Phase 1 to 15% in Phase 2.

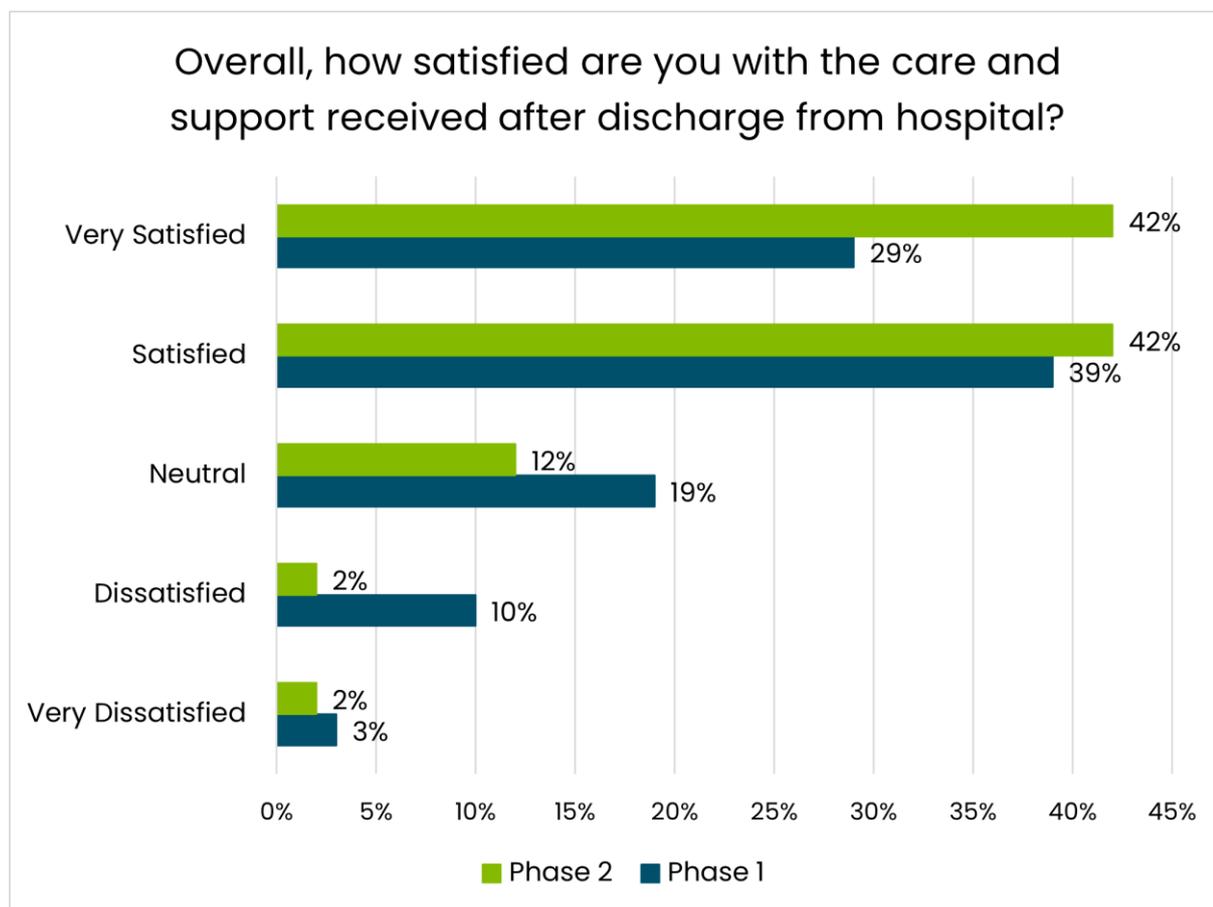
Chart 9 Overall, how satisfied are you with your discharge from hospital?



Care and Support after Discharge – Overall satisfaction

Overall, there was a big increase in the number of people 'satisfied' or 'very satisfied' in the overall care and support that they received after discharge. This went from 68% in Phase 1 to 84% in Phase 2. Levels of dissatisfaction also went down from 13% in Phase 1 to 4% in Phase 2.

Chart 10 Overall, how satisfied are you with the care and support received after discharge from hospital?



If you could improve one thing, what would it be?

This question again showed improvement from Phase 1, with the theme that had the largest number of responses being that everything had been positive. In Phase 1, 'better communication and information' was the main improvement people said they would like, in phase 2 this was second.

1. All positive (15 people).
2. Better communication and information (12 people).
3. Issues with staff or care (5 people).
4. Waiting too long, including waiting for medication (4 people).
5. Lack of physiotherapy on the ward (2 people).

"It's been lovely, every time I've been it's been great!"

“The discharge was really good. The Nurse came and told him he could go home, that was the day before. She kept him informed. She got all his tablets done then ordered his transport. He knew what was going on and was very happy overall.”

In terms of communication and information, one thing that was mentioned by a few people was challenges around communicating with people with dementia. The following quote is an example of this:

“My mum has dementia. She thought she was about to go home, her bags had all been packed. She was actually being moved to the discharge ward for one night. She was extremely upset and confused. I feel that I should have been told so I could have prepared her for what was happening.

If I hadn't come that day I would have got there the next day and not known where she was.”

Alongside this, others mentioned that it would have been good for family to have been more prepared for what it is like in a care home for people with dementia.

Final Thoughts

It is fantastic to see the positive improvements in overall findings in Phase 2 compared with Phase 1 of our discharge project. This is a real credit to the work of all the teams involved in supporting people through discharge, which is clearly having a tangible impact on people's experience.

Recommendations

1. Continue with the focus and integrated ways of working in order to further improve the patient experience of hospital discharge.
2. There is still a need to further consider what is in place to keep family members up to date where patients are unable to keep in touch themselves.
3. Continue to work on improving the patient discharge leaflet. In Phase 2, slightly less people said that they had been given a discharge leaflet compared with Phase 1. Consider when, and how, the leaflet is given to the patient and the format of the leaflet.
4. Consider implementing a number of 'check in calls' with people who have recently been discharged from hospital in order to keep informed of any issues and further improvements.

“We only truly know we’re making a difference if people tell us so. We are therefore delighted with this report by Healthwatch Wakefield, who have been doing a great job representing the voice of people who leave hospital following treatment. We know there is a lot still to do, but it is very encouraging that we can see evidence that we are starting to make things better for local people.”

Nichola Esmond

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