



Leaving Hospital

City LINK report

September 2010 - January 2012

Leaving Hospital

A report by the City of London Local Involvement Network

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1) Introduction and Background Information

How the LINK works:

The City of London LINK (Local Involvement Network) is a community network, to discover what local people think about health and social care and find ways of working with services to improve the way care is experienced.

To help decide what the LINK will look into, a log of issues is kept, which combines: concerns raised by the community; topics raised in reports and investigations; issues discussed by people arranging and providing care and any urgent or arising matters. A Steering Group of elected LINK members then prioritises these issues and plans how the LINK will use its resources to make a difference.

Looking into Leaving Hospital:

The Steering Group found many issues related to people leaving hospital and how their care was followed-up. To take this forward, a LINK group was formed to look at ways of gathering more information and think about how to address these issues. The “Patient Handover and Co-ordinated Care” group met regularly and created a plan to find out more: from patients, their families and carers; from people involved in planning and providing care; and by visiting a hospital to see what happens as people prepare to leave hospital.

2) Community Feedback

Finding out people’s views:

To make sure many different people could share their views with the LINK, a variety of different ways of collecting information were set up:

- A Leaving Hospital questionnaire was created (please see appendix II)

This was sent to all LINK members, voluntary and community groups in the City of London and given to people as they attended events and visited hospital. A prize draw for £50 Waitrose vouchers encouraged people to return their forms. The LINK was careful to reassure people, their personal information and details of their experiences would be kept confidential.

- Leaving Hospital information stalls were set up

The group held displays and information stalls at local events, such as the Older People’s Reference Group Annual Event and on hospital sites, including the Royal London and Barts

hospitals. People were happy to pick up information about the project from these stalls and discuss their experiences with the LINK.

- Using existing information and sources

As well as the information already collected in the issue log and through LINK meetings, the group looked at other sources, such as the Care Quality Commission's Survey of Adult Inpatients and reports from Barts and the London PALS (Patient Advice and Liaison Service)

People's Experiences:

People expressed a wide range of views and different experiences of leaving hospital, many praising the work of dedicated staff and rating the treatment and care received as "excellent", "9 out of 10" and "gold star".

However, where issues did arise, it seemed people were reliant on relatives, friends and carers to step in – or felt they only received appropriate care as they were able to "self-advocate" or stand up for themselves.

It is clear a lack of information prevented some patients and their carers, to access support and after-care that would have helped them through this process.

The feedback below has been arranged under general headings, which are taken from the Leaving Hospital questionnaire.

Assessments and checking people will be ok leaving hospital

Everyone is entitled to an assessment on leaving hospital, to see whether the NHS or local authority can provide ongoing care services and to look at other options, such as arranging alternative care¹.

The LINK received varied feedback on this – several people said they were not aware of their rights to an assessment and that this would have been very helpful. Others received assessments but only once they had returned home, one lady waiting six weeks, by which time she had fallen many times. Another patient reported being inappropriately assessed as "mobile", whilst in reality their ability to wash and clothe themselves was severely restricted.

Three people commented on their lack of capacity to request or adequately take part in an assessment process at that time.

Occupational and Physiotherapists were often praised for their help, even when it was felt other issues had not been assessed properly. Other respondents reported being supported by many people, with one exclaiming "the doctors and nurses helped me greatly"

Recommendations:

- Information to be made easily available on assessments and how to request one
- Social services available on site (or easily contactable) and as far as possible, present at assessments
- Information to be made easily available to people on where to go if they do not agree with their assessment or feel they do not have capacity (for example: PALS, advocacy services)

Transport

¹ Hospital discharge arrangements, factsheet 37, Age UK, p. 12
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People accessing the Patient Transport Service were generally satisfied. However, one person described waiting six hours for a specific vehicle, which had become delayed. Another issue raised involved carers not being able to travel with patients.

It was often expected that relatives would make arrangements for patients to travel home, resulting in large parking expenses in some instances. In one case, an older, vulnerable person was returned home by the transport service without checks first being made about their carer's whereabouts.

Recommendations:

- Checklists to be displayed on wards and Patient Transport areas, to remind staff to check practical considerations (eg. the patient has their house keys; the family or carer is expecting the patient to return home etc.)

Information on medication and who to contact with concerns after leaving

People were happy with the information they received on how to take medication, or could find on the packaging. Delays at the hospital pharmacy were noted. Most people were also confident they knew who to contact with concerns, although one person stated: "my friend lives alone...and is very afraid she will fall or collapse and not be able to contact anyone"

Recommendations:

- Information on telecare and other services to be made widely available

Follow-up support: arranging and receiving care

1) Information on follow-up care

Many comments related to the lack of information available on follow-up care of all kinds and how support could be accessed. Typical remarks included: "[I] didn't know what services were available, how to find information or how to access them".

More specifically, one issue involved a lack of information on convalescence homes and a response that only unrealistically expensive homecare options had been offered. Language barriers were also cited as a problem.

2) Arranging follow-up care

People were happy that appointments were made for hospital visits but rarely for follow-up care in the community. This was often left to relatives or friends to arrange, with suggestions that staff were too busy to deal with this and communication between different hospitals and services was a major problem. One patient felt she did not have the capacity to co-ordinate follow-up care for herself and described feeling "deserted and very low". On the other hand, one service-user reported: "I..have a social worker who is always ready to intervene on my behalf, if occasion demands it"

3) Receiving follow-up care:

A large variety of comments were received about follow-up care, with some describing services as "brilliant", "excellent" or "very good" and others raising particular problems. A common theme was the assumption that friends or family would provide ongoing care, where this was often not possible.

Specific issues raised included: a lack of support with direct payments; no response from social services when issues were raised; a high number of hospital appointments cancelled; and low skill-level staff not in a position to provide appropriate care.

Recommendations:

- Information on care and support available to people on leaving hospital is vital and needs to be made accessible to patients, carers, relatives and friends – to ensure practical solutions and informed decisions can be reached

Patient dignity and relationship with staff

Where several people felt they had been “treated with courtesy and respect”, commenting that staff were “kind and pleasant” and “very caring”, others reported being “pretty much ignored”, “treated poorly” or believed staff were too busy to be friendly. Two specific problems related to older people suffering indignity on mixed wards.

Recommendations:

- Awareness campaign around the Dignity Code
- Review of patient experiences of mixed wards

Involved in decision making

Generally speaking, people were content they had been involved, in situations where they felt in a position to comment – several people preferred to hand responsibility for decisions to staff. It was mentioned that relatives and friends could be more included in decision making processes and that it was not always possible to talk to a doctor or find out when this would be possible.

Other thoughts and suggestions collected by the LINK:

- Combine Citizens Advice and discharge services
- Make services more personal, make sure staff have time to interact with patients and relatives
- Give people their own budget to design care
- Roll-out the temporary after-care service via the hospital until homecare services can be put in place
- All agencies, nationalities and groups working in care should share good practice and where possible meet

3) Care Staff perspectives

The LINK group was interested in finding out about the reality of providing care and support for people as they leave hospital and is very grateful to staff from the City of London Corporation Adult Social Care department and Barts and the London NHS Trust for sharing their thoughts and experiences. Staff talked through their experience of how the discharge process works² and described issues that sometimes occur.

Communication between different organisations

Many of the problems happen because of difficulties in communication between staff from hospitals and services which may be located in many different organisations and areas.

² See appendix 2: Discharge Process flowchart (from a discussion with Adult Social Care)
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For example:

- patients are sometimes referred to services in the wrong social services authority or Primary Care catchment area, causing delays, funding disputes and missed assessments
- homecare cannot be arranged when no notice is given or services are closing, for example: when patients are discharged on Friday afternoons
- it is sometimes difficult to communicate the urgency of situations to external staff

Staff recognised that communication was often very good due to personal contacts made over time, rather than secure systems in place between organisations.

Recommendations:

- All staff to be trained on how boundaries, between both local authorities and Primary Care Trusts, affect how services can be accessed
- Social services to have a presence in hospitals

Mental Health

Mental health issues are often missed, in medical records and at assessment, as this is not the main reason why a patient has been admitted to hospital. It is often only recognised if staff are able to discuss care with relatives, friends or carers. The high incidence of dementia among City residents known to social services means sufferers are not in a position to give accurate information when they are admitted to hospital.

Recommendations:

- Mental Health to be considered in all assessments
- Awareness raising among staff around mental health issues

Staffing and capacity issues

Concern was expressed at the high turn-over of staff and shortages of staff, staff time and resources. When staff are constantly changing, it becomes more difficult to establish relationships between different services and raise awareness of processes and good practice (such as the Dignity Code). The lack of staff time is hampered by time consuming forms (for example: the continuing care form) and constant pressures, for example: to free up beds.

Recommendations:

- Trust to review recruitment processes
- Trust to investigate reasons for high staff turnover and review staff support, induction and ongoing training

3) Observing Care

In order to monitor services, the LINK has statutory powers to “Enter and View” premises where care is given. Having contacted the Care Quality Commission, which regularly inspects hospitals, the LINK group arranged to visit the Royal London Hospital. As well as observing care on the Older People’s ward and talking to patients, visitors and staff, the group looked at patient feedback mechanisms and the PALS office.

Observations and conversations on the ward

Members of the LINK (Authorised Representatives) raised a few concerns following observations and discussions on the ward, which relate to issues and recommendations above.

One elderly patient was left in an undignified position in full view of other patients for several minutes; the daughter of another patient was struggling to navigate the complicated discharge system and arrange follow-up care, with little information to hand. Staff also mentioned problems with lengthy paper work, complicated systems and Multi-Disciplinary Panels causing delays in the discharge process and passing referrals back and forth between different departments.

Patient Realtime Feedback Machines

Realtime Feedback Machines provide the opportunity for patients and visitors to offer their views on an interactive screen, at the time of their visit. This is useful for collecting people's opinions on services, although the LINK representatives mentioned a few points which could be looked into. These included: a lack of hand-wash near the machines; difficulty in accessing the machines in a small space, particularly for those with mobility issues; complicated language used and no option of different languages.

PALS office and site issues

The Patient Advice and Liaison Service provides: information on NHS services; help to deal with concerns and complaints and listens to patient feedback. The LINK representatives commented that the PALS office is placed prominently in the reception area of the Royal London Hospital but also felt that it seemed unapproachable, with a seemingly locked door. Another site issue mentioned was the lack of signs in languages other than English, apart from in reception.³

Recommendations:

- Signs and Realtime Feedback software to be provided in different languages
- Realtime Feedback Machines to be placed in more accessible areas, with handwash accessible
- Efforts be made to make the PALS office more approachable

5) Next steps

The LINK is keen to make sure the experiences and views expressed in this report can be used to improve care.

City LINK

Having identified access to information as a key issue, the LINK hopes to produce a leaflet for patients, carers and other visitors, to raise awareness of the support available to people on leaving hospital and how they can access these services in the City of London and local areas. Funding is being sought to publish and distribute this leaflet.

Statutory Partners

The LINK will distribute this report to key statutory partners and ask that they consider the recommendations and respond with an action plan to address the issues raised, with support from the LINK, as possible.

The LINK would like to thank everyone who took part in this project: as LINK group members; by commenting on their experiences or as staff facilitating information sharing and activities.

³ See Appendix I, comments from PALS at Barts and the London NHS Trust
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For more information on the work of the City LINK or to share your views, please contact the LINK team on: 020 7535 0496 / jpurcell@citycomm.org.uk / City LINK, 37 Chapel Street, London NW1 5DP

Or visit the website: www.cityoflondonlink.org.uk

6) Appendices

Appendix I: Comments from Statutory Providers on this report

The report was circulated to Statutory Partners for comment on issues relating to factual accuracy. Barts and the London NHS Trust kindly provided the following feedback relating to the Patient Advice and Liaison Service:

“Please note that access to the PALS office is available through an intercom system in order to ensure the safety of the staff particularly when they are female staff working in the office alone. The PALS office has now moved to the new building and continues to be easily accessible through an intercom system.

Evidence has shown that providing surveys in different languages on the RTF machines does not necessarily improve engagement and feedback. We are creating a variety of ways that patients can give us feedback about the services to suit different communication needs and preferences. These include out patient comment cards, and Tell Matron cards. The work will develop further with the implementation of the patient experience strategy.”

Appendix II: Questionnaire (unformatted)

Leaving Hospital

We would like to hear about your experiences to find out how leaving hospital can be made easier for everyone.

You can answer these questions about things you think are important – the



s about things you would name or details



We will always keep your thoughts anonymous

If you would like help filling out this form or to let us know what

you think, please contact the City LINK on 020 7535 0496

Have you, a friend or relative recently left hospital?

If so, were you happy that:

Someone made sure that you could cope at home?

You were able to get home safely?

You had the medication you needed and knew how to take it?

You knew who to contact – and how - if you were worried or if something went wrong?

At home, were you happy that:

You had everything you needed?

You received the follow-up care you needed?

In general, how did you feel treated by staff?

Did you feel involved in decisions and able to have your say?

How could this experience have been improved?

These are just general headings. Please feel free to tell us your story or make other suggestions here:

Thank you for your help!

Appendix III: Discharge Process diagram

