Healthwatch Hounslow

Hospital Discharge in Hounslow

November 2017

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Executive summary

In August/September 2017, Healthwatch Hounslow (HWH) carried out a patient survey to find out the experience of some patients who, after spending some time as an in-patient in hospital, had been discharged from hospital.

The aim of our survey was to gather the hospital discharge (HD) experience of local patients to enable us to understand the quality of their HD. The Hounslow-based West Middlesex University Hospital (WMUH), run by the Westminster and Chelsea Hospital Trust, was the focus of our study.

The objective of our survey was to asses HD from WMUH from the perspective of users/carers and service providers and to identify good practices, service gaps as well as areas for improving HD for local patients. We received feedback on HD from WMUH regarding 20 local patients in Hounslow. We obtained our feedback either directly from patients or indirectly through their family/carer. Responses from patients and their family/carers revealed the following findings, amongst others:

- Only a small minority, consisting of 10% of our respondents, said they had not been given adequate prior notice about their HD.
- HD respondents who said they had received their medicines after a reasonable period of waiting formed the largest group (45%), and 35% said they had got them very quickly.
- A clear majority (75%) said they had been given clear information regarding the patient's health condition and medicines at the time of HD.
- 75% of our respondents said that they and their family/carers had been treated with respect and empathy by hospital staff
- The majority of our respondents (60%) said they had found the time that transport was arranged by the hospital staff to be convenient.

Other issues raised by patients include a lack of coordination between WMUH and out of hospital (OOH) service providers; the fact that patients, especially those with complex needs, often do not have a clear care plan; and that a patient's HD can be delayed by WMUH staff because some crucial equipment that the patient must use after their HD has failed to arrive from some other hospital.

To obtain feedback about HD from a providers' perspective, we spoke to one of the managers of the Extended Hospital Social Work Services (EHSWS), based in WMUH, and to one member of the social workers team in the hospital. Feedback included the following:

- There are instances of a lack of communication/miscommunication both between various parts within WMUH services and also between WHUM staff and patients and their family/carers.
- Sometimes EHSWS is faced with practical difficulties in proceeding with HD because WMUH staff suddenly make a decision about the HD quite late in the day, e.g. after 7 pm, when EHSWS is unable to proceed with HD because of patients' safety issues that they have to safeguard.
- Medicines are sometimes not made available to patients on time due to long queues and waiting time. They therefore need to be couriered to patients after their HD. This can be problematic as patients and their family/carers might need face to face or 1:1 communication in order that information relating to the medicines can be conveyed to them clearly and so they can ask questions.
- The needs of carers get overshadowed by EHSWS assessments being preponderantly/overwhelmingly patient-centred and not carer-centred.
- There is a need to explain costs of social care to patients and their family/carers at the time of HD.

Conclusions evident from responses given by service users include that most respondents did not have issues with the notice period about HD; the great majority were happy with the waiting time to be provided with any necessary medication before HD, and did not have any issues about it. Furthermore, the majority were happy with the way that they/their family/carers had been treated in the hospital. Most respondents were happy with the time that transport was arranged for their HD by the hospital, and most were happy about the transport arranged for them; although, an almost equally high number of respondents did not seem to have viewed transport as a relevant issue because they did not require any transport.

Conclusions evident from responses received from EHSWS include that WMUH has some dedicated staff whose task it is to coordinate HD in collaboration with all relevant service providers, both within WMUH and outside it. Social workers in the EHSWS are aware of the need to assess the need of patients referred to them in a holistic manner, to update it in collaboration with their colleagues and partners in health and social care and with patients and their family/carers; also, to produce it in an electronic format to enable easy sharing and communication by service providers and service users. WMUH provides information to relevant patients from diverse religions/faiths and ethnic backgrounds about EOL care and/or support.

On the basis of our analysis of the feedback provided by patients and service providers, we would like to make the following recommendations:

- It could be beneficial for WMUH staff to improve their understanding of the way different departments or units within WMUH work. Similarly, they might need to improve their communication with their patients.
- WMUH staff need to refer patients for assessment to EHSWS as soon as possible after their admission in WMUH. They also need to be aware of the need to avoid late evening discharge.
- To ensure that WMUH staff consistently treat patients/family/carers with respect and empathy, WMUH will need to ensure that they provide training to all newly recruited staff and regularly monitor staff behaviour towards patients.
- A discharge summary must be given to patients/family/carers at a time before HD so that they have enough time to go through the discharge summary and medication etc. with a clinician in WMUH.
- WMUH must make sure that patients, especially those with complex needs, are discharged with a clear care plan.
- There is a need for WMUH to review its management of patient flow so that patients are discharged in a timely fashion.
- Before HD, it will need to be clearly explained to patients that services provided by LBH are not automatically free of charge and that, depending on one’s savings, they might or might not be liable to have to pay for their care.

Acknowledgments

On behalf of Healthwatch Hounslow (HWH) I thank patients for speaking with us.

Within the HWH team, I am grateful to Cynthia Roshni Thomas (Intern) for completing a large number of case studies and for her sharp observations.

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Introduction

Patients in Hounslow receive services from a number of hospitals in and around the borough. Like all hospitals in the UK, they are expected to adhere to certain well researched and regularly updated principles and procedures. Additionally, their performance is also monitored on a regular basis so that they keep advancing on a trajectory of continuous improvement while catering to the health and wellbeing of patients and their family/carers in an integrated and holistic manner.

Hospital discharge (HD) of patients after admitting them as patients and providing them with treatment, is just one important facet of their work. Despite the increased pressure on hospital beds in an atmosphere of financial austerity, they appear to be constantly engaged in trying to make HD safe, smooth, convenient and well-timed for patients and their family/carers without compromising patient safety and welfare. Many important reports and guidelines, new legislation and novel initiatives[1] have impacted on how hospitals in the borough have been shaping their HD. In 2015, for instance, the UK's National Institute for Clinical Excellence (NICE) produced a report[2] and provided guidelines that have influenced our critical gaze during our present survey of HD.

Background

In August/September 2017, Healthwatch Hounslow (HWH) carried out a patient survey to find out the experience of some patients who, after spending some time as an in-patient in hospital, had been discharged from hospital.

Aims

The aim of our survey was to gather the HD experience of local patients so that, based on their feedback, we could understand the quality of their HD. Some aspects of the HD of patients in Hounslow that we intended to focus on included the following:

- Whether patients and their family/carers had been given adequate prior notice of HD by hospital staff;
- Whether, before their discharge, patients and their family/carers had been treated with respect and compassion;
- Whether adequate and clear information and answers to questions had been provided for patients and their family/carers by the hospital staff regarding the health condition, medication, care etc. of the patient being discharged;

[1] In 2010, for example, *Digital Health* reported that WMUH NHS Trust "has become the first trust in London to implement RealTime Health's discharge plan and decision support system. The system aims to reduce patients' length of stay by integrating clinical systems and providing staff with automatic targets, depending on the condition of the patient. It provides a real-time dashboard that shows where a patient is in terms of their care pathway, where they are physically in the hospital, and whether there are any factors that could affect when they are discharged, such as interaction with social services or outbreaks of infection. The graphical dashboard also shows ward layouts, individual patient information, and the number of days remaining to discharge – with any potential delays highlighted. [According to the Trust's] acting medical director: 'One of the key issues for any hospital is ensuring patients are discharged as soon as is safely possible.'"

[2] *Transition between inpatient hospital settings and community or care home settings for adults with social care needs NICE guideline*, December 2015.

- Whether the patients and their family/carers had been provided with any medication that might be required by the discharged patient after their HD, within a reasonable waiting time;

- Whether the transport arranged for the patients and their family/carers had been arranged by the hospital at a convenient time, was suited to their needs and had been provided within a reasonable waiting time;

- Whether all necessary arrangements had been made for the patient being discharged well in advance so as to ease their transition from hospital to a community/out of hospital (OOH) care setting with their safety and convenience in mind.

Scope

For our survey, we decided to make the Hounslow-based West Middlesex University Hospital (WMUH), run by the Westminster and Chelsea Hospital Trust, the focus of our study. Located on London Road, Isleworth, in West London, WMUH is an acute hospital that serves a local population of around 400,000 people in the London boroughs of Hounslow and Richmond on Thames and neighbouring areas.

The main commissioners of acute services here are the clinical commissioning groups (CCGs) for Hounslow and Richmond.

Survey Tools

For gathering our data, we prepared a questionnaire (please see the Appendix for our questionnaire). To contact relevant patients, the local groups and organisations we contacted for help were the Pensioners Forum, Disability Community Forum (DCF), and Integrated Neurological Services (INS) in Hounslow. We also approached some GP practices for assistance with identifying some relevant patients within their patients' base.

To obtain the perspective of some service providers, we decided to contact some of the managers of the London Borough of Hounslow's (LBH) Extended Hospital Social Work Services (EHSWS) based in WMUH. To obtain the views and experience of service providers within the EHSWS' approximately 20-member strong team of social workers who work in collaboration with WMUH staff, we also decided to try and gain access to some of the team's social workers. We also contacted LBH staff who provide financial assessment services to patients after their HD.

Objective

The objective of our survey was to asses HD from WMUH from the perspective of users/carers and service providers and to identify good practices, service gaps as well as areas for improving HD for local patients. On the basis of our findings, we wanted to make some relevant recommendations.

Responses & Findings

Patient respondents & their responses

We received feedback on HD from WMUH regarding **20** local patients in Hounslow. We obtained our feedback either directly from patients or indirectly through their family/carer. Our sample included both males and females. The age range of our respondents varied from about 35 years to 65 years and above. Most of our respondents (65%) came from various Asian ethnic backgrounds and only five (25%) were from a White ethnic background. We were unable to gather the ethnicity of 10% of our respondents.

Patient respondents	19
Respondents who were carers/family members of patient	1
Gender of respondents	
Male respondents	8
Female respondents	10
Not known	2
Ethnicity of respondents	
White	5 (25%)
Asian	13 (65%)
Not known	2 (10%)

Questions and Summary of Responses

The questions included in our questionnaire and a summary of the responses received to each of them, are presented below:

Questions	Totals	%	Other observations
1. Were you/your family/carer given adequate advance notice of HD by staff?	Yes – 17 No – 2 No reply – 1	85% 10% 5%	HD is not confirmed until the day of discharge. A patient mentioned being prematurely discharged.
2. Re. waiting time to get medication: **a) Very quickly;** **b) Within a reasonable time;** **c) After a very long wait;** **d) Didn't get medication & had to return to get them;** **e) Not applicable (NA)**	 7 9 3 1	 35% 45% 15% 5%	One user said they generally had to wait a long time. Once they had to leave the hospital and return for their medicines.

3. Was your/your patient's health condition and medication clearly explained by the staff to you/to the patient's family/carer?	Yes – 15 No – 5	75% 25%	WMUH staff don't explain or go over the discharge summary which is not given until it is time to leave. It can have flaws, such as errors, and sometimes there is miscommunication between WMUH and the local pharmacist.
4. Were you/your family/carer treated with empathy and respect by the staff?	Yes – 15 No – 4 Yes & No – 1	75% 20% 5%	'Yes & No' meant that sometimes they were treated well and sometimes they weren't.
5. Did HD take place at a convenient time?	Yes – 12 No – 7 NA – 1	60% 35% 5%	Various points were mentioned by users who felt that the time of HD was not convenient. Please see our User Conclusions section below.
6. Was the transport arranged for HD convenient?	Yes – 10 No – 0 No reply – 1 NA – 9	50% 0% 5% 45%	Many respondents said they did not require transport to be arranged for them.
7. Were all necessary post-HD health/social care arrangements in the community made by the hospital?	Yes – 4 No – 5 NA – 11	20% 25% 55%	A large proportion of respondents said they did not need any such arrangements to be made for them.
8. Any other comments.			Hardly anyone responded to this. For more on this, see our User Conclusions section below.

Findings from Service Users

Responses from patients and their family/carers revealed the following:

Q.1 – Regarding adequacy of <u>prior notice of hospital discharge (HD)</u> given to patients and their family/carers by the hospital staff

Those who said they **had received adequate notice about their HD** from WMUH staff constituted the largest section within our respondents and made up 85% of our sample. Only a small minority consisting of 10% of our respondents said they had **not been given adequate prior notice about their HD.** Some respondents highlighted some other facets of HD. For example, one respondent, who had multiple experiences of hospitalisation and HD, pointed out

that their **HD was always confirmed on the day of discharge which introduced an element of uncertainty.**

Another patient complained that they had been **discharged too early**. This patient felt that instead of a safe HD, he/she had been sent back home the same day very soon after his/her appendix operation when he/she was in a really poor state of health.

Q.2 – Regarding waiting time for patients and their family/carers to be provided with all necessary medication before HD

HD respondents who said they **had received their medicines after a reasonable period of waiting formed the largest group (45%).** They were followed by a **slightly smaller group made up of those who said they had got them very quickly (35%). Only a small minority, who constituted 15% of respondents within our sample, said they had received their medication after waiting for a long time**.

Within the group of those who felt they had to wait for a long time, there was a patient who mentioned **being delayed for so long that they had been left with no choice but to leave the hospital without their medication and to return to WMUH to collect their medication not once but twice.**

Other **problems** mentioned linked with medication were:

- Being given their medication by WMUH at the point of departure and thus being left with no time to ask questions or review them; and
- The presence of errors, e.g. wrong information about medication being sent to the local pharmacist which, (though luckily not life threatening), can cause inconvenience and delay for patients/family/carers.

Q.3 – Regarding patients and their family/friends being provided with clear information about the health/medication etc. of the patient being discharged

A clear majority made up of 75% of our respondents said they had been given clear information regarding the patient's health condition and medicines at the time of HD. Within the minority of 15% who said they had not received clear information from WMUH staff, most patients did not raise any specific issues or concerns.

Only one respondent provided specific details regarding the information received from WMUH, pointing out that the hospital nurses tend to give them the discharge summary only when it is time to leave the hospital and that, by doing so, they tend to avoid going through the summary with them (i.e. the patient/carer/family).

Q.4 – Regarding patients and their family/friends being treated with empathy and respect by hospital staff

A clear majority (75%) of our respondents said that they and their family/carers had been treated with respect and empathy by hospital staff. A much smaller group within our sample, who made up only 20% of the total, said they had not received good treatment.

A small minority, who made up 5% of the total, said they had noticed inconsistency in hospital staff behaviour. In other words, they said that the behaviour of WMUH staff was inconsistent; while they had sometimes received empathy and respect from staff, at other times they had not received such treatment.

Q.5 – Regarding the convenience of the time that transport was arranged for the discharged patient

The majority of our respondents, who made up 60% of the total, said they had found the time that transport was arranged by the hospital staff to be convenient. A much smaller minority, who made up 35% of the total, said it hadn't been convenient. Only one respondent said it was not relevant for them to answer this question about convenience of the transport.

Q.6 – Regarding the convenience of the transport arranged for the patient by WMUH

From the responses received, it is evident that 50% of our respondents said that the transport arranged for them by WMUH was convenient. While 5% did not respond to this question (probably because they did not use or need transport to be arranged for them by WMUH), the remaining 45% said it was not relevant for them to answer this question as they did not require hospital transport and had made use of their own vehicle or had hired a taxi for their return after HD.

Q.7 – Regarding whether the hospital had made all necessary health and social care arrangements required by the patient after their HD

Those who said that arrangements required by them after HD had been made for them constituted 25% of the total. A slightly smaller group of respondents, who made up 20% of the total, said the hospital had not made satisfactory arrangements for them.

The majority (55%) of our respondents, however, conveyed that it was not relevant for them to respond to this question as they did not require any such arrangements to be made for them by the hospital.

Other issues raised by Patients

- Though the transport arranged is convenient, patients/carers/family members mentioned that **inconvenience is caused by delays in WMUH arranging medicines and transport.**

- There **is a lack of coordination between WMUH and OOH service providers**. For example, there are instances when HD gets delayed, where the district nurses are not kept in the loop. As a result, the district nurse turns up at the patient's residence before their HD instead of being there after the patient has been discharged and needs their services.

- Patients are ready for HD but their HD is delayed by WMUH staff because some crucial equipment that the patient must use after their HD has failed to arrive from some other hospital. This is because the staff member in that hospital is unavailable and is impossible to contact.

- **Patients, especially those with complex needs, often do not have a clear care plan** and also do not know when it will be renewed and by whom.

- **Carers of HD patients might not be sure whether they can manage on their own to care and support the patient being discharged** from hospital or whether they might require some help.

Findings from a Providers' Perspective

For obtaining feedback about HD from a providers' perspective we spoke to one of the managers of the Extended Hospital Social Work Services (EHSWS) based in WMUH and to one member of the social workers team in the hospital.

Main work of social workers in the EHSWS

From a meeting with the Deputy Manager, we gathered that WMUH is one of the hospitals in West London that is served by a team known as the EHSWS team for new cases and cases open in all five localities in Hounslow. We were informed that the main aim of the social workers is:

- To undertake assessments for patients referred to the EHSWS by hospital staff who have used hospital services, so as to help them return home with the support and assistance they need;

- To develop personalised outcome-focused support plans, to help promote the independence of vulnerable residents, and;

- To collaborate with their colleagues, other professionals and partner agencies to undertake holistic assessments of vulnerable adults, their families and carers within the legislative framework and the eligibility criteria.

Other general information from EHSWS

WMUH's multi-disciplinary team (MDT) and working in collaboration with WMUH staff etc.

- EHSWS is part of WMUH's MDT. Staff within EHSWS **work in collaboration** with WMUH staff, such as their designated staff in charge of hospital discharge of patients with complex needs and certain health conditions such as Dementia. They also hold regular meetings with members of WMUH's staff team to assess patients referred to them and to update and make appropriate plans for their HD.

- Social workers in the EHSWS prepare an assessment only for patients referred to them by WMUH staff. The day that **a patient might be referred to EHSWS varies** and is generally dependent on the medical condition of the patient. Generally, a patient is referred to them when their condition has stabilised and communication with them or their family/carer is possible.

- The assessment that is prepared is an **electronic document** that can be shared with various service providers as well as with the patient and their family/carers.

- Patients who might need **end of life care (EOL) support, are provided** with relevant support and information by WMUH's palliative care nurses. They are informed about hospice services and the needs of members of various ethnic and religious groups in Hounslow are catered for.

Some Issues related to HD

Instances of a lack of clear communication:

- There are **instances of a lack of communication/miscommunication between various parts within WMUH** services.

- There are also instances **when there is a lack of communication/miscommunication between WHUM staff and patients and their family/carers**. For example, EHSWS staff reported that sometimes they have been informed by WMUH staff of the HD of a patient but have found that the patient herself/himself has not been informed about their HD.

Delays in HD:

- Sometimes delays are **caused by the non-arrival or late arrival of some essential equipment needed by the patient** to move them from WMUH to the vehicle transporting them away from WMUH to their place of OOH residence, or of the equipment that they will need after their HD.

- At times, delays are also **caused by non-availability or late arrival of suitable transport for patients,** preventing HD from taking place in a planned and safe manner.

- Sometimes EHSWS is faced with practical difficulties in proceeding with HD because WMUH staff suddenly make a decision about the HD quite late in the day, e.g. after 7 pm, when EHSWS is unable to proceed with HD because of patients' safety issues that they have to safeguard. Sometimes, they might require more time to make arrangements for the patient being discharged because they have to liaise with OOH services and providers in the community who need at least a few days to make necessary arrangements for the patient.

Due to reasons such as those mentioned above, EHSWS might be pushed into postponing[3] a patient's HD to the following day or to the earliest day/time that adequate arrangements can be put in place by EHSWS.

At other times, EHSWS might be pushed into delaying the HD of a patient because, being self-funding, the patient's family/carers might report back that they have not been able to arrange suitable housing and care for the patient concerned or that the patient's family is not ready to receive and start caring for them after their episode in the hospital.

On this note, we were informed that there had been an extraordinarily long case of an inordinate delay in HD in which the family of a patient had kept challenging the patient's HD and over several months had repeatedly kept saying they were still not ready to care for the patient due to a variety of reasons. Fortunately, WMUH seemed to be just days away from finally resolving this long, hard and expensive case of delayed HD.

Delays in supplying medication to patients and their family/carers before their HD:

- Medicines are sometimes not made available to patients on time due to long queues and waiting time. They therefore need to be **couriered to patients** after their HD. This can be problematic because patients and their family/carers might need face to face or 1:1 communication so that the dosage or timing of the medicines gets conveyed to them clearly and any questions they might have are also answered to prevent errors that could have dangerous adverse consequences.

Carers' needs/carers' assessments not in focus:

- Regarding HD, the needs of carers get overshadowed by EHSWS assessments being preponderantly/overwhelmingly patient-centred and not carer-centred.

[3] LBH has to pay a fine of about £120 per day if HD is delayed.

Need to explain costs of social care to patients and their family/carers at the time of HD:

- Staff from LBH's financial assessment team in the Civic Centre conveyed that **because patients are sometimes not given a clear explanation about how the costs of their post-HD social care is arranged, they often assume that everything will be arranged for them by the LBH free of cost;** whereas, in reality, not everyone is automatically entitled to such treatment.

Conclusions evident from responses given by Service Users

Re prior notice about HD:

Most respondents did not have issues with the notice period about HD although one frequent user of WMUH said that despite this, **confirmation of HD only takes place on the day of the discharge.** Though this was not a common complaint, **premature HD** was mentioned as an issue.

Re waiting time for patients and their family/carers to be provided with all necessary medication before HD:

Since those who said they had received their medication very quickly and those who said they had received them within a reasonable time jointly constituted 80% of our sample, it can be safely concluded that the great majority of our respondents were happy with their waiting time and did not have any issues about it.

Among the few who complained of a lengthy waiting time for medicines, there was one respondent who had been subjected to the inconvenience of having to leave WMUH without the medication required by them and to have to return later to the hospital to collect their medication.

Miscommunication of information between WMUH and the local pharmacy was also reported.

Re patients and their family/friends receiving clear information about the health/medication etc. of the patient being discharged from the hospital:

The majority of respondents did not have complaints about the information on health and medication provided to them. Only one respondent complained that:

(1) The discharge summary was generally given very late to patients; and
(2) Often it contained mistakes that should not be present.

Re patients and their family/friends being treated with empathy and respect by staff:

Again, the majority of our respondents were happy with the way they/their family/carers had been treated in the hospital. Only one respondent sounded slightly discordant, saying that the behaviour or attitude of staff was inconsistent and had been different at different times.

Re the convenience of the time that transport was arranged for HD:

Most of our respondents were happy with the time that transport was arranged for their HD by the hospital. A much smaller number of respondents had said it wasn't convenient.

Re the convenience of the transport arranged for HD:

Most of our respondents were happy about the transport arranged for them. An almost equally high number of respondents did not seem to have viewed transport as a relevant issue because they did not require any transport and had either made use of their own vehicle or a taxi.

Re whether the hospital made all necessary health and social care arrangements required by the patient after their HD:

Those who said all necessary arrangements had been made for them were slightly smaller in number when compared with those who said that arrangements had not been made for them. However, most of our respondents consisted of those who said they did not need any arrangements to be made for them. This seems to indicate that, in many instances, patients leaving the hospital do not need any such arrangements to be made for them by WMUH.

Conclusions evident from responses received from EHSWS

- WMUH has some dedicated staff whose task it is to coordinate HD in collaboration with all relevant service providers both within WMUH and outside it.

- Social workers in the EHSWS are aware of the need to assess the need of patients referred to them in a holistic manner, to update it in collaboration with their colleagues and partners in health and social care and with patients and their family/carers; also, to produce it in an electronic format to enable easy sharing and communication by service providers and service users.

- The EHSWS and WMUH's staff seem to be aware of the need to work in collaboration and attempt to do so in order to make the HD of their patients smooth, timely, safe and convenient for the patient and their family/carers and to avoid/reduce delays/hospitalisation.

- WMUH provides information to relevant patients from diverse religions/faiths and ethnic backgrounds about EOL care and/or support.

- There seem to be some problems of communication or lack of clear understanding between some sections or departments within WMUH.

- Sometimes delays in HD seem to occur because of delays in the arrival of necessary equipment or suitable transport to enable the HD of some patients to take place. At other times delays are reported to be taking place because of patient safety/safeguarding issues that EHSWS is unable to overlook; and also by problems in arranging suitable care and housing encountered by EHSWS or carers/family of patients being discharged from hospital.

Our recommendations

On the basis of our analysis of the feedback provided by patients and service providers, we would like to make the following recommendations:

- To work better in an integrated, seamless manner and to improve the in-hospital experience of patients, WMUH staff might **need to improve their understanding of the way different**

departments or units within WMUH work.

- Similarly, they might also need to improve their **communication** with their patients so that they get regular updates about their health/medication/progression towards hospital discharge and HD; their doubts and queries are answered in a timely way and they feel empowered and in command.

- WMUH staff need to **refer patients for assessment to EHSWS as soon as possible after their admission in WMUH** so that social workers there get ample time to assess their needs and to make suitable and timely arrangements for their care after their HD.

- WMUH staff also need to **consistently take cognizance of the need to avoid late evening discharge**. This is to ensure that postponement of HD by EHSWS for reasons of patient safety or inability to arrange suitable OOH care for the patient being discharged within the time that is available does not occur.

- To ensure patient safety and to prevent re-hospitalisation, all staff in WMUH's MDT need to make sure that they **do not discharge patients prematurely** due to the pressure of freeing beds for other patients.

- To ensure that **WMUH staff consistently treat patients/family/carers with respect and empathy,** WMUH will need to ensure that they provide training to all newly recruited staff and also regularly monitor staff behaviour towards patients as well as patient feedback and complaints.

- **A discharge summary must be given to patients/family/carers** at a time before HD so that they have enough time to go through the discharge summary and medication etc. with a clinician in WMUH, and to ask them any questions and obtain explanations so that the possibility of misunderstanding and error can be ruled out.

- WMUH must make sure that patients, especially those with complex needs, are discharged with a **clear care plan**. They must also be given information about **when their care plan will need to be reviewed and by whom.**

- **Needs of carers of HD patients must be assessed**. This will give them an opportunity to think through and understand whether they have the capacity to care for the discharged patient on their own. If they need help, it is important to find out what help they need to enable them to look after the patient after their HD.

- If it is found that carers cannot look after the patient, they need help to identify suitable care homes/extra care etc. for the patient concerned.

- There **is a need for WMUH to** review its management of patient flow so that patients are discharged in a timely fashion and they have adequate time to communicate with EHSWS and also give EHSWS enough time to assess patient needs and arrange for their provision.

- **There is scope for improving coordination between WMUH and OOH service providers**. For example, whenever HD is delayed, staff providing OOH care need to be updated and kept informed about when their services will be needed by the patient being discharged.

- Regarding **supplying medication to patients within a reasonable time** before their HD, WMUH will need to keep monitoring the improvement of their track record so that they hit the national objective of making sure that 95% of A&E patients wait less than four hours to

be discharged[4] and inconvenience to patients/their family/carers is also avoided or minimised. This will not only **reduce inconvenience to patients/their family/carers** but will also **obviate the need of incurring the additional work and additional expense of sending the medicines to patients by courier.**

- Similarly, WMUH will also need to keep monitoring and improving their performance in providing transport for HD patients.

- WMUH needs to make sure in advance that they have stretchers and any other necessary equipment ready for patients so that their HD can take place smoothly.

- To prevent delays and establish quick contact with other hospitals and their staff, WMUH should consider discussing and establishing clear lines of communication between themselves and hospitals and professionals that they work with.

- Before HD, it will need to be clearly explained to patients that services provided by the LBH are not automatically free of charge and that, depending on one's savings, they might or might not be liable to have to pay for their care.

- Besides providing financial information, there is a need to educate patients/their family/carers in a way that will discourage their family/carers from preventing HD. There is an example in WMUH where there is a patient whose HD has been delayed for about a year.

It might also be beneficial to other hospitals for WMUH to highlight/disseminate the good practices[5] that they are following, such as:

- Having HD Coordinators at WMUH who are dedicated to working in a collaborative manner with providers both within and outside WMUH;
- Attempting to work with the EHSWS in relation to HD in an integrated manner;
- Trying to assess the need of patients referred to them in a holistic manner;
- To try to update patient assessment in collaboration with all relevant colleagues and partners in health and social care and with patients/their family/carers; and
- To also produce patient assessments and other documents in an electronic format to enable easy sharing and communication with both service providers and service users.

Conclusion

We hope this report will help in improving the HD discharge experience of patients/their family/carers. HWH will also be happy to be involved if we can contribute in any way towards implementing any of the changes that we have recommended.

[4] Care Quality Commission's Quality report of West Middlesex University Hospital NHS Trust, April 2016.

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[5] For guidance and for identifying Best Practice see, *Transition between inpatient hospital settings and community or care home settings for adults with social care needs,* NICE guideline, 1 December 2015.