



Healthwatch East Sussex Discharge Study – Were you discharged with care?

Report

*****ABSTRACT*****

This document summarises the key findings, priority areas and actions from Healthwatch East Sussex study of Hospital Discharge

24th November 2014

East Sussex Community Voice - Registered CIC: 08270069

ESCV delivers Healthwatch East Sussex, Young Inspectors, and commissions NHS Complaints Advocacy in East Sussex

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1. Executive summary

- 1.1. Between July, August and September 2014 East Sussex Community Voice (ESCV), through its Healthwatch East Sussex (HWES) functions carried out visits to Discharge Lounges at acute hospitals in Eastbourne, Hastings, Brighton, Haywards Heath and Pembury
- 1.2. The aim was to engage with patients about their experiences being discharged from hospital to find out if they were discharged safely and with care.
- 1.3. This report is a summary of the key findings, priority areas and actions for HWES and local partners to consider developing.

2. Stakeholder feedback

- 2.1. Stakeholders receiving this document are requested to work with HWES to explore any issues raised in the research, and to:
 - Comment on the key findings; and
 - Identify potential next steps for collaborative working, and/or service change.

3. Background

- 3.1. The purpose of these engagement activities was to:
 - capture the views of patients, carers, family members and key agencies involved in a patients discharge
 - gather insight about the experiences of a person’s discharge and how involved and informed they were in this process; and
 - highlight any areas of the process which may require ongoing investigation in the future.

4. Methodology

- 4.1. The methodology used to collect the information is as follows:
 - Surveys – completed face to face and by return of post as a follow up from their discharge
 - Focus group (in conjunction with Healthwatch England discharge enquiry); and
 - Visits to hospitals outside of the East Sussex borders to gather information about out of county processes.
- 4.2. HWES authorised representatives attended the discharge lounges of both acute hospitals in East Sussex and also conducted out of county visits. They undertook face to face surveys with patients and returned these for analysis. The dates these visits were undertaken are shown in table 1 overleaf. (Please note for the East Sussex Acute sites the dates shown are the overview of the visits, Authorised Representatives did not attend every day).

| East Sussex Acute Hospitals | Out of County Hospitals |
|--|--|
| Conquest Hospital, Hastings (7 th – 31 st July) | Tunbridge Wells Hospital at Pembury – 4 th August 2014 & 6 th August 2014 |
| Eastbourne District General Hospital (7 th -31 st July) | Royal Sussex County Hospital, Brighton (24 th -26 th September) |
| | Princess Royal Hospital, Hayward’s Heath (24 th – 26 th September) |

Table 1: Dates of visits

5. Observations and findings

5.1. This section of the report will provide an overview of the responses provided by individuals responding to surveys. These were gathered as follows:

- Patient Surveys completed either face to face in discharge lounges or by return of post
- Follow up surveys by individuals when they returned to their place of residence
- Surveys returned by residential homecare providers

As well as gathering the views and experiences of patients attending the two Acute Hospitals in East Sussex, HWES staff and volunteers also spent some time at the discharge lounges of hospitals outside of the county, which would also receive patients living within the county borders. These hospitals were:

- Tunbridge Wells Hospital at Pembury, Kent
- The Royal Sussex County Hospital, Brighton
- Princess Royal Hospital, Haywards Heath.

As with the hospitals in East Sussex, volunteers asked patients in the discharge lounges of these hospitals to participate in the same short survey.

Patients described their experiences and the findings reflect their views (both as local users of the service and as residents from East Sussex). The information which follows is shown as a reflection of the themes and trends only when compared to the activity gathered in East Sussex.

5.2. Patient Surveys - findings

- A total of **112** surveys were completed by patients, family members or carers and residential establishments.
- **103** of these were completed as part of face to face engagement. These were completed as shown below in table 2 overleaf.

| Hospital | Face to face surveys completed |
|--|--------------------------------|
| Conquest Hospital Hastings | 8 |
| Eastbourne District General Hospital (EDGH) | 41 |
| Pembury Hospital - Kent | 27 |
| Princess Royal Hospital - Haywards Heath | 7 |
| Royal Sussex County Hospital - Brighton | 20 |

Table 2: Face to face surveys completed

In table 2, the two hospitals which serve East Sussex are shown in yellow. As can be seen, a low take up of surveys was found at the Conquest Hospital when compared to the Eastbourne District General Hospital. There is no consistent reason for this and therefore analysis for East Sussex will be shown as a combination of the responses from both sites. Where areas of interest are noted for a particular hospital, these will be highlighted in the text.

28 follow up surveys were returned by patients after they had returned to their place of residence. **4** were returned from Conquest patients, **20** from EDGH patients and **4** from Pembury patients.

The percentages displayed in the following charts reflect the number of responses to each question, minus any blank or not applicable answers. Therefore the number of responses shown in brackets may not necessarily match the total number of surveys answered.

Our Authorised Representatives spoke to a total of **49** people in the discharge lounges at the 2 acute hospital sites, in East Sussex. The following charts reflect the East Sussex responses compared to those received from the out of county visits.

Follow up interviews

All of the patients who took part in the surveys were given the opportunity to take part in a follow up telephone interview with an Authorised Representative, a few days after their return home. **4** people who were discharged from the Conquest Hospital and **19** who were discharged from the Eastbourne District General Hospital took part in these follow up interviews. The responses to these are shown in text boxes following the main survey responses.

Overall responses across all hospitals were consistent, with Pembury Hospital showing the lowest rate of response.

Focus Group Findings

In May 2014 HWES hosted a Focus Group, on behalf of Healthwatch England, as part of a national special enquiry looking at unsafe discharge. The findings will be included in the final report of this special enquiry called “Then what”. This will be published later in 2014/15. The focus group heard concerns and experiences from individuals and groups who support older people, which HWES and Healthwatch Brighton & Hove have followed and used to provide direction for their studies locally.

Expected Discharge – were patients involved?

When asked about the information they were given regarding the timing of their discharge, **98%** of patients responded that they knew the timing of their discharge and when this decision was made, with most of these being made aware within a 24 hour period. In most cases this was seen positively by patients, although there were some instances recorded of decisions being made quite quickly.

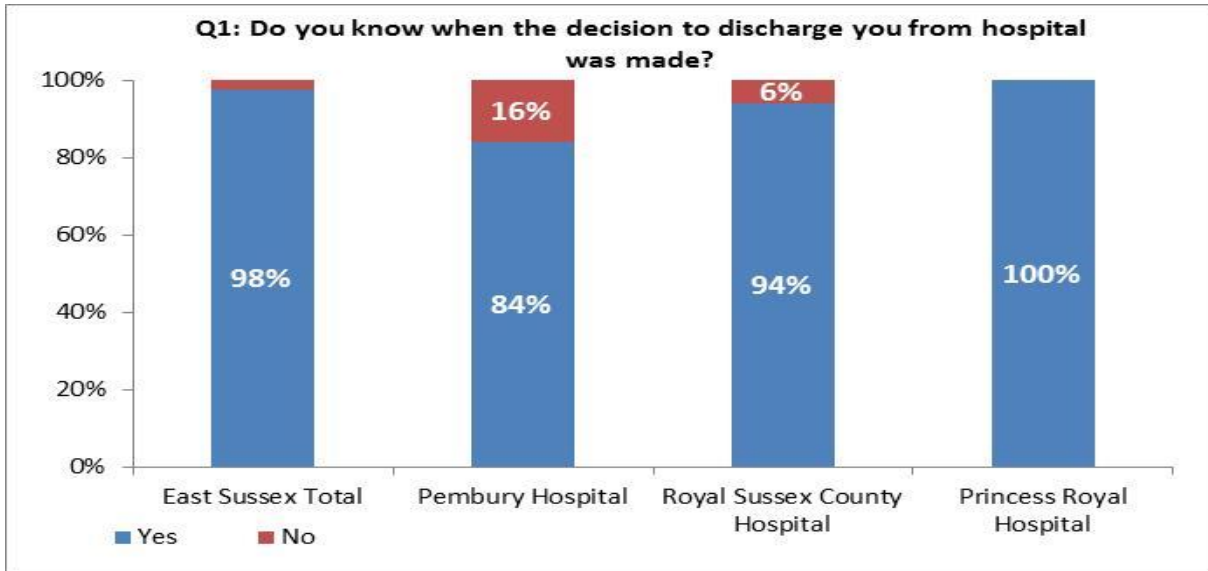


Chart 1: About your decision for discharge

98% (40 patients) said that either they or family members were informed of an expected discharge date.

There were a further **15** people who indicated that this question was not applicable to them, some of who understood this to be due to the nature of their admission, for example as an A & E admission and had received treatment before being moved to the discharge lounge or as part of a routine operation.

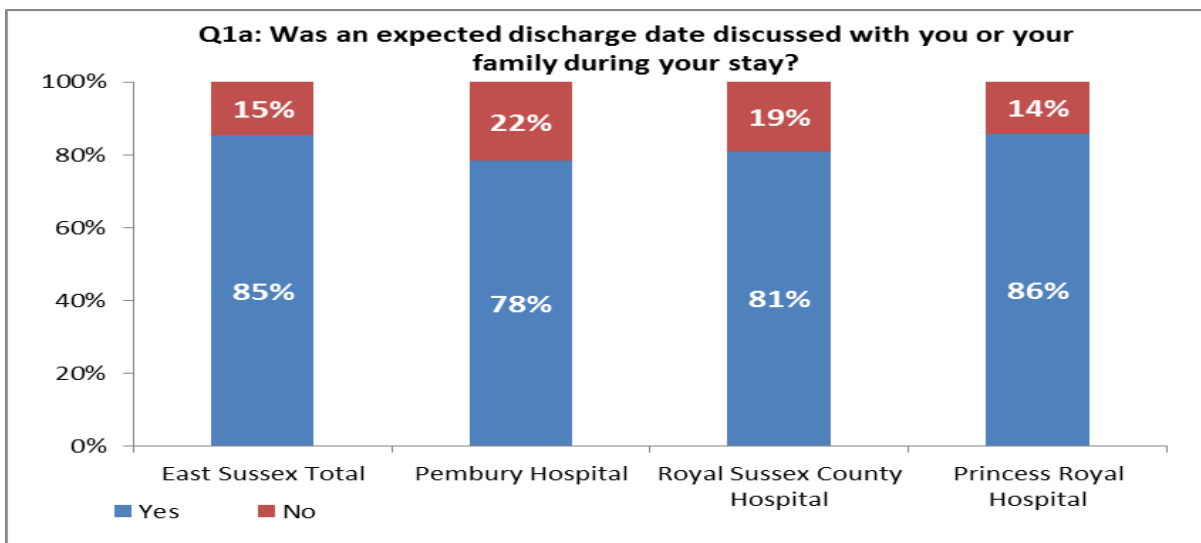


Chart 2: You and your supports involvement.

As can be seen most patients were aware of the decisions made about the timing of their discharge and there were many instances recorded of family members or carers being made aware also.

When asked if they were well enough to be discharged **95%** (41 patients) of people responded that they were happy and well enough to go home. In some cases, however, patients were aware that they would require further rest and support to allow them to go home and understood the reasons for their discharge, for example to receive further rehabilitation support before returning to their place of residence. Chart 3 below shows these responses.

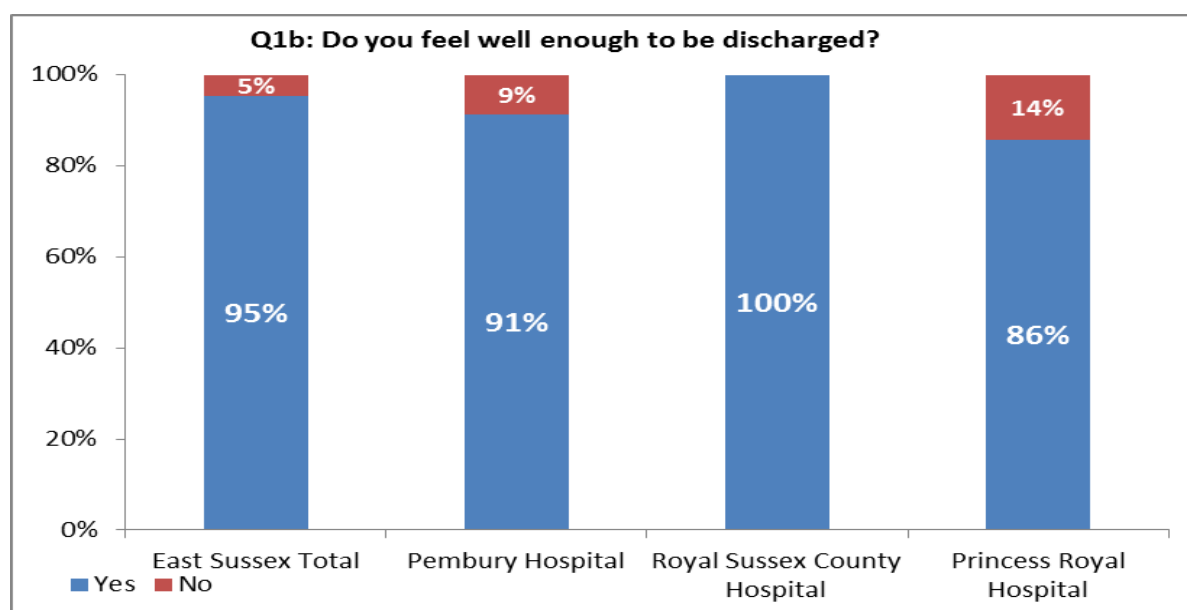


Chart 3: Do you feel well enough to be discharged?

In one instance a patient indicated that, while they were well enough to be leaving hospital, they were reluctant to go home as they would be lonely. While support packages for this person were in place, the patient wished to be placed in residential care which was not possible.

5% (2 patients) said that they did not feel well enough to return to their home, they indicated that they felt they required further treatment, in one case detox – rehab treatment.

Of note there is awareness that some of the responses from patients who indicated positively that they were well enough to go home may not necessarily be well enough to do so. In one case a patient at the Princess Royal Hospital indicated they were well enough to go home and was anxious to return home as they had caring responsibilities. The Authorised Representative also noted that they appeared to have breathing difficulties at the time. While this report is not calling into question the clinical reasoning behind a patients discharge, it does raise an important observation regarding those who find themselves in hospital, while having the pressure of further caring responsibilities and how they may respond about how they feel.

Transport Arrangements

81% (34 patients) responded that they were happy with the arrangements made for their transportation home. Most of these had either an Ambulance or the Patient Transport Service (PTS) arranged for them. Chart 4 below shows these responses.

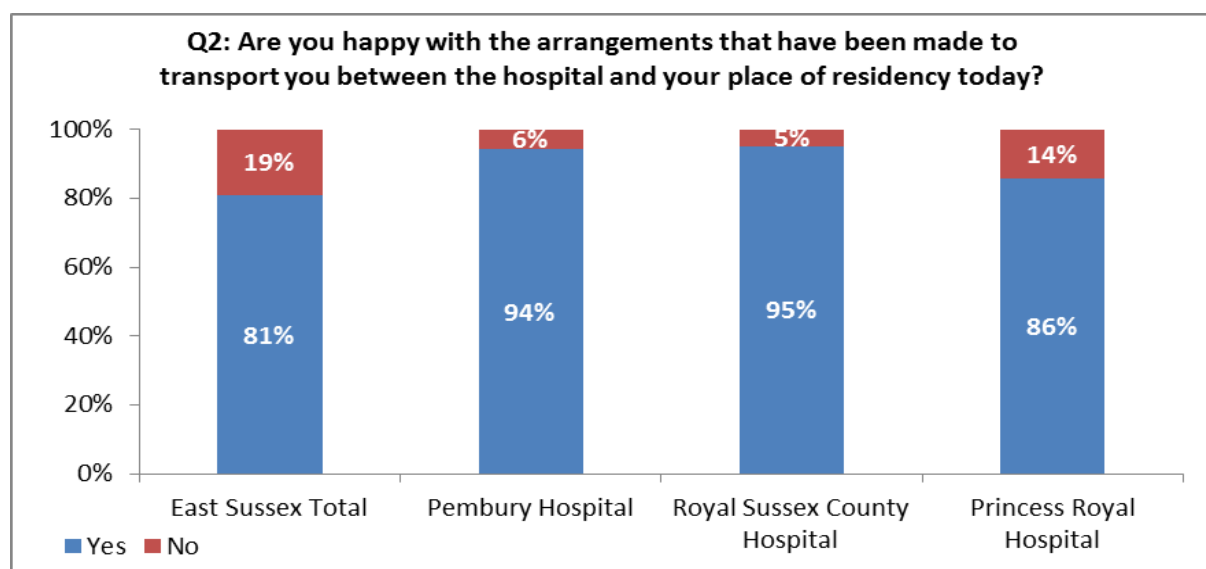


Chart 4: Are you happy with the transport arrangements.

While most patients were happy with the arrangements made, some responded that they had to wait a long time before leaving. In some cases waits of over 2 hours were reported and in others patients were unsure how long they could be expected to wait.

In one instance at the EDGH a patient said that they were asked to gather their belongings quickly at breakfast time and were sent to the discharge lounge and were still waiting at 12:00, finally being picked up at 12:45. A similar incident was also reported at the Royal Sussex County Hospital, with the patient saying they “felt that it was like being discharged from prison and felt under pressure”. Another was told to “wait for transport” and were not given a time.

It was also noted that there were, in some cases, external factors could affect the transport of a patient home. Discharge lounge staff tried, on one occasion, to contact a patient’s scheme manager “out of hours”, while the patient was waiting for PTS. When unsuccessful they tried the Housing Association, Lifeline and family members to try and arrange access to the patient’s home, which also failed. This resulted in the patient having to stay another night in hospital.

Other patients also stated that they were uncertain of how they were getting home, which is of concern – with one person indicating they would need to book a taxi if no transport available.

It is understood that the pressure on beds in hospital wards is great and the need for space, places resource at a premium, however the experiences reported by some patients about their move to the discharge lounge, potentially before any clear information about their transport home is known, does raise some concern.

Follow Up - Was your journey home prompt and safe?

Where indicated, people felt positive that their journey home was undertaken quickly. A variation in the times of arrival appears to be regular, with the latest recorded time being 18:20. This patient was advised their discharge was originally be at 10:40 were eventually discharged at 13:00. They had been waiting for nearly five hours for transport home, which was delayed, during which time they said that they felt “lonely waiting on their own”. One patient also had to stay an extra night, due to delays with transportation.

Only 2 people responded negatively about the coordination and safety of their transfer between hospital and their place of residency. One person said that they stumbled getting out of the ambulance taking them home, causing minor injury, which was immediately attended to by ambulance staff. The other patient stated that they did not feel well during their transfer, the reasons for this were not given. A further patient did not indicate that they were satisfied or dissatisfied with their transfer; however they did say that they were transferred between their chair and the car in an undignified way while inappropriately dressed.

Where positive responses were made, staff were given praise and also transport staff were found to be very helpful, especially when ensuring that a patient was delivered safely to their home.

Feedback from providers. Patient Transport Service - As part of this review, Healthwatch East Sussex also engaged with providers of services, in response to some of the experiences it was hearing from patients. Below is a short summary of feedback from the provider of the PTS – South East Coast Ambulance Service (SECamb).

East Sussex Healthcare Trust has recently moved to a centralised outpatient ‘check in’ desk situated in main entrance at both the Conquest and EDGH.

PTS crews are being given priority over other patients on arrival to minimise the time lost for the crew which would have an impact on their other patients.

The key issues:

- SECamb PTS crews now take patients to the main entrance to check them in instead of directly to their clinic. This has meant that the crews are taking their patients to two locations: 1) the check in desk and 2) the actual department.
- This has undoubtedly had an impact on the time that the crews spend in getting their patients to their appointments.
- When a patient has finished their appointment, we are relying on the patient to stay in the department and the nurse to contact the Patient Transport Bureau to advise us of the patient being ready. We have many abortive journeys where patients leave the department and the PTS crew who arrive cannot find them. This leads to further delays and frustration.

- When a booking is made for an appointment it is made via the Patient Transport Bureau (not SECamb). They will be advised of the length of the appointment and SECamb PTS will have 60 minutes to collect the patient from the pre booked ready time. Some clinics will see the patient as soon as they arrive and this can lead to a lengthy wait for transport e.g. a patient has an appointment at 10:00 – it is for 60 minutes and will be finished by 11:00. The patient arrives on time and is seen immediately and is ready to go home at 10:15. PTS has until 12:00 to collect the patient and because the appointment was made in advance the team who plan all the journeys will plan the crew to arrive between 11:00 and 12:00.
- We were asked to vacate the desk, in the main entrance, at the Conquest so therefore the patients are relying on the hospital staff to make a call to SECamb on their behalf to get an eta for the arrival of PTS.

We have placed PTS Coordinators in both hospitals to support effective discharge and outpatient procedures but we are still very much reliant on the hospitals working with us on improving

Despite these challenges PTS achieved 90% of outpatients arriving no later than 15 minutes for their appointment and 90% being collected within the 60 minutes following their appointment during August.

Involvement in Your Discharge

When asked about how involved patients felt in their discharge **71%** (21 patients) who responded were positive about their involvement and the information they were given regarding their discharge. **29%** (12 patients) were less positive, with most stating that they were not involved and were just ‘told’ when they were being discharged or had received no information at all. Chart 5 below shows these responses.

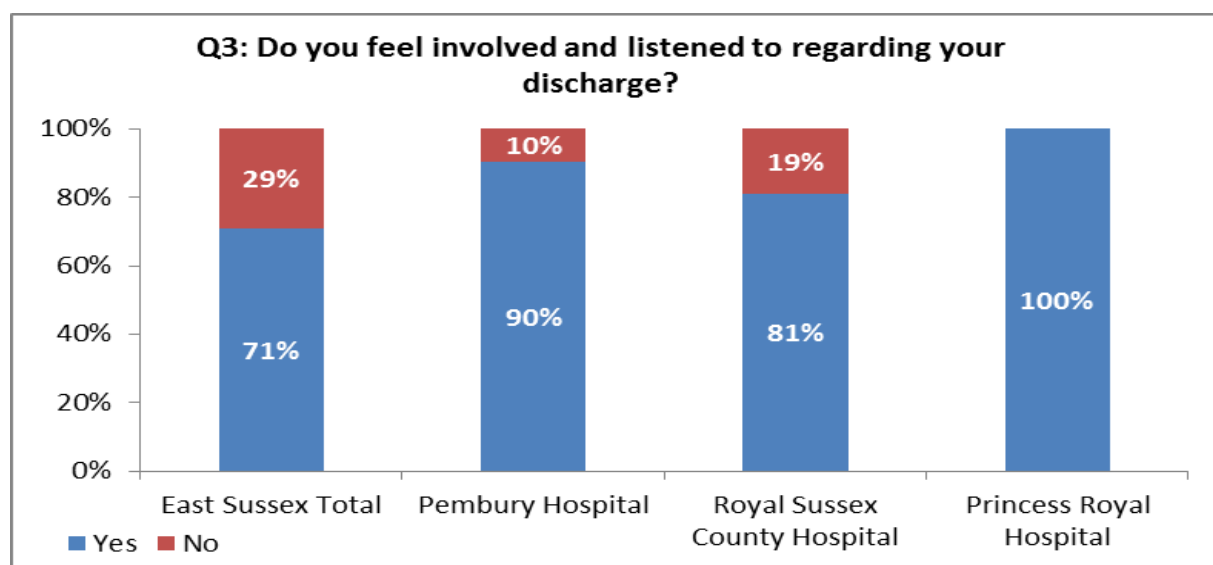


Chart 5: Your involvement with your discharge

Interestingly some of those who were positive about their discharge process also indicated their involvement was minimal, but were happy for arrangements to be made on their behalf.

When you get home – your ongoing support

Patients were asked about any arrangements made to support them upon their return home and if they knew about these as part of their discharge or care plan. **93%** (40 patients) responded positively about their awareness of ongoing support arrangements on their return home. Chart 6 below shows these responses.

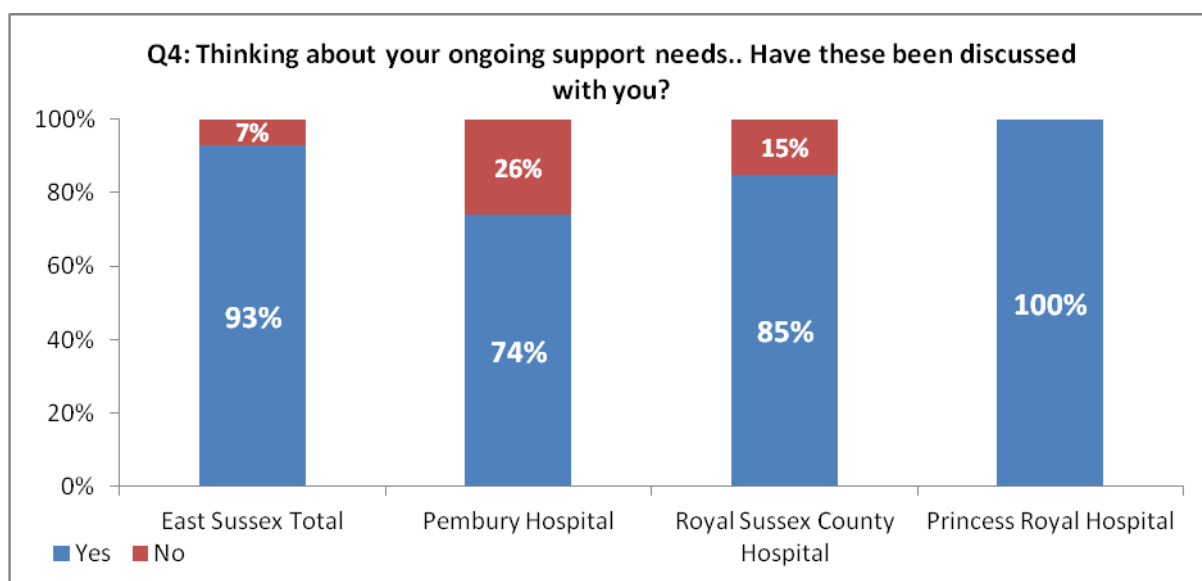


Chart 6: Your ongoing support needs

In most instances people were already receiving packages of care and support before their admission to hospital and were confident that these would be in place upon their return. Further rehabilitation support was also explained, where applicable, to patients before they left, either in the form of home exercises or packages put in place to support their rehabilitation. Family support was also found to be a major factor in a person’s confidence when returning home.

What is not clear from these responses is a patient’s awareness of potential Adult Social Care involvement in their ongoing care and support. This could be an area of further exploration for HWES, to understand the handover of a patient, with regard to their care and support from Social Care, if needed.

Outside of East Sussex **3** people were anxious about returning home, again with loneliness and isolation proving a factor.

[See next sheet](#)

Follow up - Ongoing support needs – were these met?

Patients felt that most of their ongoing support needs had been met since their discharge. **1** patient did state that they were still awaiting an out-patients appointment since their discharge.

Many patients', when asked, stated that they had in place packages of care, had been visited by their GP or District Nurse, had good family support networks or friends to help them since their discharge. It was also found that the Matron from the Eastbourne District General Hospital made a follow up telephone call regarding a catheter.

Interestingly, **1** patient indicated that they were satisfied with their ongoing support upon discharge, but suffered a further fall on the night of their discharge, resulting in another admission. This was thought to be due to a Zimmer frame which did not meet the patients' needs.

This included attending multi-disciplinary meetings facilitated by East Sussex Healthcare NHS Trust (ESHT) as part of their Discharge Improvement Plan and hearing from neighbourhood support teams about the role they have in the discharge process. Locally we found the systems in place largely meet the needs of patients, with the exceptions of patients who received their treatment out of county and were discharged back into their place of residency.

There were suggestions those patients who required complex continuing health care faced delays accessing the assessment process. HWES will look into this issue outside of this report and report on its finding by the end of the year.

The summary of the findings following discussions with the out of county team at East Sussex County Council (ESCC) Adult Social Care is shown below.



Hospital Discharge
Officers meeting with

Planning – what information have you been given?

Only **61%** (25 patients) indicated that they were given information to take away with them about support after their discharge at the time of answering the survey. In most instances this was reported to be a GP 'link letter' for a follow up appointment. Only **1** person was in receipt of a copy of their care plan. **16** people had not received any information provided directly to them. Chart 7 overleaf shows these responses.

See next sheet

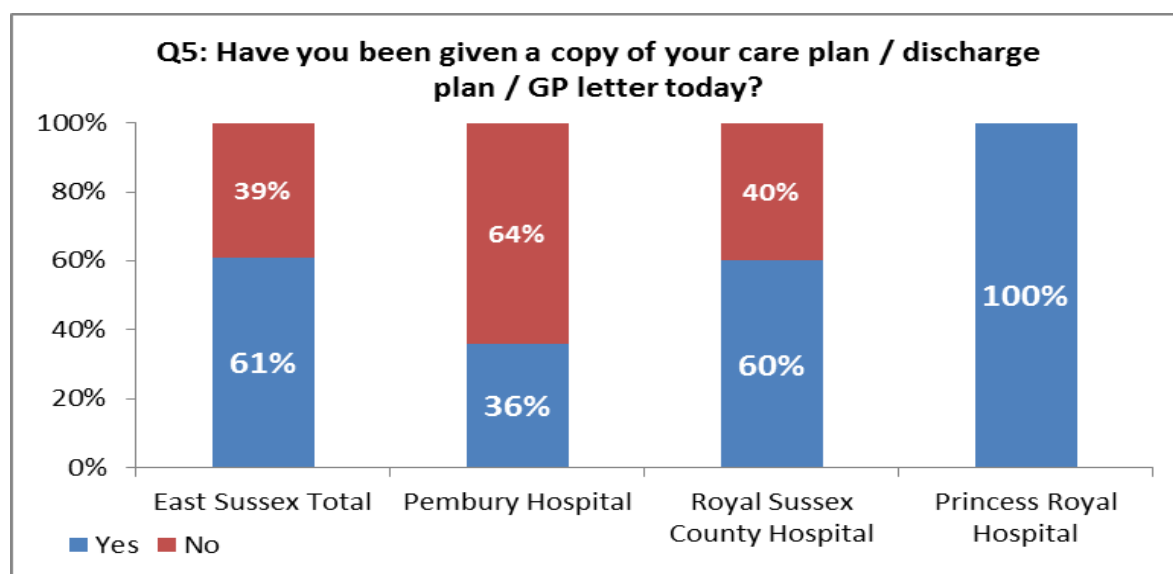


Chart 7: Your ongoing discharge and support planning.

Some felt that information would be forthcoming after they had answered the question or that some had been placed in their medicine bag/given to a family member, however at the time they had not received any. Authorised Representatives were unable to check personal belongings for this information.

In some cases patients were aware that some documentation had been given to ambulance personnel as part of their transportation arrangements. It was unclear what this information was or what detail may have been contained in this documentation.

Despite having only 7 responses in total, the Princess Royal Hospital patients all indicated that they were given further information, indicating a clear process may be in place for disseminating information to patients at the point of discharge.

Where patients were aware of their information they were well informed about what this was and what it meant for them with their support upon discharge.

Medication – are patients aware?

Patients were asked about their medication requirements and if they were aware of any changes to their medication may mean to them. **75%** (30 patients) responded that they were aware of their medication and if any changes had been made and what the side effects may be.

Where patients answered no, many were still awaiting information about their medication at the time of the survey or said that this was not applicable to their discharge. Chart 8 overleaf shows these responses.

See next sheet

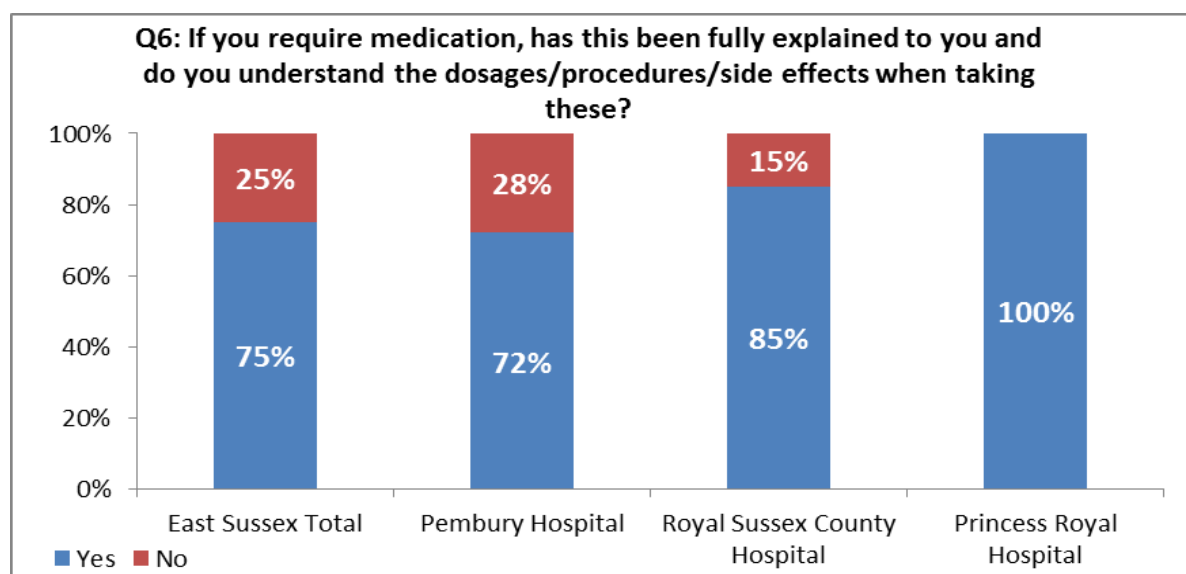


Chart 8: Understanding your medication

Patients were advised of the contents of their ‘green bag’ for their medication and in most cases self-administered their prescriptions. Where this was not the case there is some reliance upon carers / family members to ensure that their medication is given correctly, but no evidence was received about how well this would have been communicated. This could be an area for further explanation as the role of family members or carers in dispensing medication is key to ensuring appropriate recovery.

Follow up - Medication

Where patients responded, many were happy with their medication and how this was to be taken on their return home. 1 patient was readmitted after their discharge as it was believed that their dosage for a cardiac problem was too low, resulting in them being in pain. 1 patient also said that they felt ‘hallucinatory’, but this could not be substantiated to medication issues at the time.

Any other comments?

Patients were asked for any other comments they wished to make about their stay and treatment. Overall staff were reflected positively and shown to be kind and considerate of patient’s wishes, while it was acknowledged that they were very busy in general. This was noted by one patient who would have liked have seen the same staff more consistently, which would have made their experience better. Another patient also stated that the timing of their medication during their stay was inconsistent, with their risk assessment given on the day of their discharge and not on their admission (EDGH).

Food received mixed reviews, with some patients saying that it was good and some saying it was not.

The timings of regular, required medication also was commented upon while a patient was waiting in the Discharge Lounge (EDGH).

See next sheet

Feedback from Residential and Nursing Care

During the planning of this piece of work, it was acknowledged that some potential impacts upon a patient receiving a good discharge experience would be especially relevant for people living in residential or nursing care.

Where information about patients was available, Authorised Representatives were able to talk to those who were being discharged back into a residential care or nursing home. A total of **7** patients were identified from the visits, which is acknowledged to be a low return, however representatives only had a short time to ascertain a patient's residential status, therefore there may be a higher number of discharges than recorded in this section.

HWES also approached care providers to respond about the discharge process. Disappointingly only **1** provider responded to this, which does not give a balanced reflection and is not commented upon in this report.

Patients who responded were discharged from the following:

- **1** from Pembury Hospital
- **1** from Conquest Hospital
- **3** from Eastbourne District Hospital
- **2** unknown

2 patients responded themselves, with **4** responses being made by a carer or family member. **1** response was completed as an unknown respondent.

All **7** respondents said that their discharge was arranged at a convenient time and during the 09:00 – 17:00 timeframe. One respondent said that although the discharge process was good, if someone is discharged later in the afternoon it can cause problems if further contact with the hospital is required for example with queries regarding medication. Also it was noted that sometimes the planned and actual discharge times varied, which could disrupt admission plans made for a patient.

4 respondents said that they felt they were transferred in a safe, dignified and coordinated way. **1** patient responded that they did not know with a further **2** leaving this question blank. One comment received regarded the escorting staff, who were recognised as doing a “good job – though when we have questions to ask, they are not in a position to answer them”. This response was from someone in a caring role, who felt that it could be frustrating to not have information about their client, which sometimes was found to impact upon the admission process.

6 respondents said that they did not feel involved or listened to in their discharge or care planning process, with **1** respondent saying that they did not know. Information was found to be a common theme where comments were made, with **1** respondent stating that their communication needs were not met. Respondents also commented that their discharge felt ‘rushed’ and “last minute, impromptu meetings around bed” were not acceptable.

Of concern to Healthwatch, one patient was discharged significant personal medical issues, with a further infection. This respondent was also sent home with a large number of tablets, which were not explained to them, including Aspirin, which could not be taken for medical reasons. The respondent explained that they “had to guess” what was important. As well as this it was also noted that the patient was confused about their discharge and still had a catheter in place at the time.

Similarly, respondents felt that their ongoing support needs were not met upon their discharge, with **6** saying no and a further **1** stating that they did not know. Again most comments received regarded lack of information, delays in receiving information or out of date contact information. One comment stated that the client was at risk of an overdose due to incorrect medication information being given and severe risk of heart failure due to not being aware of an enforced restriction of fluids. One respondent also said that their cared for person was discharged with a dislocated jaw, which had been known about while they were in hospital. Others noted lack of GP support when leaving hospital and poor follow up from Hospital Social Worker, despite a positive initial contact.

When asked about respondents care or discharge plan only **2** said that they were given a copy. **4** did not receive a copy and **1** did not know. Of note, one of the respondents who were positive about receiving their plan also stated earlier that they did not receive the PEG feeding regime or dietician report, which as shown earlier could have led to have serious consequences for the patient.

Medication upon discharge found mixed responses with **3** respondents happy that this was explained to them and **3** not so. **1** left this blank.

Overall information about discharge, planning and ongoing medical requirements seems to be sporadic, which could have serious implications for patients or their carer's. Contacting the hospital after discharge was commented upon as difficult and it was suggested that having a named member of staff would help. The language used within a hospital discharge policy was also commented upon as being “jargon full, over long and complex – not in plain English”. This was reported as being inaccessible and unusable.

Food was also commented upon as being poor.

Hospital staff were positively reflected upon and it was recognised that they were busy and sometimes “hard pressed” when dealing with patients. While the numbers of respondents in this section is low, some of the themes are not consistent with those patients discharged to their homes and appear to give poorer responses. This may warrant some further work in the area of discharge to Residential or Nursing Home placements to gain further insight. Also where examples of potential unsafe discharges have been recorded, unfortunately there was no supporting identifiable information to raise these concerns further.

[See next sheet](#)

6. Conclusions

6.1. During the course of this study it is been found that there are many aspects which can affect the overall experience a patient will have during their discharge. The interactions and contacts someone has with not only different hospital staff and departments, but also Ambulance, Social Care and Primary Care services can be seemingly complex for someone in a potentially vulnerable position.

6.2. Discharges into Residential or Nursing care, although prompted low rates of response, identified potentially greater risk for unsafe discharge. This is sufficient for HWES to visit a larger sample for further evidence in the future.

6.3. From the experiences HWES has gathered it has learned:

- Most patients were positive about the process, with many feeling included and aware of the time of their discharge. This helped patients feel confident about the process.
- Many patients indicated that they relied upon support from family members or friends to be aware of their discharge or have an input with discussions about this. This raises the question about those who have no outside support network and the importance of good planning at the time of discharge.
- Underlying issues about being well enough to be discharged were found in a small number of responses. Some patients felt that they required further treatment or help while in hospital; however some did not wish to return home as they would feel isolated. It is not clear if befriending services were offered, which may have proved beneficial.
- Transport for patients was found to be an area of varied response. Overall most were happy with the arrangements made for them and praised the staff who were assisted them. Levels of dissatisfaction recorded, focussed on waiting times, some of which were caused by external factors, such as out of hour's contacts with residential establishments.
- For providers, the centralisation of the booking resource for the transport and overall coordination of moving patients has potentially added a further layer of complexity, where there is a perceived reliance on hospital staff to book a transport appointment. Therefore while a patient may be happy with the arrangements and timings of their discharge, should staff become side tracked or need to attend an emergency situation, this may lead to delays in booking their transport home, meaning the patient experiences delay.
- Ongoing support is shown to be a key element of discharge, with family support again cited as important. Clarity about the extent of Social Care Support on discharge is an area Healthwatch would like to undertake some focussed activity in the future.
- The lowest areas of response found, centred on clarity of information about their support plans or GP letters and changes in medication. Where low rates

of satisfaction were indicated, patients were found to not be fully aware of any ongoing changes to their support or changes in their medication. Again these are areas where HWES would wish to follow up with some focussed research and gathering of experience.

- The caring responsibilities of those patients who find themselves in hospital was thought to have an influence on their willingness to be discharged from and should be considered when deciding if they are well enough to be appropriately discharged.
- Where mentioned, staff were found to be professional and supportive of patients throughout the process, however there were acknowledgements made that they seemed pressured and short staffed.

7. Recommendations

7.1. HWES has found this study to provide useful information about the process of a patient's discharge, which has been largely positive from a patient's perspective. Where this has not been the case it has been found that this has been largely due to issues of communication or factors which have affected communication channels.

7.2. There is also disappointment that very few responses were received from Nursing or Residential Care establishments, where those who did respond seemed to show much lower levels of satisfaction than those discharged into the community. However we are aware that the rate of response for these is too low to conclude definitively trends or themes this will need to be revisited in the future, to provide further evidence.

7.3. The recommendations HWES based on its findings are shown below:

- Investigate the possibility of reopening the 'Check In' desks at both the Conquest and EDGH.
- Review of dissemination of information, especially with regard to ongoing support and medication.
- Ensure that the role of patients as carers and also the reliance on carers for patients when they leave hospital is fully considered in any care plan/discharge procedure to ensure that a discharge is not unduly effected back into the community
- (HWES) Further study around the Adult Social Care aspect of hospital discharge.
- (HWES) Further study around nursing and residential care home discharge.

8. Feedback from Providers – East Sussex Healthcare Trust

East Sussex Healthcare Trust has reviewed the findings within this report with interest. There are areas identified in particular, around communication with patients about discharge, including advice for discharge and information about take home

medication that need to be improved to help the patients with the transition of discharge from hospital to home.

9. Further information

The HWES pilot report is available on request.

Please contact us by:

- email: enquiries@healthwatcheastsussex.co.uk
- telephone: 0333 101 4007, or
- visit our website: www.healthwatcheastsussex.co.uk

10. Disclaimer & acknowledgements

HWES would like to thank the service providers, service users, visitors and staff for their contribution to the Enter and View programme

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

Prepared by J Hogben

November 2014

ENDS