

Being discharged from a hospital in County Durham

Patients' and families' experiences of being
discharged from hospital

November 2023



Healthwatch County Durham



This report has been produced by Healthwatch County Durham. We are an independent organisation whose aim is to help people get the best out of their local health and social care services, whether it's improving them today or helping to shape them for tomorrow. Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience.

As a statutory watchdog, our role is to ensure that local decision makers put the experiences of people at the heart of their care so that those who buy (commissioners) and provide our services (NHS Trusts, GPs, the voluntary sector and independent providers) can benefit from what people tell us.

The Healthwatch network consists of 153 Healthwatch organisations across each of the local authority areas in England. It also has a national body called Healthwatch England based in London.

For more information about us please click on this link: [Healthwatch County Durham](#)

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Summary

Looking into people's experiences of being discharged from a hospital in County Durham was selected by the public as one of their priorities when we asked them to help us decide our workplan for 2022/23. With support from the Patient Experience Team at County Durham and Darlington Foundation Trust and Durham County Carers Support we wanted to find out:

- What discharge arrangements were discussed with the patient.
- Did the patient get discharged from the discharge lounge?
- Where were they going after being discharged from hospital?
- Did the patient feel that arrangements were in place following their discharge from hospital?

The report covers the responses of 66 people who took the time to complete the survey. During this time, we visited the discharge lounge at the University Hospital of North Durham and spoke to 11 patients who were waiting to be discharged from hospital. Another visit took us to Bishop Auckland Hospital rehabilitation ward where 5 patients shared their views.

What we found out:

- Just over half of the respondents completed the survey themselves and had recently been discharged from hospital.
- 66% of patients were admitted to hospital via A&E.
- 50% of patients told us that their hospital discharge arrangements were made during their stay, 30% were arranged on the day but only 8% were arranged before they went into hospital. This may have been because it was a planned admission.
- Just over 60% told us that they were not provided with any information regarding the process of being discharged from hospital. The information that patients had received varied from discharge papers, information on going into care and what medication was needed.
- When patients were told that they were going home, just under 50% were pleased, however others (20%) told us they were nervous, and others (21%) were relieved.
- 74% of patients told us that they were going straight home from hospital, the remaining were going to a residential home, rehabilitation unit or to family. We asked if patients were advised of any possible financial cost involved such as paying for care, and many responses were no.
- A total of 70% of patients were discharged from the discharge lounge and the rest straight from the ward. There were varied ways of how patients left the hospital, the majority being by private car (46%) followed by patient transport (29%). 58% of patients felt that the arrangements made for their discharge were well co-ordinated.
- The feedback we received from patients who were waiting to be discharged from the lounge was positive. They told us that the lounge was warm, and they were offered a drink on arrival. There was adequate comfortable seating for patients and enough space for patients who were getting discharged from a bed. On our visits, we observed

staff ensuring that the patients were in receipt of any medication prior to arranging patient transport as this can sometimes cause delays.

- We asked a couple of questions about what happened after discharge to ensure everything was in place while recovering. 67% of patients advised that they had no call from their GP after discharge. We also asked if they were aware of any care plan, 36% said no and 40% said it was not applicable. Many services that support these patients were from a health professional such as a district nurse, occupational therapist, or a social worker.
- Most patients who responded to the survey were female, aged 65–79 years and white British. The full demographic information can be seen in Appendix 2.

66% of patients we spoke to were admitted via A&E.



Patients experience of the discharge lounge was mostly positive.



“Had to quickly make a decision re [regarding] care home which was very stressful”.

“My family were given hardly any notice, I hadn't undergone any assessment of my needs, and I was re-admitted 2 days later”.



“Being discharged at 2.15 am during –8 temperatures at the age of 92”.



Introduction

In 2021 Healthwatch County Durham asked the public what health and social care topics they wanted us to look at in more detail over the next 12 to 18 months. There were several proposals to prioritise based on intelligence gathered from our signposting work and information provided by partner organisations. Investigating the experiences of patients being discharged from hospital was selected by the public as one of their top priorities. Due to the COVID-19 pandemic the project was delayed, however, in January 2023 we were able to make a start collecting the experiences from patients.

Method

We designed a survey and shared this with the Patient Experience team at County Durham and Darlington Foundation Trust who provided their feedback. We also shared it with Durham County Carers Support and agreed to add a couple of questions relating to a carer's perspective.

The survey went live in January until September 2023 and was promoted on our website, social media and our monthly e bulletin via a link to Survey Monkey. We took paper copies of the survey to any engagement events that the team were attending.

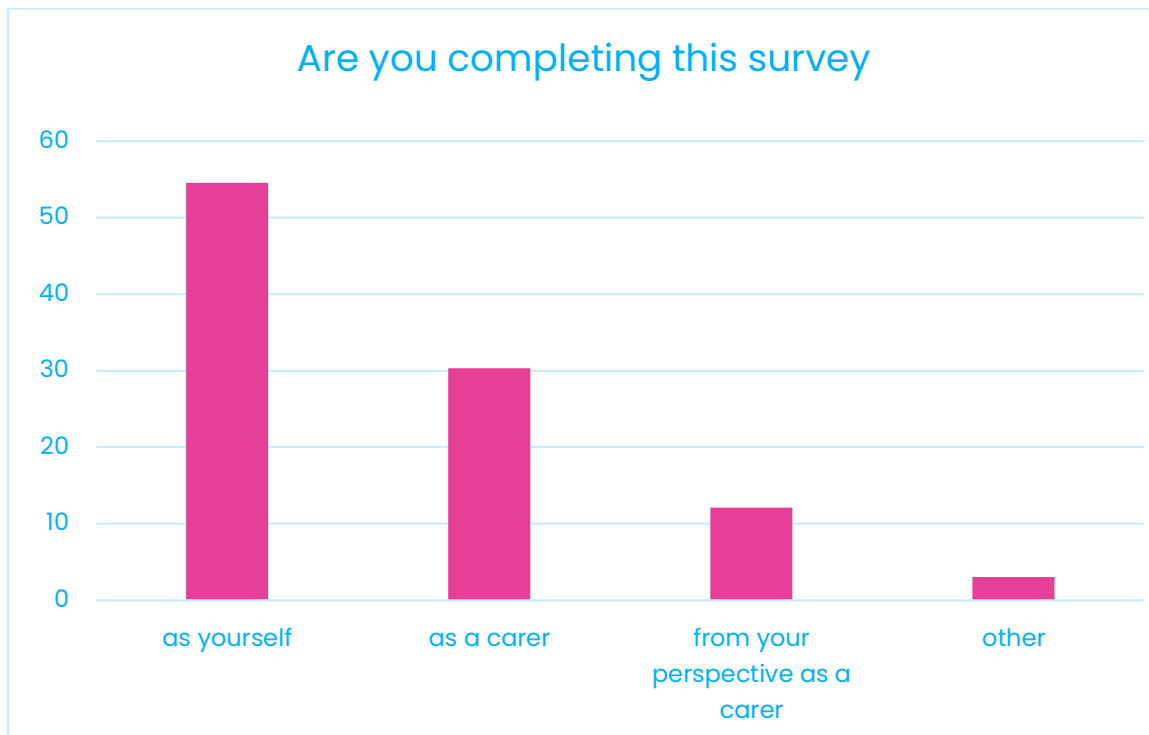
We visited the discharge lounge twice at University Hospital of North Durham and the rehabilitation ward at Bishop Auckland Hospital.

Findings



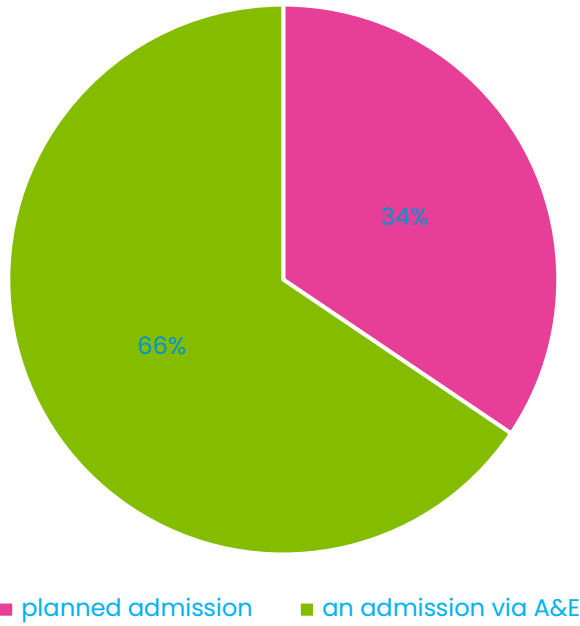
We received 66 responses to our survey.

We wanted to determine who was completing the survey.



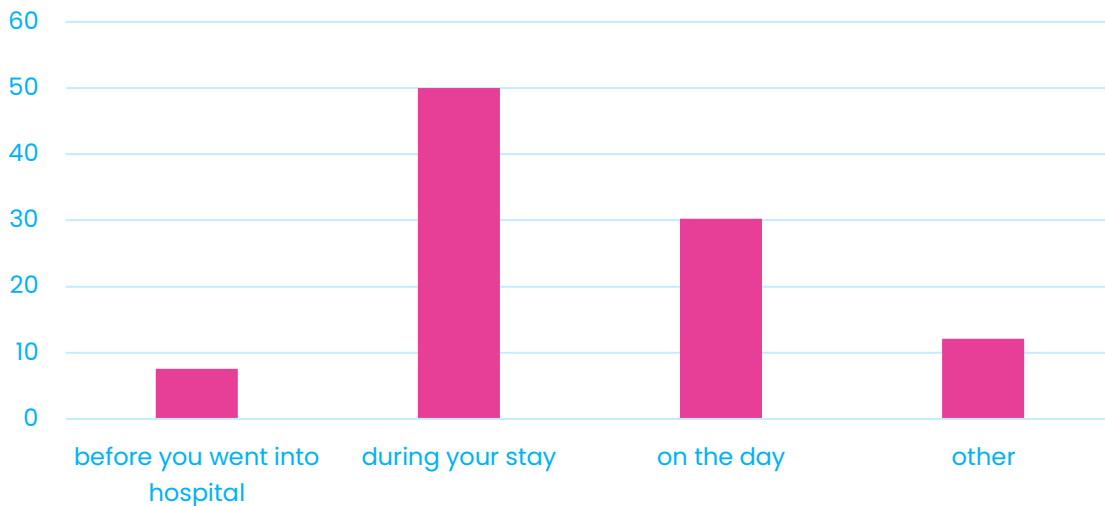
55% were completing this as themselves, 30% as a carer supporting someone, 12% from their perspective as a carer. We had 2 (3%) respondents under 'other' who were from a person that was supporting their partner and the other was from a community activist.

Was your stay in hospital



The majority of patients (66%) were admitted to hospital via A&E, with 34% of patients being a planned admission.

When was your discharge from hospital and the arrangements for this first discussed with you



50% of patient's discharge arrangements were discussed during their stay in hospital. Other comments are listed below.

Comments

1st admission 2/8 to 11/8, 2nd admission 12/8 to 17/08, 3rd admission 18/8 to 22/8. Nobody knew how to manage my aftercare, so I ended up being passed from ward to ward and eventually

to a different hospital, some arrangements were discussed but never materialised. I was discharged with zero care plan 3 times.

Can't remember, was heavily sedated.

Multiple times it was discussed but no one ever seemed to know for sure.

Discharged wasn't discussed with family/carer.

5 minutes before being told of discharge. Carer not informed, no plan or care put into place. Lives alone and could not walk or do anything, extremely poorly.

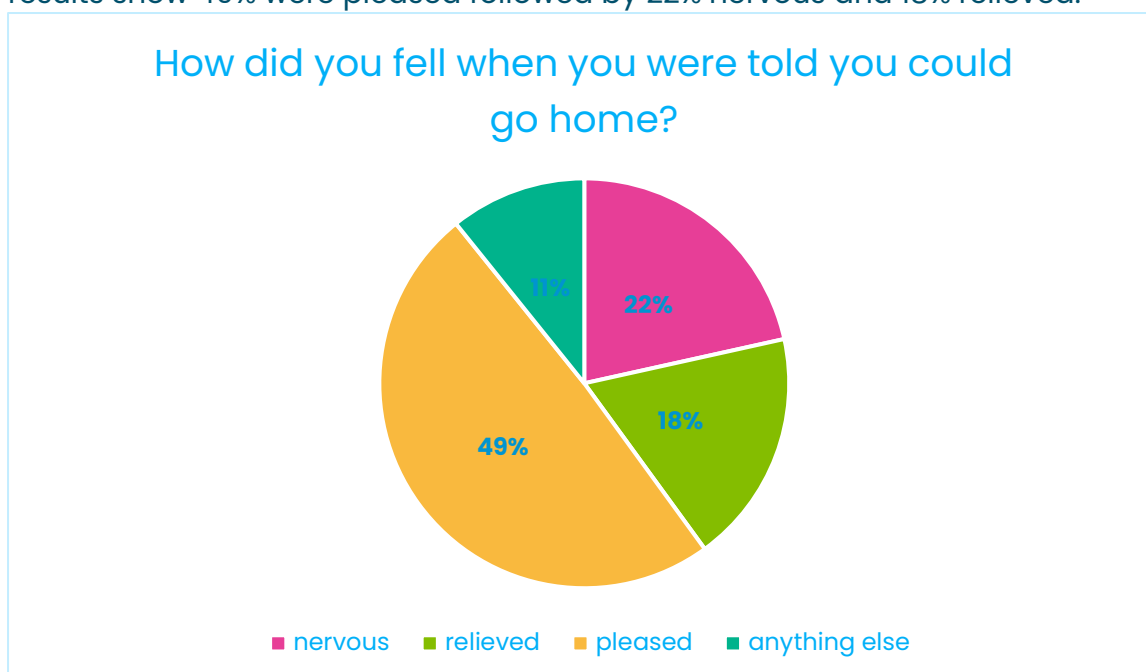
Didn't know, I just received a call to say he was coming out.

The day before.

When asked if they were provided with any information regarding the process of being discharged from hospital (60%) replied no and 40% replied yes. This information was:

Comment	Number of comments
To contact GP	1
Discharge information varied	10
Don't recall	3

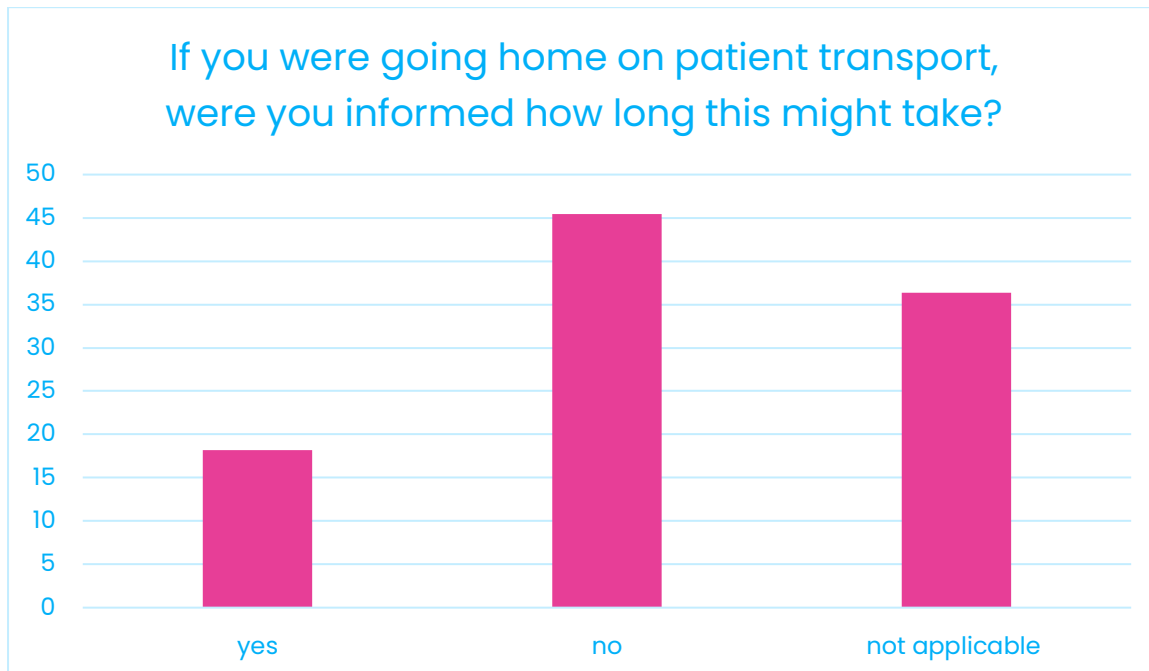
The survey asked respondents how they felt when they were told they could go home. The results show 49% were pleased followed by 22% nervous and 18% relieved.



Mixed feelings from the 11% that responded 'anything else' were:

- Scared, no care plan, nobody knew what was wrong apart from learning I had an incidental finding of a prior stroke I knew nothing about. First time I was discharged I could not walk as had no use of left side of body and I suffered with tremors, they gave me a walking frame and told me to live downstairs but discharged me from physiotherapy so I had no follow up care and said GP to refer to neurology.
- Was initially told that she could be discharged and then this was changed.
- Annoyed due to timing.
- Satisfied that I had been properly looked after.
- Had to quickly make a decision re [regarding] care home. Stressful.

We wanted to know if their discharge arrangements were discussed and who they wished to be involved in the discussions. Over half of survey respondents (54%) told us that the family were involved, however 24% told us that no one was involved in discussions.

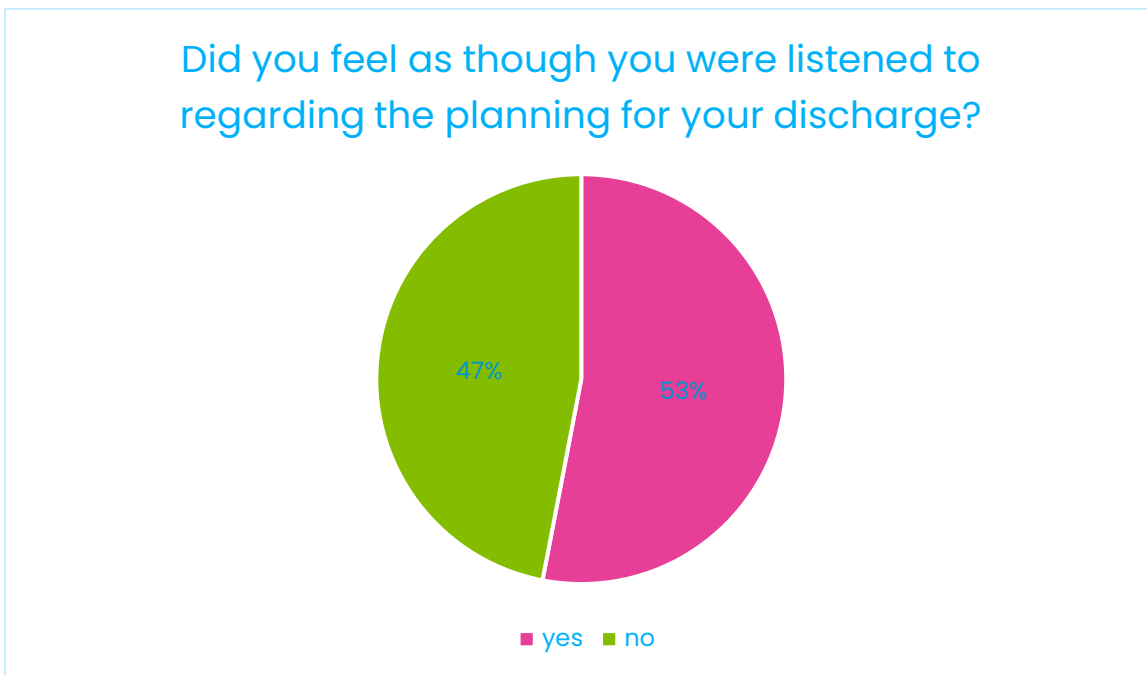


Findings showed that when asked if they were going home on patient transport were they informed how long it might take, over 45% said no and 18% said yes. We also asked where were they going when discharged. Most respondents (74%) were going home, others to a residential home (8%), rehabilitation unit (12%) and somewhere else such as friends/family was 6%.

We asked if respondents were advised of any possible financial costs involved such as paying for care.



88% of respondents to our survey said no and only 12% replied yes.



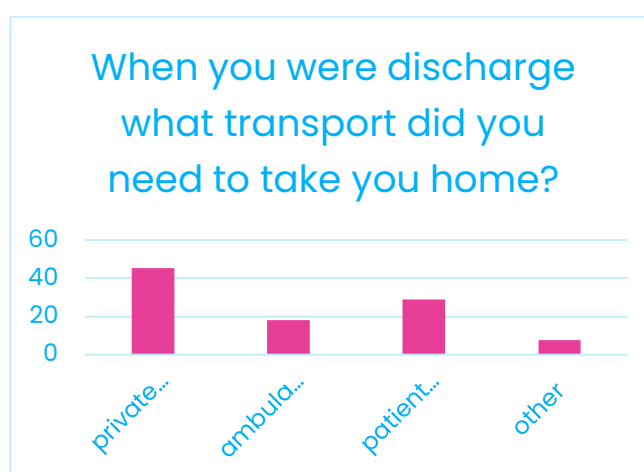
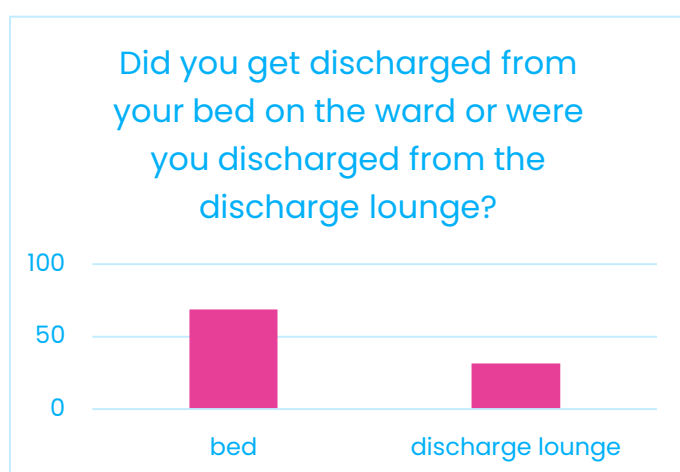
Survey respondents were asked if they felt listened to regarding the planning of their discharge. The results showed that 53% of respondents said yes and 47% replied no.

Only 43 people responded to the question when asked if they had any concerns about being discharged from hospital. The main responses are below.

Comment	Number of comments
None at all.	11
Discharged too soon.	12
How would I/family manage.	9
Follow up care.	3
I was concerned I had no diagnosis, and nobody knows why I lost the use of my left side of my body amongst other horrible symptoms, I did find out I had a late sub-acute infract on the left side frontal that wasn't addressed either. I asked for both Darlington and James Cook to notify my midwife and ensure I get the extra monitoring in the community due to pregnancy and one of a few possible mentioned causes being pre-eclampsia as well as DVT and/or neurological condition. I was told I'd be released with tinzaparin (blood thinning medication), I never received the tinzaparin and the GP won't give it to me because the hospitals didn't notify my GP of any of my discharges and so they don't know what the hospital want the GP to do and they can't take my word for it.	1
One patient was told 2pm and didn't go home till the next day. Another had to wait 4 hours, of course delays happen due to emergency and priority cases. Just when you have people at home waiting for you but it can't be helped.	1
Being forced into a care package.	1
The hospital neglected to tell me I had sepsis as such I had no idea about the implications of it going forward. I've been left in agony for 6 months on steroids and its now suspected I had ischemic bowel damage despite services having been action as though I had Crohns for 6 months. I have barely even been able to play with my kids. I'm disgusted by what they did.	1
Patient 86 years old was admitted to hospital with suspected stroke and difficulty in breathing. Next of kin contacted the hospital every morning. One morning they contacted the hospital and were told he had been discharged on patient transport and would be arriving home 'around now'. He was discharged with Covid back home to his wife who is 82 years old and has heart problems. No arrangements could be made with family as we weren't advised he was being discharged. The hospital	1

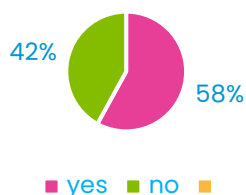
said they thought that he lived alone. That would beg the question why no care/support was provided.	
Needs to get used to another set of people. Experience with the hospital nursing staff was not good. Afraid this would be the same.	1
When I got home there was a day I didn't get my carer.	1
Live alone, very poorly after surgery, unable to walk or do anything and reaction to medication caused nausea and sickness so was very worried about being poorly, not being able to eat and drink. Hospital put no plan in place, no follow up was not informed about stitches being removed which was forgotten about until I rang a week later to ask about it. Hospital did not contact carer, didn't inform carer of discharge, just said there was 5 minutes to pack bags and go as the bed was needed. Couldn't even pack the bags as were too unwell. Very frightened and worried and didn't think I should have been discharged when so poorly and very worried as to how I was going to cope once home and living alone. Had to ring Doctor out 3 times in the week following and Doctor sent me back to hospital.	1

We wanted to know if patients were discharged from their bed on the ward or were they discharged from the discharge lounge. Results showed of the 64 respondents 69% were discharged from their bed and 31% were discharged from the discharge lounge. The survey also asked what transport they needed to take them home. The majority (45%) was by private car with 29% by patient transport.



Survey respondents were asked if they felt that the arrangements made for their discharge and support that they needed was well coordinated. Results show that 58% said yes and 42% said no.

Did you feel that the arrangements made for your discharge and support were...



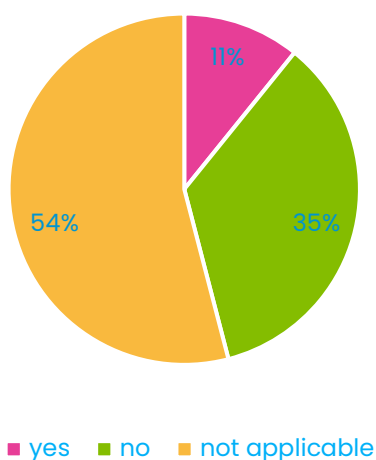
“Only problem was that no discharge notes went to the GP, they took a copy from ours”.

We asked the respondents if they received a meal while waiting to be discharged. Of the 37 that responded 11% said yes, 35% said no and 54% said it was not applicable. We observed while visiting the discharge lounge that all patients were asked if they would like a sandwich and a drink. However most patients had received lunch on the ward before being moved to the discharge lounge.

Questions relating to the discharge lounge

The survey asked patients about their experience in the discharge lounge. The results are as follows. On average this section was only applicable to 30 of the 66 patients that completed the survey.

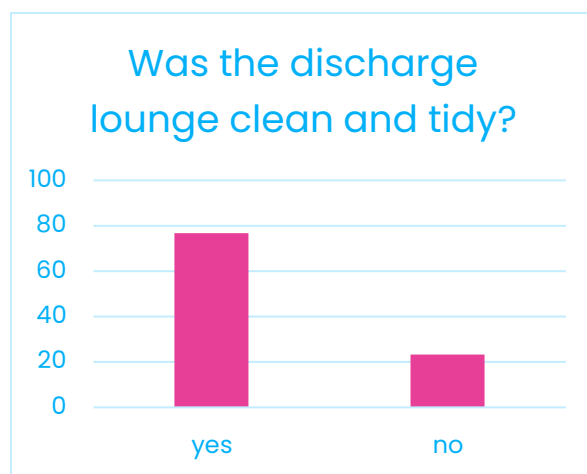
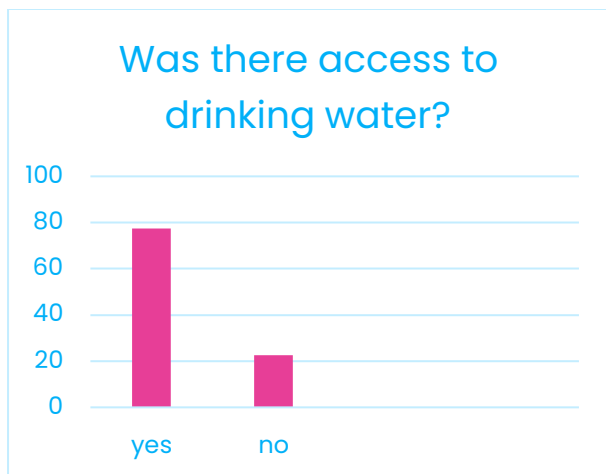
Did you receive a meal while you waited to be discharged?



While waiting in the discharge lounge we asked if patients were warm enough. Of the 30 that responded 73% said yes with 27% saying no. We also wanted to know if patients were aware of

staff talking about other patients while waiting in the discharge lounge. Again, from the 30 patients that answered, 73% said no and 27% said yes.

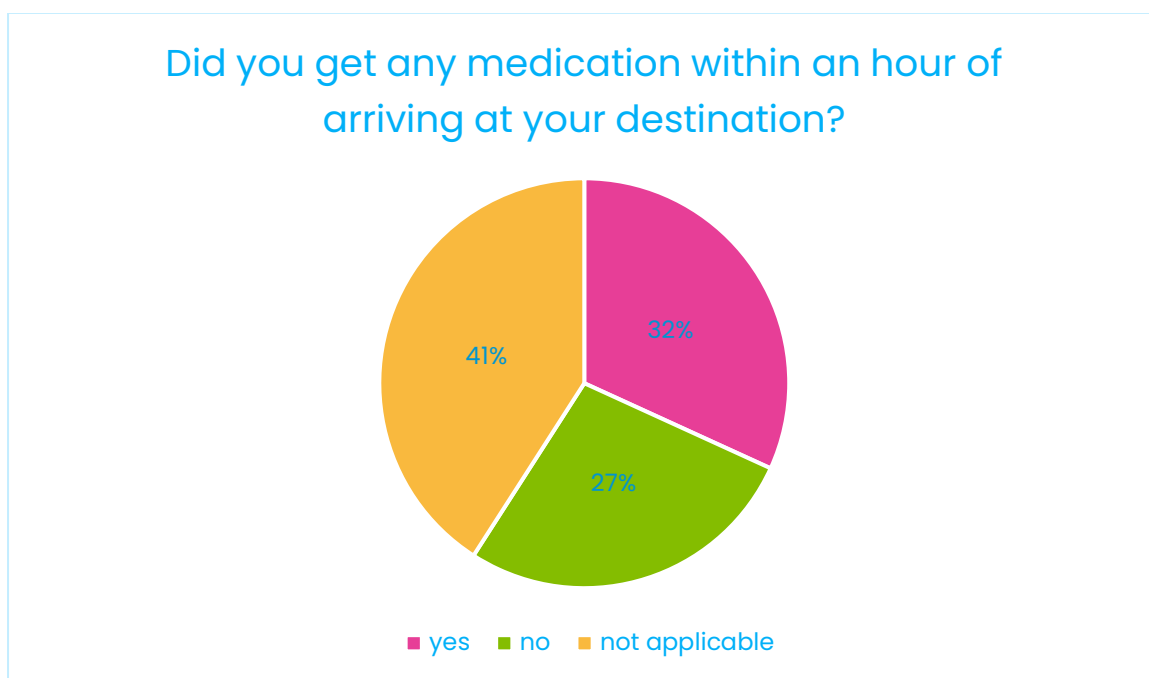
When asked if there was access to drinking water 77% said yes and 23% said no. We asked if the discharge lounge was clean and tidy, 77% thought it was clean and tidy and 23% thought it was not.



74% of patients told us that there were adequate toilet facilities to use if needed with 16% responding with no.

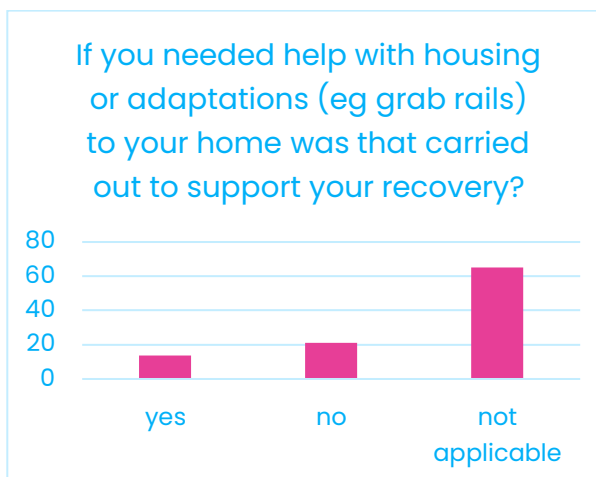
After being discharged from hospital

We wanted to understand if patients received their medication within an hour of arriving at their destination. The graph below shows us that 32% said they did receive their medication with 27% saying no. This was not applicable for 41% of patients.



When asked if the GP contacted them after they were discharged to ensure that they were recovering and had the right support, 67% informed us that they had not, 8% replied yes and

26% replied not applicable. We also asked if patients needed help with housing or adaptations to their home, were these carried out to support their recovery. 14% replied with yes, 21% said no and 65% replied with not applicable.



The survey asked respondents if they needed help when they got home, were they aware of any care plan. 23% said yes, 36% said no and 41% responded with not applicable. From the 23% that answered yes, 38% was from social services, 57% of support came from a health professional such as district nurse or occupational therapist and 5% of support came from a paid care worker.

Comments on their discharge experience

Our final questions were for respondents to comment about how well their discharge went or what would have made their discharge a better experience. These were a mix of both positive and negative comments. From those we received, the main themes are medication, aftercare/post discharge and communication.

We received 7 comments about medication which included delays in medication being organised and not enough pain killers to last over the weekend.

“My husband had a doctor’s appointment 11 days after being discharged and the discharge letter had not arrived at the doctors. They took a scan of our letter. The doctor had no record of the new medication. Communication between hospital following discharge and the GP had not happened”.

“Smoothly but waited 3 hours for tablets. He was keen to get out though”.

“Waited 10 hours to be discharged”.

26 comments were received about the aftercare/post discharge relating to the lack of follow up calls from health professionals after discharge and concerns that patients had been discharged too soon. However, respondents told us that they were completely satisfied with how they were treated, and that everything was fine with no complaints.

"There was a complete lack of co-ordination between hospital community health, GP and mental health support as well as Adult Social Care and the care".

"Absolutely shocking. More proficient system with knowledge of patients' needs and basic care".

"Would have liked reassurance about further support. As it happened my husband had to go for blood tests and the nurse spoke to the GP about follow up appointments".

7 respondents told us about their communication. We were told that communication could have been better between the hospital, the patient, and their support network.

"I was informed that I would be discharged at teatime, and I could ring my family to ensure they were at my home on arrival. I got discharged at 2am, didn't ring my family as it was too late and therefore had to stay in my house alone without care".

"My family were given hardly any notice; I hadn't undergone any assessment of my needs, and I was readmitted 2 days later".

"If family had been advised of the discharge, (the hospital had details) arrangements would have been made for care/support and meals on the day".

"The whole experience was terrible with waiting for ambulance to coming home, then left in bed covered in poo until carers came."

Conclusions

The results show that some improvements can be made for patients being discharged from hospital.

- Patients have told us that their experience of the discharge lounge was mainly positive. The staff ensured that they were comfortable and warm.
- There seems to be a lack of communication between patients and family members/carers and people require someone to explain the medication that had been prescribed and when to take it.
- Patients told us that there was a lack of follow up calls from health professionals after discharge. Patients seemed to expect a call from a GP to ask how they were managing at home, especially following major surgery.
- 42% of patients told us that they did not feel that their discharge was well co-ordinated. Not all patients were aware if they had a care plan or not, if they had a care plan, they were unaware of what was included.



Recommendations and/or Next steps

Recommendations to improve hospital discharge:

- Communication would be improved by explaining to patients and their family members/carers what the process is of being discharged from hospital.
- Communication needs to improve between the hospital and other health professionals to ensure continuity of care.
- Timings of when patients are discharged should be appropriate to the patient's circumstances.
- Staff should ensure that care is in place prior to discharge, and that the care is adequate to ensure patient safety and comfort.
- All patients should be involved in the formulation of their care plan, and staff should discuss with patients/family members what is included.
- Improvements are needed with the organisation of medication to avoid delays to patients being discharged.

Responses

From County Durham and Darlington Foundation Trust:

"County Durham and Darlington Foundation Trust (CDDFT) would like to thank Healthwatch County Durham for taking the time to attend the University Hospital of North Durham hospital site and speak with our patients to collate this very detailed valuable information. We acknowledge that this is an opportunity to evaluate the service we offer, celebrate those things that we do well, and identify areas of improvement where patient experience has been below the standard we strive to achieve.

Paula Brennan, Patient Experience and Engagement Lead, has read the report and considered the recommendations, and appreciates the opportunity to respond to the report before the report is shared.

The recommendations detailed in the report seem reasonable based on the comments captured from our patients' families' and carers'."

1. Communication would be improved by explaining to patients and their family members/carers what the process is of being discharged from hospital.

Action: The Patient Experience Team will work with our wards and departments to review the discharge planning process. A consideration may be given to a discharge planning leaflet which would be given to a patient on admission and would prompt a conversation with the patient, family members and carers.

Action: The Patient Experience Team are currently working in collaboration with the local authority and Durham County Carers Support to introduce discharge

support for patients who may have been debilitated since admission, due to a stroke or injury. Whilst this will be a small funded project team predominantly based on Stroke and Paediatric Wards if successful a consideration would be made for this to be embedded into the discharge process.

2. Communication needs to improve between the hospital and other health professionals to ensure continuity of care.

Action: The Patient Experience Team will work with our wards and departments to review the discharge planning process including a review of the discharge proforma. However, the recently implemented Electronic Patient Record should improve this process.

3. Timings of when patients are discharged should be appropriate to the patient's circumstances.

Action: The Patient Experience Team will work with our wards and departments to review the discharge planning process.

Action: The Patient Experience Team is currently working in collaboration with the local authority and Durham County Carers Support to introduce discharge support for patients who may have been debilitated since admission, due to a stroke or injury as detailed above. This will include the timings of discharge.

4. Staff should ensure that care is in place before discharge and that the care is adequate to ensure patient safety and comfort.

Action: The Patient Experience Team will work with our wards and departments to review the discharge planning process.

Action: The Patient Experience Team is currently working in collaboration with the local authority and Durham County Carers Support to introduce discharge support as detailed above and this work will include ensuring appropriate care is in place before discharge.

5. All patients should be involved in the formulation of their care plan, and staff should discuss with patients/family members what is included.

Action: The Patient Experience Team will work with our wards and departments to review the discharge planning process.

6. Improvements are needed in the organisation of medication to avoid delays in patients being discharged.

Action: The Patient Experience Team will work with our wards Pharmacy lead to review the discharge planning process for medication to identify possible improvements.

The Trust will provide an update on these actions and outcomes by 31 January 2024.

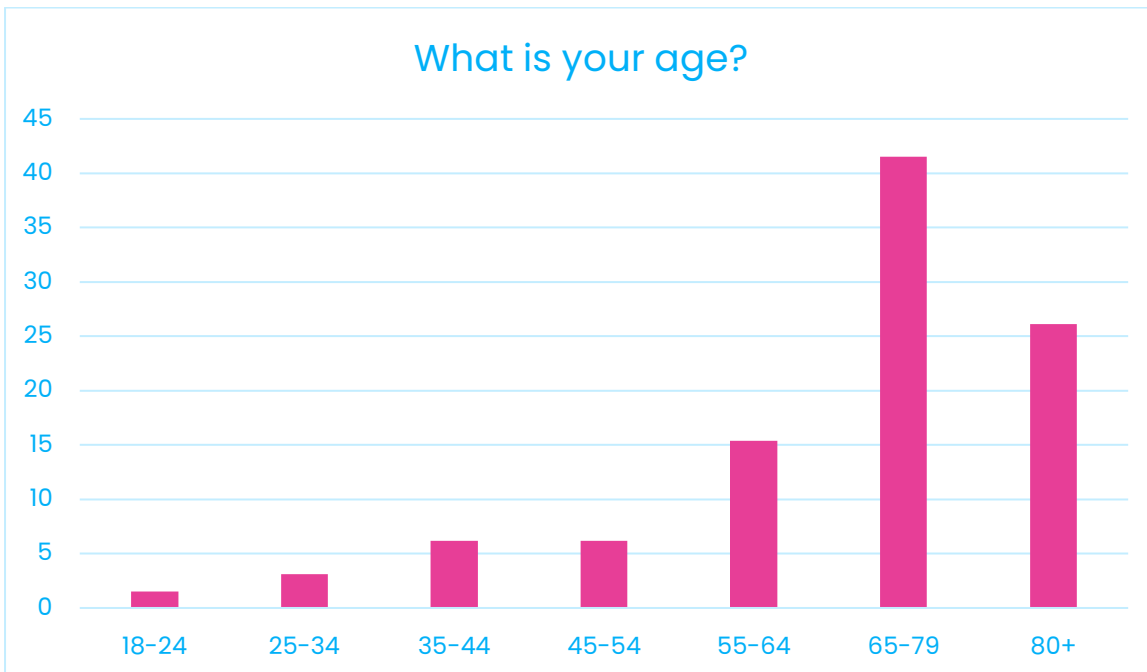
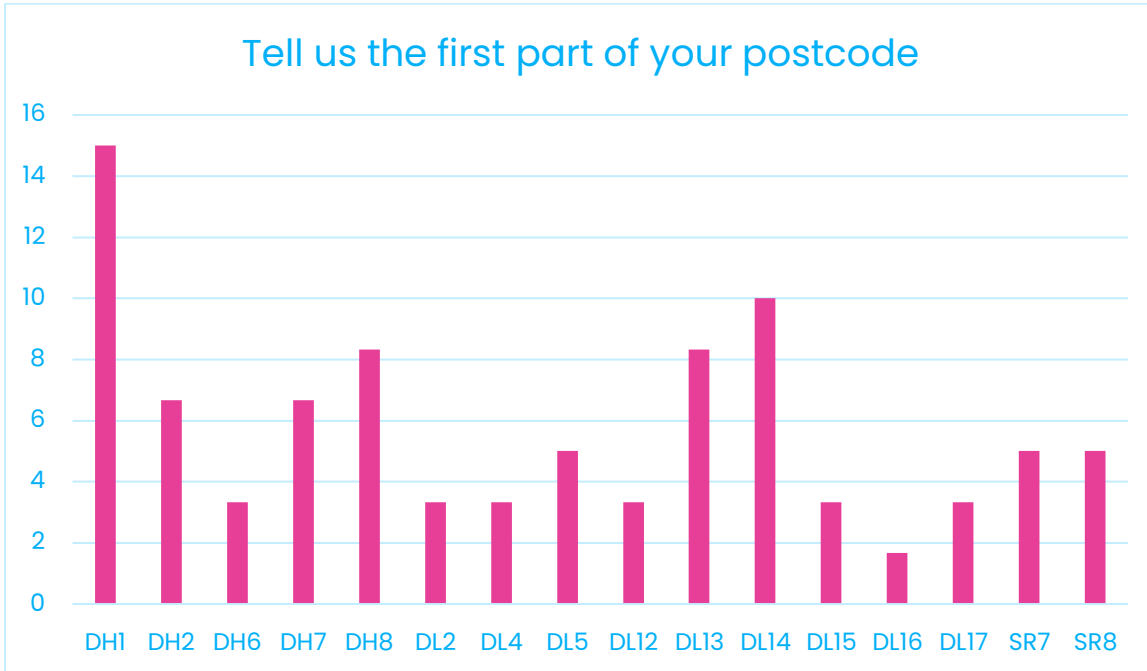
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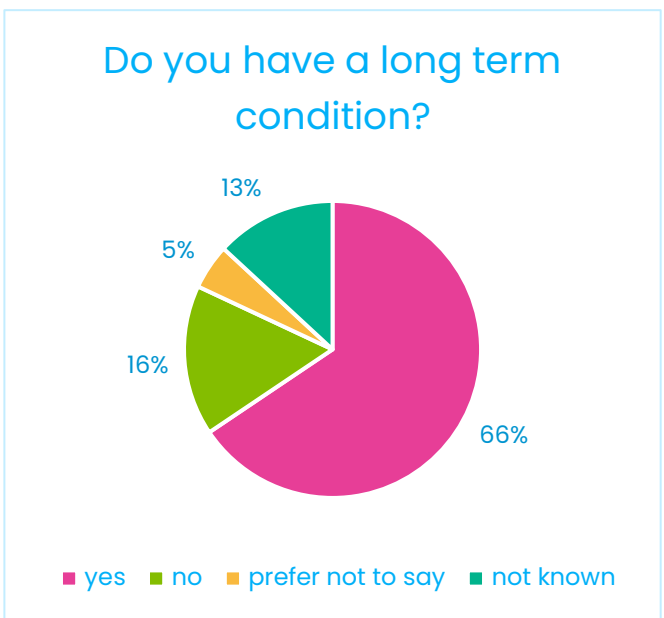
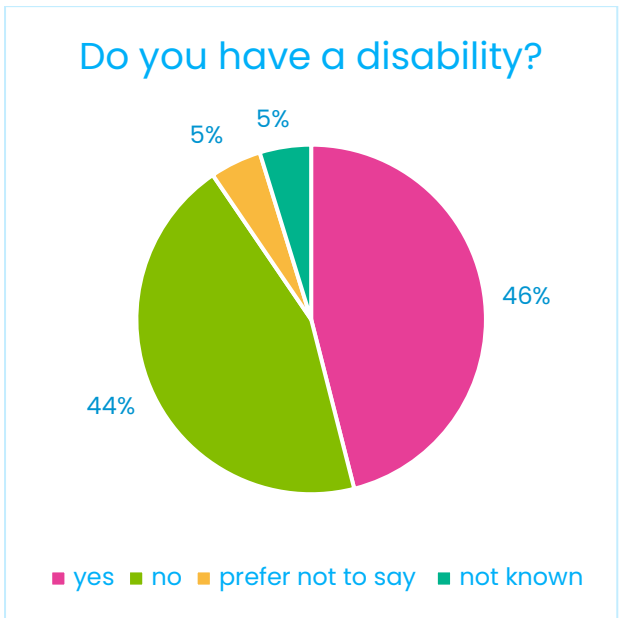
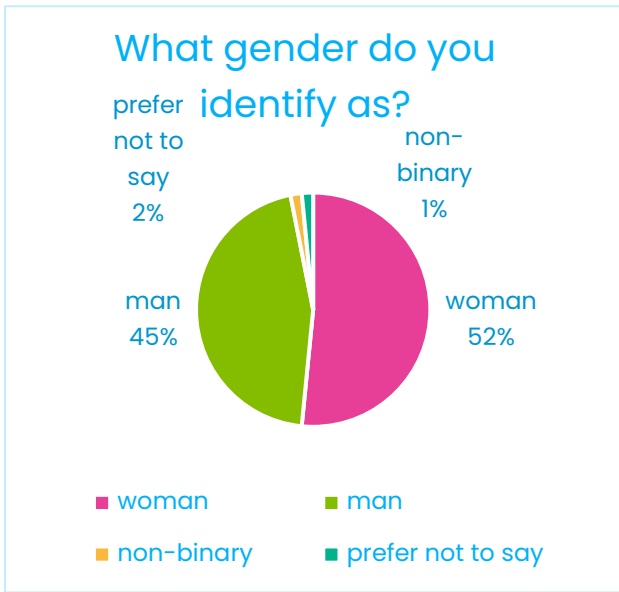
Many thanks to everyone who took part in this research, including

- The patients, families, and carers who took the time to tell us about their experiences.
- The Patient Experience Team at County Durham and Darlington Foundation Trust
- University Hospital of North Durham discharge lounge
- Bishop Auckland Hospital rehabilitation ward
- Durham County Carers Support who shared our survey



Appendix 1 - demographics





Appendix 2 – survey

Healthwatch County Durham is an independent organisation, working with County Durham and Darlington Foundation Trust and Durham County Carers Support to find out what your experiences are of being discharged from a hospital in the County Durham area within the last year. All information provided is anonymous and will not be identifiable to yourself. Many thanks for your time.

1. Are you completing this survey

as yourself who has recently been discharged from hospital
 as a carer supporting someone you care for that has recently been discharged from hospital

from your perspective as a carer of someone who has recently been discharged from hospital
Other – please state

2. Was your stay in hospital a

planned admission
an admission via A&E

3. When was your discharge from hospital and the arrangements for this first discussed with you

before you went into hospital
during your stay
on the day you were discharged
other (please specify)

4. Were you provided with any information regarding the process of being discharged from hospital?

no
yes – what was this?

5. How did you feel when you were told you could go home?

nervous
relieved
pleased
anything else?

6. If your discharge arrangements were discussed, were you asked who you wished to involve and/or inform of the discussions

family
unpaid carer (usually relative or friend)
friends
neighbours
paid carer
no-one
anyone else (please describe their relationship to you)

7. If you were going home on patient transport, were you informed how long this might take?

yes
no
not applicable

8. When you were told you were getting discharged, were you
going straight home
care home
rehabilitation unit
somewhere else - please state

9. Were you advised of any possible financial costs involved (for example paying for your care)?

yes
no

10. Did you feel as though you were listened to regarding the planning for your discharge?

yes
no

11. If you had any concerns at being discharged from hospital what were they?

12. Did you get discharged from your bed on the ward or were you discharged from the discharge lounge?

bed
discharge lounge

13. When you were discharged what transport did you need to take you home

private car
ambulance
taxi
patient transport
other

14. Did you feel that the arrangements made for your discharge and support that you needed (if any) were well co-ordinated?

yes
no

If you have answered YES did that co-ordination continue after discharge?

Answer the following questions only if you were discharged from the discharge lounge

15. Did you receive a meal while you waited to be discharged?

yes
no
not applicable

16. While you were waiting in the discharge lounge, were you warm enough?

yes
no

17. Were you aware of staff talking about other patients while you were waiting in the discharge lounge?

yes
no

18. Was there access to drinking water?

yes
no

19. Was the discharge lounge clean and tidy?

yes
no

20. Was the seating comfortable and did it meet your needs?

yes
no

21. Was there adequate toilet facilities and help to use them if needed?

yes
no

After being discharged from hospital:

22. Did you get any medication within an hour of arriving at your destination?

yes
no
not applicable

23. Did your GP contact you after you were discharged to ensure that you were recovering and had the right support?

yes
no
not applicable

24. If you needed help with housing or adaptations (eg ?? Grab rails etc) to your home was that carried out to support your recovery?

yes
no
not applicable

25. If you needed help when you got home, were you aware of any care plan?

- yes
- no
- not applicable

- If yes, were services provided to you from
- Social services (social worker)
 - Paid care worker
 - Health professionals such as district nurse or occupational therapist
 - Other

26. Were these services in place when you got home?

- yes
 - no
- If not how long did you wait?

27. Any comments about how well your discharge went or what would have made your discharge a better experience

If you are answering on behalf of someone else, fill in the answers that apply to them, not yourself. These questions are voluntary but they can help us check whether factors such as age, gender or postcode can affect people's experiences.

First part of postcode

What is your age?

- under 18
- 18 to 24 years
- 25 to 34 years
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 to 79 years
- 80+ years
- prefer not to say
- not known

What gender do you identify as?

woman
man
non-binary
prefer to self-describe
prefer not to say
not known

What is your ethnicity?

Indian
Pakistani
black African
black Caribbean
mixed
Chinese
white British
any other white
other ethnic group
prefer not to say
not known

Do you have a disability?

yes
no
prefer not to say
not known

Do you have a long term condition?

yes
no
prefer not to say
not known



healthwatch
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