healthwatch Leicestershire

‘SPECIAL INQUIRY: Patient Discharge from Healthcare’

Patients’ Experiences

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Health & Wellbeing Board 22nd January 2014

GA1

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Aim - To understand what happens to patients when they are discharged from a healthcare setting

- In-depth interviews with 18 patients, as part of research commissioned by Healthwatch England
- Focus on understanding the experiences of homeless people, people with mental health conditions and older people (over 65)
- Smooth transition between health and social care critical to BCT

Slide 2

GA1 Gillian Adams, 20/01/15

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What happens when patients are discharged from healthcare settings?

- A lack of a consistent approach to discharge planning:
  - consideration of additional health problems;
  - assumptions surrounding family, accommodation and community support; and
  - the involvement of patients in decision making

- Clear connection between the need to transfer patients and release beds, and patient's experiences of premature discharge

- The impact of unsafe discharge can have a more prominent affect on vulnerable groups of patients

- When the discharge guidance is followed, the process works well for patients

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"Discharged at 11.30 at night on the street with no transport. Practitioner went to work the next morning and found the patient on the street outside the office quite distressed" Homeless person (staff)

"Did not feel well enough when being discharged. Would have preferred to stay in hospital until I was a little bit better" Mental health

"No, disability not considered I was supposed to have a care package set up for me to help me cope with being on the outside" Older person

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What happens after patients are discharged from healthcare settings?

- Readmission and/or repeat visits to healthcare settings often as a result of poorly planned discharge
- Variability in the amount of collaboration between health and social care services
- Breakdowns in communication at moments of transition

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"Failed to pass information on around patient notes and medication…When she ended up at LRI the information had not been passed on by ambulance" Older people

"When someone is being discharged from hospital, and having medication changed which caused deterioration and delay in hospital info to GP - compounds and escalates into more problems - and costs more" Older people

"…she was told that a carer would come to put her in the bath on Saturday. She waited and waited and the carer did not show up…" Older people

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What do patients think could be improved?

- Wider communication with the patient to ensure they are at the heart of the decision making process (where possible)

- Better communication and collaboration between healthcare services

- Personalisation agenda where options for support in the community are tailored to individual '*needs*'

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"...better links between hospitals and crisis teams...better partnerships between social housing options and hospitals...better links between hospitals and services (including charities) where patients do not meet the criteria they can be referred" Homeless person (staff)

"More classes and visits to day treatment with classes that I enjoyed - more than once a week. More beneficial classes for me as well" Mental health

"Community Mental Health Team - very easy to keep in contact, had meetings at home, at hospital and the community base" Mental health

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HWL Recommendations

UHL, LPT

- Continue to roll out and ensure staff adher to the highly regarded patient discharge guidance
- Targeted work aimed at vulnerable groups of patients

LCC, CCGs and BCF

- Establish better links with the VCS (e.g., social prescribing)
- Adequate resourcing and support for carers

HWL

- Gather experiences on discharge from a wider group of patients

Next Steps

- HWL further work to understanding patients experiences. LRI Special Discharge Lounge visit on January 29th 2015 (11am to 8pm)
- HWL would like to contribute our findings from the Special Inquiry Report and visit to LRI Discharge Lounge into the Better Care Fund programme