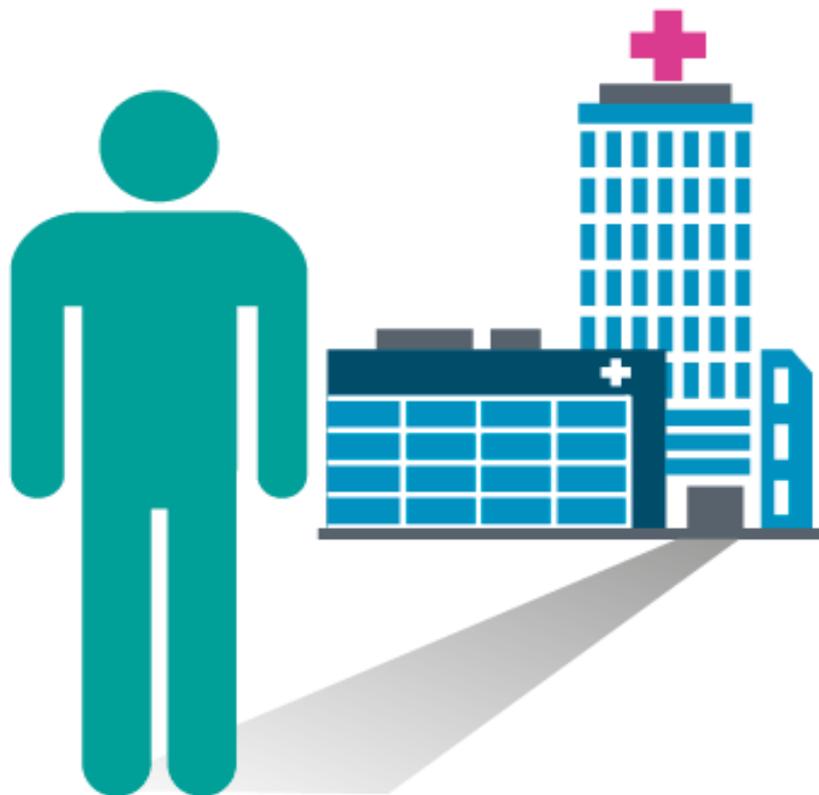


DISCHARGE FROM HOSPITAL DURING THE COVID-19 PANDEMIC AND HOW IT WORKED FOR ROTHERHAM RESIDENTS

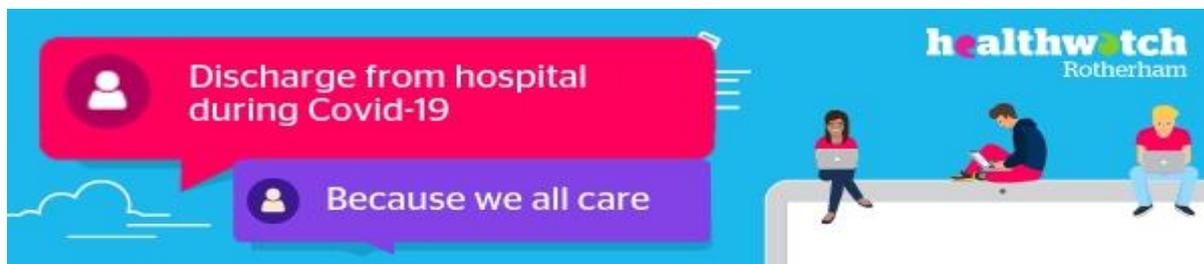
October 2020



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info@healthwatchrotherham.org.uk

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Introduction and background

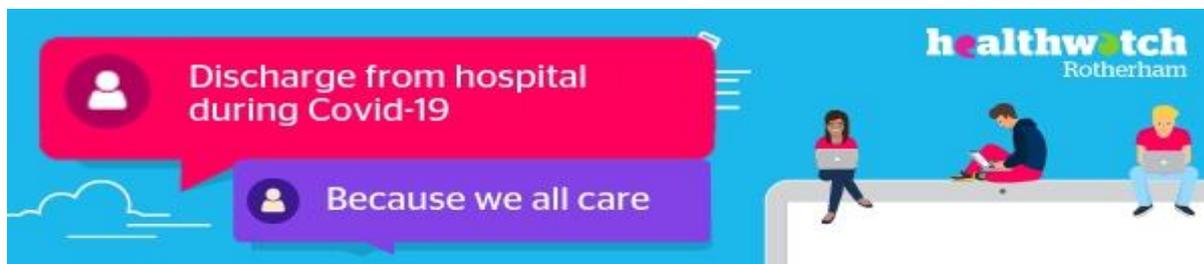
Prior to March 2020, the NHS's hospital discharge process was a long and lengthy one in which every possible scenario was considered before a patient could be discharged. With the coronavirus pandemic, hospitals were no longer safe for patients to wait in and the NHS needed to free up capacity to cope with increased demand on acute services. The government introduced new guidance to streamline the discharge process in March, which is now being incorporated for the long term.*



The most important change of this streamlined process was that once patients were no longer in need of hospital care, they were discharged home as soon as possible. This meant that the assessment and provision of on-going care would be organised by community health and/or social care services from the patient's own home or a short-term care setting, rather than in the hospital.

In order to understand the impact of the new discharge processes, Healthwatch England in collaboration with British Red Cross conducted a nationwide survey into patient and staff experiences. In this report, Healthwatch Rotherham analyses their findings and further information to provide the local picture. This report explains the key changes made to the discharge process, highlights the steps taken by the Rotherham NHS Foundation Trust to implement them, and evaluates their impact on patients who were discharged between March and August 2020. Using these insights, it outlines some short and longer term recommendations.

* COVID-19 Hospital Discharge Service Requirements (March 2020) <https://www.gov.uk/government/publications/coronavirus-covid-19-hospital-discharge-service-requirements>. These requirements were replaced by the Hospital Discharge Service (August 2020) <https://www.gov.uk/government/publications/hospital-discharge-service-policy-and-operating-model>



What can patients expect?

Arrival at Hospital

Patients should be given information explaining that the process of leaving hospital has changed due to COVID-19. These changes mean that while you and your loved ones will still receive high quality care in hospital, you must be discharged as soon as you no longer need hospital care. For most patients, this will mean that the assessment and organising of on-going care, if needed, will take place in their home.

Before you leave hospital

1) Discussion

When you are ready to be discharged, your health team should discuss the process with you. You should be escorted to the hospital discharge lounge within one hour.

2) Hospital lounge and patient transport

While you are waiting in the hospital discharge lounge, the discharge coordinators should discuss with you your transport home. They should also support you with immediate practical measures, such as shopping or turning the heating on if there is no one at home to help you do this.

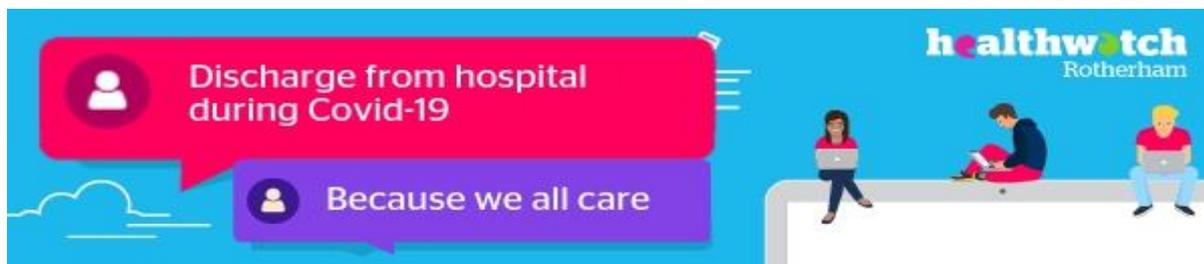
3) Future care

If needed, a health professional should visit you in your home or other place of discharge to assess your on-going healthcare needs after you leave hospital. If you need immediate care or support on the day of your discharge from hospital, this should be arranged by a care coordinator before you leave hospital.

If your condition means that you will be discharged to a care home or other place with additional support, you may not be given a choice about where you will go, but you should be supported to move to your preferred long-term care home later.

4) Contact information

Before you are discharged you should be given information about who to contact if you need further health advice or support after leaving hospital.



What happens if I have continuing support needs after I've been discharged?

You should be visited in your home by a community health professional who will arrange your on-going health support. This could include things like:

- Whether any changes are needed to make your home safe and comfortable
- Ensuring there are people to support you and keep you company
- Whether you need support for daily tasks (e.g. washing, getting dressed, cooking)
- Whether a short-term wheelchair loan would be helpful for you
- Whether you need support taking any medication

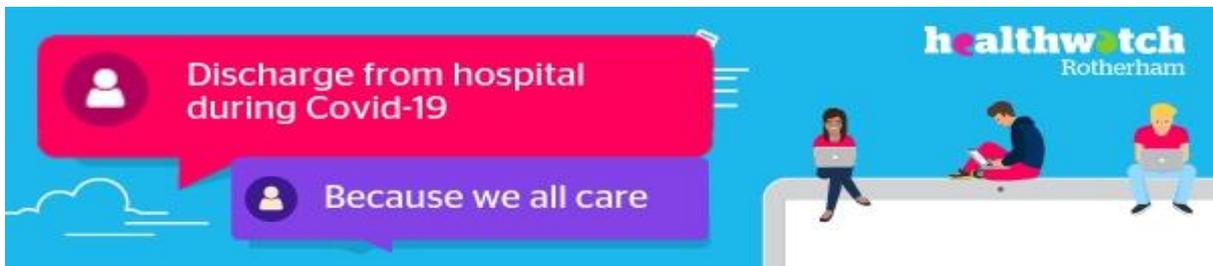
This should happen the day you leave hospital or the day after and this support should then be made quickly available.

Will I face any costs?

During the acute phase of the COVID-19 pandemic, all community healthcare support after discharge from hospital was fully funded by the NHS to ensure patients moved on from their hospital stay as quickly as possible. From the **1 September**, new funding arrangements have come into effect.

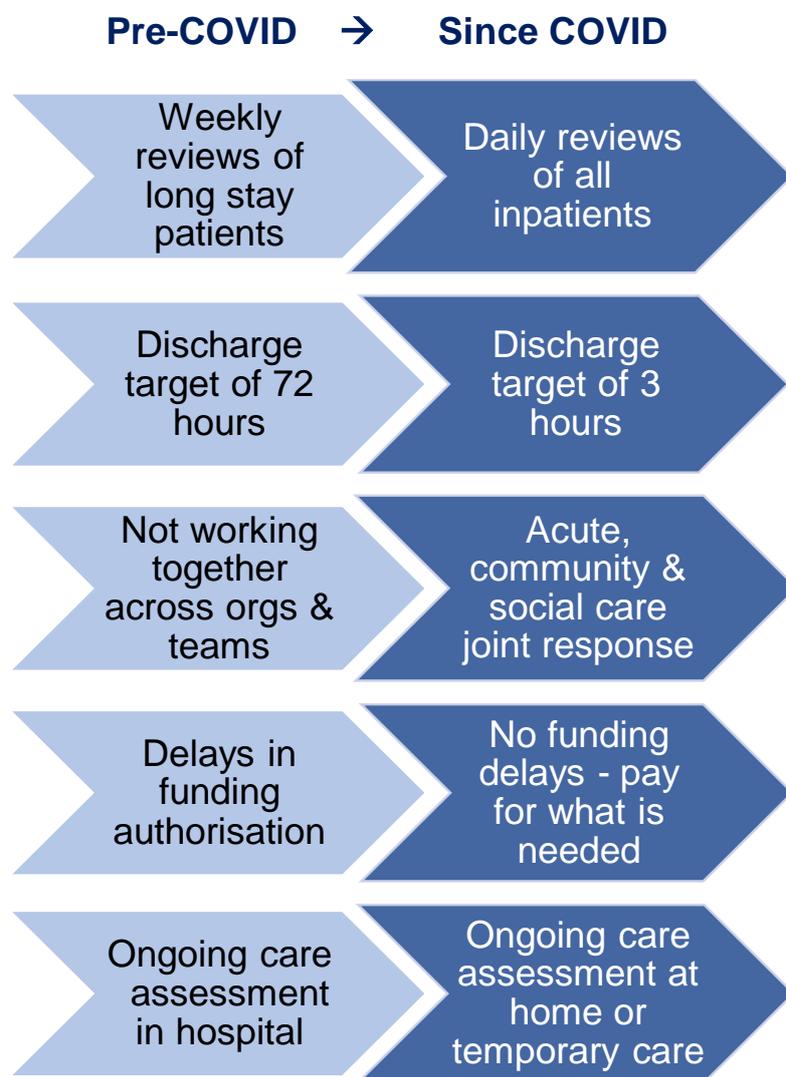
If you need recovery or support services following your hospital discharge, such as rehabilitation or reablement, these will be provided **free of charge for up to six weeks**. During this time, your eligibility for further funding will be assessed alongside consideration of your longer-term care needs. After this time, you may be required to contribute towards the cost of your care.

Your healthcare team should discuss options with you if it is a possibility that you will be asked to pay for your care.

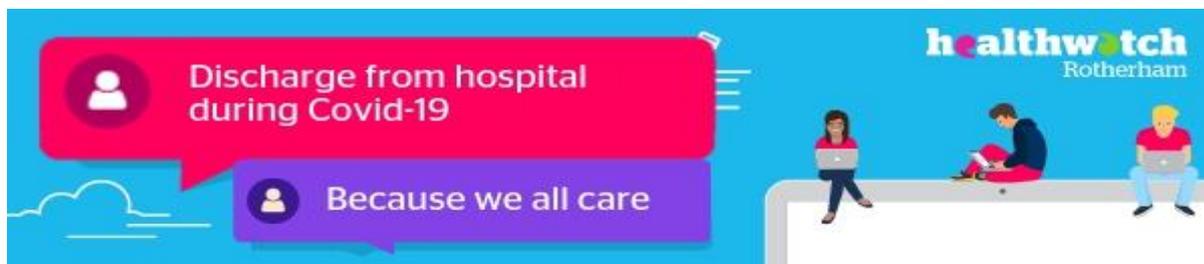


The Rotherham NHS Foundation Trust

Like all NHS services, Rotherham NHS Foundation Trust has faced exceptional pressures because of the pandemic. Following government guidance, the Trust implemented new discharge processes with the aim of freeing up capacity and moving patients away from a potentially dangerous place. Some of the major changes to the hospital discharge process were:



Overall, the Rotherham NHS Foundation Trust has viewed the changes as positive. There has been acceptance of the new system and a reluctance to return to the old processes. **A supportive team approach with joined up thinking across acute, community and social care sectors has been vital to this success.**



Results from the Healthwatch Survey

Healthwatch England conducted a nationwide survey of patients and their carers who were discharged from hospital between March and August 2020.* Their report can be found here: <https://www.healthwatch.co.uk/report/2020-10-27/590-peoples-stories-leaving-hospital-during-covid-19>

There were twelve responses (7 patients and 5 carers or relatives of patients) to the survey from the Rotherham area. Our analysis is limited by this small sample size and it is difficult to draw out conclusive results. However, the findings do correlate with those found nationally and can, to a certain extent, be taken as indicative of experiences more broadly. Rotherham CCG may benefit from further research into a wider sample of patients to explore some of these issues further.

Most of the patients concerned were discharged between June and August, with over half (7) of them discharged in July. Two patients were discharged in March at the start of the pandemic, and none were discharged in April or May. All the patients were discharged during the day and were spread across the week.†

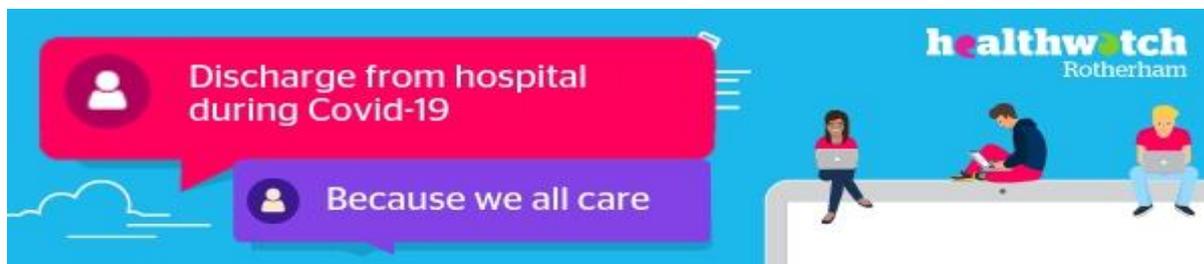
Survey respondents:

- 11 identified as women, 1 as a man
- 11 identified as heterosexual/straight, 1 preferred not to say
- 8 were between 25-49 years, 4 were between 50-64 years
- 11 were white, 1 preferred not to say
- 1 had a long-term health condition

Key findings are given below – more detailed analysis of results can be found in the Appendix

* 529 people responded across England, representing 352 patients and 177 unpaid/paid carers

† 7 between Monday – Thursday, 2 on Friday, and 3 at the weekend



Key findings from Rotherham

- 58% of patients waited over 2 hours to be discharged
- Waiting for medication was the biggest reason for delay
- 92% of patients were not told the discharge process had changed because of covid-19
- 58% of patients were not given information about who to contact if they needed further health advice or support after leaving hospital
- 60% of carers or relatives did not feel sufficiently informed or involved

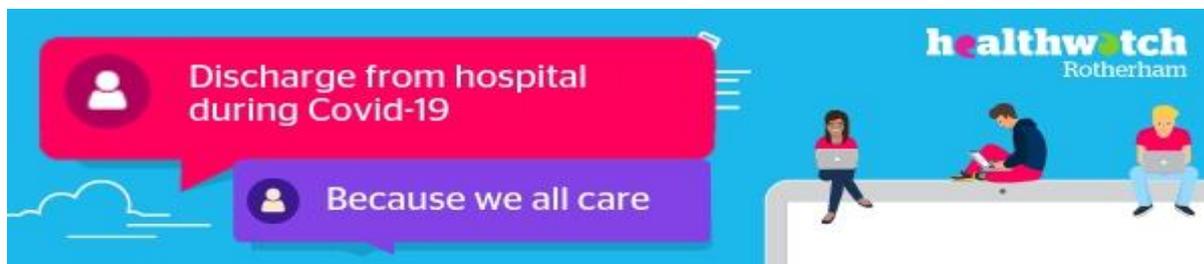
Overall, most respondents said that they thought the new discharge procedures were worse than before*

The main issues related to **communication**:

- Lack of information about the discharge process
- Lack of understanding about next steps and follow-on support services
- Lack of involvement of carers and relatives



* 7 out of the 9 patients who had been discharged from hospital before thought the new process was worse (2) or significantly worse (5). Two patients thought it was about the same



Patient quotes:

The good...

"[The procedure] enabled my Mum to begin to get better. We are eternally grateful."

"Due to covid a member of staff would escort him down to the main entrance so I could just drive to that point without having to re enter the hospital. Everything went smoothly and husband called after his surgery and told me he would be discharged two hour later and ready to be collected."

"Everything went well, my medication was delivered to my hospital bed quickly for me to be discharged."

"I was given key contacts for any information I would require."

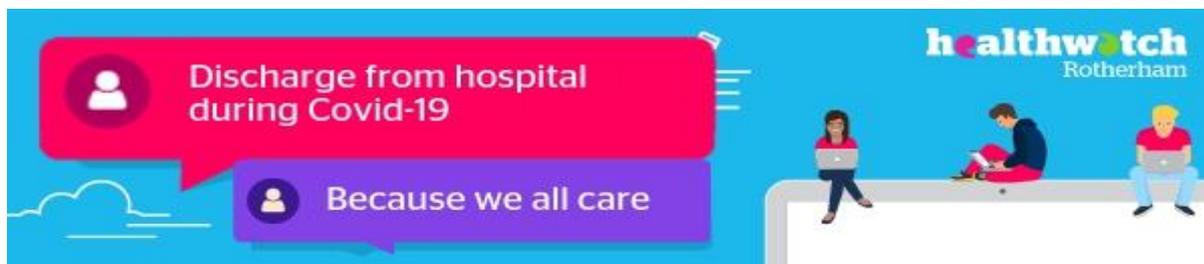
The bad...

"... [my] relative was faced with having to go and see the cancer specialist on their own which was upsetting, still awaiting a home visit from a doctor, not enough support has been given for relatives"

"My Mum couldn't communicate because she was poorly and everyone was wearing a mask so she couldn't use lip reading as her usual back up. She misunderstood her treatment plan a number of times which created huge distress to her."

"Discharged without aftercare information and medication which needed to collect myself. Only realised I required this 3 days later. Follow up should have been 1 week nothing received or given."





Case Study: Simon*

Simon contacted his GP during early July 2020 as he had some rectal bleeding. After a telephone consultation his GP advised him to go to the Urgent and Emergency Care Centre to be seen face to face and have a physical examination.

Simon was admitted to the general surgery ward for investigations. As family were not allowed to visit at this time they frequently rang and spoke to Simon or the nursing staff for an update on his care. He had several tests and scans done during his stay but the family were never given any details or results. The hospital rang after 2 weeks to say that Simon was being discharged and arrangements were made for a family member to collect him from the main entrance.

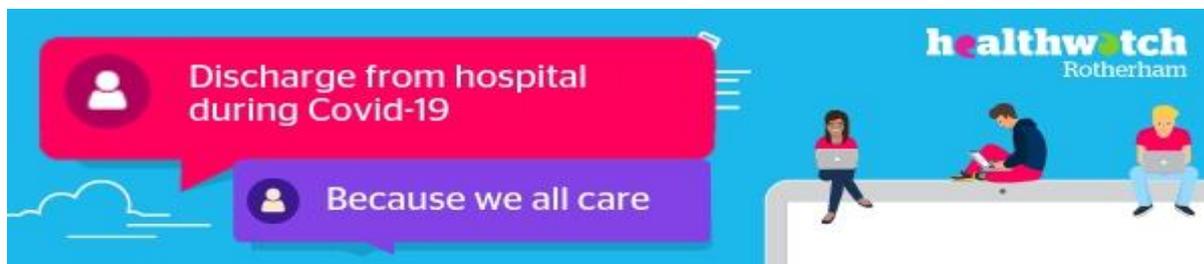
When his daughter went to collect him she was told that a discharge letter would follow in the post and a copy would be sent to his GP. After 10 days, no discharge letter or information had arrived from the hospital and Simon's daughter rang his GP to see if they had received a copy. The GP receptionist confirmed that they had not received any discharge papers from Rotherham Hospital, although they did have a copy of an appointment for Weston Park Hospital.

This news absolutely floored the family as they had no idea that Simon had had a cancer diagnosis, but an appointment at Weston Park could only mean one thing. In desperation the family contacted the Macmillan Advocacy Service who put them in touch with the Colorectal Team at Rotherham Hospital. The family said the CNS team at Rotherham were fantastic and really understanding. They explained that Simon had a large tumour in his bowel which they were hoping to shrink via radiotherapy before operating to remove.

The family feel let down by the process. They accept that communication wasn't always great between nursing staff and home but understand that during the pandemic everyone was pulled out and there often wasn't time for lengthy conversations. However, they feel that had the discharge process been followed they would have been aware of the situation much earlier.

Simon's daughter said that although normally in good health her dad had previously had a stroke which means he suffers with his memory and cannot retain information – she feels that the staff on the ward would have been aware of this information from his

* Real names have been changed



medical records and that the family should have been made more aware of the tests taking place.

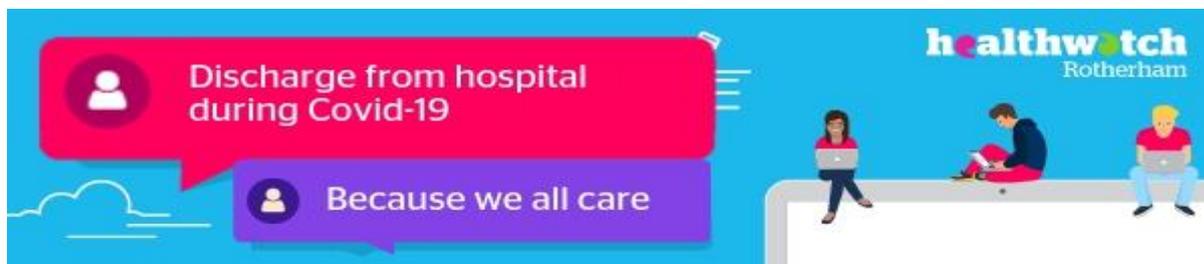
Case Study: Ruth

Ruth was admitted to Rotherham Hospital during June 2020 after a fall at home. She was discharged home one week later. When she arrived home her usual care team were not happy and contacted the hospital – she was readmitted the following day.

Ruth stayed in hospital for another 7 weeks, being treated for various infections and also contracting COVID-19 whilst in hospital. The hospital rang Ruth's daughter Helen to let her know that mum was being discharged later that day. Helen went to mum's and made sure everything was ready for her coming home and went shopping for essentials. As it was getting late, Helen called the ward to discover that there was no transport available and mum would not be discharged that day. Helen went home only to receive a telephone call at 9pm to say mum was on her way home in an ambulance. Helen went to her mum's to meet the ambulance, and the crew helped mum settle into bed. They then discovered that no discharge notes or medication had been given so the ambulance crew contacted the ward and discovered that no care package had been put into place. The ambulance crew refused to leave Ruth with no care in place and despite being made comfortable in her own bed she was taken back to the hospital.

Ruth returned home the next day, but there was still no medication which meant the district nurse had to contact her GP for a prescription for her diabetes medication. The district nurse was not happy with the situation and she felt that Ruth was clearly still unwell and arranged with the GP for her to be re-admitted. The family begged the ambulance crew not to take Ruth back to Rotherham Hospital as they did not feel she was getting the care she needed. The ambulance crew took Ruth to Northern General Hospital in Sheffield where she is still currently receiving treatment.

The family also claim that when Ruth was admitted to Rotherham Hospital back in June, although she was not allowed to take any personal belongings with her she was wearing some items of jewellery which had a sentimental value. These items of jewellery were not given back to Ruth (or the family) on her discharge and despite several calls to the hospital and people promising to "look into it" and "call back" nothing has been done.



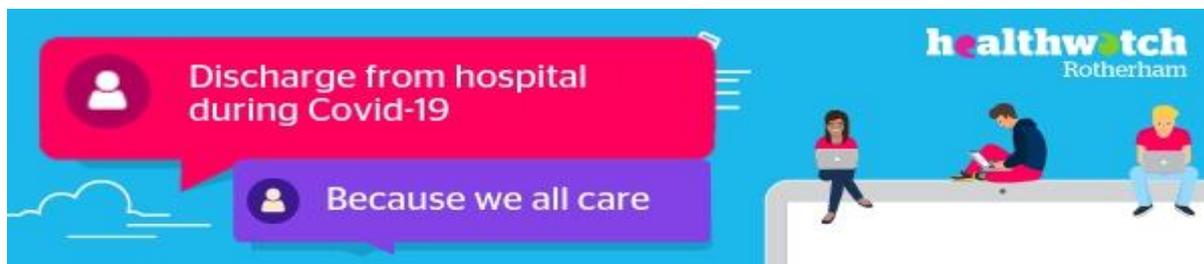
Case Study: Adam

Adam suffers from diabetes and in June 2020 was found unconscious at his flat and taken to Rotherham Hospital before being transferred to Northern General where he was treated for his diabetes, a nasty leg ulcer and a bowel infection. The ulcer was not responding to treatment and the decision was taken to amputate his leg. Visitors were not allowed due to COVID-19 and the family were left to speak with Adam on his personal mobile. It soon became apparent to the family that Adam was having trouble accepting the decision to amputate his leg and they contacted the hospital to ask if there was any counselling or support groups that could help him, but they were told that counselling would be available afterwards.

After the amputation plans were being put into place for Adam's discharge. At the time he lived in a 4th floor private rented flat with no lift which would be unsuitable for him as he would be relying on a wheelchair in the first instance. Someone from Northern General Discharge Team went to visit Adam's dad who is almost 70 years old with his own health concerns (asthma, diabetes and angina) and living in a one person OAP bungalow rented from Rotherham Council. They asked if Adam could possibly move in with him in the short term until alternative accommodation was found – of course Adam's dad agreed to help out his son.

Plans were then put in place for Adam to be discharged and Northern General arranged a taxi to take Adam to his dad's bungalow. However, the taxi did not have wheelchair access and Adam had to manoeuvre himself into the front seat for the journey home and with the help of his dad and the taxi driver get himself back into the wheelchair when they reached their destination. Adam didn't receive discharge papers nor did he receive a follow up from the discharge team.

Adam and his dad struggled to cope in the one bedroom property – dad gave up his bed and slept on the sofa as he felt Adam's need was greater. Adam had no support to help him come to terms with his amputation. The bungalow was not adapted for a disabled person hence the wheelchair does not fit through the doors/hallway etc. and Adam is currently getting around by being wheeled in a commode. No one made Rotherham Council aware that Adam needs to be rehoused so his dad received a letter to say his Single Disabled Premium and housing benefit will be cancelled as he now has his son living with him – reducing his income by approx. £70 per week.



Adam and his family feel let down by services and especially the discharge process. It is almost as if they dumped him in a taxi at the main entrance to the hospital and left him to find his own way after going through a life changing experience with no support or co-ordination of services.

Case Study: Charlotte

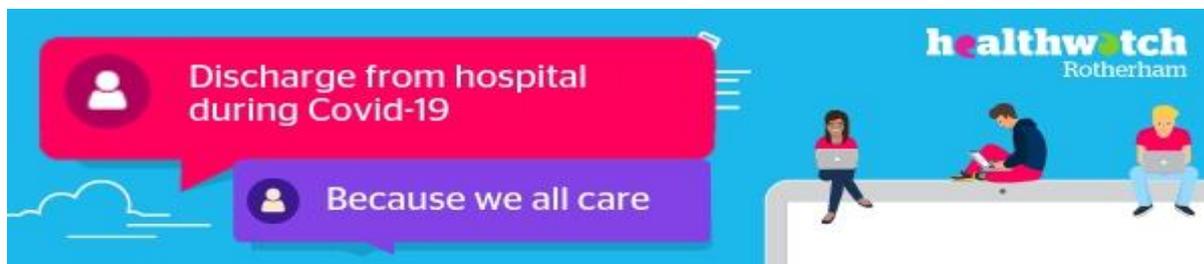
Charlotte has learning difficulties and was taken by ambulance to Rotherham Hospital with her dad accompanying her. Charlotte was taken to Urgent and Emergency Care on then onto the Acute Medical Unit (AMU).

Her dad says that at no time during her booking in did anyone speak about the discharge process and how it would work, and he didn't ask as everyone seemed so busy. It was a Wednesday afternoon when Charlotte was taken to hospital around 1.30pm and it was 8pm that night before she was booked in and her dad told she would be transferred to AMU.

A doctor did his rounds on Thursday morning and asked Charlotte's dad how she had been during the night. He was told that the doctor would contact a Sheffield neurologist but if things continued as they were Charlotte would be going home on the Friday.

The doctor did his rounds again on the Friday morning and said that Charlotte was medically fit enough to be discharged. He did mention doing some paper work but her dad was never given any discharge papers. There was some prescribed medication that they waited on the ward for but then decided to get Charlotte home and settled and come back later in the day to collect it – previous experience had taught them it would be a few hours before it was up on the ward.

There haven't been any problems since Charlotte was discharged and although the discharge process was not followed the family were not aware of what should have happened.



Recommendations for Rotherham



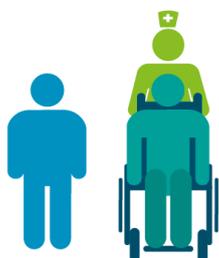
Test all patients for covid-19 and provide results before their discharge: 33% of patients (4) were not tested for covid-19 while they were in hospital – 2 in March, 1 in July, 1 in August. Of those that were tested, 1 patient did not receive their results before being discharged



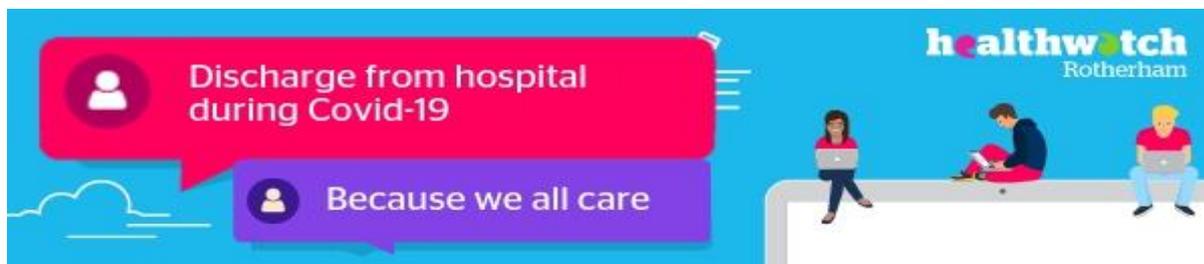
Provide all patients with contact details for follow-up care and support: Some patients had on-going care needs but did not know where to turn for support



Timely provision of medication on discharge: Waiting for medication was the number 1 reason for delays in discharge, with one patient telling us that they waited for 6 hours when they could have been at home with family

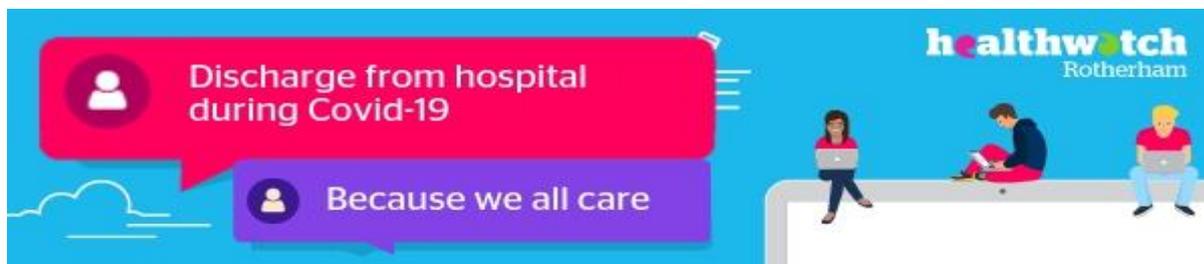


Make sure follow-up assessments take place: Some patients who had on-going care needs did not receive an assessment at home nor were health and/or social care services provided – make sure services are joined up



Involve carers and families in the decision-making process, especially for patients with disabilities or additional needs: While visitation restrictions continue, make sure families and carers can participate – e.g. ask patients to nominate a named carer who is contacted at every stage of decision-making

Any questions or comments, please let us know at info@healthwatchrotherham.org.uk

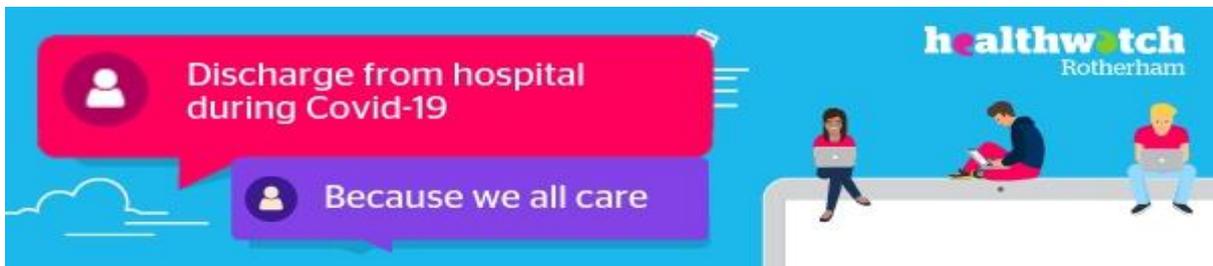


Appendix: Survey results in more detail

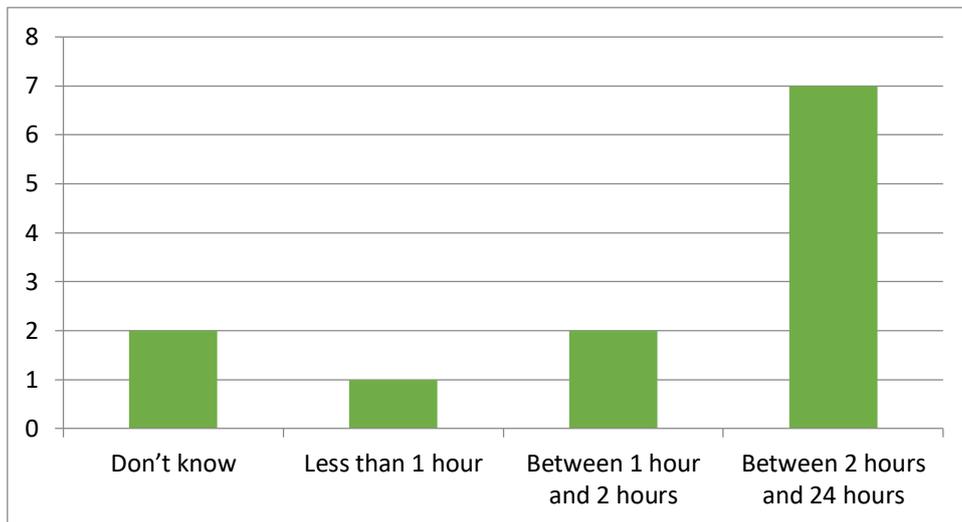
Discharge delays

Once patients are well enough to leave hospital, they should be discharged as soon as possible. However, in the survey we found that **58% (7) of patients had to wait over 2 hours until they could actually leave.**

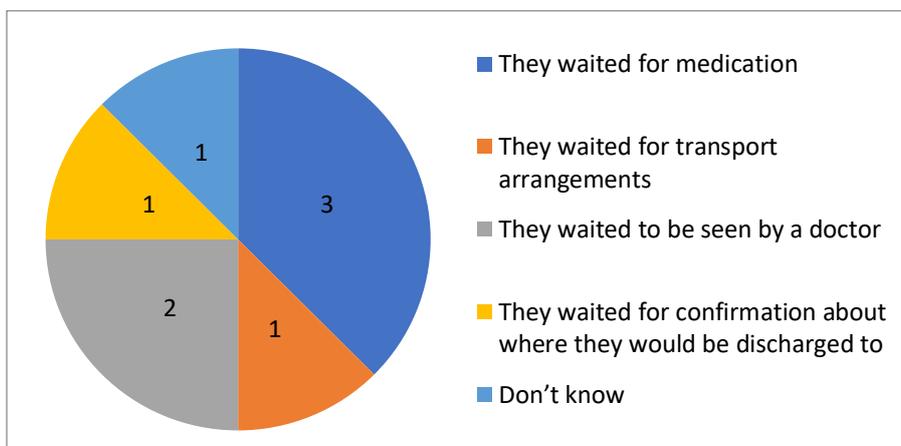
The discharge process seems to have been quicker at the start of lockdown, with 66% (2 out of 3) of patients who were discharged in less than 2 hours leaving hospital in March 2020.



Q: How long did the patient wait between being told they were well enough to leave hospital and actually leaving?

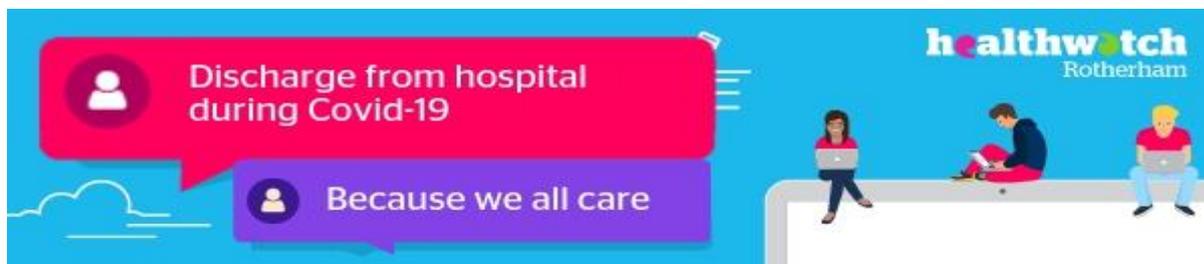


Q: What was the reason they waited for more than 2 hours?



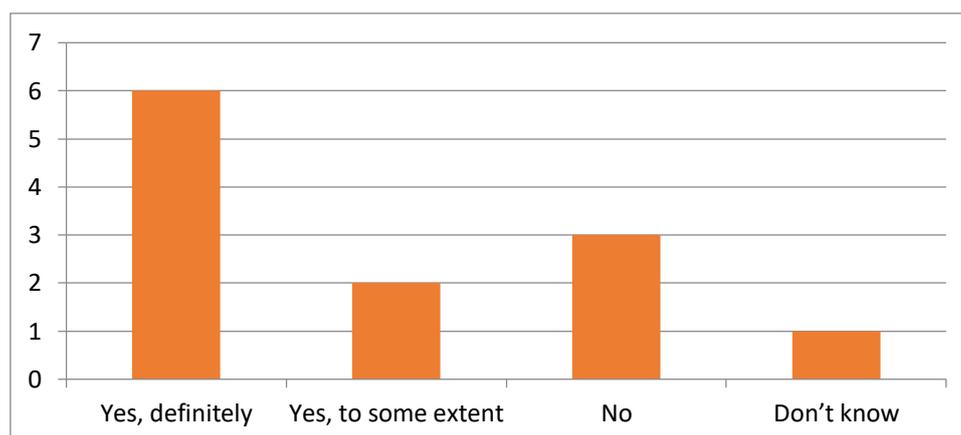
Information given to patients

- 92% of patients (11) were not told that the process of leaving hospital had changed because of COVID-19
- 58% of patients (7) were told that they would receive support from health and/or social care services after they left hospital (for example, home visits from a care worker)



- 58% of patients (7) were not provided with information about who to contact if they needed further health advice or support after leaving hospital

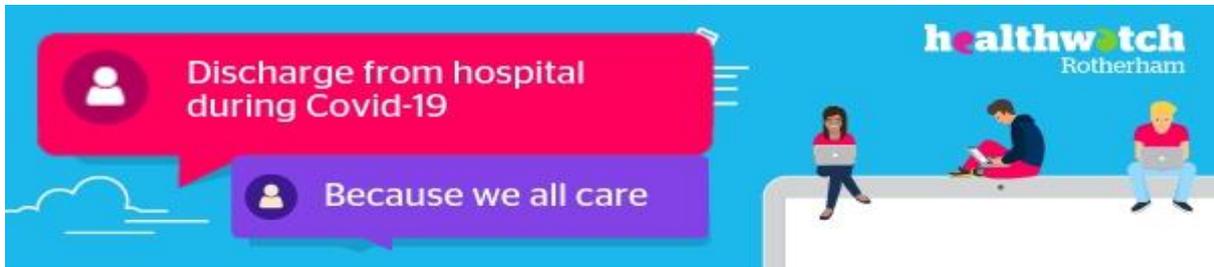
Q: Did the patient feel prepared to leave hospital?



Post-discharge process

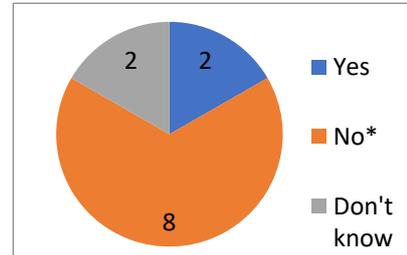
- 83% of patients (10) went to their own home after discharge. 17% (2) went to stay with friends or family
- Only 1 patient was visited by a health professional to assess their support needs (a discharge assessment). The patient received this visit the day after they left the hospital
- 83% of patients (10) had no support needs. However, the remaining 17% (2) had support needs for which they had not received support. 1 of these patients did not know where to find support

Patient & carer involvement in the discharge process



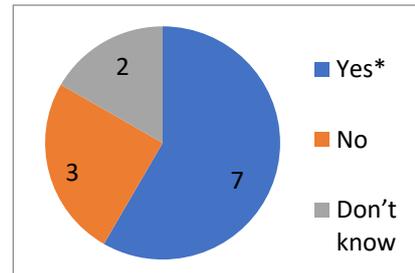
Q: Was the patient asked if they needed support in getting transport to the place they were to be discharged to?

7 out of the 8 'No' respondents said they did not need the support

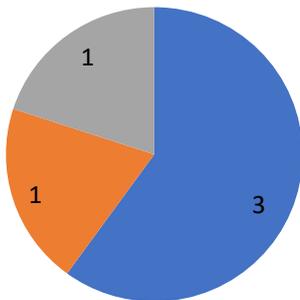


Q: Did anyone discuss with the patient where they were going to be discharged to?

*Yes, and they were discharged to where they wanted to go

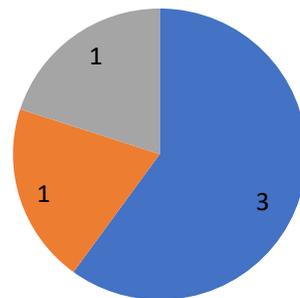


Q: As a carer, did you feel sufficiently involved and informed in decision-making about your friend, relative or client's discharge from hospital?



- No, but I should have been involved
- Yes, to some extent
- Yes, definitely

Q: As a carer, do you feel that your own caring responsibilities were considered in the decision-making about your friend, relative or client's care and support after they left hospital?



- No, but they should have been
- Yes, to some extent
- Yes, definitely

* 11 patients had a relative or unpaid carer drive them