



A Report on the findings of North
East Lincolnshire Local Involvement
Network (LINK)
on Hospital Discharge

June 2009

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Introduction

North East Lincolnshire Local Involvement Network (LINK) has been hosted by Voluntary Action North East Lincolnshire (VANEL) since August 2008. Monthly transitional LINK meetings have been held as North East Lincolnshire LINK has become established to the point where it now has a Governing Body and approximately 75 members, made up of individuals, organisations, and community groups.

Background

At a LINK transition group meeting on 9 December 2008 a decision was made to undertake a preliminary piece of work on hospital discharge. The purpose was to consider patient welfare with regard to their discharge, with consideration for any social care arrangements that may need to be in place for them.

The group were able to provide their own experiences of hospital discharge. These are listed as follows:

- Delays caused by medication – preparation of medication for patients not started until time of discharge.
- Delays caused by care packages not being put together in time.
- Problems with transfer to private social care provider e.g. not able to administer morphine. There should be a system for monitoring the individual care given by all the care providers involved.
- Fitness for discharge – nobody checked what level of support was available for the patient. Different agencies took different views on the patient's fitness.
- Delays caused by waiting for a doctor to authorise discharge.

Methodology

To take this piece of work forward, at the same meeting, the group proposed the following methodology. North East Lincolnshire LINK should:

- a** Find out what current policy is by:
 - having access to the written document,
 - meeting with the Hospital Bed Manager.
- b** Get data from PALS/complaints about problems with discharge.
- c** Speak to people about their own experiences
- d** Discharge from mental health inpatient facility should be included.
- e** Distribute a satisfaction survey to all patients discharged over a period of time and / or use the existing data from the national inpatient surveys
- f** Collect data from pharmacy on the time taken to fill discharge prescriptions and the reasons for any delays.
- g** Look at discharge information to see;
 - is it correct?
 - is it understandable?
 - is it repetitious?
 - does it explain what to do in an emergency?

Evidence

Information was collected and collated from December to March. The piece of work on Hospital Discharge was then discussed at the LINK meeting on 21st April 2009. At this meeting it was decided that a small group would meet to assess the evidence that had been obtained and decide the next steps. LINK Governing Body members Ray Waters, Chair, Trevor Knight and Linda Thomas (Lead for Mental Health Provision) met on 1 May 2009 to review the following evidence:

- the appendix from the LINK December's meeting on Hospital Discharge outlining the groups own experiences, proposed methodology and procedures that should be in place for patients on their discharge
- returned patient questionnaires
- Notes from a meeting with Steve Johnson – Head of Hospital Social Work team
- A booklet entitled "Getting Ready to leave Hospital" for patients who have been referred to the Social Work Team, published by North East Lincolnshire Care Plus Trust (no review date or publication date)
- Notes from a meeting with the Pharmacy Department at Diana, Princess of Wales Hospital A booklet entitled "A Guide to the Pharmacy Department" published by Northern Lincolnshire and Goole Hospitals NHS Trust (Review date April 2008)
- North Lincolnshire and Goole NHS Hospitals NHS Trust (NLAG) Hospital Discharge Policy, which is currently under review
- Notes from a meeting with Carol Hornsey, Deputy Director Service & Business Development, (NLAG)
- Patient Advice and Liaison Service (PALS) information for the period 1st January 2008 to 1st January 2009
- North Lincolnshire and Goole NHS Hospitals NHS Trust Inpatient Survey 2007 – Leaving Hospital

Further evidence was submitted after the meeting which was taken in to consideration by the LINK Hospital Discharge Group members when this report was written. This was North Lincolnshire and Goole NHS Hospitals NHS Trust Inpatient Survey 2008 – Leaving Hospital

Findings

At present North Lincolnshire and Goole NHS Hospitals NHS Trust (NLAG) Discharge Policy is under review so there is an opportunity for North East Lincolnshire LINK to provide input in to this.

It was felt that the Hospital Discharge Policy currently under review was very long winded, and agreed that it would be beneficial for a summarised version to be produced to be used in conjunction with the main document.

Recommendation

A summary discharge policy information leaflet be produced to be used in conjunction with the main Discharge Policy

It was felt that ideally a family member should be in attendance to support a patient when their discharge from hospital was being discussed. This was supported by the evidence from the December 2008 LINK meeting in which it was identified by the group that carers and relatives need to be involved in discharge planning.

It was recognised that currently although there is a system in place for hospital discharge, it was identified that the process for discharge depends on which ward you have stayed. This means that there is no consistency when patients are discharged from hospital, causing inequality in the provision of services.

Patients do not like to admit that they can not cope at home when completing a discharge form. It was felt that patients exaggerate if they think that they will be discharged sooner. Whilst it recognised and appreciated staff are busy, it was proposed that more practical and individual personal questions be asked, with information being obtained collectively from the multi-disciplinary team involved in the patient's care.

Recommendation

North Lincolnshire and Goole NHS Hospitals NHS Trust (NLAG) where practicable, has a multidisciplinary approach including the patient and a carer or relative when discharge is arranged.

For patients with social care needs, the problems surrounding Section 2 forms and Sections 5 forms were discussed. Sections 2 forms are completed by ward staff prior to a patient's discharge with Section 5 forms completed as they leave the hospital. It was highlighted that these were not always completed. Again this causes inconsistency in care and equitable services for the discharge of patients. It was felt that Discharge plans needed to contain more information, and be more specific to meet the needs of the individual patient.

Where social care support is required it was proposed that where possible these patients are discharged "early in the day" as Social Services will have left the hospital by 4.30pm. It was recognised that Care co-ordinators do not always have sufficient time to assess the patient fully and recommended that support workers are made available to assist them. It was suggested that this role could perhaps be undertaken by Volunteers.

Recommendation

Where Social Services are involved with a patient for their discharge, this should be done early on in the process of discharge to ensure the appropriate arrangements are made. This includes the completion of the necessary documentation

With regard to the Patient Advice and Liaison (PALS) information it was highlighted that people still did not know who or what PALS was and their function. It was felt that although the PALS office is at the front of the hospital

people did not go in to complain or raise issues because they don't understand the sign. The group thought that the PALS service would benefit from promotional work to ensure that the public would have a better understanding of the service. North East Lincolnshire LINK agreed to promote the PALS service when opportunity arose to help ensure that people know and understand its role and purpose.

Recommendation

The PALS service should be promoted to ensure that people become aware of the PALS service and how PALS can assist them.

The "Leaving Hospital" booklet was felt to be useful to provide to patients, however it was not clear if patient's had been consulted on the relevance of the information contained in it. There was no review date on the booklet. It was recommended that when the booklet was reviewed patients and carers were consulted to ensure that it contained information that is relevant to the patients who receive it.

Recommendation

Literature produced needs to have a review date and the contents consulted on by the public who are the target audience of the literature. PALS contact details should be included on all patient information.

Reviewing the evidence regarding medication, it was agreed that self-medication appeared to be working well within the hospital, however concerns were still highlighted regarding patients who were discharged then had to sit around waiting until their medication was ready. The delay highlighted by the Pharmacy Department was caused by a patient being prescribed new medication from the Consultant. It was felt that people should not have to wait a long time for prescriptions, particularly elderly patients.

It was agreed that for any new medication a patient was put on, they would need the side effects to be explained to them. Concern was expressed about dementia patients, and the family or carer would need to be informed of any side effects of new medication. It was proposed that credit-card sized information leaflets would be of potential benefit for patients, containing a "discharge support" telephone number to contact in case of problems, along with the PALS telephone number.

It was proposed that a fast- tracking system for discharge patients could be piloted, possibly with prescriptions being hand written for the patient so they could take them directly to the Pharmacy on their way out of the hospital. It was felt that this would also help the hospital to meet their discharge time targets,

Concerns were identified that once a patient has been discharged off a ward then they do not appear to be accounted for, and can be left sitting in the discharge waiting room. It was felt that a solution was that when a patient was discharged they could receive a going home assessment – similar to the assessment a patient is given when they are admitted to hospital.

Recommendation

Written information should be provided to all patients on discharge with a “discharge support” telephone number, along with the PALS telephone number.

Key Recommendations

- The recommendations from North East Lincolnshire Local Involvement Network (LINK) should be taken into consideration and be included in North Lincolnshire and Goole NHS Hospitals NHS Trust Discharge Policy
- A summary discharge policy information leaflet to be produced to be used in conjunction with the main Discharge Policy.
- North Lincolnshire and Goole NHS Hospitals NHS Trust (NLAG) where practicable, has a multidisciplinary approach including the patient and a carer or relative when discharge is arranged.
- Equality of patient discharge needs to be consistent and in line with Trust policy
- Where Social Services are involved with a patient for their discharge, this should be done early on in the process of discharge to ensure the appropriate arrangements are made. This includes the completion of the necessary documentation.
- Literature produced by North Lincolnshire and Goole NHS Hospitals NHS Trust needs to have a review date and consulted on by the public who are the target audience to ensure the content is meaningful. PALS contact details should be included on all patient information.
- The PALS service should be promoted to ensure that people become aware of the PALS service and how PALS can assist them.
- North Lincolnshire and Goole NHS Hospitals NHS Trust consider a review of their current discharge arrangements taking in to the consideration the recommendations made by North East Lincolnshire LINK.
- Written information should be provided to all patients on discharge with a “discharge support” telephone number, along with the PALS telephone number.

Conclusion

North East Lincolnshire Local Involvement Network (LINK) would like to thank all the people who have been involved in providing information for this review. The purpose of this review was to look at a patient's welfare immediately prior to discharge, and consider any social care arrangements that may need to be put in place for them.

North East Lincolnshire LINK believes that it is very important that all patients receive equity of service when they are discharged from hospital. Patient information about their discharge is felt to be of particular importance to ensure that correct discharge planning arrangements are made, and patients have access to appropriate information once they have returned home should they require it.

Questionnaire Results

Total no of responses: 11

1. *Have you been in hospital overnight (or for longer) and discharged within the last year (2008/2009)?*

Yes	8
No	3

If YES, please indicate which month this was?

Month		Month		Month	
January	1	May	-	September	-
February	2	June	1	October	1
March	-	July	-	November	-
April	1	August	-	December	1

If NO, please state which year and month (if you can remember)
There were no responses to this question.

- 2 *Please name the hospital that you stayed in, including the ward if you can remember*

All respondents (11) indicated that they had stayed at the Diana, Princess of Wales Hospital, (DPoW) Grimsby.

Ward 7	4
Grimsby Day Unit	1
Maternity	2
Eye Ward	2

3. *When you were told that you were allowed to go home (be discharged) was the process explained to you?*

Yes	6
No	5

4. *Who explained the discharge process to you? Please circle which applies:*

Doctor	1
Senior Nurse	6
Nurse	3
Nursing Assistant	-
Other	-

5. *If needed, was anyone else (not at the hospital) involved in your discharge planning arrangements?*

Yes	-
No	9

6. Please indicate who this was:

Friend	1
Social Services	1

7. Do you feel that you had enough support from your family / friends when you were discharged?

Enough	7
Not enough	1
None at all	-

8. When you did get to go home was the process the same as explained in Question 3?

Yes	7
No	1

If NO please explain why

No one attended	1
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9. Thinking about when you left the hospital (being discharged) do you feel that you were given sufficient information about what to do when you were home if you had any concerns?

Yes	5
No	1
Sort of	2

10. If you received any information, was this provided in a leaflet format?

Yes	3
No	7

11. Did this contain all the information you felt you needed?

Yes	2
No	6

12. What information would you like a discharge information leaflet to contain?

Ward telephone number for any queries
Access details for the District Nurse
More contact details for professionals
Information regarding pain management