



# Healthwatch Lewisham

## Discharge Report

July 2014

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# Introduction

Healthwatch is made up of 152 local Healthwatch organisations that were established throughout England in April 2013, under the provisions of the Health and Social Care Act 2012. The remit of local Healthwatch is to be an independent champion of local people; ensuring local people have a voice on health and social care, and ensuring that health and social care services are safe, effective and designed to meet the needs of patients, social care users and carers.

Healthwatch Lewisham gives children, young people and adults a stronger voice to influence and challenge how health and social care services are purchased, provided and reviewed within the borough.

# Background

Healthwatch England has unique powers to advise the people and organisations that make decisions about the delivery of health and social care in England. Using these unique powers Healthwatch England has launched a special inquiry in to unsafe discharge.

Healthwatch England are gathering different stories from those who have had direct experience of discharge to find out where there are problems in the system, and to highlight things that are working well. They will use this evidence to advise the Secretary of State for Health and organisations responsible for health and social care like NHS England and local authorities about changes that need to be made to improve people's experiences.

Healthwatch Lewisham has received feedback from local people on discharge and previously raised concerns to Healthwatch England. Healthwatch Lewisham is keen to feed in to the national inquiry to ensure that the voice of local people in Lewisham is heard.

This report presents the findings of Healthwatch Lewisham's research in to people's experience of discharge in the London Borough of Lewisham.

# Methodology

Healthwatch Lewisham gathered information on local people's experience of discharge through community engagement, surveys and Enter and View visits. Over 200 patients, service users and carers contributed to the findings.

Healthwatch chose these three methods to gather experiences as it gave us a broad picture of what was happening in Lewisham in terms of discharge.

# Executive Summary

The purpose of this report was to look in to unsafe discharge taking place in the London Borough of Lewisham and to identify best practice. Healthwatch Lewisham spoke to a range of local people to find out about their experiences of the discharge process.

Healthwatch England discovered that on a national basis tens of thousands of people are potentially being sent home without proper support when they leave hospital or a care home. Indeed Healthwatch Lewisham has learned that local people in Lewisham are also experiencing unsafe discharge.

Unsafe discharge has a negative effect on all people however it can have the biggest impact on those who are already vulnerable, particularly homeless people, people with mental health conditions and older people. From the research that Healthwatch Lewisham has carried out it has given us a deeper understanding of what happens to people who experience 'unsafe discharge' from a hospital, nursing or care home, or mental health setting.

Findings identified the potential for improvement in the following areas:

- Awareness of discharge procedures
- Inconsistency of discharge planning
- Poor communication between multi-disciplinary agencies
- Family, friends or carers not involved in the discharge process
- Long waits for those waiting to be discharged

NHS Choices states that on the day of discharge, the person co-ordinating the discharge should ensure:

- *The person being discharged and their carer has a copy of the care plan*
- *They have transport to get them home from hospital*
- *Their carer knows they're being discharged, and will be available if needed*
- *Their GP is notified in writing about their discharge*
- *They have any medication or other supplies that they'll need*
- *They have been trained how to use any equipment, aids or adaptations they'll need*
- *They have appropriate clothes to wear*
- *They have their house keys and money if needed*

Lewisham and Greenwich NHS Trust appear to echo what NHS Choices say and state the following:

**You and your relatives or carer will have been actively involved in the planning of a date for you to be discharged from hospital.**

Clear information will have been given to you about follow up arrangements and appointments.

If you need any medication on discharge, your named nurse or a member of the nursing team will check through them with you. Medication should also include any medication you brought in from home.

The Hospital has a patient information line for any questions you may have about your medication after you go home. The phone number is on the card supplied with your discharge medicines. A member of the nursing team will ensure you ensure you have your belongings.

If you handed any of your valuables to the staff during your admission please make sure you receive your property before leaving the ward. You will be asked to sign a form confirming you have received back your valuables.

Before you leave the ward you will be given a copy of your discharge summary for your records and a copy of this summary will also be sent to your GP. If appropriate, during the morning of your planned discharge day, you will be asked to go to the Discharge Lounge on the ground floor of the Yellow Zone. A nurse from the ward will accompany you.

The Discharge Lounge is available for discharged patients to wait for their family/carers or transport to come and collect them from the hospital. The Discharge Lounge has a dedicated nurse who will care for patients while they are waiting for friends or relatives or patient transport

Our findings have indicated that often this does not happen and that there is significant room for improvement. It was apparent that often the discharge process was let down by poor communication between departments, patients, doctors and other multi-disciplinary agencies.

## Findings

### Community Engagement

Over the past six months Healthwatch Lewisham has been visiting groups and speaking to individuals to find out about their experiences of health and social care services in the borough. For the purpose of this report, Healthwatch Lewisham has analysed all information provided relating to the discharge process.

Below is a snap shot of some of the diverse groups and organisations that Healthwatch Lewisham has been working with and carrying out community engagement with.

Deptford Reach, The Diamond Club, 60 Up Group, Positively Ageing Council, Kaleidoscope Children's Centre, Hexagon Housing, Sydenham Garden, Equinox Housing, The 999 Club, Lewisham Mental Health Connections, Lewisham Homeless Forum Homeless Forum, Miriam Lodge, South East London Arts Network, Lewisham Carers, Turkish Elders Club, Welcome Care Residential Home, Local Assemblies, Pensioners Action Forum, Bellingham Festival, People's Day, Poems Alive UK, Home Library Service, Spring Gardens, No Second Night Out...

From carrying out community engagement, Healthwatch Lewisham gained a real insight into what a positive discharge looked like and how not having an appropriate discharge process in place can have a negative and often detrimental effect on people, particularly for older people, homeless people and those with poor mental health.

Here are some examples of what we heard:

1. A Housing Support Officer from a local sheltered housing association contacted Healthwatch Lewisham earlier in the year when we initially started to look into discharge processes in the borough. The Housing Officer highlighted an incident involving one of their older residents, who went into Lewisham hospital for a hip replacement in March, 2014. They had the operation on the Thursday and were then discharged on the Friday back to the sheltered housing scheme. The resident wasn't offered any form of rehabilitation. The following day the service user had another fall and as a result they were still in hospital a month later when the Support Worker spoke to Healthwatch Lewisham in April. We have since found out that the resident never returned back to the scheme.

Both the Support Officer and the Housing Manager felt that their resident was discharged too soon after their hip replacement without any additional support or monitoring. They felt their mobility and needs should have been better considered, and a 6 week programme in rehabilitation could have avoided the fall. They felt the patient wasn't treated with dignity or respect in this case.

2. A leader of a local community group for older residents in Lewisham provided essential care for one of her group's members when she became aware that there wasn't enough support put in place when her member was discharged from hospital over the Christmas period. The patient's social worker had tried to organise the patient's care before going on leave for the Christmas holidays. Having thought everything was in place there were unfortunately unexpected delays while they were away. The group leader told Healthwatch Lewisham that that service user had been left practically on his own over Christmas and on the 6<sup>th</sup> of January he still hadn't been assessed for his care plan or gone to panel. When the group leader found out about the situation she began to complain, threatening to contact the Care Quality Commission if an assessment was not organised promptly. The group leader described the process as "a battle".

Following being discharged from hospital the district nurses didn't pick up that the patient was incontinent and they were left in a soiled bed. The group leader had to buy incontinence pads because the district nurses didn't have any supplies.

The group leader described "a major lack of communication between the health and social care" in regards to the home carers and the district nurses. It wasn't clear who was responsible for emptying, checking and changing the catheter. The catheter was left by both care workers until it was overflowing and burst. The fluid then went back into the body and as a result caused an infection.

The leader observed that when someone is discharged from hospital there is no one to oversee that the support package is being put in place. She has observed with other members that once the care package is in place the social worker is no longer responsible for that client therefore if any other issues arise there is no one to resolve the problem and the individual would have to be reassessed so goes back on the waiting list. It was not clear who between the carers and district nurses had responsibility for what. There was poor communication between care workers and district nurses with neither properly logging new issues. For example they only tracked the minimum - blood sugar and insulin and not the oral medication the patient was taking which led to the medication being given by both parties twice because there was no one coordinating who was doing what.

3. A service user who had a negative experience being discharged from the Ladywell Unit in Lewisham hospital contacted Healthwatch Lewisham at the beginning of the inquiry into discharge. *"I want to tell my story because most people don't feel that they can say something and talk about what's happened."*

Prior to admission into the psychiatric ward the patient's housemate found her after an attempted suicide and expressed that they did not want her to return to the flat upon leaving hospital meaning that the individual had no accommodation to return to. A social worker was assigned to help organise her future accommodation but after a week they realised they were not from the Lewisham borough and were told *"you'll have to sort it out you're in the wrong area"*. The patient did eventually get support from the social workers.

The patient was sent to a hostel where she had to pay for rent which was higher than her previous rent and felt unsafe in the hostel. After a month she received a letter saying that she didn't need any more support, she appealed. The patient expressed how stressful it was trying to sort things



out like accommodation particularly when *'you don't feel well and don't have many good days.'*

She felt there was a lack of communication between the local council and the hospital and that she only finally got her accommodation sorted because her Consultant sent a letter demanding it. She said she could have left at the beginning of December but due to these issues she left at the end of January instead.

The patient did express that she found the SLaM's social workers nice and supportive post-discharge. *"They encouraged me to go on courses ran by them, like the life-style change course and how to get a good night's sleep."*

4. We heard from a number of mothers that they felt there wasn't enough support after leaving the hospital with their new born babies; this was a particular issue for young mothers that had just given birth to their first child. *"The experience of giving birth in the Birthing Centre at Lewisham hospital was excellent but aftercare was an issue. I gave birth in Lewisham Hospital when I had previously anticipated giving birth at the Princess Royal University Hospital (PRUH). It was still a good decision to give birth at Lewisham Hospital but when a midwife didn't arrive the next day as planned I had to start calling around, the PRUH had no information, neither did Lewisham Hospital, in the end a nurse from the PRUH ended up coming off her own back to see me. I then received a call on Sunday to see if anyone had come to see me. That's four days later which is a long time, what if no one had come and there was a problem? I was able to call around but I worry for people who don't know what to do in this situation."*
5. We were told by residential home staff members that often there was no communication from hospitals around discharge and that the residential homes have to chase hospitals to find out when their residents are being discharged. There have been instances when their residents have been discharged without them knowing. Likewise, we have heard from family members, friends and carers that neither the hospital or care home communicates to them when their loved one or client has been discharged which often causes concern and upset.
6. During a recent Healthier Community Select Committee (HCSC) SLaM patients attended and complained about being unofficially discharged from secondary care. A group of bipolar patients had been informed by their consultant or Social worker that their care was being transferred to primary

care. However, it had taken a long time to get a discharge appointment to inform them of the process. They stressed concerns that their condition fluctuates and often their GP do not have the time or knowledge to support them.

## Survey

In June 2014, Healthwatch Lewisham designed a discharge survey and sent this out to a range of individuals and groups across Lewisham.

The survey was created to focus on the patient experience of the discharge process to capture both quantitative and qualitative data.

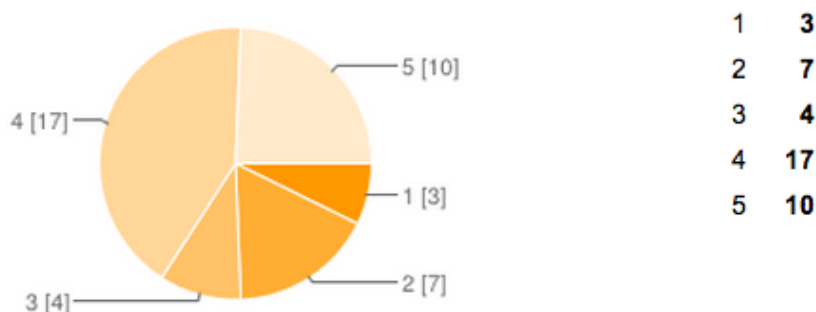
Surveys were circulated online and paper copies were sent upon request and distributed during engagement activities.

The survey was promoted online to our members via the Healthwatch Lewisham website, our Twitter and Facebook accounts, and e-bulletin. Additionally it was circulated via the South London and Maudsley NHS Trust user involvement blog, Voluntary Action Lewisham’s website and e-bulletin, Lewisham Life’s e-bulletin, the Maternity Services Liaison Committee mailing list and social media contacts.

Paper copies were distributed at engagement events such as Lewisham’s People’s Day, Bellingham festival, Kaleidoscope Children’s Centre, Stay and Play in Catford, 60 and up group and the South Lewisham Group Practice.

Healthwatch Lewisham was pleased to receive 45 completed surveys from a broad range of people and ages. The quantity of surveys completed has been sufficient to draw out themes and trends from the data collected.

### From 1-5, how would you rate your care during your stay?



Overall the majority of respondents had a positive experience; 17 of respondents rated their experience as four which represents ‘good’ and 10 as five, ‘excellent’.

**Was there anything that was particularly good about your stay?**

Positive staff attitudes, patients' needs being listened to and met, and processes and treatment being explained to patients and their families were all themes that respondents saw as positive aspects of their experience. Feeling attended to and cared for were important to respondents.

Key quotes include:

*"The last stay was better, the nurse explained what would happen when I was discharged, the first time no one told me what to do when home, I was left on own."*

*"Information given to me about the procedure I was about to have and the explanation of results"*

*"I liked how the staff involved me in all aspects of my treatment"*

*"The speed of taking up the matter from urgent care to outpatient admission and the follow up appointment"*

**Was there anything that could have been improved about your stay?**

Staff being perceived as too busy and not being able to give their full attention were mentioned multiple times in the data collected. Staff introducing themselves when starting a new shift and having a list of staff names, photos and functions in an accessible area were suggested to improve this experience. Having treatment, care and the discharge process fully explained to patients were suggestions also given.

Other issues raised by respondents were; patients and families not knowing when they were going to be discharged, long waits to be discharged or waiting to receive medicine before being able to go home, lack of compassion by staff and poor cleanliness were themes that respondents felt could be improved.

Comments included:

*"They seemed short staffed and can get rather busy"*

*"Communication to be explained or told on treatment I was receiving or when I would be discharged."*

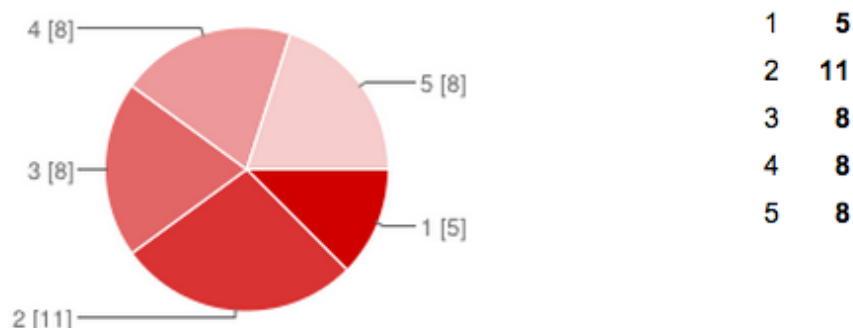
*"Not knowing where staff were, sometimes out of site for periods, and no introduction to who was doing what role for me."*

*"The discharge process, paperwork took all day when I was medically fit to be discharged first thing in the morning."*

*"Someone to tell me what to do when I go home."*

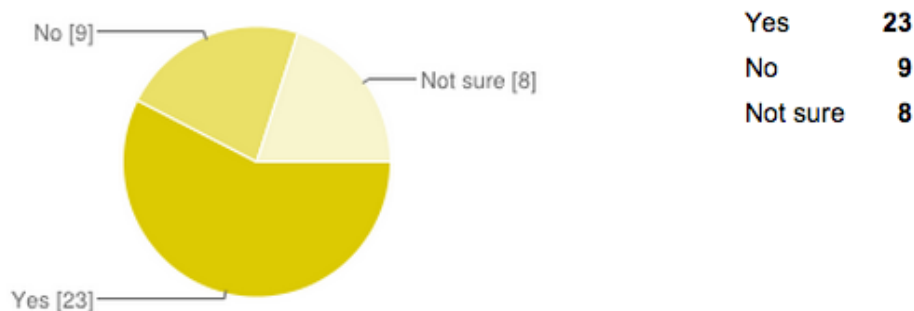
Respondents had mixed feelings about how involved they felt in the discharge plan with most people rating their experience as two out of five, two being 'poor'.

**From 1-5, how involved did you feel in discussions about your discharge plan?**



23 respondents confirmed that they had received a discharge ticket, summary or health assessment, 9 did not and 8 were not sure.

**Did you receive a discharge ticket, summary or health assessment?**



**What information would you have liked to have received upon being discharged but didn't?**

Knowing who to contact and how to access information once discharged, for example the details of who to contact in case there was a problem was the most requested information that respondents said they would have liked to have received but didn't.

For example:

*“Contact number for the ward I was on and named staff”*

*“Who to contact if the same issue arose.”*

*“Who to call if things were getting hard”*

*“I would like to have been given information on how to be discharged from all mental health services, including stopping medication.”*

*“When and where to go after discharge”*

Feeling confident that services would be in communication and joined up was also highlighted:

*“Reassurance that the Community Mental Health Team (CMHT) usually working with me is well-informed of what actions were being taken (like being discharge)”*

*“To have my home manager, my care coordinator and myself together to talk about my discharge”*

Other responses when asked what information patients would like to have received were:

*“Time of leaving; transport arrangement”*

*“When exactly they would visit!... It only takes a courtesy phone from them, e.g. likely to be with you in 10 minutes or so...then I know when to wash, or go to the toilet without someone trying to bash the front door down!”*

*“I was told I would hear of an operation date within 6-8 weeks but was not told that there was a process to go through on my discharge letter.”*

**Do you feel you were well enough / ready to leave hospital at the time you were discharged? If not, what would you have liked to happen?**

Out of the respondents who answered with a ‘yes’ or a ‘no’, 26 people responded that yes they felt ready to be discharged and 6 said they did not feel ready.

Some of the respondents said they would have liked the following to happen:

*“Should have stayed in a rehab unit to regain confidence”*

Communicating with family to find out if they are ready or what preparation needs to be undertaken at home, *“not just what plans were in place at hospital’s end”*.

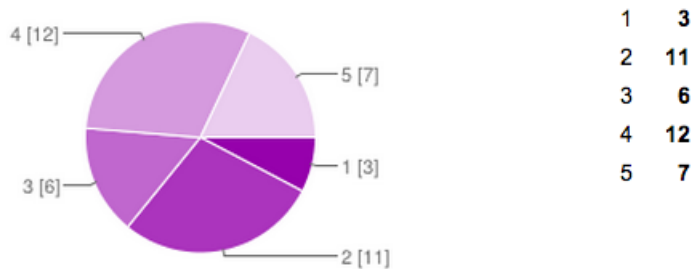
*“I really needed to see my social worker/council worker within days of discharge as I was so fragile”*.

**How long did you have to wait between being ready to leave hospital and actually leaving? If there was a significant wait can you explain the reason?**

The main issue mentioned that caused a delay in leaving hospital was due to waiting for medication to be ready. Not being told what time they would be discharged and changes to discharge times were also reasons for long waits and frustrations.

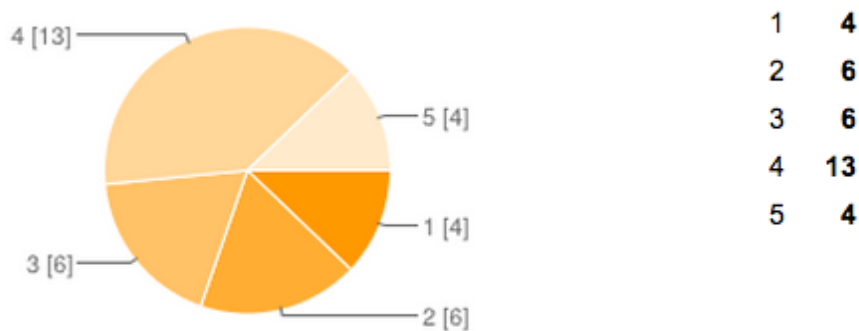
Ratings for the experience of leaving hospital or a care setting were mixed with 12 people rating the experience as 'good' and 11 rating their experience as 'poor'.

**From 1-5, how would you rate the experience of leaving hospital, a service or care facility to return home?**



The higher number of respondents, 13 people said that they found the discharge process good in terms of convenience. Four people said the process was unacceptable.

**5. How convenient was the discharge process?**



**Was there anything particularly good about the experience of leaving hospital or a care setting?**

Supportive staff, having equipment set up before patients returned home, and having the process clearly explained to patients prior to discharge were seen as positive aspects by respondents.

When asked what could have been better one particularly worrying response came from a patient who had been discharged from a hospital out of borough but was assured that everything would be in place for when they got home: *“none of the promised help such as an physio and enablement pack appeared and there was no visit to see how I was coping. I was now in the older peoples' ward and I felt powerless as the staff seemed totally indifferent to my discharge I should have had a two-man ambulance as I needed help getting up the stairs only one man was provided.”*

Another example of unsafe discharge processes where accommodation arrangements weren't put in place was the following: *“I was left to travel home with my belongings spilling out of plastic bags, while wearing pajamas and with no money and/or means to travel. I was fortunate that a friendly stranger helped me out. Travel should have been provided...It should be provided for ALL vulnerable patients.”*

Other responses were:

*“I think the process needs to be explained to the patient the day before discharge so they know what to expect. It was winter when I was in hospital and the maternity wards are very hot. I was showered early and dressed in winter clothes ready to go home only to find I was sitting around sweating. I also told the catering staff I wouldn't need a lunch as I was being discharged so I went without lunch. If the process was explained to me I would have known what to expect and it would have been a more relaxed and pleasant experience.”*

*“Vulnerable patients shouldn't just be left out on the street like that.”*

*“Further understanding and communication required between the NHS and local councils.”*

*“Communication seems to be the issue as well as the sharing of information from staff to family members so that the discharge is as good as it can be.”*

## Enter and View

Healthwatch Lewisham has carried out four Enter and View visits so far in 2014. Most recently Healthwatch Lewisham carried out a visit to outpatient clinics and the Transport and Discharge Lounge at Lewisham Hospital to specifically focus on the discharge process. Previous visits include the Emergency Department and Maternity Services at Lewisham Hospital, and also the Ladywell Unit on the Lewisham Hospital site. The Ladywell Unit is a mental health unit based at the Lewisham Hospital and is part of South London and Maudsley NHS Foundation Trust.

Information provided by service users during Enter and View visits have given us a good insight in to experiences at the point of being discharged.

Echoing comments that we heard from community engagement and surveys, service users from our Enter and View visits raised the following concerns:

- Patients are often not told about their discharge until they ask about it
- When patients are told about discharge, often there is uncertainty about the actual date / time of the discharge
- Patients sometimes have very little time to prepare for discharge, in some cases less than an hour
- Patients often are discharged without knowing what to take along with them from the facility such as medication, discharge summaries/tickets and other necessary information
- Patients are often left waiting for their medication
- Weekend discharges can be problematic as often patients have to wait until the following week to address any questions with the discharge process or complications around their conditions
- Concerns around support continuing after giving birth, particularly with new mothers
- Patients not feeling confident about leaving the hospital and sometimes still in pain

Whilst carrying out a visit, we spoke to a homeless man in the Transport Lounge of Lewisham Hospital. This person had been admitted through the Rapid Access Treatment Unit (RATU) and spent two days on the unit. He had been discharged at 10 am that morning however at 5:30 pm he was still waiting in the transport lounge as he had no means of getting back to his hostel or contacting them. There was no communication between the hospital and hostel after the admittance and the person was discharged without any discharge summary or being asked about his situation. He appeared to be in very poor health and was unsure what he should do



with no help or advice being offered from the hospital. Healthwatch Lewisham established that the person was staying at a hostel in the borough. Healthwatch Lewisham managed to get in touch with the hostel who explained that they had been concerned to the whereabouts of their client. They had expected to hear from the hospital when their client was ready for discharge however there had been no communication. After two days the hostel decided to phone the hospital however were told that their client had been discharged earlier that morning. Hospital staff were unaware that the patient was waiting in the transport lounge with nowhere to go, and the hostel had assumed that the patient had left the hospital at 10 am when he was discharged.

Out of the 39 patients that Healthwatch Lewisham spoke to during their Ladywell Enter and View visit, 11 patients said they had not been spoken to about discharge, did not feel involved in their care or discharge planning and felt that their medication and treatment had not been fully explained to them.

One patient from the Ladywell Unit told us that they had stayed on the unit several times over the years, and when asked about their previous discharge said: *'You never get any discharge papers, just told to leave'*. Commenting further, *'Maybe if you get more help when you leave you wouldn't end up coming back here'*.

Another patient on the Ladywell Unit was extremely concerned and unsettled about being discharged that day. He had received conflicting information by different doctors, telling us: *'They are sending me home now but the other doctor told me I would go to rehab...I am not ready to go back home...being at home makes me worse'*.

When visiting Outpatient Clinics and the Transport and Discharge Lounge, Healthwatch spoke to 50 service users. 19 of these 50 were complimentary about their discharge however 13 felt that the discharge process had been inadequate.

We heard from patients that they had been concerned about going home and had received little information, one patient told us: *'I was very anxious when I was discharged as I was still bleeding and was told to wait in the discharge lounge where I waited for two hours... I felt very self-conscious... It wasn't very nice'*.

Patients told us they had not received any discharge ticket or summary and said that they would have felt more confident about leaving hospital if they had been provided with information. We were told by three patients that they had previously stayed on the RATU unit however were discharged without receiving anything at all.

One person, who rated their discharge experience as poor, told us *'There was no discussion, I had no warning or explanation about being discharged, just told I could go'*

Patients complained that they had to wait for hours after being discharged for their medication to be given to them. In two cases we heard that the medication had not been signed for properly in the first place which meant that the patient had to wait for an additional hour to get their package signed for.

Again we heard about lengthy waits due to hospital transport.

## Best Practice

When the discharge process is coordinated; involves the patient, their families and local support networks, is timely and consistent and provide the service user with all relevant information to their condition and to their discharge, the process of discharge can be an extremely positive one. Here are three positive examples that Healthwatch Lewisham heard:

*"I was amazed at the coordination of caring agencies that met up with my neighbours to ensure that every appliance needed was in my home before I got home. I was provided with a Zimmer frame for upstairs and downstairs, a grabber in three rooms, an electric head raise for the bed, hand rails, a food trolley, a board on my bath, rails around my toilet, a booster cushion to sit on, a leg raise... even my house was cleaned and food in the fridge then of course three carers a day and district nurses three times a week. When I eventually arrived home at six thirty on the first night the carer on the enablement team was ready and waiting for me, she settled me in and put me to bed, prepared me for bed, provided me with some food and drinks, this was key to being home on my own and did not leave until she was sure I was alright."* You can hear this positive story by also visiting:

<https://www.dropbox.com/s/yb5bng78h2bdopp/Appreciative%20Inquiry%20%284%29.avi>

Another Lewisham resident had received major surgery and commented that she was *"very impressed and highly pleased"* by the care she received while in hospital. *"I didn't feel rushed to leave. I communicated that my daughter was travelling over from Africa to come and care for me so they waited until she arrived before discharging me. This meant I didn't need the Support Worker they offered because my daughter could take over caring for me."*

*"My experience of discharge was excellent; I was told all about my medication and the side effects, I was given a copy of my care plan and understood everything that had happened to me and was given a direct number straight to the ward in*

*case of an emergency... My family were contacted to pick me up and there was no waiting around.”*

One homeless person that had been diagnosed with cancer told Healthwatch Lewisham that he could not fault the discharge process at Lewisham Hospital; likewise he could not fault the communication between the hospital, his GP and his key worker at the hostel.

## Conclusion

Healthwatch Lewisham heard from a broad range of people across the borough about their experiences of the discharge process and came across some good examples of best practice however found many common themes in their negative experiences.

Feeling that staff cared, were attentive to patients' needs, and involving patients and their families in the discharge process was valued highly by everyone that we engaged with.

Spending time explaining a patients' treatment and who will do what as well as what will happen during and after discharge, were really important in making experiences positive. Those that had good experiences of discharge told Healthwatch they had been included in discharge plans and that plans were made in conjunction with families and carers prior to leaving hospital with plans then being implemented as promised. Service users complimented the discharge process when their care and discharge planning had been joined up with other multi-disciplinary agencies.

Service users benefit and have a better experience when information is available and accessible when they need it, before and during their treatment as well as after being discharged. Knowing whom to contact in case they had a problem was raised as a concern for many of the service users. Healthwatch were given examples of problems occurring when service users did not know what was happening, were kept waiting for long periods of time or discharged very late at night.

Being discharged from hospital and care settings can be a critical time for vulnerable people and in extreme cases for service users of mental health services unsafe discharge can lead to suicide. This was also raised to Healthwatch Lewisham at a recent Clinical Quality Review Group (CQRG) meeting; therefore it is vital that hospital and care settings providing care for those with mental health conditions should have extra precautions put in place when discharging mental health service users.

For those who are homeless or living in hostels or sheltered accommodation there often seems to be major breakdowns in communications between the hospital and the agency with responsibility for the person being discharged.

We received an unexpected amount of feedback from new mothers experiencing difficulties with the discharge process. New mothers were complimentary about their experience in the Lewisham Hospital Birth Centre however were disappointed with the support they received after this came out as a general theme during a community engagement event at Poems Alive UK.

## Recommendations

### General

#### *Process*

1. Hospital and care settings to ensure they are following their own discharge guidelines, in line with NICE guidance
2. The discharge process and care plan to be circulated to multi-disciplinary agencies so that all agencies involved in a persons care have a clear understanding of the process and what is expected of them
3. Hospital pharmacists to prioritise those being discharged to avoid delay

#### *Information*

4. Ensure all patients are informed about discharge arrangements as soon as possible after admittance, ideally within 48 hours
5. Contact information to be available for patients including telephone numbers of those involved in the persons care and should be given to the patient prior to discharge
6. Provide a user friendly leaflet on discharge to patients
7. Provide patients being discharged with a summary including key points of contacts, what to do in a crisis and any follow-up activities
8. Patients or service users to be discharged with a copy of their care plan

### *Involvement*

9. Hospitals and care settings to ensure they keep family, friends and carers involved in discharge planning, in agreement with the patient or service user
10. A holistic approach to be taken when discharging patients and service users; For Example hospital and care providers linking in with the voluntary sector and being able to signpost to these services

### *Other*

11. Patients or service users to be discharged in appropriate clothes
12. Rapid Assessment Treatment Unit (RATU) at Lewisham Hospital particularly to ensure they are providing discharge summaries to all patients leaving

As mentioned in the executive summary unsafe discharge can have the most negative impact on those that are already vulnerable. The following recommendations promote safe discharge for those people:

### Discharge process for Homeless People

1. Any agency from a sheltered housing scheme or homeless hostel or in the care of a voluntary sector organisation should be involved in the care planning and discharge process from the time that their client is admitted in to a hospital or care setting
2. Patients not to be discharged until they have been confirmed with appropriate accommodation
3. Ensure that social service departments based in hospital settings spend time with homeless patients to ensure that their needs are appropriately met

### Discharge process for those with mental health conditions

1. Ensure an ongoing dialogue takes place after discharge with multi-disciplinary agencies
2. Pathway not to end with discharge; follow up with mental health practitioner to be arranged at point of discharge

### Discharge process for older people

1. Patients, service users and carers to be involved in the discharge and care planning process
2. Ensure that aids are in place or adjustments have been put in place for the patient or service users home

3. Patients, service users and carers to be informed about what support services there are in the area for older people

## Acknowledgments

Healthwatch Lewisham would like to thank the local people and groups of Lewisham who supported us and engaged with us, as well as staff members and professionals that we met with.

## Contact

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