Healthwatch Islington and Islington Older People's Reference Group

Focus Group report

Older people: Leaving Hospital, Whittington Health

July 2013

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Acknowledgements
Thank you to the older people who took part in the survey.

1. Introduction

1.1 Healthwatch Islington

Healthwatch Islington is an independent organisation, led by a network of elected volunteers from the local community (both individuals and representatives of community and voluntary organisations). It builds on the work of Islington LINk. LINks were set up in every local authority area in England in 2008, under the 'Local Government and Public Involvement in Health Act' 2007.

Healthwatch Islington is a **channel for the community voice on health and social care services**. They collect local people's views and experiences and feed these back to the people responsible for local health and social care services. LINks enable local people to engage in decision-making and scrutiny of health and social care services. They also give people information about local services.

1.2 About Islington Older People's Reference Group

The Older Peoples Reference Group was launched on Wednesday 21st September at Drovers Centre by Age UK Islington.

The purpose of Older Peoples Reference group is to provide an Older Peoples consultative voice on the design and delivery of health and social services, by being a key point of reference for Health & Social Care and other decision and policy makers in the London Borough of Islington. The Older Peoples' Reference Group has an independent voice and conducts consultations on issues important for older people. OPRG is Coordinated and hosted by Age UK Islington and funded by Islington Council.

1.3 Reasons for this piece of work

Islington Older Peoples Reference Group members had expressed concerns about untimely discharge from Hospital for older people. The reason for the concern was partly due to personal experience as well as some high profile cases in the media. As OPRG and Healthwatch Islington areas of user

engagement and consultations have common interest, it made sense to collaborate jointly on this consultation of importance to both OPRG and Healthwatch Islington community members (at that time LINk members). For the OPRG it was one of our consultations for the period. Islington LINk held this focus group discussion with members of the Older People's Reference Group as part of its outreach programme. LINk had already carried out some research on this issue in March 2010 and wanted to explore what progress had been made with changes to the discharge process.

2. Methodology: What we did

LINk and the OPRG drafted their research questions. Draft questions were informed by feedback received at the OPRG and by the LINk's previous survey. Then the OPRG recruited members to take part in the focus group and a report. Although there was a small quantitative section to the focus group questions it was decided by the OPRG and LINk coordinators and members that it was important to focus on the qualitative aspects for the focus group to get a sense of people's real experiences and how they felt. Quantitative questions were essentially only used as a prompt to getting people to talk about their experiences. For the purpose of this report very limited Quantitative data be included. The focus group was facilitated by Suj Ahmed from OPRG and Emma Whitby from LINk. The questions were kept as simple as possible to allow the focus group attendees to talk about their experiences and look for possible solutions to some of the issues raised.

3. Findings

3.1 Who took part

Overall nine people took part. Five people from the Older People's Reference Group took part in the focus group discussion and four more responded in writing because they were unable to attend. Five stated that they were fairly regular users of the Whittington Hospital and two that they were not a regular attendee and two did not answer. All respondents had used the Hospital between July 2011 and February 2013. Participants had all stayed in the

hospital for at least one night and had stayed on a range of wards. One participant of the five in the focus group was only able to take part in the first section of the discussion i.e. about care on the ward.

3.2 Care in hospital, preparation for discharge

Participants were asked to rate their care in the hospital. Four participants rated their care as 'good', two as 'very good', one as 'average', and two did not give a rating. One of the participants who had rated their care as 'good' explained that the surgeons had been "very good" but the ward was described by that participant as "chaotic".

When asked what had been good about the care, participants gave a range of responses but mainly praised the attitude of the staff who had cared for them on the wards:

> *"The majority of staff are very good… the people who brought the meals were very good. The TV room out of the ward environment was good. Staff were more helpful here too"*
>
> *[Staff were] "fantastic. Helped when I need it, with the shower, the toilet. It's a difficult job, there are difficult patients. The sister was marvellous. Even when a patient was racially offensive to her she was still polite"*
>
> *"Everyone seemed friendly… I was amazed by how friendly and cheerful they were… The noise, I welcomed that because it's boring in there…the background noise there keeps you mentally alert"*
>
> *"The operative and post-operative care were excellent. The staff caring for me were very professional".*
>
> *"Staff did their best and they were great".*

Another said that they had been seen quickly or received a quick diagnosis. A further respondent praised the staff and care given when they arrived.

When asked what could be improved about their hospital experience, participants focussed on how busy staff had been and how other patients had behaved:

> *"I felt like a number. I pressed the bell but people didn't respond…If you want to shower you're left a towel and left to get on with it. I was frightened. I've lost the sight in my right eye and have limited mobility"*
>
> *"Numbers can be short overnight, there are less staff then. It wasn't an issue for me because I didn't have any problems"*
>
> *"The buzzer is very often left out of reach. Some with glasses of water, left where you can't reach. And the Zimmer frames… little things that staff should be aware of. Of course they have to move things when they are making the beds, but they should move them back. It's less work for them too, because you don't need to ring the bell"*
>
> *"The lights were glaring and staff were chatting. I asked them to be quiet but I felt like a trouble maker"*
>
> *[Because of an incident on the ward] "The ward was chaotic, understaffed, a sense of panic, people running around"*
>
> *"Nursing care sometimes, for example, hurried handling or moving, sometimes painful".*
>
> *"Got to look at the patient as an individual – treatment to cater to that patient not to suit hospital workers".*

Patients were asked what information that they had been given. Most rated the information given as 'good' with staff asking questions about how the patient would manage at home. However, those that rated the service as 'bad' had been given less information 'how and when to take tablets' for example or

found the information given too limited. One respondent complained about a lack of information about care home options.

How much respondents had been involved in discussions about their care was varied. Some felt very involved, others had felt too ill to assert themselves and felt like decisions had been made for them. Another felt 'I wasn't involved in any decisions'.

3.3 Leaving Hospital

Participants were asked to rate their experience of the discharge process and how supportive they felt staff had been during this process. Of the four participants contributing to the focus group discussion, all rated staff as 'good'. Regarding the discharge process, one rated this as 'very good', two as 'good' and one as 'bad'. Generally respondents rated staff as supportive despite not all feeling involved in the discharge process.

Participants were asked to describe their experience of the discharge process and how staff had helped them:

> *"I had found on previous visits that I had to wait ages for medication, in the past it's been the hold-up to leaving… this time it [the medication] was ready on time. I had asked for hospital transport, I was insistent and this time I got it. I was referred to the Council for rehabilitation and said I only needed it for three to four weeks, but was told they couldn't help as it was only for a short time…so I said I couldn't get off the bed. They said they needed the bed, but I said no"*

Another patient stated that there was nothing wrong with the process itself but felt that better co-ordination of services would have meant no need for an overnight stay. They had to stay in overnight because it took so long for a consultant to see them that it was too late for them to be discharged on the day they were seen.

After the patient had insisted about the need to stay longer in the Hospital, staff allowed the patient to stay:

> *"There was no assessment. They asked me if I wanted to leave now [on Friday afternoon] or on Monday after an assessment, but told me that even if I had the assessment I wouldn't get any social care support, because of the cuts and that I was too young. I felt like I was being chucked out, it was too early. I didn't feel well enough to leave. They were desperate to discharge me as the beds were needed for people from A&E… I wasn't in a fit state to be assertive enough"*

The participants suggested that there should be mechanisms in place for hearing a patient's views on discharge, even when staff are under pressure. Participants thought it would be useful to have better communication between patients and staff and between consultants and ward staff during the discharge process. It appeared that information about their individual discharge was passed down to patients through different tiers of staff, but it was felt that a conversation between staff and patients could better inform staff of a patient's readiness to leave and, in some cases, may allay the concerns of some patients.

Some participants had been admitted to hospital for planned procedures and others for emergencies. The advantage of planned procedures was that there was information about leaving hospital available to the patient even before they arrived at the hospital. Although this is obviously not possible for patients who are admitted in an emergency, clear and informed communication with the patient is still key. It seemed that conversations with patients about their discharge from hospital may not be happening consistently and were not happening as effectively as required in some cases.

When asked how convenient their discharge had been three participants described it as 'convenient' and one as 'not convenient'.

3.4 Arriving home

When asked how they would rate the return home, three participants rated it as 'good' and one as 'bad':

> *"It was good in theory, but they assumed I was well because I looked well and I only got two weeks social care help, when I needed five… the physiotherapist gave me exercises to do, but there was no follow up to check on progress… people don't understand that you may not have any friends or family to help… care is allocated without feedback from the patient"*

> *"I felt like a parcel that was dumped. Friends carried me home to bed and acquaintances came round to do some things for me. It's like they [support services] were asking me to have depression. They [the hospital] told me I had no chance of getting social care, the GP laughed and also said I had no chance"*

> *"The ambulance people were very good, and they helped me with the stairs. And there was good personal security. And they explained about my tablets"*

It was identified that if there is a lack of communication and co-ordination then this can be felt most acutely when actually leaving Hospital and returning home. It was suggested that an agreed and signed discharge report, completed with the patient, would help to create a better patient experience of the discharge process.

One respondent noted that on some nights late admissions or late returns from theatre resulted in noise and disruption on the wards.

Another respondent reported having been given sleeping tablets and yet not feeling they had time to rest. They were given laxatives to help them go to the toilet, but felt that staff grew annoyed with them when they thought they needed to go to the toilet only to discover it was a false alarm.

One of the key findings indicated that there was a disparity in hospital discharge experience by people if they had a planned and agreed discharge and those who were admitted in an emergency. In emergency cases there appeared to be ineffective communication between the consultant, staff nurse, and the patient.

4. Recommendations

Whilst it is acknowledged that there was positive feedback about services within this focus group and written responses and that the number of participants involved in these discussions was small, patients did identify some important areas for improvement within the discharge process.

The key message for improvement seemed to be…

> ***… look at the patient as an individual … cater to that patient not to suit hospital workers…***

…where this had happened there was greater satisfaction. The following recommendations are based on the report's findings:

- In all hospital discharge cases (following both planned and emergency treatment) there needs to be a robust procedure in place for three way communication and an agreed discharge plan with the patient fully involved.
- Ensure that discharge procedures take into account the additional communication required (due to unplanned admission) for emergency patients.
- Remind staff and patients to be conscious of how much noise travels around the ward at night, and to have consideration for patients who may be trying to sleep or rest.

- Co-ordinate with other areas of the Hospital, so that if one ward is struggling to meet demand, staff or appropriately skilled managers can temporarily join this ward to assist and support colleagues.
- Ensure that discharge is carried out consistently across the hospital, actively involving patients in their on-going care, and that good practice is shared and encouraged.
- When communicating with patients about follow on and social care all staff should answer patient questions with consideration of their concerns and be able to provide clear, non-partial information about how social care is allocated.
- Further consultations with patients through small focus groups and larger surveys should be conducted on a regular basis, at the very least annually to look at making improvements and maintaining the quality of service for hospital patients.

Appendix A: Focus Group questions

Care in hospital ward. Preparation for discharge.

1. How would you rate the care during your stay?
    a. Why was that?
    b. Was there anything that was particularly good?
    c. Was there anything that could have been better?

2. How effective were communications about leaving the hospital?
    a. What information were you given?
    b. What information was missing?
    c. How were you involved in these discussions?

Leaving hospital. Quality and timeliness of discharge.

- Experiences & any difficulties
- What improvements can be made

3. How supportive were staff?
    a. Ask for any further comments from participants.

4. How convenient was the discharge process?
    a. Could you tell us a bit about why? [prompts include pharmacy, transport, carer/ relative available]

After hospital care support.

- Experiences
- What improvements can be made?
- Any ongoing issues?

5. How would you rate the return home, in terms of having what you needed?
    a. What worked well?
    b. What could have been improved?
6. Is there anything else you would like to add?

Islington Older Peoples' Reference Group

Giving voice to important issues of concern to older people.
Seeking service improvements for older people in Islington.

Contact: OPRG Co-ordinator, Suj Ahmed
Age UK Islington, 6-9 Manor Gardens, London N7 6LA
Telephone: 020 7281 6018 Email: suj.ahmed@ageukislington.org.uk

Charity number: 1045623. Company number 3039668

If you would like to become a member of OPRG please tear off slip and return to Age Uk Islington, Freepost LON7475, London N7 6BR

…….Tear here…….

I would like to become a member of Islington Older Peoples Reference Group

Name:
Address:
Postcode:

Telephone	**Email**

Date of Birth	**Ethnicity**	**Male or Female**

Join the Islington LINk to receive our newsletter and information about LINk events and reports. You can fill in this form and post it to us (no stamp required), or phone / email us with your details (see back page for the LINk contact details).

Islington LINk Membership Form

Contact details

Title ……. First name ……. Surname ……..

Organisation (if applicable) ……..

Address ……..

Post code …… Email ……

Telephone Number ……..

Please let us know your areas of interest/ expertise in Health and Social Care:

- ☐ Primary Care (eg doctors, dentists, podiatry, eye tests)
- ☐ Secondary Care (eg hospitals, specialist clinics)
- ☐ Social/ Community Care (eg Meals on Wheels/Home Help/District nurse)
- ☐ Residential Care and Nursing Homes
- ☐ Emergency services (e.g. ambulance service)
- ☐ Other (Please state below)

_____

Services for:

- ☐ Children & Young People ☐ Older People ☐ Carers
- ☐ Disabled People ☐ People with learning difficulties
- ☐ People with mental health issues ☐ Black and Minority Ethnic (BME)
- ☐ Lesbian, Gay, Bisexual and Transgender (LGBT)
- ☐ Other:

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We will not share your contact details unless indicated below.

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