

Healthwatch Bucks quarterly update

Date: 05 March 2024

Author/Lead Contacts: Zoe McIntosh, Chief Executive, Healthwatch Bucks

Report Sponsor: John Meech, Chair, Healthwatch Bucks

Consideration: **Information** **Discussion**
 Decision **Endorsement**

Please indicate to which priority in the Joint Local Health and Wellbeing Strategy, [Happier, Healthier Lives Strategy \(2022-2025\)](#) your report links to.

Start Well	Live Well	Age Well
<input type="checkbox"/> Improving outcomes during maternity and early years	<input type="checkbox"/> Reducing the rates of cardiovascular disease	<input type="checkbox"/> Improving places and helping communities to support healthy ageing
<input type="checkbox"/> Improving mental health support for children and young people	<input type="checkbox"/> Improving mental health support for adults particularly for those at greater risk of poor mental health	<input type="checkbox"/> Improving mental health support for older people and reducing feelings of social isolation
<input type="checkbox"/> Reducing the prevalence of obesity in children and young people	<input type="checkbox"/> Reducing the prevalence of obesity in adults	<input type="checkbox"/> Increasing the physical activity of older people

None of the above? Please clarify below:

Healthwatch Bucks is your local health and social care champion. We make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care.

Purpose of report

Healthwatch Bucks is the Local Healthwatch for Buckinghamshire. We are one of over 150 independent Local Healthwatch organisations set up by the Government under the Health and Social Care Act 2012. Our role is to ensure that health and social care services put the experiences of people at the heart of their work. The report outlines the projects we have been working on over the last quarter.

1. Recommendation to the Health and Wellbeing Board

1.1. The Health and Wellbeing Board is asked to note the content of the report.

Healthwatch Bucks update

March 2024

This paper summarises recent project work we have undertaken in relation to health and social care services, as aligned with the priorities of the Joint Health & Wellbeing strategy.

Live Well/Age Well

Discharge Hub report

What we did

The Discharge Hub has been operating, as a pilot, in Bucks since May 2023. Through the Hub, patients are discharged from hospital to a hub bed in a Buckinghamshire care home. When they are ready, they then move back 'home.' 'Home' may be where people lived before going into hospital or may be new e.g. moving into a care home. In a hub bed, a multidisciplinary team (MDT) provide patients with support. The hub beds provide care for:

- 1 Patients with complex health needs that prevent discharge assessment within 4 weeks, and it is inappropriate to wait in acute hospital (e.g. delirium, fractures affecting mobility)
- 2 Flexible support for discharge from acute hospitals (e.g. a delay in placement to a care home following hospital assessment).

The aim is for patients' length of stay, in these hub beds, to be up to 28 days (up to 70 days for more complex cases).

We wanted to know about the experiences of people who have used these beds managed by the Discharge Hub. We wanted to understand what worked for them and what they would want to change.

We developed a set of questions with the team responsible for the pilot. We started the conversation with the patient and/or nominated representative (usually a relative) once they moved from hospital to a hub bed. We went to the location where the patient was living to talk with them. We also talked with family members, usually by phone. The subsequent conversations took place after approximately another 2 and 4 weeks. All of our conversations took place between 21 November 2023 to 6 February 2024.

We talked with 16 patients occupying discharge hub beds in three care homes. We also talked, by phone, with 18 relatives.

Key findings

Start Well

Live Well

Age Well

- Many of the relatives told us about issues during their loved ones stay in hospital, prior to their transfer to a hub bed.
- Looking back, after their loved one had moved out of a discharge hub bed, three quarters of the relatives we spoke to said they were satisfied with the hub bed stay.

Hospital discharge

- Half of the relatives we spoke to were dissatisfied with the information and communication from the hospital around discharge, to a hub bed. Two relatives were unaware that their loved ones had moved until after the event.

Integration of services and communication between professionals

- The concept behind the discharge hub was broadly welcomed by patients and families.
- Two people told us they felt a discharge hub bed should have been the first option on discharge from hospital.
- Most relatives and patients preferred to move to a hub bed than occupying a hospital bed any longer than necessary.
- Two families were unhappy about patients being discharged home, after their hub stay, because handrails or sensors had not yet been installed.

Communication with patients /families

- None of the people we spoke to had received a letter/leaflet outlining the purpose of a discharge hub, and what patients/families should expect. For some, this caused distress.
- There was a range of understanding about the aim of a discharge bed is and how long a patient might stay in one.
- In the first few weeks of their stay in a hub bed, half the relatives were satisfied with the communication and information they received about the hub stay and what happened next. However, others felt they should have been told more about what the process would be during their loved ones stay so they could prepare for, or decide on, the next steps with more insight.
- Many relatives found it difficult to plan to be available for conversations, make changes at the patient's home or to be there when they were discharged, if they had little, or no, notice.
- While people were positive about communication with the physiotherapists, (who they often saw face to face), a quarter of the relatives found it difficult to get hold of the social workers (which was often by phone).
- In our final conversation, three quarters of the relatives were satisfied with the information they were given about moving on from the hub and what happened next.

Choice, user involvement and being listened to

- Two thirds of the relatives, and two patients said they did not feel involved in the decision to move to a hub bed. However, the majority of the relatives agreed that moving to a hub bed was the best decision at that point in time.

- Three patients did not like being in a hub bed. They wanted to go home. Two of these, still in a hub bed, said they should have been moved on to a more permanent place quicker.
- Two thirds of relatives were satisfied with their interactions with the MDT team, a few weeks after the move to the hub bed.
- Most relatives were invited to a discharge meeting. However, a few did not feel listened to in this meeting.
- Two thirds of relatives felt supported to make informed choices about the future long term care of their loved ones. However, a few told us they were surprised by some of the information given in the discharge meeting which they felt should have been passed onto the relatives beforehand.
- Once the patient had returned home, only one out of six relatives thought this was the incorrect place for them.

Caring, kindness, and respect

- People told us that staff were kind and the care was good.
- Relatives were pleased that patients were putting on weight and getting physically and mentally stronger in the hub.
- Three relatives said their loved ones were isolated in a hub bed on the top floor.
- Two relatives told us their loved one's clothing went missing during their stay in the hub bed.

Quality of treatment

- In our first conversation, half of the relatives felt their expectations of a hub bed (providing care, physiotherapy and assessing patient's needs) were met. This increased to two thirds of relatives by the end of our conversations.
- Most relatives, of those discharged by the end of our conversations, told us their loved ones were ready to move on when they did.
- Many people praised the work of the physiotherapists. Many patients received more physiotherapy in the hub bed than they had received in hospital.
- Two people told us that they thought the checks to see what a loved one with dementia could, or could not independently, do were not robust enough.
- Several relatives told us they believed that, in the absence of a hub bed, their loved ones would have been readmitted to hospital.

Follow on **treatment** and continuity of care

- A few relatives had specific concerns around the coordination of existing appointments, paperwork not returning home resulting in delayed treatment, carers without a keycode, paid carers being unaware of a dementia diagnosis, a patient not getting transport home when expected and carers late on the first day.

Read the full report (including our recommendations) [here](#).

BOB ICB Primary Care Strategy

We have supported the development of the BOB ICB Primary Care strategy in the following ways:

- Attending the Primary Care Strategy Away day in November hosted by BOB ICB on the draft strategy. We have advocated throughout for greater patient and public engagement and involvement in its development.
- Promoting the strategy consultation on social media, website and news bulletins to our networks and public.
- Holding a webinar with BOB ICB on 30 January 2024 aimed at representatives from Buckinghamshire Patient Participation Groups to hear from the ICB about the draft strategy and give feedback. 21 members of Bucks PPGs and Practice Managers attended. The session can be seen [here](#).
- Shared feedback from the public on primary care with BOB ICB, notably difficulties in accessing general practice and NHS dentistry; numerous [reports](#) which look into patient and public experience of primary care including [GP care when you're deaf, Deaf or hard of hearing](#).
- Our response to the draft strategy can be read [here](#).