# Healthwatch Bucks update

November 2023

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

### AgeUK Hospital Discharge Support Service

Going into hospital is an experience many of us will have at some stage in our lives.
However, **evidence** shows that it is better for us – as well as more cost effective for the health service, where clinically appropriate – to spend as short a time there as possible.

However, leaving hospital depends on having the right support in place at the time you're discharged. This helps to prevent a patient's health from being negatively affected and can minimise the risk that they'll be readmitted to hospital in the short term.

The Hospital Discharge Support Service in Buckinghamshire is provided by Age UK Bucks in partnership with Age UK Hillingdon, Harrow and Brent. It offers the following:

- Transport to get home from hospital and "settled" (from Stoke Mandeville, or Wexham Park or any of the community hospitals in Buckinghamshire)
- Community support service (telephone and in-home support for recent hospital patients for up to six weeks).

We wanted to know about people's experiences of this service, and hear about their discharge from hospital. We wanted to understand what worked for them and what they would want to change.

#### What we did

We developed a set of questions with some of the Age UK Bucks staff. We asked their clients these questions, over the phone, between 6 July to 12 October 2023. Where we were able to, we asked the questions as soon as possible after discharge, when the support provided by the service ended, and again a few weeks later.

The initial focus of this work was the Hospital Discharge Support Service provided by Age UK Bucks. However, people also told us about wider discharge and support experiences.

#### Key findings

We found that most people who used Age UK's service were happy with it:

- Everyone we spoke to said they were satisfied or very satisfied with the transport offered to take them home from hospital. However, one person's literacy issues prevented them from reading the leaflet provided. A few others said that, despite having the leaflet, it didn't occur to them to contact Age UK when they needed additional support in the weeks after discharge. One person could not benefit from the transport offered because their hospital discharge was late.
- Everyone also said they were satisfied or very satisfied with the community support service. They told us the Age UK staff and volunteers they met treated them with respect and kindness.

- The companionship offered by volunteers, as well as the emotional support and practical help with things such as housework, were valued highly and helped people to regain their independence.

Two thirds of the people we spoke to felt that everything they needed was in place, ready for their discharge from hospital. However, eight people said they were not given enough information.

Some people we spoke to raised concerns about needing better social care provision, post-discharge. Five people we interviewed were readmitted to hospital, then discharged again during the few weeks we were in contact with them.

Several people who did not already have physiotherapists visiting them at home were looking for this type of support. People told us that its absence had an impact on their independence.

We were also told about short term live in carers employed by the council, and staff in a care home, who seemed to have received no dementia training.

## Key recommendations

1. We recommend that **Age UK** ensures all clients, including those with additional communication needs, can access information about the community support that may be available to them.
2. We recommend that the **Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)** ensures that patients and relatives are fully informed about hospital discharge when it is imminent. BOB ICB should also ensure discharge evaluation involves looking at whether a patient can manage at home – especially if they live alone or care for someone else. In addition, physiotherapy should be considered for all those who have reduced mobility.
3. We recommend that **Buckinghamshire Council** ensures carers employed to provide short term, live in care for people living with dementia receive good quality dementia training. It should also consider providing a personalised respite care option for patients who are carers for a family member they live with. In addition, the council should consider increasing funding to provide an expanded community support service to help more people.
4. We recommend that **Buckinghamshire Healthcare Trust (BHT)** ensures patients' plans to travel home are well understood, so they can be discharged in time for booked transport. In addition, it should ensure that staff note patients' dietary requirements and offer appropriate meal options, and respect the dignity of older patients by enabling them to get to a toilet if they do not with to use an incontinence pad.

Read the report here.