



Supporting Transitions

“Patient Journeys: Advocating for a positive discharge from hospital”

Conference Report

26 March 2019

Advocacy in Barnet held a half day conference to share learning from our Supporting Transitions work over the past year, to explore priorities and partnerships to continue this important work. The event was attended by over 50 people who brought a wide range of experience, expertise and knowledge to the discussions.

The conference was opened by the Worshipful Mayor of the London Borough of Barnet, Councillor Reuben Thompstone, who welcomed everyone to Stephens House.



## 1. About Supporting Transitions

Lizzie Sturm, CEO, Advocacy in Barnet gave an overview of the Supporting Transitions history and work.

In 2014, Advocacy in Barnet consulted with 124 Barnet patients about their experience of hospital discharge, the outcomes of which confirmed our findings from advocacy requests of poor discharge planning and disappointing after care.

Whilst patients might appear to be medically fit for discharge, their wider, non-clinical needs can go unmet and this is where earlier advocacy involvement can make a difference to both breaking the cycle and to their long-term health and wellbeing.



Supporting Transitions supports older people at three crucial stages: whilst they are in hospital, prior to discharge and after discharge to settlement within their home or care home. Over the past year, the project engaged with 532 patients across three hospital sites (Finchley Memorial Hospital, Edgware Community Hospital and The Royal Free) as a result of weekly in-situ outreach. 91 patients received intensive support by advocates with a range of issues relating to their treatment and care whilst in hospital, some of whom required support over the course of several months. 58 patients were supported through the discharge process with 37 of these individuals requiring long term support over time after discharge. The project is currently working intensively with 13 patients after discharge, supporting a further 20 inpatients and undertaking continual outreach on the wards. None of this work would take place without the skills of our staff and dedication of volunteers and the generosity of our funders

Advocacy is person centred, focusing on the individual's wellbeing, independence, feeling in control and informed about their health. It provides the non-clinical element that patients value and ensures they are included in the decision-making process.

Advocacy in Barnet believes that entitlement to advocacy has an integral place in the discharge process and beyond and is something that needs to be automatically offered to patients to support their time in hospital and the transition home again.

Advocates will:

- navigate between teams and build bridges when there are conflicting views concerning where the patient should be discharged to, equipment requirements and housing issues.
- have an overview of the individual's experience of transition which allows for regular reviews of what is working or not, continuity of care and being the link person for all teams.
- ensure that patients know and understand at every stage what is happening to them and can take part in making decisions that work for them.

2. **Expert by Experience**, Lorna Fyffe shared a moving account of how Advocacy in Barnet had supported her and her husband through a difficult situation, where their relationship with the hospital had broken down. Working with the AIB Advocacy Team had enabled them to move forward and achieve a better outcome.



3. **The role of Patient Feedback in Bringing About Positive Changes to Reduce Patient Readmission** - Neil Tester, Deputy Director of Healthwatch England

Healthwatch England held an enquiry into Hospital Discharge in 2012 looking at the experiences of older people, homeless people and people with mental health issues. Each group had reported back strong concerns with hospital discharge processes. Different responses and initiatives have been established in many areas and Healthwatch are looking to review progress and successful outcomes. There is also a lack of analysis on NHS data of emergency readmissions. Healthwatch England submitted a Freedom of Information request for emergency readmission data, including numbers and reasons for readmission. Few NHS Trusts were able to supply information about the reasons at that time.



In January 2019 NHS digital announced that data will be produced including information on reasons for original admission and for readmission for each CCG. This

offers an opportunity for advocacy within hospitals, to ask questions, to share experiences. There is still more work to do and Neil welcomed the work of Advocacy in Barnet's Supporting Transitions Project and other similar projects that are about giving patients a voice and are so vital in giving people more control and improved services.

#### **4. Identifying the key criteria for a positive hospital discharge**

Graham Kirk, Chair of Advocacy in Barnet, asked everyone present to contribute their knowledge and experiences in table discussions on what criteria we could use to evaluate what makes for a positive hospital discharge.

A lively discussion took place on all tables, and participants identified the key criteria as:

- Put the patient at the centre – personalised care planning
- Involve family or advocate in planning
- Planning for discharge should start on admission
- Key worker or liaison for discharge
- Clear and accurate information – less jargon
- Consistent communication and consultation
- Appropriate support package in place prior to discharge
- Accessibility including language/interpreters
- Importance of making sure all practical arrangements in place
- Timing and transport for discharge

#### **5. Panel Discussion and Film**

We watched a short film made by the Red Cross where people spoke about their experiences of hospital discharge and the importance of getting the process and support right.

<https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/more-support-when-leaving-hospital/getting-hospital-discharge-right>

We followed this with a short panel discussion:

The Panel Members were:

Dom Mundy, Assistant Director of Patient Experience - Central London Community Healthcare Trust

Jane Wilson, Senior Commissioning Manager Urgent and Emergency Care – Barnet CCG

Paulinah Aakinmejiwa, Acting Matron - Central London Community Healthcare Trust

Sidony Holdsworth, Independent Living Service Manager – North Central London Red Cross

We only had a short time left for questions to the panel which were:

Q: Where does funding come from?

The panel responded to cover some of the current activities and plans including the NHS Red Bag scheme, moves towards a 7-day discharge and concerns around hospital staff prioritising discharges and sometimes discharging too quickly.

Q: How do people access the support services that are available?

Panel clarified that they were not sure it was the case that there were issues of hospital staff discharging patients 'too quickly'.

It was also highlighted that there had been lots of good ideas from the group work at the conference regarding additional support needed for patients, and that many of these ideas were already happening in various forms, but perhaps they were not being promoted and picked up on enough by patients.

Q: Advocacy in Barnet wants individual, personalised care packages – how can we ensure that people are getting what they need?

Suggested that services should replicate good frameworks. The removal of KPIs and 3 hour wait times would take some pressure off hospital staff and improve consistency.

Q: How can we deal with problems with services?

It's always important to raise complaints with providers. Unless issues are raised formally, they won't get picked up. Also share positive compliments so that services can build on these. The panel wanted to make the point that changes can be made if issues are formally raised.



## 6. Closing remarks

Glynnis Joffe from Advocacy in Barnet Board of Trustees thanked everyone for coming to the conference and contributing their experiences and ideas.

We will be capturing the work that has taken place today and hope that proposals can go forward that can build on joint work and learning to lead to the best experiences for older people leaving hospital and towards finding solutions to reduce readmission.