



Simpler Hospital Discharge

Views from Black and Minority Ethnic
people in North Central London

By Healthwatch Islington

Who we spoke to

We spoke to 34 residents across North Central London. 33 were spoken to face to face in a one-to-one, and one took part in a telephone interview.

Borough of residence	
Camden	4
Enfield	1
Haringey	7
Islington	22
Total	34

Hospital from which discharged	
North Middlesex Hospital	6
Royal Free Hospital	5
University College Hospital	9
Whittington Health	14
Total	34

People defined their own ethnicity

Ethnicity	
Algerian	2
Arabic	9
Eritrean	4
Greek/Greek Cypriot	5
Somali	12
Yemeni	2
Total	34

Age	
18 - 24	4
25 - 49	8
50 - 64	18
65 - 79	3
80 or older	1
Total	34

Gender	
Male	14
Female	20
Total	34

Patient has a long-term condition	
Yes	30
No	4
Total	34

Caring responsibility	
Primary Carer of child/ children under 18	16
Primary Carer of disabled adult	2
Primary Carer of older person (over 65)	1
None	15
Total	34

Disability	
Yes	17
No	17
Total	34

Information on next steps

A mixed response. Some felt that hospital staff were open and kept them informed at every step and some thought that they left hospital with unanswered questions about their treatment.

28 of 34 respondents said that they had received enough information on what would happen to them next when they were discharged.

In general, respondents' satisfaction with the information linked to them having been given follow up appointments, but in some cases linked to follow on care or what to do if the patient's condition deteriorated.



"I was referred to a lung specialist, asthma specialist and also had a dietician referral. Not simply discharged but got seamless ongoing care."

"They gave me a follow-up appointment and advised me to come back after the operation had taken place if I felt any discomfort or I experienced symptomology of an infection."

"I was given instructions on how to use the new blood glucose monitor & I was referred to see a specialist."

"A social worker visited me in hospital and organised a commode and carer to come in twice a day and wash me and help with commode cleaning."

For those that had not been given enough information this was generally connected with the feeling that they were not ready to be discharged, or not being given sufficient advice. One experience was of being discharged despite a lack of diagnosis and the patient still being unwell. This was a vulnerable woman who ended up back in hospital the next day.



"I did not know what was going to happen next. I was meant to see a consultant before I was discharged, however I only saw a nurse. Considering I had had a heart attack I expected more advice."

"I was not treated well, I was given the wrong medicine even though I had told them I am allergic to penicillin. Even though they had not discovered what was wrong with me I was told by the doctor that I had to go home. I was afraid as I was still ill. But the doctor insisted I leave."

Care planning

Responses varied across groups. In the first group, it seemed that the care plans could be a little patchy requiring more detail and more aspiration in terms of dealing with patient needs. In some cases there was too little follow-up or none at all.

In the second group participants reported that they felt supported.

In the third group most participants felt dissatisfied as they felt their wishes were not taken into account. They felt overlooked with regards to physiotherapy and non-clinical needs such as housing, and the mode of treatment.

21 of 34 respondents had a care plan when they were discharged and 15 of those felt their views had been taken in to account in the planning process. Of the 13 who did not have a care plan, nine did feel that their views had still been taken in to account.



"I did not get a care plan because I didn't need one, but was referred to all the appropriate departments and I'm being looked after."

Participants who believed their views were taken into account felt they had a chance to talk about treatment options, including access to specialist treatment. In one case the patient was able to see a specific doctor, in other cases they felt that had received useful information.

Of those who felt that their views were not taken in to account two respondents had a housing request based on their changed needs, which could not be met. Another felt their well-being was not considered, only their practical, physical health needs. Two others were discharged with no resolution and still in pain.

The discharge process

25 of the 34 respondents felt that their discharge had gone as planned (though in one case a respondent who said it had gone to plan had to be re-admitted the following week).

Some expressed concern and felt they were discharged too early whilst others were made to stay for longer than expected which resulted in them benefitting from care at the hospital.

Those who said things had not gone as planned felt that they were being discharged before they were ready.



"I would have liked to have stayed for a few more days and was still not sure I would be fine on my own. The doctor reassured me I would be fine. I was discharged on the Tuesday and by Friday had contracted an infection and my top continually became wet with fluids exiting the site. I then called the GP and they did not offer much help and so I left the site untreated for the weekend - the site had gone from a pink colour to green by Monday. I visited the doctor on Monday and they drained the liquid. After receiving a scan I was discharged even after expressing I had no one to take care of me. The GP and the nurses were very dismissive stating it be handled by the hospital and thus shifting the responsibility."

"I had a number of operations and needed a special bed to sleep. I was unable to pay for it financially. I did not get any financial support. It had a great impact on my life."

25 of 34 felt that staff had supported them well through the discharge process but in several cases respondents felt that the support stopped when they left hospital and there were a few cases where patients had not been cared for as well as they should have been.



"I did not feel well supported at all at the Royal Free. I was told they were short of staff but the quality of care was bad as well. For example, I was informed by one nurse when changing a tube in my vein that she had not done it before which made me very anxious and afraid. Also during surgery for the angiogram the surgeon stopped halfway through and said he could not proceed as I had not signed the necessary paperwork. They stopped the operation whilst I signed and I had already been cut open at that stage. Everything at the Royal Free felt shambolic."

"I have stopped all the carers as I found them more trouble than they were worth. I manage on my own even though I am unsteady on my feet, my hands cannot grip and I am not well. I have had several falls since. There was no consistency with the carers, I had one who used to talk to herself in her own language which I found strange. Also one of them made inappropriate remarks about me being a 'sexy woman' when helping me in the shower. This was probably an attempt at humour but made me uncomfortable. I got fed up with answering the door late in the evening when they did not come on time. I also struggle with the language barrier and even though I always book an interpreter when I have appointments they never turn up."

'Discharge to assess'

Health and care commissioners are trialling a new process for discharging patients from hospital. The proposal is that patients leave the hospital and are then visited within four hours to have their post-hospital care needs assessed.

Most felt that this is a good idea as an extra safeguard and that plans should be put in place whilst at hospital with a follow-up visit at home to tweak arrangements if necessary. There was support for altering the current arrangements if it would improve support for patients.

How respondent preferred to receive information

Across all groups almost all respondents stated that they would prefer to receive health information face-to-face. Only two respondents listed a leaflet as their first choice, one was 18 - 24 and one was 25 - 49. Two of those who stated that they would like information face-to-face said they would also like a leaflet and of the two that would prefer a leaflet, one had online information as their second choice.

About this report

This report and the research which informed its findings was done by Healthwatch Islington as part of a programme of engagement on the North London Partners Urgent and Emergency Care programme.

North London Partners is the sustainability and transformation partnership for North London, formed of health and care organisations from the five London boroughs of Barnet, Camden, Enfield, Haringey and Islington.

The five local Healthwatch in the North London area are collaborating to promote citizen engagement in the work of the partnership. This includes an extensive programme of engagement on Urgent and Emergency Care, led by Healthwatch Camden.