

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [rhyddhau cleifion o ysbytai ac effaith hynny ar y llif cleifion drwy ysbytai](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Hospital discharge and its impact on patient flow through hospitals](#)

HD 27

Ymateb gan: | Response from: Y Groes Goch Brydeinig | British Red Cross



British Red Cross submission to the Senedd Health and Social Care Committee consultation on hospital discharge and its impact on patient flow through hospitals

January 2022

I. Summary

1. The British Red Cross has more than 19,600 volunteers in the UK and nearly 3,900 staff. We are part of the world's most wide-reaching humanitarian network, the International Red Cross and Red Crescent Movement, which has 17 million volunteers across 192 countries. The Red Cross has decades of experience supporting people with health and care needs home from hospital, responding to UK emergencies from house fires to terror attacks, and supporting refugees and people seeking asylum.
2. The British Red Cross has a long history of working in partnership with the NHS, and we have seen a lot of good practice through our work. We recognise how hard NHS staff and volunteers are working, especially during the Covid-19 pandemic.
3. We welcome the opportunity to respond to the Health and Social Care Committee inquiry into hospital discharge. The British Red Cross has unique insights into hospital discharge:
 - In Wales, the British Red Cross has been working with the NHS in Wales to deliver home from hospital services for over 20 years. In 2021 we delivered eight services across Wales, supporting over 2,000 people.¹ Through this work, we have seen the positive impact support at home can have, both on people and the healthcare system.
 - We have also been supporting in emergency departments in Wales since December 2018. We are currently providing support in 12 Welsh emergency departments, working closely with NHS staff to prioritise patient pastoral care needs. As part of this service, we also provide support once the person is discharged home from hospital through a short intervention which offers assistance ranging from befriending services and domestic support to supporting referrals to Care and Repair for home adaptations and to Social Services for care needs assessments.
 - The British Red Cross also has a number of insights from our growing research and evidence base into the needs of people being discharged from

¹ In 2021, we accepted 2,737 new referrals for support, with seven cases pending over to 2022.

hospital.² The methodology for the research upon which this submission is based is detailed in Annex 1.

4. This submission draws on our extensive experience as a service provider, working in partnership with the NHS and our growing research and evidence base into the needs of people leaving hospital in the UK and will respond to the relevant areas of interest to the Committee and Red Cross. Our experience and research shows that the hospital discharge process is not consistently meeting the needs of patients and carers in Wales for three main reasons:
 - a. A lack of communication across the board. This includes communication between teams in hospital and with community-based staff but also a lack of communication between health and social care professionals and patients and carers during the discharge process.³
 - b. Pre and post discharge assessments are not being carried out where patients felt they had support needs.⁴
 - c. A lack of resources in the community. This includes the availability of social care,⁵ services in the community not having capacity to run a 'seven days' service⁶ and barriers to the Voluntary and Community Sector (VCS) being able to provide support in the community.⁷

5. Our upcoming research, *Listening to what matters: Placing people's needs at the centre of hospital discharge practice and policy in Wales* also found that the Discharge to Recover then Assess (DR2A) model, which was mandated within guidance in April 2020,⁸ is supported by health and social care staff working in hospitals and communities and professionals working in the VCS that we spoke to. The report identified a collective agreement that patient outcomes tend to

² British Red Cross, 'Home to the unknown: Getting hospital discharge right' (2019) redcross.org.uk/-/media/documents/about-us/research-publications/health-and-social-care/british-red-cross-home-to-the-unknown-full-report.pdf?la=en&hash=473A7D4C88DE5C38C48E982BE7212B9E7037C352

British Red Cross and Healthwatch England, '590 people's stories of leaving hospital during COVID-19 (October 2020) redcross.org.uk/-/media/documents/about-us/research-publications/health-and-social-care/590-stories-of-leaving-hospital-during-covid-19.pdf?la=en&hash=748707F3A43B80B00CC5D60715CEF2E23B6F6751

British Red Cross, 'Listening to what matters: Placing people's needs at the centre of hospital discharge practice and policy in Wales' due to be published in March 2022. **Contact British Red Cross for the link once published.**

³ British Red Cross, 'Listening to what matters: Placing people's needs at the centre of hospital discharge practice and policy in Wales' (due to be published in March 2022).

⁴ British Red Cross, 'Listening to what matters: Placing people's needs at the centre of hospital discharge practice and policy in Wales' (due to be published in March 2022).

⁵ British Red Cross, 'Home to the unknown: Getting hospital discharge right' (2019) redcross.org.uk/-/media/documents/about-us/research-publications/health-and-social-care/british-red-cross-home-to-the-unknown-full-report.pdf?la=en&hash=473A7D4C88DE5C38C48E982BE7212B9E7037C352

⁶ British Red Cross, 'Listening to what matters: Placing people's needs at the centre of hospital discharge practice and policy in Wales' (due to be published in March 2022).

⁷ British Red Cross, 'Listening to what matters: Placing people's needs at the centre of hospital discharge practice and policy in Wales' (due to be published in March 2022).

⁸ Welsh Government, (2020) 'COVID-19: hospital discharge service requirements' gov.wales/sites/default/files/publications/2021-11/covid-19-hospital-discharge-service-requirements_0.pdf

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be better when they are able to recover at home, as long as there is capacity to adequately assess them at home once discharged.

II. The scale of the current situation with delayed transfers of care from hospital and the impact of delays in hospital discharge, both on the individual and the patient flow through hospitals and service pressures.

Delays in discharge

6. Our research, *Home to the unknown: Getting hospital discharge right (2019)*, which covers all four UK nations, emphasised a persistent narrative about a shortage of carers causing delays, with many healthcare professionals highlighting that patients were getting worse on the wards while awaiting a care package.⁹ Concerns around availability of social care were also echoed in *Listening to what matters* by many VCS and health and social care staff in both hospitals and the community.¹⁰
7. **To improve access to social care, the British Red Cross recommends that:**
 - Welsh Government reform social care to take forward a long-term settlement for social care provision which embeds the universal implementation of the D2RA model as part of that process.

Delays in leaving an acute hospital setting after a decision to discharge

8. We have also found that people are experiencing delays in leaving hospital after a decision by medical professionals to discharge. *Listening to what matters* found that in practice some people were waiting longer than the three-hour target within in the discharge guidance.¹¹ Survey results indicate that almost half (36 of 77 respondents) waited more than three hours, with 23 per cent (18 of 77 respondents) waiting more than eight hours between being told they were well enough to go home and being discharged.¹²
9. *Listening to what matters* found that the main reason for delayed discharge reported by patients was a delay in medication being prepared and delivered

⁹ British Red Cross, 'Home to the unknown: Getting hospital discharge right' (2019) redcross.org.uk/-/media/documents/about-us/research-publications/health-and-social-care/british-red-cross-home-to-the-unknown-full-report.pdf?la=en&hash=473A7D4C88DE5C38C48E982BE7212B9E7037C352

¹⁰ British Red Cross, 'Listening to what matters: Placing people's needs at the centre of hospital discharge practice and policy in Wales' (due to be published in March 2022).

¹¹ Note that Welsh Government, (2020) 'COVID-19: hospital discharge service requirements' gov.wales/sites/default/files/publications/2021-11/covid-19-hospital-discharge-service-requirements_0.pdf states that all patients must be transferred to an allocated discharge area/lounge within one hour of decision to discharge and patients should leave the discharge lounge within two hours with any practical measures put in place.

¹² British Red Cross, 'Listening to what matters: Placing people's needs at the centre of hospital discharge practice and policy in Wales' (due to be published in March 2022).

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by the hospital pharmacy. Several patients also reported waiting hours for consultants to complete their discharge paperwork.¹³

10. *Listening to what matters* highlighted some impacts as a result of delays in leaving hospital after a decision to discharge, experienced by patients, their families, and their carers.¹⁴
 - Most patients that were interviewed reported no significant health consequences of this delay. Some reported that delays caused inconvenience to their friends and families who were waiting to pick them up from hospital.
 - Some professionals working for the VCS also raised issues with unreliable public transport, which was compounded by delays in discharge, making transport hard for patients to plan.
 - A couple of professionals from VCS organisations raised concerns around delayed discharge for those that needed domiciliary care, in particular when an individual is discharged at night. In some situations, carers may not be arriving until the following morning which leaves those discharged at night to meet their own needs in the meantime.
11. **In order to alleviate the impacts of delays in leaving hospital once a decision to discharge has been made, the British Red Cross recommends that:**
 - Medication needs should be communicated to pharmacists as soon as possible in order to enable timely discharge.
 - Patients are routinely asked about their patient transport needs, linking in with friends and family, with discharge coordinators arranging transport for those that need it or have nobody to do this for them, as already referenced in the Covid-19 Hospital Discharge Service Requirements.
 - Hospitals ensure no one is discharged at night where transport cannot be guaranteed.
- III. **The variations in hospital discharge practices throughout Wales and cross-border, and how they are meeting the care and support needs of individuals.**
12. Through our operational work in Wales and across the UK, we see many examples of excellence. However, our research, highlights a lack of

¹³ British Red Cross, 'Listening to what matters: Placing people's needs at the centre of hospital discharge practice and policy in Wales' (due to be published in March 2022).

¹⁴ British Red Cross, 'Listening to what matters: Placing people's needs at the centre of hospital discharge practice and policy in Wales' (due to be published in March 2022).

consistency and as such too many people are falling through the gaps with unmet needs.¹⁵

Communication

13. Despite the guidance in Wales emphasising the need to provide information leaflets to all patients, both when arriving and leaving hospital,¹⁶ *Listening to what matters* found this does not always happen in practice. Most patient interviewees and 58 per cent (39 out of 67) of survey respondents said that they had not received a leaflet either on admission or when being discharged. While some participants found information in alternative ways, some health and social care professionals and VCS professionals highlighted that this was a missed opportunity to share information with patients, carers, and families.¹⁷
14. In addition, the guidance states that the information leaflet should contain locally agreed details for all patients to call about any concerns or about their care.¹⁸ Again, despite the guidance making this clear, our research *Listening to what matters* found that this requirement is not consistently being met in practice. Around two fifths (33 out of 80) of respondents to the survey reported that they were not given information about who to contact if they needed further health advice or support after leaving hospital.¹⁹
15. **In order to improve communication between health and social care staff and patients around the discharge process, the British Red Cross recommends that:**
 - All patients are provided with a leaflet about the new discharge processes on admission and on a decision to discharge, as stated in the Covid-19 Hospital Discharge Requirements.
 - Discharge teams follow the Covid-19 Hospital Discharge Requirements to provide a point of contact for all patients leaving hospital within the discharge choice leaflets.

¹⁵ British Red Cross, 'Home to the unknown: Getting hospital discharge right' (2019) redcross.org.uk/-/media/documents/about-us/research-publications/health-and-social-care/british-red-cross-home-to-the-unknown-full-report.pdf?la=en&hash=473A7D4C88DE5C38C48E982BE7212B9E7037C352

¹⁶ Welsh Government, (2020) 'COVID-19: hospital discharge service requirements' p7 gov.wales/sites/default/files/publications/2021-11/covid-19-hospital-discharge-service-requirements_0.pdf

¹⁷ British Red Cross, 'Listening to what matters: Placing people's needs at the centre of hospital discharge practice and policy in Wales' (due to be published in March 2022).

¹⁸ Welsh Government, (2020) 'COVID-19: hospital discharge service requirements' p36-37 gov.wales/sites/default/files/publications/2021-11/covid-19-hospital-discharge-service-requirements_0.pdf

¹⁹ British Red Cross, 'Listening to what matters: Placing people's needs at the centre of hospital discharge practice and policy in Wales' (due to be published in March 2022).

Variations in levels of collaboration between professionals

16. *Listening to what matters* also identified varying levels of collaboration and integrated working between hospital and community professionals. Some health and social care professionals provided examples of successful joined up approaches to discharge, and one VCS professional shared how they are embedded within a hospital discharge team which has allowed the team to identify needs earlier on. While these situations provide good examples of collaboration and communication, this wasn't the case for all professionals we interviewed.²⁰
17. **In order to ensure all sectors are involved in the discharge process, the British Red Cross recommends that:**
- Ward staff ensure that a multi-disciplinary team approach is taken to discharge planning, including working with social services, pharmacy, the VCS, and transport services where appropriate.
 - The COVID-19 Hospital Discharge Requirements should be amended to require joint working between hospital staff, social care staff and professionals in the community (including the VCS) to carry out holistic assessments upon admission which ensures opportunities for the involvement of other services and better facilitates joint working early on.

Asking about support needs

18. *Listening to what matters* found some people were assessed both pre and post discharge, while some people were not assessed at all. 32 per cent (16 out of 50) of survey respondents did not have their needs discussed at all prior to discharge. In addition, around 15 per cent of survey respondents (11 out of 70) felt that they needed an assessment after leaving hospital but didn't receive one. Support needs that were not met included health needs, somebody to talk to and help with general tasks (such as laundry or cooking).²¹
19. It is important to note according to the guidance, assessments after leaving hospital are only required for those assigned to D2RA pathways. Many of our respondents in *Listening to what matters* were placed on simple discharge, and were thus not entitled to an assessment, which suggests the importance of asking patients about their needs prior to discharge.

²⁰ British Red Cross, 'Listening to what matters: Placing people's needs at the centre of hospital discharge practice and policy in Wales' (due to be published in March 2022).

²¹ British Red Cross, 'Listening to what matters: Placing people's needs at the centre of hospital discharge practice and policy in Wales' (due to be published in March 2022).

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20. **In order to address people's support needs, the British Red Cross recommends that**
- A five-part independence check should be included in the hospital discharge process prior to discharge or within 72 hours of going home to facilitate conversations between health professionals, patients, their families, and carers about their practical, social, psychosocial, physical, and financial needs.²²
 - The Department for Health and Social Services should rapidly explore the inconsistencies around follow up assessments to understand the extent of the problem.

Variations in implementing the D2RA model

21. Through our work across Wales, our operations staff have highlighted concerns around the different terms used in the Covid-19 Discharge Service Requirements.²³ In particular, D2RA may be known as something else in different parts of Wales, such as Home First, adding confusion to the current discharge environment. Issues were also raised by staff around practice being applied across the border, with England's D2A model missing the concept of recovery in the title, which may impact on a patient's care plan if treated in England but living in Wales.
22. *Listening to what matters* has also identified varying levels of roll out of the D2RA model, which will impact on those patients assigned to D2RA pathways. While all professionals we spoke to support the model, some health and social care professionals and professionals from the VCS highlighted issues around differences in implementation, with the development of the pathways at different stages across different regions of Wales. In addition, there is a consensus that there isn't enough knowledge of the D2RA model within the health and social care sector, which may also impact on the model's implementation.²⁴
23. **In order to address variations of the D2RA model, the British Red Cross recommends that**
- The Department for Health and Social Services clarify the hospital discharge policy to health and social care staff in Wales through training on the D2RA pathways.

²² British Red Cross, Five-part independence checklist: redcross.org.uk/about-us/what-we-do/we-speak-up-forchange/more-support-when-leaving-hospital/getting-hospital-discharge-right#Our%20recommendations

²³ Welsh Government, (2020) 'COVID-19: hospital discharge service requirements' gov.wales/sites/default/files/publications/2021-11/covid-19-hospital-discharge-service-requirements_0.pdf

²⁴ British Red Cross, 'Listening to what matters: Placing people's needs at the centre of hospital discharge practice and policy in Wales' (due to be published in March 2022).

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- The Department for Health and Social Services amends the guidance or provides complementary guidance to include advice to staff in Wales on how to best determine the most appropriate pathways for patients.

IV. The main pressure points and barriers to discharging hospital patients with care and support needs, including social care services capacity.

Short term funding streams

24. *Listening to what matters* highlighted that short term funding is considered to be a barrier to providing support in the community. For example, one health and social care professional highlighted that once ward staff became aware of services available in the community and may want to refer, the service may have come to its end due to short term funding streams.²⁵
25. Indeed, this can be reinforced by our operational insights which have found that funding for VCS provision of health and social care services is not provided for on a long-term basis. Short-term funding contracts lead to high staff turnover and can shift the focus away from quality of service for users and onto recruitment. Diverted focus onto training and recruitment means that organisations are unable to provide optimum delivery standards.
26. **In order to improve funding arrangements, the British Red Cross recommends:**
 - A commitment to a shift in practice to longer term resourcing to sustainably fund integrated care programmes and preventative projects.

Staffing in hospitals

27. In our report *Listening to what matters*, a couple of health and social care professionals also identified issues around staffing shortages which resulted in health and social care staff being unable to prioritise communication with other professionals, families, and the patients themselves about a patient's care needs and wishes.²⁶
28. **In order to alleviate staffing concerns in healthcare, the British Red Cross recommends that:**
 - The Welsh Government utilises work already being carried out in this space, such as 'A Healthier Wales: Our Workforce Strategy for Health and Social

²⁵ British Red Cross, 'Listening to what matters: Placing people's needs at the centre of hospital discharge practice and policy in Wales' (due to be published in March 2022).

²⁶ British Red Cross, 'Listening to what matters: Placing people's needs at the centre of hospital discharge practice and policy in Wales' (due to be published in March 2022).

Care' to improve strategic workforce planning and identify areas of shortage as early as possible in order to address those quickly and effectively.

Lack of 'seven-day services' in the community

29. *Listening to what matters* has highlighted the pressures felt by health, social care and VCS organisations working in the community to respond to the demand of discharges seven days a week when a seven-day service is not always available in the community. Further, the pressure and expectation on community teams was felt to be too great and VCS organisations told us they felt that they are having to respond to the increased demand when they don't always have the necessary resources.²⁷
30. **In order to alleviate the lack of seven-day services in the community, the British Red Cross recommends that**
- There is further investment in community-based support to better meet the increased workload and this should include further investment in making community services 'seven-day services' to meet the needs of patients and carers being discharged from acute hospitals.

Barriers to effectively utilising the Voluntary and Community Sector (VCS)

31. We believe that the VCS can help relieve pressure on the health and social care sector, improve patient flow and achieve better outcomes for people. The VCS can also help to tackle fatigue within the health and social care sector and be deployed flexibly along the hospital discharge process. In our emergency department services, for example, we provide emotional support to patients, alleviating pressures on clinical staff who can focus on meeting patients' medical needs. We believe this demonstrates the potential for the VCS to complement clinical provision in providing pastoral and psychosocial support.
32. However, some of our research reports have identified barriers to effectively utilising VCS contributions as a way to relieve pressures and add capacity within the health and social care sector:
- *Home to the unknown*, highlighted that many clinical staff and some social care staff were unaware of other non-clinical services offered by the VCS.²⁸

²⁷ British Red Cross, 'Listening to what matters: Placing people's needs at the centre of hospital discharge practice and policy in Wales' (due to be published in March 2022).

²⁸ British Red Cross, 'Home to the unknown: Getting hospital discharge right' (2019) redcross.org.uk/-/media/documents/about-us/research-publications/health-and-social-care/british-red-cross-home-to-the-unknown-full-report.pdf?la=en&hash=473A7D4C88DE5C38C48E982BE7212B9E7037C352

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- *Listening to what matters* found that best practice examples of embedding VCS professionals into discharge processes are not being carried out across the board.²⁹
33. **In order to recognise the VCS as a key health and social care partner, the British Red Cross recommends that:**
- The VCS' potential should be recognised and invested in. This includes ensuring that a Multi-Disciplinary Team approach is undertaken by ward staff, which includes opening up opportunities for VCS organisations to be embedded within hospital settings.
- V. The help, support and advice that is in place for family and unpaid carers during the process.**
34. *Listening to what matters* found that many family members and carers did not feel included in the discharge process despite emphasising that they would benefit from being involved. Four fifths of carers (20 out of 25 survey respondents) disagreed that they felt sufficiently informed and involved in decision making, and two thirds (17 out of 25 survey respondents) disagreed that they had enough information to support their friend or relative. In some situations, this was said to have led to patients being sent home with equipment that families had not been taught to use, or needs that families were not aware of.³⁰
35. **Therefore, in order to involve carers and family members in the discharge process, the British Red Cross recommends that:**
- The Department for Health and Social Services introduce checklists into the Hospital Discharge requirements guidance in Wales to support conversations with families and carers to ensure patients have the immediate support they need when they get home.
36. The current guidance notes that the majority of patients will be discharged without any further support other than that provided by their usual support mechanisms such as friends, family or neighbours.³¹ However, from our operational insight, we have found that people aren't always managing with informal support networks, or informal support networks aren't always there. This may in turn lead to people falling through the gaps within support structures. This is reinforced by *Listening to what matters* which found that two

²⁹ British Red Cross, 'Listening to what matters: Placing people's needs at the centre of hospital discharge practice and policy in Wales' (due to be published in March 2022).

³⁰ British Red Cross, 'Listening to what matters: Placing people's needs at the centre of hospital discharge practice and policy in Wales' (due to be published in March 2022).

³¹ Welsh Government, (2020) 'COVID-19: hospital discharge service requirements' gov.wales/sites/default/files/publications/2021-11/covid-19-hospital-discharge-service-requirements_0.pdf

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thirds (17 out of 25 survey respondents) disagreed that their own caring responsibilities were considered in decision making.

37. **In order to ensure that patients who may have informal support requirements have their support needs met, the British Red Cross recommends that:**
- Hospital discharge teams check what support family and carers can provide and whether plans are in place should circumstances change. This should be added to the Covid-19 Hospital Discharge Requirements guidance and apply to all patients.
38. Participants in *Listening to what matters* raised concerns around identifying informal carers in that many relatives do not often think of themselves as carers.³² Operations staff have also raised concerns around identifying carers and nominated family members, particularly for those patients living with dementia. As a result, these individuals may not take steps to access relevant support.
39. **In order to effectively identify family members who may act as a patient's carer, the British Red Cross recommends that:**
- Hospital teams work with relevant organisations, including those from the VCS, to help identify informal carers or those who intend to give care at home as soon as a patient is admitted to hospital. The carer should be provided with support links and access to information on their rights and advocacy services for the patient if needed.

VI. What has worked in Wales, and other parts of the UK, in supporting hospital discharge and improved patient flow, and identifying the common features.

Common features of what has worked in Wales to support hospital discharge

40. *Listening to what matters* highlighted that good communication is the key to successful discharge. Feedback from survey respondents suggests that where time was taken to explain and inform patients about discharge and next steps, this resulted in a positive experience for patients.³³ This reaffirms our recommendations on providing all patients with discharge leaflets, alongside conversations between healthcare professionals and patients and their families and carers.

³² British Red Cross, 'Listening to what matters: Placing people's needs at the centre of hospital discharge practice and policy in Wales' (due to be published in March 2022).

³³ British Red Cross, 'Listening to what matters: Placing people's needs at the centre of hospital discharge practice and policy in Wales' (due to be published in March 2022).

41. In addition, some health and social care professionals in *Listening to what matters* gave examples of successful joined up approaches to discharge. This reinforces recommendations above on ensuring multi-disciplinary approaches within wards.

Other parts of the UK

42. Through our Red Cross services in hospitals, we see how non-clinical factors can affect health outcomes when people return home. Indeed, our 2019 report *Home to the unknown* recommended a five-part independence checklist in the hospital discharge process to facilitate conversations between health professionals, patients, their families, and carers about their practical, social, psychosocial, physical, and financial needs.³⁴ The checklist was also recommended in our England report, *590 people's stories of leaving hospital during Covid-19*.³⁵
43. In recognition of this, England, have recently updated guidance to include holistic welfare checks so that everyone leaving hospital will receive a holistic welfare check to determine the level of support, including non-clinical factors, such as their physical, practical, social, psychological and financial needs.³⁶ As noted above, **we are also calling for the introduction of an independence check in Wales to facilitate conversations between health professionals, patients, their families and carers about their practical, social, psychosocial, physical and financial needs.**

VII. Other relevant insights

What matters conversations

44. The notion of asking patients what matters to them is a well-known principle in health and social care. Further, this is reflected in the guidance FAQs for

³⁴ British Red Cross, Five-part independence checklist: redcross.org.uk/about-us/what-we-do/we-speak-up-forchange/more-support-when-leaving-hospital/getting-hospital-discharge-right#Our%20recommendations

³⁵ British Red Cross and Healthwatch England, '590 people's stories of leaving hospital during COVID-19 (October 2020) redcross.org.uk/-/media/documents/about-us/research-publications/health-and-social-care/590-stories-of-leaving-hospital-during-covid-19.pdf?la=en&hash=748707F3A43B80B00CC5D60715CEF2E23B6F6751

³⁶ UK Government, Hospital Discharge and Community Support: Policy and Operating Model assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/999443/hospital-discharge-and-community-support-policy-and-operating-model.pdf#page=37&zoom=100,93,96

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patients placed onto a D2RA pathway.³⁷ *Listening to what matters* found that not all patients we spoke to were being asked about this:³⁸

- Around two fifths (28 out of 71 respondents) said that they did not have a conversation with anyone about what matters to them, but that it would have been helpful.
- For some participating in the qualitative research with less complex needs, there was a feeling that what mattered to them was considered and they were broadly happy with how this impacted the discharge process as a result. However, those with more complex needs felt that ‘what matters’ to them was not considered, and the focus was more on their medical needs.

45. In order to provide patient-centred care, the British Red Cross recommends that:

- ‘What matters’ conversations should be embedded into the guidance for all patients and a checklist should be introduced to streamline the quality of these conversations.

Meeting the needs of people living with dementia

46. *Listening to what matters* found that all health and social care and VCS professionals expressed concern that the needs of patients living with dementia are not being effectively met by current discharge processes.³⁹

47. In order to meet the needs of patients living with dementia, the British Red Cross recommends that:

- The Department for Health and Social Services should work with organisations who support people affected by dementia and people living with dementia in Wales. Recommendations from the Cross-Party Group on Dementia’s report *Hospital Care in Wales*⁴⁰ should be considered.

³⁷ Welsh Government, Guidance ‘COVID-19: Hospital discharge service requirements: your questions’. Available at: gov.wales/sites/default/files/publications/2020-07/covid-19-hospital-discharge-service-requirements-wales-frequently-asked-questions.odt

³⁸ British Red Cross, ‘Listening to what matters: Placing people’s needs at the centre of hospital discharge practice and policy in Wales’ (due to be published in March 2022).

³⁹ British Red Cross, ‘Listening to what matters: Placing people’s needs at the centre of hospital discharge practice and policy in Wales’ (due to be published in March 2022).

⁴⁰ Contact Alzheimer’s Cymru to request access to the report.

Annex 1: Research methodology for evidence which this submission is based

In this response, we have touched on some of our research papers related to hospital discharge, the below sections detail the methodology for these reports.

Methodology for Home to the unknown: Getting hospital discharge right

This research was qualitative in nature.

- 13 expert interviews with professionals across health and social care, including policy makers, professionals responsible for operational delivery and stakeholders working at the British Red Cross were carried out.
- The research team also carried out site visits and telephone interviews with clinical and social care teams working in four NHS Trusts across the UK.⁴¹ The hospitals selected were a mixture of both urban and rural. It should be noted that this research was not intended to offer a meaningful comparative study across the United Kingdom, focused as it is on only four Trusts.
- 28 in depth interviews with families with a diverse range of experiences of hospital discharge and after care were also carried out. The sample was focused on people who had not received social care support, either because they were ineligible, because they were unaware of its availability or because they turned it down.

The research also used an ethnographic approach, meaning the team collected different types of data from interviews, observation of processes and interactions, written documentation, and photography.

Methodology for Listening to what matters: Placing people's needs at the centre of hospital discharge practice and policy in Wales

The research consisted of a series of in-depth interviews and focus groups with patients, health and social care staff and professionals from the VCS, and an online survey with patients and carers of patients who had been discharged from hospital since the start of May 2020.

The qualitative elements of this study comprised 16 semi-structured, in-depth interviews (10 with individuals who had been discharged from hospital, one with a carer and five with VCS professionals) and two focus groups with health and social care professionals (one group working in acute settings and one working in community settings). 15 individuals were involved across the two focus groups – eight in the hospital-based group and seven in the community-based group. All fieldwork took

⁴¹ East Sussex Healthcare – incl. Eastbourne District General Hospital, Ceredigion, and Mid Wales NHS Trust – incl. Bronglais General Hospital, NHS Lothian – incl. Royal Infirmary of Edinburgh and South Eastern Health and Social Care Trust – incl. Ulster hospital.

Y Groes Goch Brydeinig

place in October 2021. The survey sample is not representative, as detailed below, but does provide valuable insight into the issues raised in the qualitative research findings which reflect more widespread issues.

In order to add breadth to the qualitative findings we ran an online survey from 10 September to 18 October 2021. Anyone who was aged 18 years or over, living in Wales and had been discharged from an acute hospital setting since the start of May 2020 (or someone who cares for/looks after someone who meets this criteria) was eligible to take part in the survey.

- In total there were 100 responses, though not all respondents answered every question. There were 64 complete responses, with drop offs at various points throughout the survey. We have analysed responses for anyone who answered up to at least Q5 in the results (100 respondents), however it should be remembered that the results to each question will be based on a different number of responses (the base number has been noted in the written evidence above). Drop-outs on self-completion surveys are not uncommon, and while we cannot be sure why respondents have dropped out, these individuals' perspectives on their discharge experience remain valuable and should not be discounted.
- In terms of the profile of respondents (the person discharged from hospital) of all 100 respondents. There was a relatively good spread in relation to certain characteristics:
 - 22 respondents were male, 43 were female. 35 did not answer.
 - 32 respondents were aged 65 years or more, 17 respondents were aged between 45 and 64 years, and 14 respondents were aged under 45 years. 36 did not answer and 1 preferred not to say.
 - Respondents include patients living across all but one of the 22 local authorities within Wales; however, it should be noted that there was a higher proportion of responses from south and mid Wales than from north Wales.
 - The month patients were discharged in is also spread well across the 18-month period from May 2020 to October 2021.

However, samples were uneven in relation to other characteristics:

- 64 respondents were White (61 White British, 3 per cent White Other) and 1 respondent was from an Asian background. 35 did not answer.
- 34 respondents reported having a disability and 31 respondents had no disability. 35 did not answer.
- 53 respondents considered themselves to have one or more long-term health conditions and 11 said they do not (35 did not answer and 1 preferred not to say) – the number of respondents to the survey with a long-term health condition is much higher than seen across the general population

(Census 2011 shows 23 per cent of the population in Wales had a limiting health condition).

Methodology for 590 people's stories of leaving hospital during Covid-19

This research consisted of both qualitative and quantitative research. British Red Cross and Healthwatch England ran a national survey from 21 July 2020-26 August 2020, collecting responses to those who had been discharged between March and August 2020. We spoke to 529 people, 352 of these were patients and 177 identified themselves as unpaid or paid carers.

Alongside this, eight local Healthwatch and British Red Cross conducted interviews with 47 representatives of services involved in the discharge process, as well as 14 paid carers of people with learning disabilities.