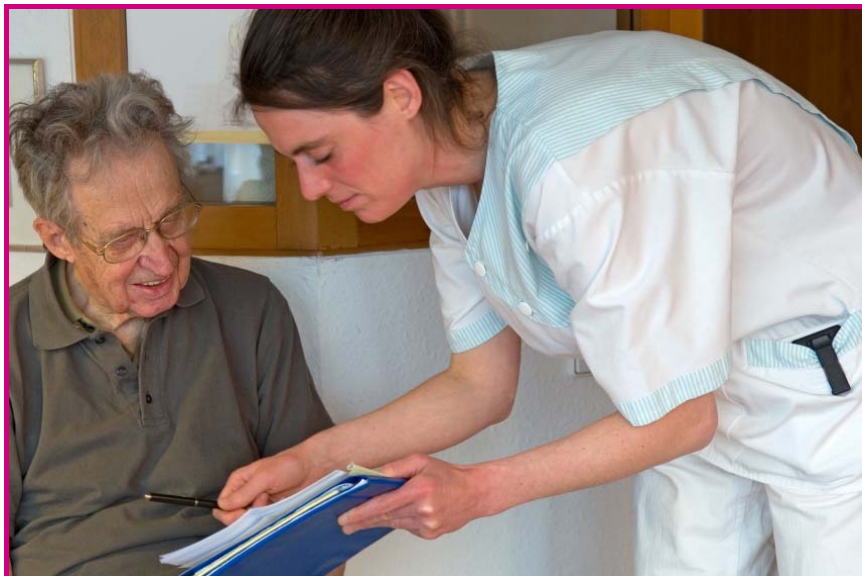




LINK Report: Hospital Discharge Project Update



June 2010

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Background

This is the third in a series of reports on LINKs' Hospital Discharge Project. LINK has worked closely with Northumbria Healthcare Foundation Trust and North Tyneside Council's Hospital Discharge Team throughout this project. The report will highlight work that these teams have done to improve patient experience of hospital discharge and to make final recommendations where needed.

Whilst the report concentrates on Northumbria Healthcare Foundation Trust and its discharge arrangements there is also reference to the process within the Newcastle Hospitals and its links into the north west of the borough.

All previous discharge reports are available to download from the LINK website or on request by contacting the LINK team.

1. Introduction

A meeting in December 2009 saw LINK members come together with staff from the Hospital Discharge Team, Northumbria Healthcare and from NHS North of Tyne. This meeting resulted in the following agreed actions:

- Increase the profile of social workers on wards so that patients, relatives and carers can easily recognise them and have access to their contact details.
- Identify issues in discharge of patients from Newcastle Hospitals back home to North Tyneside.
- Identify role that pharmacy plays in delayed discharge at North Tyneside General Hospital.
- Consider how to provide more information for patients, families, carers and professionals about what services exist in the community that can support patients and their carers on discharge.

This report will give an update on progress towards these issues.

2. Hospital Discharge Team

Since April 2009 the manager of the Hospital Discharge Team at North Tyneside General Hospital has been working to raise the profile of carer involvement within the team. This has led to a better awareness of carers and relatives' needs when assessing patients. The team is also trying to link up with the Carers Centre and provide a carers' clinic, this work is ongoing.

The team has developed leaflets to inform patients and their carers about the service. These leaflets were shared with a group of LINK representatives and professionals at a meeting in March and have now been given to the wards to display in a central area for patients and carers to pick up. The team will carry out some spot checks to ensure that they are being displayed in a prominent position where they can be seen and picked up.

The profile of the social workers has also been raised with their names and phone numbers now being displayed on the whiteboard on wards, along with the other disciplines such as occupational therapists. Some wards have a system on the whiteboard that allows the worker to identify themselves as being involved with specific patients.

3. Northumbria Healthcare NHS Foundation Trust

LINK approached Northumbria Trust early in 2009 regarding concerns raised by LINK members around discharge from North Tyneside General Hospital. The Trust's Chairman and a member of staff attended LINK's initial discharge meeting in April 2009, which aimed to gather people's experiences of discharge.

Following this meeting, the Chairman put us in touch with Lorna Dace, based within the hospital, who could help us address these issues. The Trust was already aware that discharge is a concern for some patients and so was already looking into the issue. By working together, the Trust was able to talk to people about their personal experiences, and LINK was able to support its members to make suggestions for improvements to the current discharge process that were fed back to the Trust.

Below are the actions that the Trust has taken:

- The discharge lounge is now fully staffed and running routinely. This is a place for patients to go when they have been discharged from the ward but may be awaiting medication or transport. This lounge was introduced to make patients more comfortable and to ensure that they are still being cared for by hospital staff until they are ready to leave the hospital.
- The majority of wards now have a daily morning round and a Multi Disciplinary Team meeting to ensure that all plans for discharge are in place. The wards that don't are still planning to do so, but will be affected by

the necessary change in job plans for consultants to allow them time to do so.

- There is now a palliative care unit and the Kielder Unit (based at Redesdale Court), which are fully functioning and are aimed at improving outcomes for patients for whom discharge is particularly complicated and difficult.

3.1 Pharmacy

Following concerns raised at LINK events, the LINK team met with David Campbell, Chief Pharmacist Clinical and Director for Medicines Management based at North Tyneside General Hospital.

In 2007 North Tyneside General Hospital's pharmacy completed an internal audit in response to claims that the pharmacy was delaying discharges by not providing medications on time. The audit found that this was not the case and in fact the delay appears to occur between the medications reaching the ward and being given to the patient, not between the pharmacy and the ward. A report from this audit can be found at Appendix 1.

The current arrangements in pharmacy at the hospital are as follows:

- All inpatients have an individual medicines locker by their bed. When they are admitted any medications they bring into hospital are placed in this locker and patients continue to use them during their stay (unless doctors decide they are not needed, or an alternative is prescribed, in which case the medicines will be sent to the pharmacy to be disposed of).
- Each ward has a medicines store and a ward pharmacist. The medicines store will hold the most commonly prescribed medicines and is regularly restocked. This means that most prescriptions can be given out on the ward and do not go through pharmacy. When the hospital prescribes medication, a month's supply is given ensuring that the patient has enough to keep them going when they return home. If they have less than seven days worth of their own medication that they brought into hospital, the hospital will prescribe a month's worth of this drug.
- All medications for the patient should be in their individual locker before the day of discharge. The only circumstances in which a new medication would be prescribed on the day of discharge would be if the consultant prescribed something new on their morning rounds. This is where a delay can occur. Junior doctors complete prescriptions following their rounds. However, rounds can take several hours. This could lead to a situation where a patient has been told at 8am that they can leave hospital, but at 12noon they are still awaiting their medication. Although this does occur, as can be seen from the audit, it is only in a minority of cases. Medication that is given to patients is labelled with their name and dosage. In the case of popular medicines this too is done on the ward, reducing to-ing and fro-ing with the pharmacy.

The above system has been in place for over five years and the pharmacy does not receive internal complaints about their service.

The Trust does recognise that different models for pharmacy work in different situations and is developing partnerships with community pharmacists in some areas.

4. North Tyneside LINK

Based on feedback from members and health and social care professionals LINK has been developing a Directory of Services for patients and their carers that can offer support for people recently discharged from hospital. This directory will be made available in hard copies on wards at North Tyneside General Hospital. Hospital and social work staff will also have access to an online database that they can use to assist them in referring patients to community based support. As well as listing health and social care provision, it will list provision from the local community and voluntary sector. LINK will produce a leaflet advertising this directory that will be included in discharge information packs and posters that will be displayed on wards.

LINK will update this database annually.

5. Longbenton Community Assessment and Support Team and Newcastle Hospitals Trust

LINK was made aware of concerns of patients living in the North West of the borough. These patients are often admitted to Newcastle-based hospitals, which are geographically closer. LINK members are concerned that there can be cross boundary communication problems for those patients that require follow up support from services in North Tyneside. This is a cross boundary issue involving medical staff from Newcastle Hospital Trusts (Freeman, RVI and Walkergate Hospitals), and social work staff from Newcastle and North Tyneside.

Currently, North Tyneside Council commissions a whole-time social work service from Newcastle City Council. This means that North Tyneside residents who are patients in Newcastle Hospitals will be assessed by a social worker from Newcastle if they request it, or are referred to the social work team. This assessment will be faxed to the Longbenton Community Assessment and Support Team (CAST) in North Tyneside. Based on this assessment, Longbenton CAST will develop a care package for the patient who is to be discharged.

There are several problems that can occur under this arrangement:

- Sometimes patients refuse a referral because they are concerned it will delay their discharge.

In these cases the Newcastle social workers could inform the Longbenton CAST that they are concerned about an unsafe discharge. Longbenton CAST would then be aware of the situation and could approach the patient and their carers to discuss possible options.

- Consultants in Newcastle may decide on a course of action (such as residential care) without involving Longbenton CAST. Such decisions could be made at multi-disciplinary team meetings within the hospital, which Longbenton CAST do not attend. However, staff in Newcastle hospitals may not be fully aware of alternative services available for patients in North Tyneside such as day care and home care.

Longbenton CAST may decide that a planning meeting is required before such a decision can be made. This could delay discharge, which the hospital would not be keen to do, but it could help to ensure the right care package is in place, which could in turn prevent the patient being readmitted.

- The assessments carried out by Newcastle social workers sometimes do not contain enough information about patients. This means that the Longbenton team have to spend more time ringing around and gathering more information about the patient to ensure an appropriate care package is put in place. A more thorough initial assessment may be more effective and efficient.

These issues appear to stem from a lack of communication across the North Tyneside and Newcastle border and LINK would like to see improvements to ensure that the needs of patients are being addressed efficiently and effectively.

6. Recommendations to partners and follow up for LINK

6.1 North Tyneside LINK

LINK will ask its Enter and View authorised representatives to visit North Tyneside General Hospital in autumn 2010. They will be observing whether discharge information is readily available and well displayed in wards across the hospital. This exercise will result in a report to the LINK Board which may continue recommendations if appropriate.

Enter and View volunteers will also be observing whether the LINK directory is available on the ward and whether it is advertised and how well staff use it.

6.2 North West and Newcastle

LINK would like to make the following recommendations to the Longbenton Community Assessment and Support Team to support improvements in the current arrangements across the North Tyneside and Newcastle border.

- Contact information for Longbenton CAST easily visible at Newcastle Hospitals so that patients and their families and carers can contact the team should they need to.
- Review of basic assessments carried out by Newcastle Social Services for North Tyneside Patients.
- Improved communication between Newcastle hospitals, Newcastle Social Services and Longbenton CAST.

LINK would like Longbenton CAST to respond to these recommendations to let us know:

- what work is already taking place within the team to improve communications with Newcastle Hospitals;
- how the above recommendations might be implemented; and
- when the team expects to see an improvement in the current situation as a result of internal actions or LINK recommendations.

This report constitutes a formal request for a response from the North West Community Assessment and Support team within 20 working days as stated in section 221 of the Local Authority and Public Involvement in Health Act (2007).

Longbenton CAST's response was received in July and can be found at Appendix 2. LINK finds this a satisfactory response, which addresses the issues that have been raised in this report. LINK may call upon the team in the future for an update on these improvements.

6.3 Pharmacy

The pharmacy at North Tyneside General Hospital is keen to repeat its 2007 audit and will share the results of any such action with LINK.

The Trust will undertake a review of patient self administration of medications. LINK would be interested in receiving the results of this review to share with its wider membership.

7. Thanks and acknowledgements

LINK would like to thank its members to contributing to this piece of work by raising the issue initially, attending meetings, sharing their experiences and working with us to created recommendations to the local acute trust and the local authority.

LINK also appreciates the efforts of the Hospital Discharge Team based at North Tyneside General Hospital, Longbenton Community Assessment and Support Team and Northumbria Health Care NHS Foundation Trust, in particular Georgia Douglas, Hospital Discharge Team Manager, Verner Taylor, Team Manger of Longbenton CAST, Lorna Dace, Operation Services Manager for Acute Medicine and Critical Care, and Laura Sellers, Foundation and Community Engagement Manager.

Appendix 1

North Tyneside General Hospital Pharmacy

Review of the Discharge Audit in August 2007

This audit was carried out in response to the yearly Inpatient Survey which feedback to the Medicines Management Committee that discharges from the Trust were being delayed as a result of medication not being available at the time of discharge.

A total of 66 patients from 11 wards were audited across all 3 acute sites. Each patient's kardex and locker was checked at 10am, 12pm, 2pm and 4pm to establish, if the patient had been informed that they could be discharged and whether or not all of their required medicines would be available. Patients in Theatre were not included in the audit.

The audit focussed on those items directly supplied proactively by Pharmacy through the One Stop service. Products such as Tinzaparin and other stock items (including nebulas; CDs) where a decision on continuation is made by the medical team, usually when the patient has been identified for discharge were not included.

Results:

The number and percentage of patients who could have been discharged (with the assumptions noted above):

10am	58/64	91%
12pm	54/61	89%
2pm	52/59	88%
4pm	47/54	87%

- Patient waiting for medication from Pharmacy (x1).
- Medication found in a red bag in treatment room (x1).
- Medication ordered at 10am, was delivered by 12pm but not in the locker for the 12pm, 2pm or 4pm audits (x1).
- Medication not transferred between wards and re-ordered (x1).
- Medication available as over-labelled but not in the locker (x10).
- Patients prescribed one or more of the following: CD's; stock items; IV medication; Tinzaparin or nebulas, (decisions on these items are usually made at the time of discharge which may have delayed discharge) (x33).

Conclusion:

A high percentage of patients could have been discharged with the medication in their locker or available on the ward as an over-labelled medication. Concern still remains as to the timely handling of medicines when reaching the ward or during patient transfers. The process for identifying, agreeing and supplying those medicines prescribed e.g. on a when required basis but which are also required for discharge remains a concern.

Recommendation:

Repeat the audit and amended the audit tool to support more detailed data collection.

Since the audit Tinzaparin is now available as an over-labelled product. The next audit should identify if this has improved the discharge process.

Appendix 2

Longbenton CAST's response to LINK recommendations

Verner Taylor, Manager of Longbenton CAST and Scott Woodhouse, Service Manager for Community Support in the West of the borough replied to a formal request for the Longbenton CAST to respond to LINKs concerns and recommendations found within this report. The team was asked to reply within 20 working days as stated in section 221 of the Local Authority and Public Involvement in Health Act (2007).

LINK received the following response.

- The team are currently developing information leaflets outlining the role of The Community Assessment and Support Teams within North Tyneside and contact numbers etc. Completion of the leaflet should be within the next 3 months and should be available to hospital wards from this time.
- Discussions are taking place between Verner Taylor, Manager Longbenton CAST and Alison Mcdowell, Service Manager, Newcastle Social Services, to set up regular meetings to :
 - discuss improvements in the assessments and
 - to improve communication links between Newcastle Hospital Social Work Teams and Longbenton CAST.

The team expect to see improvements in the communication links with immediate effect following meetings between Longbenton CAST and Newcastle Social Services Manager.



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