

# Report on Call for Evidence: Elderly Hospital Care, Hospital Discharge & Dementia Identification



**Elderly People are not always thoroughly assessed in hospital. This can result in more re-admissions.**

Healthwatch Sunderland member

### **Executive Summary: Key findings**

- NHS Services have improved in the last year in Sunderland - in particular around dementia identification in the hospital setting and in hospital discharge
- There are positive stories of integration around health and social care services - working in close partnership with key voluntary sector providers in Sunderland
- There is a gap for training in dementia identification in the primary care setting - particularly with GPs
- There have been some individual negative experiences of elderly care in the hospital setting - but latest data shows that this is improving and there are more positive patient stories emerging. There may still be the need for some further work to explore feeding and nutrition in hospital with the elderly and vulnerable.

## 1. Introduction

### 1.1 What is Healthwatch?

Local Healthwatches have been set up across England to create a strong, independent consumer champion whose aim is to:

- **Strengthen the collective voice of citizens and communities in influencing local health and social care services in order to better meet their needs and**
- **Enable people to find the right health and social care services for them by providing appropriate information, advice and signposting.**

Healthwatch Sunderland works with local people, patients, service users, carers, community groups, organisations, service providers and commissioners to get the best out of local health and social care services.

### 1.2 Background and rationale

A major national review into the care provided to people living with dementia by the Care Quality Commission (CQC) found an unacceptable gap in the quality of care that means people are at risk of experiencing poor care as they move between care homes and hospitals. “Cracks in the Pathway”<sup>1</sup> a national report on dementia published by the Care Quality Commission found when people are admitted to hospital via A&E there is too much focus on a person’s physical health needs. There is also poor sharing of information between health professionals, people living with dementia in care homes and hospitals may not be able to tell staff about their pain and there is a lack of understanding and knowledge of dementia care by staff.

In addition, Healthwatch England have been carrying out a special enquiry nationally around “unsafe” hospital discharge<sup>2</sup>. This is because in the UK it has been estimated by Healthwatch England that “thousands of people are potentially being sent home without proper support when they leave hospital or a care home”. People can be left isolated and end up in crisis that could have been prevented.



Through this special inquiry (which is still ongoing), Healthwatch England want to get a deeper understanding of what happens to people who experience ‘unsafe discharge’ from a hospital, nursing or care home, or mental health setting in England and how it was that they were able to fall through the gaps.

Engagement carried out by Healthwatch staff during autumn of 2013 indicated that there were some concerns over hospital discharge, elderly hospital care and dementia identification. Initial themes identified through our Healthwatch Sunderland Network Forum Event in September 2013, through wider engagement and through analysis of patient feedback on Sunderland services through NHS Choices<sup>3</sup> included:

### Hospital Discharge

- *“Discharge Plans very patchy. Need specific care plan for individual needs with follow-up - partnership working with VCS organisations with local knowledge (post discharge).”*
- *“Inadequate discharge arrangements home from hospital”*
- *“Lack of promised re-habilitation post discharge”*
- *“Domiciliary care issues with calls late or missed and poor hospital discharge arrangements”*

### Elderly Hospital Care: Sunderland Royal Hospital

- *“Poor implementation of “red tray” system by staff which flags patients in need of assistance with feeding”*
- *“Feeding / nutrition in hospitals - red serviette system not working/lapsed.” Anecdotes about people not being able to eat*
- *lack of basic care, toileting and feeding as well as red tray system not being implemented (specific wards are named). Poor communication and no designated doctor and lack of information on care (NHS Choices 14/11/13). Concerns over medication administered and busy staff who showed little interest when relative raised concerns (NHS Choices 14/11/13). “Appalling care - a disgrace to the nursing profession” - found elderly mother “in bed, distressed and crying and bed wet through. There were no nurses to be seen.... we have also witnessed horrendous care provided to other inpatients over the past few weeks” - Ward is named (NHS Choices 29/08/13). Elderly father (critically ill) left without treatment “we arrived to find him sat shaking on his bed to tell us that he had been left with half of his notes and nobody had even looked in the room” (NHS Choices 25/05/13) - putting in official complaint regarding lack of treatment and care*

### Dementia care and identification

- *Some good practice mentioned around Northumberland, Tyne & Wear Mental Health Trust provision - eg memory protection service and new dementia unit*
- *“Funding of dementia hospital visiting service and memory cafes is a problem long term - hoping that CCG will be commissioning these type of services. Need to know how to capture all the outcomes for commissioners.”*
- *“Admiral nurses said to be very good - specialised especially in dementia - currently largely in south of country”*
- *Variable quality of GP provision for those with dementia - identification can take months*

Over the next few months, these concerns were monitored and logged to capture emerging trends.

The Healthwatch Sunderland Board met in July 2014 and discussed both the national picture and the local emerging issues around elderly hospital care, hospital discharge and dementia identification. It was agreed to conduct further intelligence gathering around these issues as part of our annual Healthwatch Sunderland workplan.

## 2. Methodology

During the period July-October 2014, therefore, a series of activity was carried out by the Healthwatch Sunderland staff - including the Engagement team and Research and Information Adviser to collect and analyse direct feedback from the Sunderland community. This could include both positive and negative feedback and was collected from a range of sources and using a variety of mechanisms to increase both reliability and validity of data.

A **qualitative mixed methods approach** was used to gather patient and carer experience. This included a series of questions which were part of a “Call for Evidence” around dementia care, elderly hospital care and hospital discharge. (Appendix 1). This was used in a targeted way with “experts by experience” in the field, as well as through general promotion in the wider community.

### 2.1 Engagement with “expert by experience” organisations, support groups and service providers

To gather patient and carer experiences of elderly hospital care and treatment, hospital discharge and dementia identification, Healthwatch Sunderland carried out the following:

- Engagement with Age UK Sunderland Director and staff following consultation with service users
- Feedback from Action on Dementia Manager and staff
- Engagement with Alzheimer’s Society Sunderland
- Attendance at South Tyneside NHS Foundation Trust dementia event held in Sunderland to promote community nursing services
- Attendance at Gentoo dementia event
- Engagement with Essence Dementia Service ( Age UK Sunderland, Sunderland Carers Centre and Sunderland Clinical Commissioning Group joint project)
- In-depth focus group with Action on Dementia patients, families and carers - 18 people
- Engagement with Sunderland Royal Hospital’s Dementia and Delirium Outreach Team (Ward E56)

## 2.2 Healthwatch Network and social media

A request for patients and carers to share their experiences through a “Call for Evidence” was promoted by the following:

- Healthwatch e news - distributed to approximately 500 members and stakeholders
- Healthwatch website
- Facebook
- Twitter -550+ followers with reach of 75,000+
- Email correspondence to key “expert by experience” organisations in Sunderland

## 2.3 Other Research and Information Sources

- NHS Choices - patient feedback about Sunderland NHS services
- Healthwatch Sunderland Information & Signposting Service- calls from public
- Healthwatch Sunderland Engagement team - feedback from projects and services in day-to-day contact and through drop-in engagement at Sunderland Royal Hospital



### 3. Key themes

Patient and carer experience gathered from all methods was collated and analysed. This resulted in the following themes emerging:

#### 3.1 Recent Service improvements

A common theme, reported by a number of people was that services around especially dementia and hospital discharge had greatly improved in the last 12 months in Sunderland. The following especially were mentioned positively:

- Hospital discharge- this was thought to have improved since the Age UK Sunderland Hospital Discharge service had been working with Sunderland Royal Hospital to facilitate the discharge process and ensure greater coordination of care across statutory and voluntary sector agencies
- Dementia and Delirium Outreach Team. This specialist nursing team, established in the last 12 months, is based at Sunderland Royal Hospital on Ward E56. It aims to improve the identification of dementia and delirium in the hospital setting before discharge. It is the only team of its kind in the country. It is also working closely with voluntary sector providers such as Action on Dementia and Alzheimer's Society Sunderland.
- Northumberland, Tyne & Wear Mental Health Trust Memory Protection Service - this was seen as a "gold standard" in the diagnosis and early identification of dementia.

*"Ward E56 is particularly good around dementia care...." (HWS member)*

*"Dementia identification in the hospital has improved with the new dementia team"  
(Voluntary Organisation)*

*"The Memory Protection Service is good at picking up early onset dementia"  
(Voluntary Organisation)*

*"Discharge and dementia care are now more integrated with the voluntary sector as a key partner - this is much better for patient care" (Voluntary Organisation)*

#### 3.2 Gaps in dementia care - especially in primary care

- GP Dementia care - concerns expressed when discharged from specialist services back to primary care. Feeling by some that they are being discharged too quickly back to GP. Also with level of training and expertise GPs have in dementia.

- General feeling that people are still being left to manage their dementia - especially if they have some family support.
- Lack of routine follow-up and checks - especially for vascular dementia - and in primary care

*“Discharge nurses sometimes arrange packages of care for people who are elderly and with dementia which are not as thorough as those through social services”  
(Voluntary Organisation)*

*“GPs don’t give as much care” (service user)*

*“I felt I was diagnosed and then left” (service user)*

*“Sometimes I just see a nurse, when I want to see the consultant at the memory protection service” (service user)*

*“My GP never bothered about dementia from the day it happened” (service user)*

*“If you can ‘manage’ you are left” (service user)*

*“My GP has said to phone if I am having a crisis with my dementia but has not given me any information on what a ‘crisis’ might be. Lack of information and support given to me” (service user)*

### 3.3 Mixed picture of elderly hospital care - more positive recently suggesting improvements

*“Elderly care at the hospital is improving” (HWS member)*

Ward E58 Sunderland Royal Hospital praised *“care she received not only professional but very caring and considerate at all times”*  
(NHS Choices August 2014)

*“The staff were excellent and supportive. we were given any information which we inquired about” (NHS Choices, August 2014)*

*“due to the amount of confused patients, nursing staff seemed stretched, but staff were patient, caring, courteous. Trying to maintain patients dignity in extremely difficult circumstances” (NHS Choices September 2014)*

## 4. Summary

To summarise, patients and carers overall think NHS services have improved in Sunderland - especially around hospital discharge and dementia identification in the hospital setting.

People have also been positive about the Northumberland, Tyne & Wear NHS Trust Memory Protection Service which identifies and diagnoses dementia at the earliest opportunity.

There are concerns, however, about dementia care after treatment and diagnosis when people are referred back to primary care, and there is an expressed need for more “proactive and routine follow-up” in their dementia care.

## 5. Recommendations

The following recommendations are for those agencies responsible for the provision of elderly care, dementia and hospital discharge. These include the Sunderland Clinical Commissioning Group, City Hospitals NHS Foundation Trust and Northumberland, Tyne & Wear Mental Health Trust. They may also be of interest to those voluntary agencies involved in the provision of care for elderly people and/or those with dementia in Sunderland.

**1. Promote good practice in Sunderland and work that is happening** - we are fortunate in Sunderland to have innovative NHS services such as the Memory Protection Service (Northumberland, Tyne & Wear Mental Health Trust) and the Dementia and Delirium Outreach Team (City Hospitals Sunderland NHS Foundation Trust). These should be widely promoted and used as examples of best practice both locally and nationally.

**2. Ensure those with dementia in primary care have regular reviews.** There is a view that hospital services and community provision in Sunderland for dementia are improving, while provision in primary care is less satisfactory. This may need further work to establish a greater evidence-base. However, on the strength of intelligence so far we would recommend an emphasis is placed on encouraging routine and regular follow-up with dementia patients in the primary care setting.

### 3. Awareness training with health and social care professionals

Ensure that front line staff within social services have an awareness of the needs of elderly patients - and especially those with dementia. We would recommend an emphasis is placed on increasing dementia training for GP and primary care practitioners in particular.

### References

1. *Cracks in the Pathway, people's experiences of dementia care as they move between care homes and hospital* Care Quality Commission (October 2014)
2. <http://www.healthwatch.co.uk/then-what-special-inquiry>
3. NHS Choices - site which gathers patient feedback around local NHS services <http://www.nhs.uk/Services/hospitals/Overview/DefaultView.aspx?id=1251>



“Doctors, nurses,  
everyone should be  
aware of dementia”  
Dementia service user in  
Sunderland

**healthwatch**  
Sunderland

## Appendix 1 : Call for Evidence Flyer



### +++++CALL FOR EVIDENCE+++++

## .....Hospital Discharge, Dementia Assessment and Elderly Hospital Care.....



We have had some recent feedback from the local community around hospital discharge, dementia identification and elderly care at Sunderland Royal Hospital. We would like to gather more views around this so that we can identify if this is an area for further action. The specific areas we would like feedback on are:

- Any particular good or bad experiences of elderly care at Sunderland Royal Hospital, can you let us know which wards these were and what department
- Feedback on dementia identification and assessment at Sunderland Royal Hospital. Is dementia being “picked up” in the hospital setting before discharge?
- Views around the whole process of discharge from hospital—including preparation for discharge; liaison arrangements between the hospital and GPs, Care Homes etc; personal care plans and assessments; information and communication to patients, relatives and carers on the discharge process and aftercare, and any delayed discharges and reasons.
- Views on the “red tray system” of identifying elderly and vulnerable patients who have need for feeding assistance whilst in hospital. Is this system working effectively?

We would like feedback to be based on recent experiences if possible—preferably within the last 12 months and we would appreciate feedback from organisations and individual service users, friends and family and/or carers. Please send to us by 31st October 2014. Let us know your experiences! Contact us by phone, email or through our website online at [www.healthwatchesunderland.com](http://www.healthwatchesunderland.com). Feed in your issues via email to: [healthwatchesunderland@pcp.uk.net](mailto:healthwatchesunderland@pcp.uk.net). Telephone us at: 0191 5147145 Or write to us at: Healthwatch Sunderland, 112a High Street West, Sunderland, SR1 1TX.



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