



**Bournemouth Council
for Voluntary Service**



Health and Care Forum – Group Work Session Notes

**Tuesday 10th March, 1.55pm- 4.30pm
Heathlands Hotel, 12 Grove Road, Bournemouth, BH1 3AY**

1. What experiences have your service users/members had of hospital discharge? For example:
 - What good practice have you observed?
 - What can be improved with hospital discharge?
2. Do you think your organisation can play a greater role in supporting people who are being discharged?
3. Does your organisation engage with the hospitals concerning a specific health condition?
4. If so what are your experiences with this?
5. How can we develop more effective partnership work between the hospital and voluntary organisations?

Green Group

Claire Forman, Help and Care – Facilitator

Andree Fox, BCHA

Anne Millward, Bournemouth & Poole Lymphoedema and Lipoedema Support

Alison Orman, Enham Trust

Angela Warren, Health Involvement Network

Mark Phillips, Poole Chaplaincy

Person Centred Choice

- Use of lifeline contact person or other existing networks
- Expansion of Red Cross
- Faith community – use locally
- Ask the question – are they part of a community
- Hospital chaplaincy volunteers
- Issue with waiting for transport – doesn't arrive when it is supposed to
- Patients being discharged in the evening/late at night when they are vulnerable and have no way of getting home.
- Pack containing next of kin etc, assesses risk and stays with patient on admission
- Advance plan before admission occurs
- GP services having volunteers
- Good neighbour schemes
- Planning discharge in advance
- Use/pay tax drivers to settle

Specific Conditions

- About Face and Poole Hospital. It has taken time to be accepted.
- B&P Lymphoedema Support – embryonic group trying to make links. Identified gap between hospital, GP and community nurse co-ordination.

Effective Partnership Working

- Follow up service by perhaps the GP or chaplaincy. Is support in place?
- Use lifeline service to check on people for period after discharge – BCHA.
- Colleges for volunteers.
- My Life My Care database – is it complete? Get people to use it and Google.
- Time banking

Blue Group

Louise Bate, Healthwatch Dorset – Facilitator

Grace Ryan, BCHA

Romany Ross, BCVS

Liane Smith, Bournemouth & Poole Lymphoedema and Lipoedema Support

Lois Taylor, Bearwood Community in Action

Felicity Stuart, Borough of Poole (Poole Housing Partnership),

Good Practice

- Bearwood CIA – resident had a stroke and was treated in Poole hospital. On discharge the PALS team visited his home and installed new equipment. Another resident in his 90s broke his hip and reported excellent care in hospital and after discharge.
- Healthwatch – Hear of good connections to community and voluntary sector, especially Dorset POPP.
- Poole Housing Partnership – Red Cross have helped some of their residents when leaving hospital.

To be improved

- Poole Housing Partnership – has difficulty accessing and referring residents to the mental health team. Also struggle to arrange care and liaise with professionals. They are not always kept informed about discharges.
- B&P Lymphoedema – breakdown of information and communication while in hospital. No connection on discharge with district nurse team and GP. Adds extra stress. Lack of access to GP appointments. People end up using the out of hours service or A&E particularly at night and weekends.
- Healthwatch – when a patient has a family to support them the family members are able to help out and contact different organisations but a lone person isn't able to do this.
- BCHA – CRISIS team are not helpful or responsive when contacted.

Can our organisations support patients on discharge?

All organisations said they could offer support to patients on discharge HOWEVER, it needs to be emotional /well-being support and **not** medical or personal care eg feeding people, dressing wounds etc. Voluntary Sector organisations need a greater role but there needs to be funding for these services.

Specific Conditions

- Bournemouth & Poole Lymphoedema and Lipoedema Support
- BCHA – mental health services (mainly 111 rather than directly with hospital)
- Poole Housing Partnership – end of life with Macmillan and palliative care team

Experiences

- Bournemouth & Poole Lymphoedema and Lipoedema Support – no response from Poole Hospital after they sent a letter of introduction and to inform them of their services. Did receive a reply from Bournemouth Hospital.
- Poole Housing Partnership – hospitals don't get involved until the very end so residents are left to manage their pain and end up becoming depressed and/or relying on alcohol.

Effective Partnership Working

- Could the two CVS organisations make 'cheat sheets' in a format that suits the hospitals? Many organisations provide factsheets but the volume could be overwhelming.
- Signposting health professionals and patients to voluntary sector organisations. Bournemouth CVS has been attending multi-disciplinary team meetings at GP surgeries to signpost.

Red Group

Alison Shelton, LV=Streetwise – Facilitator

Jilly Collins, Abbeyfield Wessex

Martin Hancock, BCHA

Marta Adamus, Borough of Poole (Poole Housing Partnership)

Louise Thorp, Enham Trust

Kathryn Goodall, Inspiring Hope

- LV=Streetwise – More meetings.
- Abbeyfield Wessex – Have short term self-funding care up to 8 weeks. Have vacancies for people to take up tenancies. Could have short term/end of life without care. Offer food, bed and staff for support at £40 per night.
- BCHA – Need follow ups for people with no fixed abode. Place of safety for a minimum of 72 hours.
- Poole Housing Partnership – Have had help from the Red Cross. Let providers know there is a problem eg inform housing officer that support is needed.
- Enham Trust – Families can be in denial of elderly family needs.
- Inspiring Hope – Has been working on a directory for 6 years.

Yellow Group

Chris Beale, Poole CVS – Facilitator

Margaret Butler, Bournemouth & Poole Lymphoedema and Lipoedema Support Group

Emily Hunter, Borough of Poole (Poole Housing Partnership)

Martyn Webster, Healthwatch Dorset

Keri Harrison, Help and Care

1) The workshop identified the following issues linked to hospital discharge:

- There can be a post code lottery in how people can be discharged depending on the area they are returning to. Each local authority commissions different support services.
- Patients being discharged can find adapting to their home difficult, particularly if their mobility has been affected.
- Some people are discharged without sufficient information. This should not be the case, but a particular problem is when patients are verbally briefed; they may not take this information in. The information also needs to be personalised to the area they are returning to, for example "the following services are available in your area".

- Communication is a key issue particularly with the patient and/or the carer. Patients also need to be treated as individuals and their expectations managed.
- There is an assumption that the GP will take over after discharge from hospital but this is not always the case.
- Timing is a key issue when it comes to discharge, for example many of the community support services can have a waiting list as well, as a result patients can be discharged when it is not feasible to support them.
- There needs to be more focus on the day of discharge, with a number of patients being discharged things can become confused. If tasks e.g. sorting out the medication are not done at the right time the whole process can be held up leading to other problems. It was recognised that discharge was a complex process for everyone particularly for the patient.
- Homeless people can face specific challenges, they can be unfairly judged and discharged away from areas they are used to.
- Changing wards can also cause problems because information on the patient is not necessarily transferred with them.
- Housing providers are wanting to support their tenants when they are discharged, but do not always know when this will happen. They can also assist with follow up visits e.g. with the OTs.
- Other service providers expressed similar views, with representatives from voluntary organisations highlighting that they can offer flexible services to meet the needs of individuals.
- Will the Care Act have any implications for discharge e.g. how will councils support self-funders during/after discharge.
- The importance of getting feedback from patients was highlighted and the need to share this with staff/support services.
- The hospitals are identifying the more frequent users of hospital services and working with the councils to develop joint care plans for them. The hospitals want to become a more integral part of the Better Together programme. They also want to see more assistive technology being used to help patients with their discharge.

2) Potential joint solutions with the voluntary sector

- The hospitals need to meet with the housing providers to undertake some joint problem solving so that patients who are their tenants can be identified at an early stage, so follow up support can be organised.
- Volunteer “discharge buddies” are required specifically to support patients on the day of their discharge and then with follow up.

3) Issues relating to patient led groups

- A lack of knowledge about Lipoedema was highlighted, particularly as people may be referred to hospital through different routes. People with the same condition can end up on different wards depending on their specific circumstances.
- The hospital has a challenge because it has to be confident that the information it issues to patients is correct, therefore it is difficult for the hospital to accept leaflets without checking them first.
- It was agreed that the PALS service has a role to play in this and patient led groups should liaise with them about getting their leaflets etc displayed.