

ROUNDTABLE DISCUSSION ON BNSSG DISCHARGE TO ASSESS TRANSFORMATION PROGRAM- 8TH JUNE 2023

ROUND TABLE DISCUSSION PARTICIPANTS

98 people took part in the round table's & zoom discussions

- 64 CARERS
- 34 Policy makers/ carers support centre staff

TABLE 1

Carol Watson – Service Director Commissioning, Performance and Housing (South Gloucestershire Council)

Emma Temple – Commissioning Officer Carers (South Gloucestershire Council)

Sam Radford – Hospital Carers Liaison Worker (Carers Support Centre)

Cathy Daffada- Associate Director for Integrated Discharge (NBT)

Hilary Land- Emerita Professor of Family Policy (University of Bristol)

TABLE 2

Stephen Beet – Director of Adult Social Care (Bristol City Council)

Alex Crisp – Principal Occupational Therapist (Bristol City Council)

TABLE 3

Tim Poole – Chief Executive (Carers Support Centre)

Alissa Davies – Director D2A Transformation Program (BNSSG ICB)

Luke Knee–Senior carer support officer- CSC

TABLE 4- Chinese community

Holly Green – GP Carer Liaison Worker (Carers Support Centre)

ZOOM DISCUSSION:

Susy Giullari- Policy Engagement Lead (Carers Support Centre)

Jackie Longworth- Bristol Women Commission Economy Task Group

DISCUSSION QUESTIONS FINDINGS

What are the key outcomes for carers and people that we should be focusing on?

- The outcomes identified in the presentations are key but all become meaningless unless **Clear understood communication** is added as a key outcome. (Chinese carers table 4).
 - Language and cultural barriers. Need provision of community interpreters, community interpreters understand the culture too, is not just a matter of language translation (Chinese carers table).
 - Need to consider people who do not understand/speak English well (T3)
- **Listened to** - Carers feel not just heard but listened to and their views and input is reflected in the discharge plan. (T3)
- **Safe** - Discharge should be safe for both the cared for AND the carer. (T3)
- **Supported** - Carer feels supported throughout the process and, importantly, post discharge and is not just left. (T3)
- **Explain** - Carer feels they have had clear explanations of the process and any responsibilities, e.g. medication/ tests etc. that they will need to administer at home. (T3)
- **Choice** – carer doesn't feel 'pressurised' into agree to taking on unreasonable responsibilities post discharge. (T3) (Zoom)
- **Respected** – Carer feels respected as a partner in care with their views being taken seriously and from admission. (T3) Carers expertise as well as their limitations. (T1)
- **Financial/employment** Cost of care /impact of having to stop work to care for your loved one. (T3)
- **Balanced impact on carer and patient** Difficult and complex balancing act as needs of the patient sometimes in conflict with those of the carer (T3)

Are these the right questions to ask people and carers if we want to understand the impact of hospital discharge to assess?

Proposed questions for people and carers

Response options:
Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree

1. It was clearly explained to me what would happen next when I left hospital.
2. I was given printed information about what would happen next when I left hospital
3. I found the printed information helpful.
4. My experience after leaving hospital was as described. If not. What was different?
5. I understand the benefits of continuing my recovery at home, rather than staying in hospital.
6. My views and expertise as a carer were sought, listened and respected while a plan was developed to discharge the person I care for.
7. I was supported in my carer role after the person I care for was discharged. If not, what support did you need?
8. It was clearly explained to me when the person I care for would be discharged from hospital and what support they would have after leaving hospital.

- These questions are fine but become **meaningless unless language barriers** are addressed. The problem is that people who do not understand English well, will end up circling "agree" simply because they do not understand the info and the questions fully. (T4)
 - a. Could the hospital provide information leaflets in different languages?
 - b. Maybe some digital translation tool? Any translation is 'good enough', in that 'anything' would be better than 'nothing'). (T4)
- **Question 7**
 - a. Add **types of support** to tick: e.g., break; training (T4); emotional support (T3)

- b. Were you **given a choice about the amount and type of care** you wanted/could provide? E.g.: personal care; practical care; emotional care (zoom)
- **Questions 1-5. Distinguish patient and carer responses/impact** (T3)
 - a. Patient will often say everything is fine etc. unaware that the only reason it feels like that to them is that the carer is picking up the pieces and shielding them from any harm/concerns, often at the detriment to the carer's own health and wellbeing. It's very difficult for the carer to be open about the impact their loved one's illness/behaviour etc. is having on them as well as any concerns about discharge.
 - i. Ensure that any questions asked of the carer are done so privately and not in earshot of the patient.
 - ii. Check patient cognitive ability
- **Questions 2/3** Maybe specify "**clear and enough information.**" Better to have less and clear info. (T4) (T3) (T2)
- **Question 5**
 - a. **What about those people who have no family/friend/neighbour to rely on for care?** D2A assumes that everyone has someone that can become their unpaid carer after hospital discharge (Zoom)
 - b. This question would work with those who have Chinese family/friends to support them at home in a culturally appropriate way. But what about those who don't? (T4)
- **Questions 6-8 fine** (T3)
 - i. Add *Did you know about the support you were entitled to? Who to ask for support?* (T3)
 - ii. *What support was available especially for you as a carer?* (T3)
 - iii. *Is the community/home care provided enough to enable you to choose how much and which type of care you provide?* (Zoom)
- **Questions to add**
 - i. Were you told about the **discharge support grant?** (T2) (Zoom)
 - ii. Where you **identified as a carer on admission?** (T1)
 - iii. Where you given information before discharge? (T2)
 - iv. *"I felt like my concerns were heard, mitigation put in place, and I had a real choice and influence over when to discharge".* (T3)
 - v. *"My own health, wellbeing and ability to cope were considered in deciding on appropriate discharge date".* (T3)
 - vi. A question about the **impact the whole process has had on the carer's health and wellbeing** should be asked. If this it is not recorded, we could be trying to solve a problem only to create another (T3)
 - vii. A question about the **emotional toll on the carer**, help this with the offer of emotional support before discharge. (T3)
 - viii. Include a question about the **impact** of having the patient discharges on any **other family members in the house**, including **young carers**. (T3) (T1) (zoom)
 - ix. Need a question about experience at admission (T1)
 - x. **Review stage:** *Are you still getting support? Is it the right support?* (T1)
 - xi.
- **Simplify questions- use value-based questions:** (T2)

- i. *Did I feel listened too?* (T3) (T2)
- ii. “ “ “ *respected?* (T2)
- iii. “ “ “ *partnership?* (T2)
- iv.

- **How will responses be acted on?** (T2)

When in the discharge to assess journey should we be asking people and carers about its impact?

The Discharge to Assess journey



When in the discharge to assess journey should we be asking people and carers about its impact?



- **Not at entry point** because this is too overwhelming. (T4) (T2)
- The questions need to be asked at different stages of the discharge process for a survey to work well. (T3) Before discharge; during intermediate care and once the long-term care it's in place. People forget if you asked them how they felt 2 months before. (Zoom)
- *Was your experience of the process the same as explained in the hospital?* should be asked at the **end** of the process. (T3)
- Follow up phone calls to the carer post discharge rather than one service check-up call would give more intelligence re: effectiveness or otherwise of the discharge. (T3)
- Carers need to be asked feedback on the whole experience, rather than separate feedback to the different bodies involved. (T3)
- Asking some question over time would help assess if things are getting better (T3)
- At the end when all done and settled in a long-term arrangement. Can see things more clearly later when there is less stress (T3)
- Review it after reablement period (T2)

GENERAL FEEDBACK ON D2A

Information/training for carers at discharge point:

- **Generic training/support around discharge for carers:** support; responsibilities (T1) (T2)
- **Carer specific** printed information given out before discharge (T1).
- **Personal support plan for carers-** *what you need, like don't want....* (T2)
- Carers **lanyard** (T2)
- **Single nominated point of contact throughout** the D2A process (Zoom)
- **Right to ask about discharge and support whenever they felt ready, and able to ask more than once.** For some admission is to be overwhelming to retain information. Others want to find out just before discharge, others later. Many don't feel able to ask; they do not want to be a nuisance. (Chinese carers table 4)
- **Financial implications should be discussed with the carer before discharge.** Most people will not think of these things when a loved one is in hospital and the implications of their new caring responsibilities only hit home weeks/months after discharge. (T3)
- Carers should be able to use the **discharge grant to pay for other families/friends**, who provide practical support and breaks (Zoom)

Carers led awareness training for staff involved in discharge to assess

- There is a ***get on with it*** mindset. (T1) **Carers are exhausted!** (T1)
- **Mandatory** for new starters to ensure that carers are central to any discharge conversation. (T3)
- Staff need to be made aware of carer rights (T1)
- Hospital staff to recognise impact on carers (T2)

Better and continuous communications amongst staff involved in the discharge process.

- Consultants do not communicate with each other, and other staff (T1) (Zoom)
- Broken trust between different professionals (T1)
- Connect **pharmacy with ward teams** at discharge to avoid current long delays (T1)
Need more accurate discharge time information. *Can end up waiting all day* (T1)
- Communications between professionals should continue beyond discharge (T1)
- **The GP should be notified of new carer role at discharge** (T1)
- Need more Carers Support Centre GP liaison workers. (More voluntary sector support within hospitals (T3)
- **Involve carers in helping staff understand the home environment and carers own health and wellbeing** in as much as it might affect their ability to care safely (for both the patient and themselves)

A holistic and more complex understanding of caring relationships

- Consider the needs and choices of patients, carers and support services. (T3)
- Carers' **ability/willingness to care should be considered at the earliest opportunity** once admitted, **enabling safe discharge to assess** and avoid care breakdown (T3) (T2) (T1)
- Discussions about discharge and what's possible should be held in private with the carer as often the patient will say they are happy to go home unaware of the impact on the carer and their ability or not to cope. (T3)
- Printed info to be given to both carer and cared for (T3)

Recognise impact of delays in community care and NHS waiting lists on carers (T2)

- Carers Assessment and carers payment long delays affect ability to care after discharge (T1)
- Sent home after broke my back, had to wait 4 months for physio or the home adaptations I needed. (T3)
- Community care provided at home needs to work from day 1 (T3)

Promote D2A

- **Consider promoting discharge to assess in local media** (T2)
- **A telephone advice line?** (T2)
- The **term** *Discharge to Assess* is **meaningless** (T3)
- *Get yourselves out more. No one knows about ICB* (T2)

Current D2A ethos good but execution not so good. Before you used to have assistants coming round. (T3)

No review included in D2A. No one knows how the treatment support determined at discharge is actually going to work (T1)