



# Hospital Discharge

Report with Recommendations  
from the Hull LINK Investigation

April 2010

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A one page summary of this report is available on our website or on request from our office – see back page for contact details.

## What is Hull LINK?

Hull LINK is an independent network of local people and groups which has legal powers to examine health and social care services. Since 2008 LINKs have been set up across the country to give people more say in how these services are planned and run.

Our role is to find out what people think of local health and care services and enable them to suggest improvements. We can investigate areas of concern, make recommendations to services and get a response. We can also carry out spot checks, when necessary and under safeguards, to see if services are working well.

## Background – Why Hospital Discharge?

When Hull LINK first started work a lot of consultation was done to find out what health and care issues people were concerned about. As we asked people to sign up as LINK members we also sought their views on local services. People were able to give their views in person at events where the LINK was present, in writing via surveys and comment cards, and via a web survey on our website [www.hull-link.org.uk](http://www.hull-link.org.uk).

This engagement with people involved in the new LINK was very useful in showing what the main areas of local concern were. Over 100 people responded to this consultation. Based on the feedback received we put together a list of the top issues. At our LINK Members Forum in February 2009 attendees were asked to vote on what issues they would most like the LINK to take up. Hospital discharge emerged as the top priority issue with many people concerned about how discharge was operating in practice, and how people were supported through the process. Following this the LINK Steering Group formed a task and finish group to put together a plan to investigate the issue and come up with a report with recommendations for improving services.

## Background – Hospital Discharge in Hull

Hospital services in Hull are provided by Hull and East Yorkshire Hospitals NHS Trust, which is commissioned by NHS Hull, the city's Primary Care Trust, to provide acute and emergency services. Operating from two main sites at Hull Royal Infirmary and Castle Hill Hospital, Hull and East Yorkshire Hospitals NHS Trust provides hospital services to almost 600,000 people in the Hull and East Yorkshire area. It has 95% of the market for hospital secondary care services with NHS Hull.

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The main document governing the operation of hospital discharge is the Discharge and Transfer of Care Policy. This applies to the whole of Hull's health and social care community including all local NHS Trusts and the local authority. It provides a framework for staff to effect safe and timely discharge from hospital free from unnecessary delays. The key principles of the policy are:

- Provision of continuous information sharing and communication with the patient and carer regarding their needs.
- Early and effective discharge planning facilitated by a coordinated multi agency approach to the commissioning and delivery of services
- Organisations working proactively, separately and together to review and improve performance and find solutions.

Among the key aims and objectives of the policy are:

- To provide information to patients in accessible ways to help them understand how their discharge will take place.
- To put patients and carers at the centre of discharge planning from admission.
- To reduce the number of delayed transfers and discharges.
- To reduce the overall length of stay for simple and complex discharges.
- To avoid unnecessary delays.



## Our Investigation – How did we approach this issue?

It quickly became clear that hospital discharge is a huge issue, affecting many thousands of patients every year and involving many different parts of local NHS and care services across a number of different agencies and departments. In order to ensure our work on this issue would be manageable and capable of being completed within a reasonable timescale there was a need to agree a focus for the investigation.

*It was decided that the LINK would focus on how arrangements for hospital discharge were working in practice at a local level, our key aim being to assess how well the aims and objectives of the Discharge and Transfer of care Policy are being implemented.*

This would be done by gathering the views of local people who had recent experience of being discharged from hospital, either from personal experience or as a family member or carer of a patient. We also felt it would be important to engage with voluntary and community groups working with people who were likely to have experience of hospital services to find out what issues were being presented to them as part of their work.

With such a wide ranging issue to investigate, we are aware that our work will not have covered every possible area of concern, and that there will be many people with experiences of services who were not able to contribute to our investigation. However we feel that, within the time and resources available to deliver our report, our findings provide a valuable insight into how hospital discharge is operating at a local level. This report highlights a number of areas of concern to patients, and we hope it will be a useful resource for service planners and providers as they work to develop services for patients.

## Our Investigation – What did we do?

- **Surveys**

Our survey for patients, carers and family members, 'Your Experience of Hospital Discharge' was designed to ask people who had recent experience of being discharged from hospital about their experiences. It included questions on: how they were kept informed of arrangements for their discharge; medication issues; support needed after discharge; and practical matters such as transport home. It also asked what could have been done to improve their experience. 63 people responded to this survey.

Another survey was aimed at workers and volunteers in voluntary and community organisations who had experience of supporting people who had recently been in hospital. This document asked about: the kind of concerns people expressed about discharge; areas for improvement; and suggestions for improvements. 21 responses to this survey were received.

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- **Interviews**

We conducted informal interviews with staff and volunteers working with older or vulnerable people to gain an insight into their work with service users affected by hospital discharge. This was very useful in finding out about common issues concerning discharge which affect a number of people. Groups we spoke to included Carers' Centre Hull, Age Concern and Hull Churches Home From Hospital Service. A full list can be found in the report acknowledgments.

- **Enter and View Visits**

One of the most important legal powers LINKs have to carry out their role is enter and view, which allows representatives of the LINK to visit premises where health and care services are delivered to view how services are operating and to speak to service users and staff. Enter and View visits operate under strict guidelines which control how and when visits can take place. Visitors must undergo training and criminal record checks before being formally approved.

Hull LINK's first group of enter and view visitors were recruited, trained and formally approved and accredited in summer and autumn 2009. We felt that the power to enter and view would be a good opportunity to speak to patients directly about their experiences of discharge and to see how relevant services were being delivered. We therefore arranged for visits to be made to Hull and East Yorkshire Hospitals NHS Trust premises in January 2010.

Visits were made to:

- Castle Hill Hospital, Wards 21 and 5.
- Hull Royal Infirmary, Ward 10 and the Patient Lounge.

A total of eight visitors were involved, with two people visiting each location.

## **Our Investigation – What did we find out?**

A lot of people were keen to have their say on the issue of hospital discharge. Over 80 surveys were returned to us and our team of enter and view visitors spoke to 31 patients. We'd like to thank everyone who gave their time to assist with our investigation.

We have analysed the feedback received and for the purposes of this report we have grouped the comments and suggestions into the following themes:

- Communication
- Medication
- Assessments
- Support after discharge
- Other issues

This was one of the major themes to emerge from our investigation, and there were a number of different aspects to it, including communication with:

- Patients
- Carers and family members
- Other NHS services, such as the GP
- Other support services, such as social services or housing provider

## Feedback from Patients and Carers

### Key findings

- When asked if they felt they had been kept up to date throughout their stay on the most likely date and plans for leaving hospital, 54% felt they had been kept up to date, 35% felt that they had not been kept up to date, and the rest had no opinion on this.
- Of those who said they had not been kept up to date, more than half said it had not been easy to find out the necessary information.
- When asked if their next of kin had had problems obtaining information about the date and plans for leaving hospital, 61% said their next of kin had no problems, 29% of respondents said there had been problems, and the rest had no opinion.

Comments on this theme were divided, with some people clearly happy with the way communication was handled:

*'(I was) given the right information with plenty of time to make arrangements with next of kin.'*

*'My daughter was informed on each visit what was happening.'*

*'Information was satisfactorily passed on to next of kin.'*

Other respondents felt that there had been shortcomings in communication. Here are some responses when asked what could have been improved:

*'It would have been helpful if the staff informed you of any treatment or any falls, instead of you having to go and look for someone.'*

*'Letting people know (about discharge arrangements) at the appropriate time.'*

*'Be honest and explain everything easily for patient and family to understand.'*

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A common theme was a lack of communication between different services, or different parts of the same service:

*'It appears that staff need to be better at communicating with each other, and with social services, OT's etc.'*

*'I was waiting to hear from social services before I could leave and in the end I told the hospital I was leaving and then they got in touch with social services.'*

Some respondents found that communication about practical matters such as treatment was lacking:

*'There was no information about changing dressings.'*

*'I had a dressing on a drain wound – no one told me how I should look after it, if I could bathe, or anything.'*

*'(I had a) Hickman line in situ (and was) told it would be removed at outpatients and I would be notified when. A lot of mix up about getting it flushed out and eventually removed. Had to telephone myself to find out when and where as I got no notification until I had made many phone calls.'*

People had mixed experiences of communication concerning their date of discharge:

*'I was told I could go home at lunchtime, giving me time to stop visitors and contact my son to pick me up.'*

*'About time the NHS got its act together. We got told at visiting time that (my wife) was going home there and then.'*

*'I was waiting to hear from social services before I could leave and in the end I told the hospital I was leaving and then they got in touch with social services'*

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## Feedback from Workers and Volunteers

Communication emerged as a prominent theme from this survey. The need for good communication between the hospital and patients' families and carers, or their housing provider if appropriate, was highlighted by several respondents.

*'Lack of communication between the hospital and family members and carers about the needs of the patient at home.'*

*'Family and services (e.g. nursing or convalescent home) need to be informed much earlier.'*

*'Carers of patients are often not informed about how to cope with nursing their loved one when they arrive home.'*

*'Patients need a briefing on discharge about what to expect. They should be told if GP will be involved and whether or not to expect a visit and time frame for a visit.'*

When asked for suggestions as to what could improve patients' discharge experience, many ideas concerned improved communication:

*'Improved liaison with the hospital and social services department.'*

*'Family and carers to be more involved in the discharge process, and training around communication skills.'*

*'Speak to patients and carers. Involve them – don't assume they know about drugs or the way ahead.'*

*'Communicate to relatives full particulars about the patient's diagnosis and suggestions for help after discharge.'*

*'The main problems that occur in the hospital experience is lack of information. I appreciate staff are overworked but this must not affect the staff and patient rapport.'*

*'Carers feel they should be more involved in the discharge process.'*

*'Social services, the PCT and the health service: the more they work together and the more it's interlinked, the better for the client.'*

*'Communication with the social services department (needs to be improved), or with relatives who are going to be the carer. Or, if the patient is being discharged into sheltered housing accommodation, have communication with the staff so that the package needed on discharge can be ready in advance.'*

*'Although there is a very clear discharge procedure, I feel that (agencies) aren't entering fully into partnership working. I just get the impression it's not fully joined up.'*

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## Feedback from our Enter and View Visits

When our enter and view visitors asked patients how much they agreed that they had been kept up to date on the most likely date and plans for their discharge, 13 out of 28 people agreed or agreed strongly that they had, but 11 disagreed or strongly disagreed. One in five patients we spoke to said that their next of kin or people supporting them had had problems in getting information about the date and plans for them leaving hospital.

Some patients we spoke to advised they were happy with the way communication had been handled, but others felt there needs to be better information sharing or earlier notice of plans for them to return home. One older woman who was waiting for medication in the patients' lounge had been told by a doctor that morning that she would be going home. She said there had not been time to inform anyone and therefore there would be no one at home when she arrived.

Our visitors found that some patients were unaware of what the letters 'EDD' (Estimated Date of Discharge) on the board above their beds referred to, and this did not seem to have been explained to them, in one case even when the EDD was listed as the next day.

Our visitors also identified a need to accommodate patients' varying needs in communicating with them. For example, an elderly patient was concerned about how to get the keys back to her property when she returned home. She had asked the nurses about this but apparently forgotten the response. The patient herself identified the way to address her needs:

*'I do forget things and if they could write it down I wouldn't have to ask them again.'*

Another area of concern identified was communication between departments within the hospital:

*'One says one thing, one another. Too much bureaucracy and waiting for answers.'*



There were a number of comments made about medication issued at the hospital to be taken home. The main issue raised was that of having to wait a long time for prescriptions to be processed by the hospital pharmacy.

## Feedback from Patients and Carers

When asked how much they agreed that medication issued by the hospital was received in good time before leaving, 60% agreed or agreed strongly that it was and 32% disagreed or disagreed strongly, with the remainder having no opinion.

Delays caused by waiting for medication are clearly a cause of inconvenience and distress to patients, as demonstrated by these comments:

*'Considerable delay in obtaining my prescription. I had a lengthy wait which held up my lift home (from HRI).'*

*'A long uncomfortable wait for medication.'*

*'You are kept waiting too long for medication before you leave hospital.'*

*'I waited from 2.30 to 6.30 for my medicines. I was waiting in the day room as my bed was required. I was told that if my medicine hadn't arrived from the pharmacy I would be left in the hospital overnight. At 6.30 the last delivery was made.'*

## Feedback from Workers and Volunteers

The issue of long waits for patients to receive medication was raised by a number of people working or volunteering with people who had recently been in hospital:

*'Medications need to be delivered sooner so patients and service users are not waiting.'*

There were also concerns that information about how medication should be taken and used was deficient. This is of particular concern when patients are given different medication on discharge from what they were taking at admittance.

*'Information about medications and physiotherapy is not always given.'*

*'Not enough or no information on their health problem. They are given a bag of tablets and not told what they are for and how long they should be taken for.'*

*'More information needs to be passed on to patients concerning their diagnosis and the drugs they are discharged with.'*

Linking in with the earlier communication theme, concern was expressed that in some cases GP's may go on prescribing inappropriate medications for patients if they had not received timely information concerning changes in prescriptions.

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## Feedback from our Enter and View Visits

Two of our visitors observed services and spoke to patients in the patient lounge at Hull Royal Infirmary, where patients can wait for their medication at the end of a stay in hospital. Our visitors were impressed by the system whereby a charge nurse was tasked with explaining to patients how to take their medication as it was issued to them. This did, however, raise the question as to whether patients who do not go to the patient lounge before discharge have things explained to them as thoroughly.

Overall, our visitors found that patients were frustrated with long waits for medication to take home:

*'I will have to remind the nurses 24 hours before I leave to get medication, otherwise you are waiting to midnight.'* (Comment from a patient)

*'Patient goes home and relatives return to the patients' lounge for medication. Does not like the patients' lounge due to length of wait.'* (Comment from an enter and view visitor)



Our research found evidence that, in cases where patients will not be able to manage unaided when they return home, some people are concerned that their care needs have not been fully assessed in advance.

### Feedback from Patients and Carers

When asked how much they agreed that their needs after leaving hospital had been discussed with them in advance and arrangements made for services they would need, 48% agreed or strongly agreed and 33% disagreed or strongly disagreed, with the remainder having no opinion.

The comments received demonstrate that, in some cases, patients felt that their needs had not been fully assessed:

*'I was told I didn't need help at home after my operation. After one week I was given carers as I was unable to cope.'*

*'(I was) discharged too early – only managed to get out of bed unaided that morning knowing I would have to do so at home. I had to contact social services myself as I was unable to get out.'*

*'I would have liked someone from the hospital to ask me how I was going to manage when I get home. I live alone and have other health problems.'*

### Feedback from Workers and Volunteers

Workers and volunteers with experience of helping people who have recently come out of hospital identified assessments as an area that often causes difficulties for patients. This theme was mentioned a number of times, the main concern being that people were being left unsupported with no care or support package in place.

*'More often than not the people who ring me have been discharged without a care plan. Or relatives and family members feel the plan has not been comprehensive enough.'*

A number of examples were reported to us of poor practice in discharge, whereby people with considerable care needs had been discharged without adequate support in place. The common themes in these cases were an inadequate or unrealistic assessment of the patient's needs, a lack of planning and insufficient measures being put in place to support the patient after discharge.

Some workers expressed the view that patients are sometimes inclined to underestimate their difficulties and to say they can manage without support when in fact they do need help, and that this needs to be taken account of in assessments.

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When asked for suggestions as to what could be done to improve discharge services, a number of ideas related to this area:

*'The hospitals/Social Services department should give maximum priority to ensuring patients needs are going to be covered upon their discharge.'*

*'Care packages to be put in place before patients/service users are discharged.'*

*'If (patients) live alone, ensure they can manage before sending home.'*

## Feedback from our Enter and View Visits

When our visitors asked patients whether their needs after leaving hospital such as help from social services or therapy had been discussed with them, most agreed that they had. A small number of the patients said they had not, including one person who was caring for a disabled son and was herself disabled, and had not had a carers' assessment. Our visitor urged her to make enquiries about this and suggested sources of help.



Our investigation highlighted concerns, particularly among groups and organisations supporting elderly and vulnerable people, about whether patients get access to adequate support in managing at home after discharge.

## Feedback from Workers and Volunteers

Some of the issues highlighted are practical ones to do with day to day essentials:

*'(People are concerned about) whether they will have adequate food in. Will the home be adequately heated upon return? Are there unpaid bills to be considered?'*

*'(People are concerned about) having adequate provisions if they are going to be housebound.'*

Other comments indicated general concern and anxiety among patients about coping on their return home:

*'(People are) concerned about being able to cope once they return home.'*

*'(People have) fear of the unknown, and of being able to cope.'*

Another important issue raised was that of medical services after discharge from hospital. Uncertainty about follow up appointments and services from other medical professionals such as district nurses was a common theme.

*'When I have visited homes where a patient has been recently discharged they are often very uncertain about what should happen next. Should they expect visit from GP or district nurse – they don't know.'*

*'Access to physio and other services seems to be ad hoc rather than systematic.'*

The need for improved information for patients on sources of help and support was highlighted by several respondents:

*'Information about community services could be issued as standard.'*

*'Information exchange. Particularly important for a follow up service to have accurate information – not the wrong house number or wrong telephone numbers.'*

*'Information about community services could be issued as standard'*

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Many of the suggestions for improvements from those working and volunteering with former patients concerned better information, signposting and referrals:

*'A much higher concern regarding the quality of this part of the hospital process. A booklet that explains clearly why you will not need visits from the district nurse and options re other support.'*

*'Reassure them there is help available. Good telephone contact numbers. Clear instructions about medicine.'*

*'Information directory with services available to patients in the community.'*

*'Signpost to relevant services – those outside the NHS have a wealth of experience and are well proved.'*

*'Making sure services are in place prior to discharge. Nursing services informed if required. Ring and inform services who are going to be involved with the client earlier.'*

Our research also showed that people working and volunteering in organisations supporting discharged patients feel their services are in many cases either unknown to, or not well understood by health and care workers. When there is poor awareness of community services it can also lead to patients missing out on help available to them. It can also lead to inappropriate referrals, such as people with high level needs being referred to a service which is designed for people with low to medium needs.

On the theme of support after discharge, one of our enter and view visitors reported a conversation with a young patient's mother in the patients' lounge at the end of her stay who was unaware of help available to her once she returned home:

*'Ambulance not available so had to wait for husband to be available. This young mother of a son with cystic fibrosis appears to have had no discussions regarding her own needs as a disabled person as well as being a carer.'*

Our visitor assisted by signposting to sources of help, but felt this was a matter that should have been talked through with the patient by the hospital staff.

*'Signpost to relevant services - those outside the NHS have a wealth of experience and are well proved'*

Our investigation highlighted a number of other issues concerning hospital discharge and transfer of care which, although not highlighted by a large number of respondents, are nonetheless important and should be reported.

### Transport

When we asked patients how much they agreed that they had been fully informed of the different ways transport home could be provided, 30% agreed or agreed strongly but 37% disagreed or disagreed strongly. The rest had no opinion.

Comments on this issue showed some people had a frustrating experience of patient transport services:

*'I was told hospital could provide transport but none turned up on Saturday. They were very busy.'*

*'Sometimes you are kept waiting hours for an ambulance to take you back home.'*

Our survey of workers and volunteers also indicated some concerns about a lack of available transport for patients, and how patient transport fits in with the discharge process:

*'To get home quickly ambulances should be prompt. Discharge date is sometimes put off for another because of lack of available transport.'*

Patient transport has been chosen as a priority workplan issue for the LINK to investigate, with a report on this issue to be delivered later in 2010. The feedback gained through this investigation will inform our work on patient transport.

### Property

We asked people who had recently been discharged whether they agreed that their property was returned to them in good order before they left hospital. 60% agreed or agreed strongly that they had and 16% disagreed or disagreed strongly, with the rest expressing no opinion. It is encouraging that the majority had no problems with this, but still a concern that a small though not insignificant number had problems.

Our enter and view visitors also received some comments on this theme, with one person complaining that distress was caused to her mother by the loss of a washing kit which went missing when she moved wards. Another patient suggested a system of tickets for patients in for a long stay when their property gets taken away.

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## Readmissions

Our enter and view visitors reported meeting a number of patients who had been discharged at the end of a stay in hospital but found themselves being readmitted very soon afterwards. In one case the readmission was within one day; in another within two days.

There are, of course, many different reasons why a patient may be readmitted within a short time and we cannot comment on individual cases, but the theme of readmissions is an important one and may bear further investigation.

## Transfers to Other Wards

Hospital policy is that, unless indicated clinically and in the patient's best interests, patient moves are undesirable and are to be avoided where possible.

One of our enter and view visitors reported a case where a patient had undergone several moves. As the patient said:

*'I have been to six different wards: 18, 20, 7, 9, 16 for one night, 28 for two weeks, then 21. Feel very unhappy after arriving on first ward to be woken at midnight on a bitterly cold night, with COPD, asthma, and taken by wheelchair into a van to X ray, which made me worse than when I came in. Upheaval has made me feel bad.'*

Again we cannot comment on individual cases and accept that in some cases transfers are necessary and unavoidable, but careful management of the process is essential to avoid distress and anxiety to patients.



As this report shows, hospital discharge is a huge issue covering many aspects of health and care services. Thousands of people spend time in hospital every year and with such large numbers involved it is inevitable that there will sometimes be problems.

It should be stressed that some people who contributed to our investigation had received a very good service, as these comments show:

*'My hospital experience was first class.'*

*'Discharge went really well. Patient lives in sheltered housing who were kept fully informed.'*

*'Good discharge experience.'*

Our enter and view visitors spoke to some patients who were pleased with how their discharge was being handled, and with the overall standard of service:

*'Overall very happy with treatment and service. Staff excellent. Shocked at speed and efficiency of service generally – in at 6.30pm, out today at 9.50am.'*

*'My family and I were kept informed about my discharge by the nurses and doctors.'*

*'Amazed at proficiency and professionalism.'*

There were however, many people who were less satisfied. As we have seen, several people complain of problems in being kept informed and updated on essential information. Poor communication, long waits for medication, a shortage of help and support after discharge and a lack of information on where to get help all leave patients and carers feeling frustrated, anxious and unsupported. Staff and volunteers in support organisations pointed to a need for different services to work together more effectively to ensure patients get the support they need.

*'My family and I were kept informed about discharge by the nurses and doctors'*

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What does our investigation tell us about the main areas where we feel improvements are needed in hospital discharge?

- **Improved communication**

Many people feel this needs to be improved in order to reduce stress and uncertainty. Patients and carers are too often left without necessary information concerning their discharge and care arrangements. Problems are caused when different services or different parts of the same service do not communicate effectively.

- **Reduced waiting for medication**

Long waits present a burden to people whose main priority is surely to get home and rest at the end of a stay in hospital. Several people complained at having to wait, in some cases for many hours, to receive medication when they come to be discharged.

- **Better assessment of care needs**

Information we gathered shows that many people feel their care needs have not been properly assessed. This can be a source of concern to patients who are left worrying about how they are going to manage at home. In some cases problems will occur after discharge as patients are left without adequate support.

- **Improved information and referral to support after discharge**

Our investigation showed that patients are often uncertain what will happen next concerning their care after discharge. We also found that signposting and referral to sources of help was sometimes lacking or deficient.

It should be noted that, with many if not all of the problems and difficulties highlighted by our report, policies and procedures do exist to address them. For example the Discharge and Transfer of Care Policy, referred to in the introduction, stresses the need to communicate effectively with patients and put patients and carers at the centre of discharge planning from admission. As one respondent, a member of staff with a voluntary organisation supporting older people said:

*'Everything is there, it's agreed we all know what people should be doing, but it isn't happening. In some cases it is good. But there's no continuity, (good discharge experience) should be right across the board.'*

The issue, it seems, is how to ensure these aims are put into practice and delivered on a day to day basis in busy hospital settings where staff are under pressure to perform their duties, deliver effective care and meet targets.

With such a complex issue it would be unrealistic to expect the problems to be solvable easily or quickly. Many people who helped with our investigation pointed out that problems with hospital discharge had existed for as long as they had been involved with the health and care sector. But in making these recommendations we feel progress can be made in ensuring discharge works better for more people.

What do we want to see happen as a result of this report?

Hull LINK makes the following recommendations under its legal powers:

1. Hull and East Yorkshire Hospitals NHS Trust respond to the report with an assessment of actions in place or being planned to deliver improvements in the main areas highlighted in the report conclusions: improved communication; reduced waiting for medication; better assessment of care needs; and improved information and referral to support after discharge.
2. NHS Hull respond to the report with an assessment of the implications of the main conclusions (improved communication; reduced waiting for medication; better assessment of care needs; and improved information and referral to support after discharge) in its role as commissioner of acute services for patients in Hull, and action it can take in this role to secure improvements.
3. Hull City Council respond to the report with an assessment of actions in place or being planned to deliver improvements in the areas of better assessment of care needs and improved information and referral to support after discharge.
4. The main conclusions of the report to be communicated to staff at all levels of Hull and East Yorkshire Hospitals NHS Trust, with emphasis placed on the need for improved communication with patients and carers.
5. The report findings regarding the need for improved communication to be incorporated into training for Hull and East Yorkshire Hospitals NHS Trust staff.
6. Hull and East Yorkshire Hospitals NHS Trust provide an analysis of the reasons for delays in medication being issued to patients at discharge, and proposals as to how waiting times can be reduced.
7. Hull and East Yorkshire Hospitals NHS Trust conduct a piece of work to update its information resources on sources of help from the voluntary and community sector for patients after discharge, and ensure the completed work is communicated to staff. The LINK is prepared to assist with this work.
8. Hull and East Yorkshire Hospitals NHS Trust provide details of action being taken or planned to reduce readmissions to hospital.

Hull LINK will monitor the responses to our recommendations and keep our members and stakeholders informed of progress and action taken to implement them.

Hull LINK wishes to thank all those who contributed to our investigation.

- Everyone involved with Hull LINK who completed our survey
- The staff, volunteers and users of Hull Churches Home From Hospital Service  
Hull Churches Home From Hospital Service helps vulnerable people to continue in their homes through convalescence. They provide an Adult Service, a Carers's Support Scheme and a Telecare/Telehealth Service.  
[www.hchfh.wordpress.com](http://www.hchfh.wordpress.com)  
Telephone 01482 447673
- The staff, volunteers and users of Carers' Centre Hull  
Carers' Centre Hull is dedicated to supporting carers. Among their services are an information service, listening ear and support, Oasis short break service, outreach service, Caring at Work project and Caring with Confidence skills and knowledge programme.  
[www.carerscentrehull.org.uk](http://www.carerscentrehull.org.uk)  
Telephone 01482 225078
- The staff, volunteers and users of Age Concern Hull  
Age Concern Hull is dedicated to improving older people's lives and provides services including its Ageing Well and Falls project, Locked Out project, and Advocacy and Befriending Project. They have a Healthy Living Centre in Hull and offer a range of products and services for older people.  
[www.ageconcernhull.org](http://www.ageconcernhull.org)  
Telephone 01482 324644
- The staff, volunteers and users of the Lemon Tree Children's Centre  
The centre on North Bransholme offers a number of services to parents and carers including health advice, childcare, parenting and family support, playgroups and activities.  
[www.hullcc.gov.uk](http://www.hullcc.gov.uk) (search for Children's Centres)  
Telephone 01482 828901
- The staff, volunteers and users of Bodmin Road Church  
Bodmin Road Church in Bransholme has a long history of community engagement and provides a number of activities and programmes which are open to all, regardless of faith or culture. These include a carers' service, a community café, and activity for juniors and teens.  
[www.bodminroadchurch.com](http://www.bodminroadchurch.com)  
Telephone 01482 834417
- The staff and volunteers of Healthwise Hull  
Healthwise Hull offers people training and support to become Community Health Champions in their local area, empowering local people to improve the health choices that they, their families and friends make.  
[www.healthwise.goodwintrust.org](http://www.healthwise.goodwintrust.org)  
Telephone 01482 485900

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- The staff and residents of Hull Churches Housing Association  
Hull Churches is an independent, locally based charitable Housing Association working solely in the city of Hull. They have 353 homes in Hull, for older people, single people, families and those with special needs to whom they can offer appropriate support.

[www.housingnet.co.uk/housingnet-html/Hull\\_Churches\\_Housing\\_Association\\_Ltd\\_HCHA\\_.html](http://www.housingnet.co.uk/housingnet-html/Hull_Churches_Housing_Association_Ltd_HCHA_.html)

Telephone 01482 210842

- The staff and users of the Stroke Association  
The Stroke Association works to prevent strokes and give support to people who have had a stroke. They provide information, rehabilitation and support services.

<http://www.stroke.org.uk>

Telephone 01482 853994

- The staff and users of Dove House Hospice  
Dove House Hospice provides a number of services to help people who have been diagnosed with a non-curable life limiting illness. They have an in-patient unit and a day therapy unit and provide family support, drop-in, respite care and education.

[www.dovehouse.org.uk](http://www.dovehouse.org.uk)

Telephone 01482 784343

- Parkinson's UK (formerly Parkinson's Disease Society) Hull and East Yorkshire Branch

The Hull branch offers the chance to meet other people in the area, get information and take part in activities. They run regular meetings and a library.

[www.parkinsons.org.uk](http://www.parkinsons.org.uk)

Telephone 01482 896881

- Hull Late Night Pharmacy

Hull Late Night Pharmacy is an independent, family owned pharmacy that, as well as its pharmacy service, provides a number of services including Stop Smoking Service, Minor Ailments Service, Health and Well Being Checks and Residential and Care Homes Service.

[www.hulllatenightpharmacy.co.uk](http://www.hulllatenightpharmacy.co.uk)

Telephone 01482 307880

- Hull LINK's team of Enter and View Visitors

This is a team of volunteers who have undergone training and appropriate background checks in preparation for their role of conducting visits to premises where health and care services are delivered. For more information visit [www.hull-link.org.uk](http://www.hull-link.org.uk)



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Hull CVS Ltd is the host organisation for the Hull LINK



**Hull CVS**  
*'community and voluntary services'*

**Hull Community and Voluntary Services Ltd.**

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