

V.

RECOMMENDATIONSA. RECOMMENDATIONS TO THE BRIGHTON HEALTH AUTHORITY

Drawing on the findings of this survey and those of other research in this field, Brighton Community Health Council wish to put forward the following recommendations to the Brighton Health Authority for the improvement of the Aftercare Services to the elderly in the District:-

1. That the Authority draw up a formal statement of policy for discharge applicable to all patients over 65 years discharged from any hospital in the District and ensures that all relevant staff understand and implement such a policy.
2. That such a policy should ensure provision for:-
 - (a) A routine check on all elderly patients regarding their home circumstances and possible aftercare needs before discharge.
 - (b) A minimum of 24 hours notice of discharge for all elderly patients.
 - (c) A hospital discharge letter to be dispatched to the general practitioner within 24 hours of notification of discharge.
 - (d) A mandatory home visit by a member of the Primary Health Care Team within the first 48 hours of discharge to all elderly patients over 75 years living alone.
 - (e) Written instructions to all elderly patients before leaving hospital concerning their medication and guidance for self-care and the services to be provided for them after discharge, together with a useful list of telephone numbers and addresses for a wide range of community-based services, both statutory and voluntary.
 - (f) A follow-up visit by a member of the Primary Health Care Team about one month after discharge to check on the long-term recuperation of all those over 75 years.
3. That current Community Liaison Officer posts be reviewed and consideration given to expanding the role to that of a hospital-based Aftercare Co-ordinator, as described by the Continuing Care Project.
4. That the role of the General Practitioner in the provision of aftercare be discussed with the Family Practitioner Committee in order to agree a set of feasible expectations which can then be widely publicised.
5. That discussions take place with community health care staff, East Sussex Social Services Department and local voluntary organisations to establish Joint Community Care Co-ordinators to whom hospital and other professional staff, relatives and patients can relate.
6. That the relationship between the BHA's volunteers within the hospital and local voluntary organisations be reviewed to see how their contribution to preparation for discharge and the provision of aftercare might be enhanced.
7. That there be a greater willingness to listen and respond to patient definitions of need and not merely to offer a set package of care on discharge.

It is accepted that aftercare is both a multi-disciplinary and a multi-agency exercise. No Health Authority can or should accept full responsibility, but, as the agency which takes the initial decision to discharge, it must accept of pre-eminent role in ensuring that patients' needs are met.

B. RECOMMENDATIONS TO THE EAST SUSSEX SOCIAL SERVICES DEPARTMENT

Much of the actual provision of aftercare facilities falls within the remit of Social Services Departments. The Community Health Council, recognising the impossibility of effecting improvements through Health Services alone, addresses the following recommendations to East Sussex Social Services Department:-

1. That discussions take place with Brighton Health Authority concerning the role of hospital social workers visà vis the discharge of elderly patients in view of a potentially expanding role for the Community Liaison Officer. To what extent should hospital social workers rely on referral from nursing staff or from patients themselves?
2. That discussions take place with general practitioners, community nursing staff and voluntary organisations to establish Joint Community Care Co-ordinators to whom professional staff, relatives and patients can relate. In addition, that strategies be reviewed concerning exchange of relevant information between agencies, paying particular attention to the need to mobilise support as soon as possible after discharge; and that consideration be given to establishing guidelines of minimal acceptable delay.
3. Whilst not relevant to the needs of all elderly patients, the Home Help service was widely appreciated and desired by patients not receiving it. Consideration should therefore be given to offering a guarantee of provision, without charge, for a period of at least 14 days after discharge to all those aged 75 years and over who desire to make use of the service.
4. That the Department commit itself to a flexible approach to the provision of aftercare support, reflecting the client's perception of need, such as assistance with shopping, and less reliance on set packages of care.
5. That consideration be given to the mounting of a small local enquiry into the kind of help clients feel would be most useful.

C. RECOMMENDATIONS TO THE EAST SUSSEX FAMILY PRACTITIONER COMMITTEE

Recognising that the General Practitioner is a key figure in the continuing care of elderly patients, Brighton Community Health Council would like to put forward the following recommendations to the East Sussex Family Practitioner Committee:-

- A. That the role of the General Practitioner in the provision of aftercare be discussed with the Brighton Health Authority in order to agree a set of feasible expectations which can then be widely publicised.
- B. That discussions take place with community health care staff, East Sussex Social Services Department and local voluntary organisations to establish Joint Community Care Co-ordinators to whom hospital and other professional staff, relatives and patients can relate.

In addition, the Community Health Council would like to draw the attention of the East Sussex Family Practitioner Committee to the following recommendations made to Brighton Health Authority (see page 68):-

- 1. That the Authority draw up a formal statement of policy for discharge applicable to all patients over 65 years discharged from any hospital in the District and ensures that all relevant staff understand and implement such a policy.
- 2. That such a policy should ensure provision for:-
 - (c) A hospital discharge letter to be dispatched to the general practitioner within 24 hours of notification of discharge.
 - (d) A mandatory home visit by a member of the Primary Health Care Team within the first 48 hours of discharge to all elderly patients over 75 years living alone.
 - (e) Written instructions to all elderly patients before leaving hospital concerning their medication and guidance for self-care and the services to be provided for them after discharge, together with a useful list of telephone numbers and addresses for a wide range of community-based services, both statutory and voluntary.
 - (f) A follow-up visit by a member of the Primary Health Care Team about one month after discharge to check on the long-term recuperation of all those over 75 years.

APPENDIX I

RECORD OF PLANNING MEETINGS

Meetings of Brighton CHC Ad Hoc Sub-Committee for Primary Health Care
concerned with planning a Survey of Elderly Patients Returning Home from Hospital

- 24.10.84 Planning Meeting at CHC Office
- 16.11.84 Planning Meeting at CHC Office
- 5.12.84 Meeting with Officers of the Brighton Health Authority at Brighton General Hospital
- 14.12.84 Meeting with District Medical Records Manager at Royal Sussex County Hospital
- 3.1.85 Meeting with Officers of Brighton Health Authority at Wellington Road
- 7.1.85 Meeting with representatives of the Voluntary Sector at CHC Office
- 16.1.85 Meeting with Officers of East Sussex Social Services Department at CHC Office
- 25.1.85 Visit to Defflis Ward and Level 9 regarding Pilot Survey
- 4.2.85 Meeting with Mr. Perez Avila, Consultant, Accident & Emergency Department, at Royal Sussex County Hospital
- 13.2.85 Meeting with Ward Clerks, Royal Sussex County Hospital
- 15.2.85 Planning Meeting at CHC Office
- 18.2.85 Meeting with Officers of Brighton Health Authority at Brighton General Hospital
- 27.2.85 Training Day at Brighton Polytechnic, Falmer

Minutes of the meetings concerned give a "blow by blow" account of discussions and reveal the options which were entertained and subsequently rejected as well as those finally incorporated into the Survey.

QUESTIONNAIRE FOR A STUDY OF ELDERLY PATIENTS RETURNING HOME FROM HOSPITAL

Interviewer's Code

Date of Interview

Patient's Code

Time of Interview

District Code

A. INTRODUCTION

(Interviewer to explain purpose of interview and confirm relevant details)

Q.1 How many days ago did you get home from hospital?
(Enter no. of days)

Q.2 (a) Which ward were you admitted to?

(b) Which ward were you discharged from?

(Enter ward names for subsequent coding)

B. BACKGROUND INFORMATIONQ.3 How long have you lived at this address?
(Enter no. of months as accurately as possible)Q.4 (a) Do you normally live alone?
(Yes = 1 No = 2)If answer to 4(a) is NO ask

(b) Who lives in the same household with you -

(Yes = 1 No = 2

Spouse

Not applicable (N/A) = 9)

Child(ren)

Other relative(s)

Non relative(s)

If answer to 4(a) is YES ask(c) Have you been living alone since you returned
from hospital?

(Yes = 1 No = 2 N/A = 9)

If answer to 4(c) is NO ask

(d) Who has been living with you since you returned from hospital?

(Yes = 1 No = 2 N/A = 9)

Spouse

Child(ren)

Other relative(s)

Non relative(s)

B. (continued)

Q.5 (a) Is anyone living with you also elderly (over 65 yrs)? ☐
(Yes = 1 No = 2)

If answer to 5(a) is YES ask

(b) Is the elderly person(s) the only other person(s) living with you? ☐
(Yes = 1 No = 2 N/A = 9)

Ask all respondents

(c) Is anyone living with you, including other elderly persons, handicapped in any way? ☐
(Yes = 1 No = 2 N/A = 9)
N.B. handicapped to imply difficulty in performing everyday tasks like shopping, cooking and caring for him/herself.

If answer to 5(c) is YES, ask

(d) Is the handicapped person(s) the only other person(s) living with you? ☐
(Yes = 1 No = 2 N/A = 9)

Q.6 Before you went into hospital were any of the following calling regularly (i.e. at least once a week) at your home to see you or any other member of your household?
(Yes = 1 No = 2)

GP

District Nurse

Health Visitor

Social Worker

Home Help

Meals on wheels

WRVS

Other voluntary visitor

Q.7 What kind of accommodation have you got here?

(Code 1 - 6)

1. House
2. Bungalow
3. Flat (ground floor or with lift)
4. Flat(not ground floor,without lift)
5. Room
6. Sheltered accommodation (self service but with warden on call)

B. (Continued)

Q.8 (a) What kind of heating do you possess?
(Code possession = 1 non-possession = 2)

(b) How often do you use the heating you possess at this time of year?
(Code All day, everyday = 1 Occasionally = 4
Sometime everyday = 2 Never = 5
Sometime, most days = 3 N/A = 9)

Full central heating (radiator in every room)

Partial central heating

Night storage heaters

Gas fires

Electric fires

Paraffin stoves

Coal fires

Other (specify)

	(a)	(b)

Q.9 Do you have a telephone?
(Yes = 1 No = 2)

--

Q.10 In addition to any adult relatives living with you have you any other relatives living -

(Specify no. of less than 1 mile away approximately
relatives in each more than 1 mile but less than 10
category) between 10 and 30 miles approximately

Q.11 How many years have you lived in this district, i.e. within 30 miles of here as opposed to living at this address?
(Code no. of years)

--	--

Q.12 How old were you on your last birthday?
(Code no. of years)

--	--

Q.13 Code sex of interviewee
(Female = 1 Male = 2)

--

B. (Continued)

Q.8 (a) What kind of heating do you possess?
(Code possession = 1 non-possession = 2)

(b) How often do you use the heating you possess at this time of year?

(Code All day, everyday = 1 Occasionally = 4
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Full central heating (radiator in every room)

Partial central heating

Night storage heaters

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Electric fires

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(Specify no. of less than 1 mile away approximately
relatives in each more than 1 mile but less than 10
category) between 10 and 30 miles approximately

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(Code no. of years)

--	--

Q.12 How old were you on your last birthday?
(Code no. of years)

--	--

Q.13 Code sex of interviewee
(Female = 1 Male = 2)

--

C. RECENT HOSPITALISATION AND DISCHARGE

Q.14 How long was your hospital stay?
(Specify no. of days spent in hospital on last visit)

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Q.15 Have you previously been in hospital at any time
in the last 12 months?
(Yes = 1 No = 2)

--

Q.16 Why were you in hospital?
(Give summary of patient's explanation)

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Q.17 (a) Did you know before you went into hospital that
you would be going in?
(Yes = 1 No = 2 N/A=9)

--

If answer to 17(a) is YES ask

(b) How long before you were admitted did you know the
date you would be going in?
(Code no. of days, any period less than 1 day to
count as 1, N/A = 99)

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Q.18 (a) How did you come to be discharged from hospital -
did the hospital authorities inform you that you were
ready to leave or did you discharge yourself?
(Code informed of discharge = 1 Discharged self = 2)

--

Ask ONLY those who were discharged according to hospital wishes

(b) When informed of your discharge did you feel that
you were ready to leave?
(Yes = 1 No = 2 N/A = 9)

--

Ask ONLY those who did NOT feel ready to leave

(c) For what reason did you feel reluctant to leave hospital?
(Yes = 1 No = 2 N/A = 9)
Felt needed more hospital treatment

--

Worried about how would manage at home because
(i) accommodation inconvenient

--

(ii) no-one at home to help

--

Other reason (specify)

--

Q.19 (a) Did you have any opportunity before you left hospital to
discuss any anxieties you might have had about going home
with any of the hospital staff?
(Yes = 1 No = 2)

--

If answer to 19(a) is YES, ask

(b) Who did you talk to: 1. Doctor
(Code 1 - 4) 2. Nurse
3. Social worker
4. Other (specify if possible)

--

Q.20 As far as you can remember, did you speak to the Community
Liaison Officer (Mrs. Boots or Mr. Parkes) before you
left hospital?
(Yes = 1 No = 2 Patient not certain = 3)

--

C. (Continued)

Ask ONLY those who were discharged according to hospital wishes

Q.21 How long before you were discharged were you told that you would be going home?

(Specify no. of hours - less than 1 hour to count as 1, N/A = 999)

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Q.22 Can you remember who told you would be going home?

(Code 1 - 4)

1. Doctor
2. Nurse
3. Social worker
4. Other (specify if possible)

--

Q.23 As far as you know, who else was told of your discharge before you left hospital?

(Yes = 1 No = 2)

Patient not

certain = 3)

GP

Social worker (non-hospital based)

Member of household

Non-resident relative

Neighbour/friend

Other (specify)

Q.24 What day of the week were you discharged?

(Code Sunday-Saturday 1-7)

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Q.25 At approximately what time of day were you discharged?

(Specify to nearest hour using 24 hour clock)

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Q.26 (a) Did sister/nurse tell you before discharge from hospital about how to look after yourself at home?

(Yes = 1 No = 2)

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(b) Did you receive any written instructions about looking after yourself to take home with you?

(Yes = 1 No = 2)

--

Q.27 (a) How did you get home - what form of transport did you use?

(Code 1 - 7)

1. Ambulance
2. Hospital car service
3. Taxi (private)
4. Public transport (bus and/or train)
5. Friend or relative's car
6. Walked
7. Other (specify)

--

(b) Who arranged transport home from hospital for you?

(Code 1 - 6)

1. Nurse
2. Ward Clerk
3. Social worker
4. Friend/relative
5. Patient him/herself
6. Other (specify)

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(c) How long did the journey take?

(Specify in minutes)

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(d) Did anyone go with you? (excluding the driver)

(Yes = 1 No = 2)

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D. FIRST 48 HOURS AFTER DISCHARGE

- Q.28 (a) Was anyone at home with you when you first arrived back from hospital?
(Yes = 1 No = 2)

If answer to 28(a) is YES ask

- (b) Who was waiting for you?
(Yes = 1 No = 2) Someone who normally lives in the same household

Normally non-resident relative

Friend/neighbour

Other (specify).....

- Q.29 Was there food in the house when you got home?
(Yes = 1 No = 2)

- Q.30 Was there any heating on in your home when you returned?
(Yes = 1 No = 2)

- Q.31 (a) Did you bring any medicines home from hospital with you?
(Yes = 1 No = 2)

If answer to 31(a) is YES ask

- (b) Did you receive any instructions on how to take the medicine(s) before you left hospital?
(Yes = 1 No = 2)

Ask ALL respondents

- (c) Did you bring any aids or appliances home from hospital with you such as zimmer frames, crutches, incontinence pads?
(Yes = 1 No = 2)

- Q.32 (a) As far as you know was your doctor (GP) told about the medicines you were taking in hospital?
(Yes = 1 No = 2)

- (b) Were you given a letter for your GP when you left hospital?
(Yes = 1 No = 2)

- (c) Who is your GP?
(Specify name and address of surgery for coding later)

Name

address

D. (Continued)

Q.33 Over the first 48 hours after your return home, in addition to anyone living with you, who else called to visit you? If you can remember, could you tell me about them in the order they came, letting me know how long they each stayed and what help, if any, they gave you?

- (a) Identify code - GP = 1
 District Nurse = 2
 Health Visitor = 3
 Social Worker = 4
 Home Help = 5
 Meals on wheels = 6
 WRVS = 7
 Other voluntary visitor = 8
 Daughter/son = 9
 Other relative = 10
 Friend/neighbour = 11
 Other (specify if possible) = 12

- (b) Task undertaken 1. Medical/nursing care
 (Code Yes = 1 No = 2 2. Housework
 for each task listed) 3. Delivery of shopping
 4. Cooking/delivery of meals
 5. Advice/information
 6. Company
 7. Other (specify)

NB Each visit by the same person to be treated as a single episode

	Identify		Task undertaken (Code 1 or 2)						
	(Code 1-12)		1	2	3	4	5	6	7
Visitor 1									
Visitor 2									
Visitor 3									
Visitor 4									
Visitor 5									
Visitor 6									
Visitor 7									
Visitor 8									
Visitor 9									
Visitor 10									
Visitor 11									
Visitor 12									

Q.34 (a) How satisfied do you feel with the help you received the first two days after your discharge from hospital - do you think it was (Code 1 - 3)

1. Just what you needed, enough of the right kind of assistance.
2. Plenty of help but not quite the kind you felt you needed
3. Not enough help

D. Q.34 (Continued)

- (b) What kind of help would you have found useful that you did not receive?
(Take details for coding later)

.....
.....
.....

☐

- (c) Did you ask for any help that you were unable to obtain?
(specify for coding later)

.....
.....

☐

- (d) Were you offered help that you refused because you felt able to manage without?
(Yes = 1 No = 2)

☐

If answer to 34.(d) is YES, ask patient to explain and describe in patient's own words for coding later)

.....
.....
.....

☐

E. TWO/THREE WEEKS AFTER DISCHARGE

- Q.35 At any time after your first two days at home have you been in contact with any of the following people, either by

- (a) A visit by them to you in your own home
(b) A visit by you to them
(c) Any exchange of letters and/or telephone calls

(Yes = 1 No = 2)

GP
District Nurse
Health Visitor
Physiotherapist
Social Worker
Home Help
Meals on wheels
WRVS
Other voluntary worker
Daughter/son
Other relative
Friend/neighbour

a	b	c

- Q.36 (a) Since leaving hospital have you had an appointment booked for an outpatient clinic?
(Yes = 1 No = 2)

☐

If answer to 36(a) is YES ask

- (b) Have you yet attended an outpatient clinic since leaving hospital?
(Yes = 1 No = 2 N/A = 9)

☐

E. (continued)

Q.37 (a) Have any arrangements been made for you to attend a Day Hospital?
(Yes = 1 No = 2)

☐

If answer to 37(a) is YES ask

(b) Have you yet attended a day hospital?
(Yes = 1 No = 2)

☐

Q.38 Have you been out of your home at all since you returned from hospital?
(Yes = 1 No = 2)

☐

Q.39 Which of the following activities are you now able to do without assistance?
(Yes = 1 No = 2)

1. Wash and dress yourself
2. Cook a meal
3. Clean the house
4. Leave the house alone
5. Use the bus
6. Go shopping

Q.40 (a) Did the patient return directly from the RSCH to his/her own home?
(Yes = 1 No = 2)

☐

If answer to Q.40(a) is NO, ask

(b) Where did the patient go when he/she left RSCH?

(Code 1 - 5)

1. Another hospital
2. Nursing home
3. Convalescent Home
4. Relative's Home
5. Other (specify)

☐

Q.41 Has the patient been re-admitted to any hospital since going home from the RSCH after admission there in March, 1985?
(Yes = 1 No = 2)

☐

THANK YOU FOR YOUR HELP - IT HAS BEEN VERY USEFUL TO HEAR ABOUT YOUR EXPERIENCE

INTERVIEWER'S COMMENTS

A. Please give your personal assessment of the patient's present condition based on observation during the interview.

Q. 42 In your opinion, how mobile was the patient?
(Code 1 - 4)

1. Fully mobile
2. Housebound
3. Chairbound
4. Bedbound

Q. 43 Did the patient appear confused?
(Code 1 - 3)

1. Very confused
2. Occasionally vague
3. Completely lucid

Q. 44 Were you made aware that the patient was suffering from either of the following conditions?
(Yes = 1 No = 2)

Incontinence

Constant pain

B. Please give any additional information that would help explain or expand answers to the survey questions.

COMMUNITY HEALTH COUNCIL
Brighton Health District

Telephone:
Brighton 771186

Office:
9 PORTLAND ROAD,
HOVE, SUSSEX
BN3 5DR

Our ref. SJS/170/11

Secretary:
E. Alan Brookes

Your ref.

Date:

Dear

While in hospital recently you kindly agreed to be interviewed after coming home in connection with a Survey we are carrying out on the services provided for people returning home from hospital.

Our interviewer called while you were out but will call again soon. However, if you are able to telephone us on Brighton 771186 during office hours to let us know when it would be convenient to call, it would be most helpful.

Yours sincerely,

Community Health Council Interviewer

COMMUNITY HEALTH COUNCIL
(Brighton Health District)

Telephone:
Brighton 771186

Office:
9 PORTLAND ROAD,
HOVE, SUSSEX,
BN3 5DR

Our ref. SJS/170/11/SG

Your ref.

Secretary:
E. ALAN BROOKES

March, 1985.

Dear Patient,

The Brighton Community Health Council exists to help YOU - the consumer of health services, and to make sure that the facilities provided by the National Health Service meet YOUR needs.

This Council will shortly be asking some older people from this Hospital what support they received from their local services on their return home, and we should very much value your help with this project.

If you would be kind enough to agree to someone calling on you within two weeks of your discharge from hospital to discuss the kind of help you received, will you kindly complete the form below and hand it to the Ward Clerk.

Any information given will, of course, be entirely confidential.

This information will help the Community Health Council to make sure that the services in your area are what you need. We hope you will be willing to help us and thank you in advance for your co-operation.

Yours sincerely,

Henry Allen
CHAIRMAN

CONSENT FORM

Name

Home Address

Telephone number

Ward Date of Admission

Any preference of day or time to visit?

Signature

Please hand to Ward Clerk when completed for return to:-

The Secretary, Brighton Community Health Council,
9 Portland Road, Hove, BN3 5DR.