Evaluation of Hospital-based Carers Services 2012
Torbay Hospital

Since 2008, Torbay Care Trust has funded Age UK (formerly Age Concern) to undertake support to carers in wards at Torbay Hospital with high numbers of older people (Age UK Advice and Information Service in Torbay Hospital) \(^1\). In 2010, with the changes to the Hospital Discharge Team, a Carers Support Worker (CSW) was funded within the team to support the most complex cases and facilitate smooth discharges where carers were involved. Carers’ support was also provided in Community Hospitals, but due to the changes for community hospitals inherent in TCT merging with Southern Devon, it was agreed that only the services at Torbay Hospital would be evaluated. The evaluation comprises three formats - electronic/paper questionnaire to hospital staff, face-to-face interviews with carers, and analysis of admission and delayed discharge data.

Summary of key results

1. **Hospital staff have good basic awareness about carers but some areas require improvement.** A wide range of Torbay Hospital staff have a good basic knowledge of who is a carer, of identifying and recording them. They are, however, less aware of young carers and of the hospital-based support available to carers.

2. **Age UK’s service and the Discharge Team’s Carers Support Worker meet different needs.** The CSW generally deals with complex cases, with people who have cared before, whilst Age UK deals with those who might otherwise have been missed, many of whom are new to caring, and those for whom Age UK’s independence from the NHS is important. The two services have discrete roles in supporting carers and when working together with Hospital Discharge Coordinators this seems to improve delayed discharge data.

3. **Staff feel that the Carer Support Worker reduces or delays readmissions.** It proved impossible to obtain comparable data about readmission rates, but a very high percentage of staff (82%) felt that the CSW’s work could reduce readmissions, with EAU staff suggesting the maximum effect.

4. **Carers are not involved as often as they should be in discharge planning.** Both staff and carers said that carers were often not involved in these discussions. These included discussions about care of the patient, the role of the carer and medication. Of concern is that 27% of the carers interviewed said that their views were not respected.

5. **First-time carers seem particularly neglected.** One in four of the carers interviewed were new to caring. They reported a higher than average incidence of not receiving information and seven out of eight said no-one had discussed whether they were happy to take on the role of carer.

\(^1\) Cheetham Hill, Dunlop, George Earle, Midgely and Simpson Wards
6. **Both services have very high satisfaction rates, and improve the overall patient and carer experience of the hospital stay.** Age UK had an average 5/5 satisfaction rating (2 respondents), the CSW of 4.9/5 (27 respondents). Carers rated this admission, compared to previous admissions without carer support, as 4.8/5 where 5 is ‘significantly better than previous’.

**Methodology**

(i) In September/October 2011, 51 hospital staff from a variety of professions and wards completed questionnaires. Details of their responses are in Appendix 1.

(ii) 33 carers who had either had contact with the Age UK service or the Carer Support Worker (CSW) were then interviewed by trained carers / former carers. The numbers interviewed for Age UK (6) make their results not statistically significant, but some inferences may be drawn from these results. Details of responses are in Appendix 2.

(iii) A cohort of CSW cases were analysed for readmission rates, but unfortunately it was not possible to obtain a similarly complex group of cases as a control group to compare this with.

In order to assess some of the potential impact of the CSW role, it was intended to see if there was an increase in mentions of carers in discharge plans, however this proved impractical to achieve.

Delayed discharges were analysed for a 1-year period before the CSW’s appointment, compared to the first year of their appointment. Results are in Appendix 3.

**Results**

**Staff Awareness**

General staff awareness of who constituted unpaid carers was very high (98%), with good levels of carer identification (78%) and recording (65%). 63% of the carers interviewed had been identified before or at admission, but most felt they had made themselves known to staff. They felt however that staff were less aware of secondary carers (such as young carers) with 60% of those for whom it was relevant, saying it was not discussed.

Staff awareness of the Age UK service was not as high as desired (41%), but that may be due to their dealing directly with patients and carers rather than staff.

Awareness of the Carer Support Worker (47%) was slightly higher, and his personal approach, such as giving talks to staff groups and having his photo on posters, seems to have been effective. Awareness is obviously affected by staff turnover.

The characteristics of carers seemed to differ between Age UK and the CSW, in that Age UK had a higher proportion of carers who had not cared before (50% compared to 19% for the CSW); who were not identified by ward staff (100% Age UK: 26% CSW); and who had not seen any information on the ward (100% Age UK: 56% CSW). This may relate to the complexity of the cases but also indicates that Age UK reached people who would otherwise have been missed. Of those Age UK carers who answered, 75% said that it was important that Age UK was independent of the NHS, indicating the benefit of a variety of services including the third sector.
Carers’ Awareness
Three out of four of the carers interviewed had already been caring for either the patient or someone else, and so were not new to caring. 19% said they were not given any information about caring (33% of new carers) and 58% said that they had not seen any information during the admission.

Carers’ Assessments
32% of carers interviewed said that they were not offered a Carers’ Assessment, with a higher percentage being Age UK cases. From other research, we know that people often have poor recollection of this but it may be an area where written information could assist, especially as one of the carers refused a Carers Assessment as she thought it would adversely affect her benefits.

Discharge planning
The greatest concern for staff was the lack of involvement by carers in discharge planning. There was a gap of 51% between staff opinion of the involvement that carers should have, compared to their actual involvement. Awareness, time constraints and communication issues were cited as the main reasons for this.

This was backed up by the carers’ experience, with 42% saying they were not involved in discussions about the patient’s care, 61% saying that it was not discussed whether they wanted to take on or continue the caring role (including 88% of those new to caring), and 79% having concerns about what they were taking on (83% of those new to caring). A significant minority (18-22%) felt that support for the patient, support for the carer, medical information, medical changes and contingency planning were not discussed.

Delayed discharges
From the table at Appendix 3, it can be seen that in Cheetham Hill, Dunlop, George Earle, and Simpson Wards (wards with both Age UK and Hospital Discharge Coordinator) delayed discharges reduced by 30% in number and 1 day in length in the period following the introduction of the CSW role. As this reduction was not seen on the other wards, this may indicate that the CSW role had the biggest impact when combined with the other services. (Of course there will be other factors affecting changes in delayed discharges.)

Post-discharge.
Most carers (81%) were followed up after discharge, usually by the Carer Support Worker or the GP. In total, 92% of carers said this was or would have been useful.

Readmissions
Significant numbers of staff (82%) said that the CSW’s work could delay readmissions, 27% saying by more than one per week and this was most prevalent amongst EAU staff. Unfortunately, although it was possible to get readmission rates for a selection of CSW cases (17%), it was not possible to obtain a comparator group of similarly complex cases in order to evidence this.

According to carers, in the cases where the discharge had not gone according to plan, 60% had been due to deterioration in the patient, and 30% had been because
the carer could not manage. It is fair to assume that the latter figure would be higher without the input from the carers’ workers.

Whilst possibly impacting on readmissions, contingency planning by the CSW is also a significant factor in the patients’ and carers’ feelings about the hospital experience.

**Patient / carer experience**
Anecdotally we know that stress for the patient and carer has been reduced by having better discussions about what to do if the situation changed. A particular example of good practice has been presented to the SDHCFT Board where an older person with dementia’s second admission to hospital was significantly improved by the preparation and support offered by the CSW.

Indeed when comparing their experience of an admission supported by the CSW with previous experiences, carers’ average rating was 4.8 / 5 (where 5 is significantly better). Satisfaction rates with both services was extremely high with comments such as ‘Steve was my rock’ and ‘Samantha supported me all the way’.

**Recommendations**

1. If funding permits, continue both services as they meet discrete needs. (As Torbay Hospital includes Devon patients, consideration should be given to a combined support service).

2. Carers support staff should use the personal approach where possible to raise staff awareness of the support available to carers, including young carers.

3. This should prioritise identifying, then providing information and support to those who are new to caring.

4. Further work must be undertaken to increase carers’ partnership in discharge planning. This is especially important with issues regarding medication.

**Conclusion**
It is clear that Torbay Hospital staff have a good general understanding of carers’ issues, but that there are a number of issues that need to be improved, particularly carers’ involvement in discharge planning. The Age UK service and Carer Support worker seem to be complementary, with the Age UK service particularly valuable in reaching those who would otherwise have been missed. Whilst together having some possible improvement on delayed discharges, the greatest impact seems to have been in terms of carers’ experience, with carers reporting a much improved experience compared to previous admissions without the carers support. In the words of one of the carers – “The service in the area is excellent. Long may it continue.”

KH Sept 2012
With thanks to all the carers and staff who contributed to this evaluation in any way.
Appendix 1
Analysis of Staff Questionnaire

In September/October 2011, staff at Torbay Hospital completed questionnaires as part of the overall evaluation of hospital-based support to carers. 51 staff responded (statistically significant) and their responses were broken down by ward and profession. A summary of results is below.

General Response / Carer Awareness

There was a good response, especially by therapists – 12 OTs, 10 Physios, 6 Staff nurses, 5 ward managers, 4 Discharge coordinators. The wards with highest response were Cromie (6), EAU (4) and Ella Rowcroft (4).

There was a pleasing level of general awareness about unpaid carers, with 98% (all but one respondent) saying that carers could be anyone who provides regular support to someone. There was also a pleasing number of staff 78% (100% of OTs and discharge coordinators) that felt it was part of their responsibility to identify carers (or that did it even if it was not their responsibility).

Awareness about Services for Carers

The levels of awareness about services for carers was variable: -

Age UK – 41% of staff knew that there was an Age UK service, but most did not know on which ward nor how to access it. Awareness was not higher in the wards covered by Age UK - Cheetham Hill, Dunlop, George Earle, Midgely and Simpson. Only 3 people could name Samantha Little(6%), 2 of which were non-ward-based staff. This may reflect that much of Samantha’s work is directly approaching carers. 4 people had used the service – one on George Earle, 3 non-ward-based (1 OT, 1 discharge coordinator, 1 other).

Carers Support Worker (CSW) – 47% of staff were aware of the CSW role, and 35% able to name Steve Black. Of those, 5 had seen a poster, 6 attended a talk, 8 been told by other staff and he had introduced himself to 10 – showing that the personal contact seems to make the difference in awareness levels. 35% of staff had used Steve (incl 6 OTs, 4 ward managers, 4 discharge coordinators), 16% in the last month. Comments were all positive about Steve’s involvement.

Other support – a relatively high proportion of staff (57% including 100% of ward managers and discharge coordinators) had referred carers on to other carers’ support, with ¼ being referred within the last month.

Recording

65% of staff had recorded carers in patient notes, including all the ward managers and discharge coordinators. There were a larger proportion of physios and staff...
nurses who did not record carers (50% of each). OTs seem to be the most frequent recorders of carers with 83% of them having recorded carers in the previous week.

**Discussions with Carers**

A high proportion of staff (82% and 76% respectively) had conversations with carers about their knowledge of the patient and the support they provided before admission. However many fewer (59%) had conversations about the support that the carer would be providing after discharge. Discussions about medication (an area of concern for carers) were undertaken by the staff nurses, but many other staff felt that it was for the GPs to discuss after discharge.

**Carers Involvement with Discharge**

All staff except one physio, felt that carers should be involved in discharge plans, with 77% saying that they should be involved all of the time and should be verbally informed or involved in meetings. However only 26% felt that carers actually were involved all of the time. When asked why, most physios said that time was the issue, discharge coordinators said communication delays, and others additionally cited lack of awareness.

**Readmissions**

Although 51% of staff felt that admissions were rarely due to carer breakdown, 39% felt that this was regularly a factor. When asked whether the CSW role had an impact on readmissions, 82% said that it could delay readmissions, with 27% saying that it delayed more than 1 admission per week. The staff that said most frequently that it would delay more than 1 admission per week were from EAU and George Earle wards.
Appendix 2
Analysis of Carers’ Questionnaire

Key conclusions are in bold. Percentages are given of those who answered the question, rather than of total respondents. Numbers who answered are given next to each heading. For each question, the breakdown of respondents seen by Carer Support Worker (eg 22) or seen by Age UK (eg 6) is given in brackets after each section eg.(22/6).

2. Previous Caring Experience (32 total = 26/6)
22 (69%) had already been caring for the patient (19/3)
2 (6%) had been caring for someone else (2/0)
8 (25%) were new to caring (5/3)
**NB A large proportion of carers (69%) had already been caring for the patient. A higher proportion of Age UK cases were new to caring compared to Steve Black’s cases (50% compared to 19%).**

3. When were they identified/recorded as a carer? (32 total = 26/6)
14 (44%) before admission (12/2),
6 (19%) when admitted (6/0),
9 (28%) during patient’s stay (6/3),
2 (6%) unknown (1/1),
1 (3%) at discharge (1/0)
**NB Of the 8 who were new to caring, 2 were identified before admission, 1 when admitted, and 5 during stay (including all 3 Age UK carers)**

During this admission

4. Who at hospital identified them as carer? (33 total = 27/6)
10 (30%) identified themselves to staff (8/2)
7 (21%) identified by ward staff (7/0)
0 identified by Social Care Staff
0 identified by therapist
8 (24%) identified by by Steve Black (8/0) (NB In addition, 3 of the carers who identified themselves to staff and 1 who was first identified by Samantha Little were also identified by Steve Black)
2 (6%) identified by by Age UK (1/1)
2 (6%) unknown / can’t remember
4 (12%) other (3/1) GP/ Dr Broadhurst
**NB The largest proportion of carers identified themselves to staff, and a significant proportion were identified by Steve Black. None of the cases were identified by social care staff or therapists. In addition, none of the Age UK cases were identified by ward staff. This may indicate the higher profile that Steve has with ward staff.**

5. Were they given information about Carer Support? (32 total = 26/6)
22 (69%) were given information (20/2)
6 (19%) were not (4/2)
4 (13%) did not require information (2/2)
**NB Of the 6 not given any information, 2 were new to caring (1/1)**
Of those 22 who were given information,  
1 (5%) was given by ward staff (1/0)  
2 (9%) by social care staff (2/0)  
2 (9%) by a therapist (2/0)  
18 (82%) by Steve Black (17/1)  
1 (5%) by Age UK (1/0)  
1 (5%) unknown (0/1)  
2 (9%) by others (2/0) (1 by Trish Darke CSW)  
**NB** Some carers received information from a number of sources so percentages add to more than 100%. **Most carers were given their information by Steve Black but other staff also gave out information.**

6. **Did they see any information about Carer Support?** (33 total = 27/6)  
12 (36%) said Yes (12/0)  
19 (58%) said No (15/4)  
2 (6%) were unsure (0/2)  
**NB** Most people did not see any information. It can be suggested that Age UK dealt with ‘harder to reach’ carers, as they had high proportions of people who did not see any information nor were identified by staff. They also had a higher percentage of people ‘new to caring’.

7. **Before discharge, did someone discuss whether you wanted to take on or continue the carer role?** (33 total = 27/6)  
13 (39%) said yes (13/0)  
20 (61%) said no (14/6)  
**NB** Approximately half of Steve Black’s cases and all of the Age UK cases felt that they had not had this discussion. This included 7 of the 8 people new to caring (4/3).

Of those 13 who had a discussion,  
3 (23%) had it with ward staff  
1 (8%) with the therapist  
7 (54%) with Steve Black  
2 (15%) with others – GP, consultant

8. **Before discharge, how did the carers feel about their caring role?** (29 total = 23/6)  
Not all carers answered all sections, and some gave more than 1 answer  
Of 19 (15/4)  
4 (21%) had no concerns (3/1)  
8 (42%) had some concerns (6/2)  
7 (37%) had lots of concerns (6/1)

Of 18 (13/5)  
12 (66%) felt fully aware of the implications (9/3)  
6 (33%) felt unsure what they were taking on (4/2)

Of 18 (14 /4)  
5 (28%) felt that staff assumed that they would do it (2/3)  
7 (39%) felt the patient assumed that they would do it (5/2)  
11 (6%) personally felt that they should do it (10/1)
4 (14%) felt guilt (3/1)
2 (7%) felt worry (2/0)
3 (10%) felt well-informed (2/1)
3 (10%) felt poorly-informed (2/1)
3 (10%) felt well-prepared (3/0)
5 (17%) felt not well-prepared (3/2)

**NB 79% of carers had at least some concerns about what they were taking on. 39% felt the patient assumed that they would do it eg comment ‘it was my responsibility, for better or for worse’.

Of the 8 who were new to caring, not all completed these sections
Of 6 (3/3) only 1 (whose daughter was a Hospital consultant) had no concerns, and felt fully aware of implications
3 (50%) had some concerns (2/1)
2 (33%) had lots of concerns (1/1)

Of 6 (4/2)
2 (33%) felt that staff assumed that they would take it on (1/1)
2 (33%) felt that the patient assumed that they would take it on (2/0)
3 (50%) personally felt that they should do it (2/1)

2 felt unsure what they were taking on (1/1)
2 felt not well-prepared (2/0)
1 felt well-informed (0/1)
1 felt guilt (1/0)

**NB 83% of new carers who answered had at least some concerns about what they were taking on**

9. Were they offered a Carers Assessment? (31 total = 25/6)
13 (42%) were offered and accepted it (12/1)
2 (6%) were offered and refused (1/1) 1 felt it would affect benefits and 1 just didn’t fill it in
10 (32%) were not offered an assessment (10/0)
6 (19%) are not sure or can’t remember (2/4)

**NB 48% of people remember being offered an assessment. This is a reasonable amount considering our other research into recollection of assessments and also the ‘crisis’ situation of a hospital admission. The percentage is higher amongst Steve Black’s cases compared to Age UK’s. (52% compared to 33%).

Who completed it? (13 total 12/1)
6 (46%) said Steve Black (5/1)
5 (38%) can’t remember (5/0)
1 (8%) said TCT staff
1 (8%) said staff nurse

Did it give you sufficient information? (10 total = 9/1)
9 (90%) said yes (9/0)
1 (10%) said no (0/1)
10. In what areas did anyone have discussions about how caring might affect you? (22 answered = 16/6. Some answered more than one)
   14 (64%) said finances (12/2)
   11(50%) benefits (10/1)
   9 (41%) none of these (6/3)
   3 (14%) relationship with patient (3/0)
   1 (5%)relationships with others (1/0)
   2 (9%) time (1/1)
   0 said future
   1 (5%) most of these (1/0)
   1 (5%) not required (1/0)
   **NB A significant proportion said that none of these issues were discussed with them. The largest proportion of discussions were about finances/benefits.**

**Involvement in the Plan for the Patient**

11. Were you involved in decisions about the future care of patient, and yourself? (33 total 27/6)
   19 (58%) said Yes (15/4)
   14 (42%) said No (12/2)
   **NB Although a minority, a large number of carers felt that they were not involved in the decisions about the future care of the patient.**

12. Were your views respected? (30 total = 25/5)
   22 (73%) said Yes (18/4)
   8 (27%) said No (7/1)
   **NB A worrying number said that their views were not respected.**

13. Were you satisfied with decisions made? (30 total = 25/5)
   25 (83%) said Yes (22/3)
   5 (17%) said No (3/2)
   **NB Most carers, however, were satisfied with the decisions that were made.**

14. Were you informed how to complain/appeal? (28 total = 24/4)
   12 (43%) said yes (12/0)
   16 (58%) said No (12/4)
   **NB More than half of carers were not told how to complain or appeal.**

15. Comments about involvement in patient’s plan.
   **NB Of 18 comments, 7 (39%) had issues about not being involved**(see page 14), 5 (28%) were satisfied, and 4 (22%) mentioned the CSW support as vital.

16. Were you given a discharge plan? (12 total = 11/1)
   4 (33%) were given a verbal plan (4/0)
   4 (33%) were given a written plan (3/1)
   4 (33%) said No (4/0)
   **Was the patient given a discharge plan? (10 total = 9/1)**
   3 (30%) were given a verbal plan (3/0)
   2 (20%) were given a written plan (2/0)
   5 (50%) said No (4/1)
17. Which issues were discussed? (Some ticked more than 1 answer)

**Support for the patient** (29 in total = 26/3)
- 17 (59%) said it was discussed with them (carer) (16/1)
- 9 (31%) said it was discussed with the patient (9/0)
- 3 (10%) said it was not relevant (2/1)
- 6 (21%) said it was not discussed (5/1)

**NB** A significant minority felt that no discussions took place about support for the patient. Where discussions took place, some (25%) were with both patient and carer, but many (60%) were just with the carer.

**Support for the Carer** (27 in total = 23/4)
- 14 (52%) said it was discussed with them (carer) (12/2)
- 5 (19%) said it was discussed with the patient (5/0)
- 6 (22%) said it was not relevant (5/1)
- 6 (22%) said it was not discussed (5/1)

**NB** Again a significant minority felt that no discussions took place about support for the carer.

**Role change for both patient / carer** (27 in total = 24/3)
- 4 (15%) said it was discussed with them (carer) (3/1)
- 1 (4%) said it was discussed with the patient (1/0)
- 12 (44%) said it was not relevant (11/1)
- 10 (37%) said it was not discussed (9/1)

**NB** As many carers were not first-time carers for this patient, they felt that discussions about role-change were not relevant. However, of those who felt that this was relevant, 67% said it was not discussed.

**Any medical changes to be aware of** (28 in total = 24/4)
- 10 (36%) said it was discussed with them (carer) (7/3)
- 9 (32%) said it was discussed with the patient (9/0)
- 10 (36%) said it was not relevant (9/1)
- 4 (14%) said it was not discussed (4/0)

**NB** 22% of those who felt that this was relevant said it was not discussed.

**Clear information about medication** (30 in total = 26/4)
- 16 (53%) said it was discussed with them (carer) (12/4)
- 7 (23%) said it was discussed with the patient (7/0)
- 8 (27%) said it was not relevant (8/0)
- 4 (13%) said it was not discussed (4/0)

**NB** 18% of those who felt that this was relevant said it was not discussed.

**Anyone else involved in caring eg young carers** (27 in total = 24/3)
- 6 (22%) said it was discussed with them (carer) (6/0)
- 2 (14%) said it was discussed with the patient (2/0)
- 7 (26%) said it was not relevant (5/2)
- 12 (44%) said it was not discussed (11/1)

**NB** 60% of those who felt that this was relevant said it was not discussed.

**What to do if the situation changed** (27 in total = 24/3)
- 13 (48%) said it was discussed with them (carer) (12/1)
3 (11%) said it was discussed with the patient (3/0)
11 (41%) said it was not relevant (11/0)
3 (11%) said it was not discussed (1/2)
**NB 19% of those who felt that this was relevant said it was not discussed.**

**NB Of those who were new to caring, 7 answered (5/2) of whom 2 (29%) felt that none of the issues that were relevant were discussed with them (2/0), 1 felt that everything relevant had been discussed with them and the patient, and 2 (both Age UKs) felt that everything relevant had been discussed with them.**

**NB Although discussions about medication/medical changes take place regularly, there is still a significant minority of cases where these do not appear to happen.**

**NB Identification of second carers especially younger carers is a significant issue. Also 'soft' discussions about the impact of role-changes are neglected.**

18. **Where 1 is very unhappy and 5 is very happy, how happy were you with the discharge?**
**Average = 3 (3.8, 2.3)**
**NB Of 27 comments about discharge (see page 14) 6 (22%) were happy, 5(19%) had issues with communication/lack of clarity, 4 (15%) had issues with medication, and 3 (11%) felt discharge had been to early.**
**NB Steve Black’s cases were generally happier with their discharges than Age UKs**

**Since discharge**

19. **Since discharge, has it gone according to plan? (29 total = 23/6)**
19 (66%) said Yes (17/2)
8 (29%) said No (5/3)
2 (7%) said there was no plan

Of the 10 where it did not go according to plan, this was due to
6 (60%) Deterioration of patient (5/1)
0 said plan was ambitious ie wanted to try
1 (10%) said plan was unrealistic ie knew it would not work
3 (30%) carer felt unable to manage (3/0)

20. **Was the discharge followed up?**
26 said Yes (24/2)
6 said No (2/4)

24 said this was/would have been useful (21/3)
1said it wasn’t useful (as was used to caring for wife)
1 said it would not have been useful (as consultant daughter sorted it all)

For those followed up
3 (10%) were by social care staff (3/0)
2 (7%) by therapist (2/0)
13 (43%) by Steve Black (12/1)
1 (3%) by Age UK (0/1)
1 (4%) by CSW (1/0)
8 (27%) by GP (8/0)
2 (7%) by others (2/0) domiciliary care

For those seen by Steve Black (CSW)

SB1. Where 1 is very poor and 5 is excellent, how would you rate Steve’s support?
(28 total = 17/1) **Average score 4.9**

SB2. Where 1 is much worse and 5 is much better, how did this admission compare to the previous admission where NOT supported by Steve?
(16 total = 16/0) **Average score 4.8**

NB Of 26 comments, all (100%) were extremely positive, often citing how he enabled them to understand things better. ‘His help cut through the jargon and was practical’, ‘Steve speaks in a language I can understand and doesn’t talk down to me - talks to me like a friend.’

For those seen by Samantha Little / Age UK

SL1. What support did you receive from Age UK?
4 received written information
2 received verbal information
2 received advice about discharge
1 received advocacy

SL2. Where 1 is very poor and 5 is excellent, how would you rate the support?
(2 total = 0/2) **Average score 5**

SL3. Was it important that Age UK independent of the NHS? (4 total = 0/4)
3 said Yes
1 said No

Where 1 is not important and 5 is extremely important how important was this?
(2 total = 0/2) **Average score = 4**
Selection of Comments from Carers
(Those from CSW’s carers in black, those from Age UK’s carers in blue)

Q15  Involvement in Patient’s plan
They listened but I felt it was cut and dried. They had no beds so a longer stay wasn't possible
I already knew about how to complain. Offered pressure mat by OT, it did not materialise.
Got one through district nurse
Sort of involved sister said he would go to Paignton for a while. Nothing was explained to me by medical or nursing staff.
Communication not good
I wasn't really satisfied with the decisions made
Would like to have been included in decisions as it involved me, and to know what to do if not happy with decisions
We got lost in the system, but OK now. Help Line were fantastic.

Q17-19  Issues with discharge

Positive
Wonderful
Everyone was very helpful. There was no aloofness. I'm now selling my home and going into Mount Tryon to live with my wife.
Very happy with everything. My wife's seizures have stopped.
After care was excellent
The Physio was good, but all help has now stopped
It has been absolutely brilliant, doctors, nurses, everyone in the wards

Communication / lack of clarity
I thought he was going to go into Paignton Hospital for a while. Then told he wasn't
Someone called Paul (OT?) came here to check out home out. That's all that happened.
Nobody interested in immediate discharge care ie accommodation
Lots of people coming and going. I lost track of who they were and what they were there for.
8 people came in one morning... all different!
The Hospital merely said ring up if anything was needed. Hospital care was atrocious as wife was now full of bruising with large bump on forehead. She had fallen out of bed (no cot rails provided although asked for) and left unattended to get back herself

Medication
No-one discussed anything with us, but he was sent home with new medication and I called our GP who explained things
Medication took a long time to arrive, she was hanging around. Medication was not explained.
Not happy at having to wait so long for tablets, not kept informed of the situation.
Apart from steroids with no explanation and also mat not appearing so had to get myself

Concern that discharge too soon
Neither of us thought Don was well enough to leave. The Consultant said he was well enough to come home. Ambulance took Don back to Hospital after 1 night at home.
I did have to query physiotherapist to ensure [patient] was able enough to be discharged.
Felt Mother needed convalescent time
Appendix 3
Delayed Discharge Data across wards receiving CSW support

A person can be admitted to more than one ward during their hospital stay, and so depending on what ward they stay in, the could be counted more than once.

* This category provides the unique number of admissions and re-admissions, irrespective of how many wards they have been admitted to during their stay.

<table>
<thead>
<tr>
<th>Delayed discharges</th>
<th>Number of delayed discharges</th>
<th>Average length of delay (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jan - Mar 11</td>
<td>Jan - Mar 10</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wards with Hospital Discharge Coordinators &amp; Age Concern</td>
<td>46</td>
<td>66</td>
</tr>
<tr>
<td>Wards with Hospital Discharge Coordinators only</td>
<td>23</td>
<td>13</td>
</tr>
<tr>
<td>Wards with only Age Concern</td>
<td>19</td>
<td>5</td>
</tr>
<tr>
<td>Wards with Hospital Discharge Coordinators and/or Age Concern*</td>
<td>88</td>
<td>84</td>
</tr>
</tbody>
</table>

Notes:
- Age Concern wards: Cheetham Hill, Dunlop, George Earle, Midgeley, Simpson, (Teign ward - N/A - excluded from this data set)
- Hospital Discharge Coordinator wards: A&E, Ainslee, EAU, Cheetham Hill, Dunlop, George Earle, Simpson