**Tell us about your experiences of leaving   
hospital during COVID-19**

*Carer survey*

**Help your NHS help you**

Coronavirus has changed how we live our life and how services run in lots of ways. To make room for the sudden need for more beds, the NHS changed the way it discharged people from hospital.

## But what was your experience?

## Take just 10 minutes to tell us about your experience and help the NHS know how to improve care for all.

## The survey - your friend, relative or client’s experience

1. Please tell us when your friend, relative or client left hospital (was discharged)?

March 2020  
April 2020  
May 2020  
June 2020  
July 2020  
August 2020

1. Please tell us what day your friend, relative or client left hospital

Monday - Thursday  
Friday  
Saturday/Sunday

1. Please tell us what time of day your friend, relative or client left hospital?

During the day (between 8am and 8pm)  
During the night (between 8pm and 8am)  
Don’t know

1. Please describe the area where your friend, relative or client lives
2. What hospital was your friend, relative or client treated and discharged from?
3. When your friend, relative or client was in hospital, were they given information explaining that the process of leaving hospital has changed due to coronavirus (COVID-19)?

Yes, they were given this information (go to question 7)  
No, they were not given this information (go to question 8)  
Don’t know (go to question 8)

1. If yes, was the information provided easy to understand?

Yes  
No  
Don’t know

1. How long did your friend, relative or client wait between being told they were well enough to leave hospital and actually leaving the hospital?

Less than 1 hour (go to question 10)  
Between 1 hour and 2 hours (go to question 10)  
Between 2 hours and 24 hours (go to question 9)  
More than 24 hours (go to question 9)  
Don’t know (go to question 10)

1. What was the reason they waited for more than 2 or 24 hours? Tick all that apply.

They waited for medication  
They waited for transport arrangements  
They waited to be seen by a doctor  
They waited for confirmation about where they would be discharged to  
Other reason  
Don’t know

1. Did you think your friend, relative or client felt prepared to leave hospital?

Yes, definitely   
Yes, to some extent  
No  
Don’t know

1. Before your friend, relative or client was discharged, were they told they would receive support from health and/or social care services after they left hospital (for example, home visits from a care worker)?

Yes, someone talked to them in the hospital about their needs  
Yes, but they were told their specific needs would be assessed after they left hospital  
No  
Don’t know

1. Was your friend, relative or client given information about who to contact if they needed further health advice or support after leaving hospital?

Yes, they were given this information  
No, they were not given this information  
No, they did not want/need this information  
Don’t know

1. During the time your friend, relative or client spent in hospital, were they tested for coronavirus (COVID-19)?

Yes (go to question 14)  
No (go to question 15)  
Don’t know (go to question 15)

1. If yes, did they get the results before they left hospital?

Yes  
No  
Don’t know

1. Before your friend, relative or client left hospital, were they asked if they needed support in getting transport to the place they were discharged to?

Yes (go to question 16)  
No (go to question 17)  
Don’t know (go to question 18)

1. If yes, please tell us more

Support was provided as they needed it  
Support was not provided even though they needed it  
Support was not provided as they didn’t need it

1. If no, please tell us more

They did need support  
They did not need support

1. How did your friend, relative or client travel to the place where you were discharged to?

A relative/unpaid carer drove them  
Taxi  
Hospital transport  
Public transport  
Volunteer transport (e.g. British Red Cross or NHS volunteer responder)  
They drove themselves  
A care worker drove them  
Other

1. Did anyone discuss with them where they were going to be discharged to?

Yes, and they were discharged to the place they wanted to be discharged to  
Yes, but they were not discharged to the place they wanted to be discharged to  
No, it was not discussed with them  
Don’t know

1. Where did your friend, relative or client go after leaving hospital?

They went to their own home (go to question 22)  
They went to stay with family or friends (go to question 22)  
They were transferred to another hospital (go to question 22)  
They went to a nursing or care home (go to question 21)   
They went to temporary accommodation (go to question 22)  
They went somewhere else (go to question 22)

1. Was the nursing or care home they were discharged to their first choice?

Yes, they were discharged to my preferred care home and were supported to do so  
Yes, they were discharged to their preferred care home, but they felt more support could have been provided  
No, they were not discharged to my preferred care home but I was supported to move to my preferred care home at a later date  
No, I did not/have not yet moved to my preferred care home  
Don’t know

1. After leaving hospital was your friend, relative or client visited by a health professional to assess their support needs (this is called a discharge assessment)?

Yes (go to question 23)  
No (go to question 25)  
Don’t know (go to question 25)

1. When did the health professional visit you?

The same day they left hospital  
The day after they left hospital  
More than a day after they left hospital  
Don’t know

1. During this discharge assessment, which, if any, of the following was your friend, relative or client asked about?

Whether any changes were needed to make their home safe and comfortable (e.g. working heating)  
Whether there were people to support them and keep them company  
How they were feeling and if they had any general concerns  
If they were concerned about finances  
Whether they might need support for tasks (e.g. washing, getting dressed, cooking)  
Whether a short-term wheelchair loan would be helpful for them  
Whether they needed support taking any medication  
Other  
Don’t know

1. Do your friend, relative or client have any support needs for which they don’t have any help with at the moment?

Yes (go to question 26)  
No (go to question 27)  
Don’t know (go to question 27)

1. If yes, tell us why.

The service is closed  
I can’t reach the service  
I’m not eligible for support  
I don’t know where to find support  
I am anxious about contracting coronavirus (COVID-19)  
Other, please specify:

**The survey - your experience**

1. As a carer did you feel sufficiently involved and informed in decision-making about your friend, relative or client’s discharge from hospital?

Yes, definitely  
Yes, to some extent  
No, but I should have been involved  
No, but I didn’t want to be/the patient didn’t want me to be involved  
No, but I didn’t need to be involved as I am a paid care worker  
Don’t know

1. As a carer, do you feel that your own caring responsibilities were considered in the decision marking about your friend, relative or client’s care and support after they left hospital?

Yes, definitely  
Yes, to some extent  
No, but they should have been  
No, but they didn’t need to be as I am a paid care worker  
Don’t know

1. As a carer, did you have enough information to support your friend, relative or client after they left hospital?

Yes, definitely  
Yes, to some extent  
No  
Don’t know

1. Was this your first experience of supporting someone through hospital discharge?

Yes (go to question 32)  
No (go to question 31)  
Don’t know (go to question 32)

1. If no, how did this most recent experience compare with your previous experiences?

Significantly better  
A bit better  
About the same  
A bit worse  
Significantly worse  
Don’t know

1. In your own words, please describe your experience of your friend, relative or client leaving hospital.   
   Tell us how supported you/your friend/relative/client felt, and how well the NHS and social care helped your friend/relative/client to recover and mange their condition. Please refer to what they were in hospital for and the specific services they received, where you can.

What went well?

What could have been better?

**Tell us a bit about you**

By tell us more information about yourself, you will help us better understand how people’s experiences may differ depending on their personal characteristics. However, if you do not wish to answer these questions you do not have to.

1. Please tell which gender you identify with

Man  
Woman  
Non-binary  
Prefer not to say  
Prefer to self-describe:

1. Is your gender different to the sex that you were assigned at birth?

Yes  
No  
Prefer not to say

1. Please tell us which sexual orientation you identify with

Asexual  
Bisexual  
Gay  
Heterosexual/straight  
Lesbian  
Prefer not to say  
Prefer to self-describe

1. Please tell us which age category you fall into (please note we cannot accept responses from anyone aged under 13 years).

13 to 15 years  
16 to 17 years  
18 to 24 years  
25 to 49 years  
50 to 64 years  
65 to 79 years  
80+ years  
Prefer not to say

1. Please select your ethnicity from the list below

Arab  
Asian/Asian British: Bangladeshi  
Asian/Asian British: Chinese  
Asian/Asian British: Indian  
Asian/Asian British: Pakistani  
Asian/Asian British: Any other Asian/Asian British background  
Black/Black British: African  
Black/Black British: Caribbean  
Black/Black British: Any other Black/Black British background  
Gypsy, Roma or Traveller  
Mixed/Multiple ethnic groups: Black African and White  
Mixed/Multiple ethnic groups: Black Caribbean and White  
Mixed/Multiple ethnic groups: Asian and White  
Mixed/Multiple ethnic groups: Any other Mixed/Multiple ethnic background  
White: British/English/Welsh/Scottish/Northern Irish  
White: Irish  
White: Any other White background  
Prefer not to say  
Other ethnic group:

1. What is your religion?

No religion  
Christian (including Church of England, Catholic, Protestant and all other Christian dominations)  
Buddhist  
Hindu  
Jewish  
Muslim  
Sikh  
Prefer not to say  
Any other religion:

1. Are you a refugee or asylum seeker?

Yes  
No  
Prefer not to say

1. How would you describe your living situation?

I live alone  
I live with friends and/or family  
I live in hospital  
I live in a care home  
I am a homeless/a rough sleeper  
Prefer not to say  
Other:

1. Do you consider yourself to have a disability?

Yes  
No  
Prefer not to say

1. Do you consider yourself to have a long-term health condition?

Yes  
No  
Prefer not to say

1. Do you consider yourself to be a carer?

Yes  
No  
Don’t know

1. If you would be happy to be contacted for more information or your information to be used as a case study, please tell us your email address.
2. **) I give my permission for my response to be stored by Healthwatch in accordance with their privacy statement so that they can use it to help improve the delivery of health and care services across the country and in the area in which I live.**

I give my consent