**PRESS RELEASE
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**Improve hospital discharge now before winter to manage second peak of Covid-19, warn Red Cross and Healthwatch England**

* **New report shows patients grateful to hard working doctors, nurses and care staff for continuing to deliver compassionate care in difficult circumstances.**
* **But investigation into new hospital discharge processes shows significant proportion (82%) of patients surveyed did not receive a follow-up visit after discharge – and almost one in five of these reported an unmet care need.**
* **Healthwatch and British Red Cross say getting discharge right will play vital role in reducing readmissions and keeping hospital beds free this winter.**

Patients felt unready to leave hospital and missed out on vital follow-up visits and assessments according to new Healthwatch and British Red Cross research into hospital discharge arrangements during the first five months of the coronavirus pandemic.

However, the investigation did also uncover a number of positives including increased collaboration between services and positive feedback from the public for healthcare staff working under pressure.

Healthwatch England, with support from the British Red Cross and locally-based Healthwatch staff and volunteers, carried out work to better understand the impact of emergency measures [implemented earlier this year](https://www.healthwatch.co.uk/news/2020-07-21/have-you-left-hospital-during-covid-19-tell-us-your-experience) to free up beds for COVID-19 patients.

Over 500 patients and carers (both paid and unpaid) across England took part in the survey, which gathered people’s experiences from late March to late August. Meanwhile, eight local Healthwatch and partners around the country carried out 61 in-depth interviews with key staff groups involved in the discharge process.

Key findings included:

* 82% of respondents did not receive a follow-up visit and assessment at home, one of the key recommendations of the policy. Almost one in five (18%) of those also reported having unmet needs, such as equipment, medication or advice
* Some people felt their discharge was rushed, with around one in five (19%) feeling unprepared to leave hospital
* Over a third (35%) of respondents and their carers did not get a contact for further advice, despite this being a recommendation
* Overall patients and families were very positive about healthcare staff, praising their efforts during such a difficult time.

In addition, the research showed 30% of those who were tested for COVID-19 while in hospital did not receive their test results before they left. Not receiving test results before discharge into the community was raised as a barrier to ensuring people were able to manage their care safely after discharge. Staff highlighted that this was particularly problematic when patients were discharged to a care home given the heightened risk of transmission among residents.

As a result of these findings, recommendations from the two organisations ahead of winter to help manage a second wave of COVID-19 hospital admissions include:

* **Post-discharge check-ins and assessments:** services should ensure these take place as per guidance, whether by phone or in person.
* **Discharge checklists:** questions should include transport home, and equipment required.
* **Communication:** patients and carers should be assigned to a single point of contact for further support, in line with the national policy
* **Medication:** linking patients to voluntary sector partners who can deliver medicine could avoid discharge delays. Pharmacists should also be considered as part of multi-disciplinary teams supporting in the community
* **Boost community care capacity and recognise value of the voluntary care sector in hospital discharge:** the ‘*discharge to assess’* model depends on follow-up assessments and care being available. Longer-term, more investment is needed to ensure this happens, including in the voluntary care sector

 **Sir Robert Francis QC, Chair of Healthwatch England, said:**

*“*In March, hospitals were asked to discharge patients with little or no notice and the speed with which this took place was important but led to mistakes. We do not want to detract from the heroic efforts of those on the frontline, who often put themselves at great risk to care for their patients, but services and system leaders have now had more time to prepare.

“It’s essential that we learn from what people have shared with us about the impact that a poorly-handled discharge can have on them and their loved ones. Taking action now will not only reduce the risk to patients but will also help improve the way people leave hospital in the future.”

**British Red Cross Chief Executive Mike Adamson said:**

*“As winter approaches and the pandemic continues, the British Red Cross is working alongside NHS and social care services to get people home safely from hospital. We’ve seen first-hand the huge efforts made to improve the discharge process for patients and their families. However, we also know despite good intentions and hard work, there are still barriers to making the ideals of discharge policy a reality.*

*“The Red Cross has been*[*bearing witness to these issues*](https://www.redcross.org.uk/about-us/what-we-do/research-publications#Health,%20social%20care%20and%20support)*for years, and we hope that the increased urgency of the situation will bring lasting change. Many of the people we support are older or more vulnerable, and fall into the higher-risk categories for Covid-19. Simple interventions, like getting equipment and medicine delivered, or follow-up visits, can make the difference between good recovery or someone regressing to the point of readmission - precisely at the time we want people to stay well, and stay at home.”*

With the new ‘discharge to assess’ model now being embedded for the longer term, the interviews with health and social care staff involved in the discharge process found evidence of many benefits both for patients, carers and services. These included getting people out of hospital quickly, better joined-up working between organisations and more holistic assessments for support. ​

However, the survey’s data clearly shows that implementation of key aspects of policy relating to the process is low – especially around follow-up visits and information provided to people. Staff interviews point to some of the reasons behind this including the speed of setting up new ways of working and lack of available resources. ​

British Red Cross and Healthwatch England’s findings and recommendations have been shared with the Department of Health and Social Care and NHS England/Improvement.

For further information, the full report can be accessed [here](https://www.healthwatch.co.uk/report/2020-10-27/590-peoples-stories-leaving-hospital-during-covid-19).

**ENDS**

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[**About Healthwatch England**](https://www.healthwatch.co.uk/)**:**

We are the independent champion for people who use health and social care services. We’re here to find out what matters to people and help make sure their views shape the support they need. There is a local Healthwatch in every area of England. We support local Healthwatch to listen to what people like about services, and what could be improved, and we share these views with those with the power to make change happen. We help people find the information they need about services in their area. Nationally and locally, we have the power to make sure that those in charge of services hear people's voices.

**About British Red Cross:**

British Red Cross work with over 100 hospitals across the UK. Since the start of the pandemic, Red Cross volunteers have helped more than 21,000 people home from hospital, made over 85,000 food deliveries, 13,000 medicine deliveries and loaned wheelchairs and mobility aids to 57,000 people.

For over 150 years, the British Red Cross has helped people in crisis, whoever and wherever they are. We are part of a global voluntary network, responding to conflicts, natural disasters and individual emergencies. We enable vulnerable people in the UK and abroad to prepare for and withstand emergencies in their own communities. And when the crisis is over, we help them recover and move on with their lives.

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