Professional Record Standards Body

Better records for better care

CARE HOME INFORMATION FLOW
CONSULTATION REPORT

MARCH 2017

Document Management

Revision History

Version	Date	Summary of Changes
0.1	21.03.2017	First draft created by Darren Wooldridge
0.2	22.03.2017	Updated with comments from Jan Hoogewerf
0.3	30.03.2017	Executive summary & 1-1 interviews & online survey combined into this single report by Tamsin Fulton
1.0	31.03.2017	Version 1
1.2	04.04.2017	Appendix A added
1.3	25.04.2017	Update after comments from the Assurance Committee
1.4	18.05.2017	Update prior to sending to NHS Digital SCP Programme Board

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1. Executive summary

1.1 Introduction

NHS Digital commissioned the Professional Record Standards Body (PRSB) to run a consultation to explore the information flows into and out of care homes in England. The consultation aimed to identify the current situation, requirements, challenges and aspirations of care homes. The project was supported by the Royal College of Physicians (RCP) Health Informatics Unit (HIU), who conducted the survey and produced this report.

The project supports the NHS Digital Social Care Programme (SCP), which is focused on helping the health and social care sectors to simplify and standardise the information they use, and on supporting the secure, effective and efficient flow of information between settings during transfers of care.

The SCP care homes work-stream is focused on exploring the priority flows of information going into and out of care homes. Preliminary research, including direct stakeholder engagement, has identified the following key findings:

1. The flow of discharge information from hospitals to care homes may be a priority area for improvement. This opinion arises from a small study and requires further validation.
2. There is limited digitisation in care homes with most of the myriad of information flows being paper based/faxed which causes inefficiency, delay and risk.
3. Consultation to secure a wider range of opinion from care home providers is required.

The project objectives were as follows:

- To gain sufficient volume and quality of responses across the care home sector to provide a representative view of the sector to inform the SCP care home work-stream
- To identify the priority issues for care home information flows, confirming or not if these include the Hospital discharge summary
- The nature of challenges in clinical discharge from hospitals to care homes, and the current and desired future role of the existing clinical discharge summary.

1.2 Profiles of care home interviewees and survey respondents

Five 1-1 interviews with care homes

- A national care home provider for people needing residential & nursing care (100+ residents) Kent
- A family run residential care home for people over 65 (13-24 residents) Wiltshire
- An independent care home provider for people over 65 (13-24 residents) Leicestershire
- An independent care home provider for people with learning disabilities (0-12 residents) Devon
- An independent care home provider for people with dementia (25-49 residents) Essex

264 Care Home staff responded to the online survey

Care Home Type:

Residential	64.02%		169
Nursing	33.71%		89
Dementia	28.41%		75
Learning disability	12.5%	33	
Housing with care	3.79%	10	
Supported living	1.14%		3
Other	11.36%		30

Care Home Size:

0-12 residents	10.20%	26
13-24 residents	14.90%	38
25-49 residents	38.82%	99
50-74 residents	14.12%	36

1.3 Priority areas for care home information flows

The five 1-1 interviews gave the project an early indication of the priorities for care homes with regards to information flows; hospital discharge and admissions were identified as a priority area and the interviews confirmed difficulties around the hospital discharge summary document and raised additional issues. Non-hospital-related challenges included information flows with GPs and Social Workers. These early findings were borne out in the wider online survey in which survey respondents rated hospital discharge the lowest (2.6 out of 5.0), way below other organisations including local authority commissioners (3.2) , CCGs (3.2), social workers (3.4) and GPs (3.9). Communication with community nursing was rated the most highly with 4.3 out of 5.0.

Survey respondents felt communication was worse with hospital discharge, giving them the lowest score, just 2.6 out of 5 - six points below the next poorly rated organisations. Half of the respondents felt communication with hospitals was less than acceptable.

1.4 Hospital discharge summaries

Four out of five care homes interviewed said they always receive hospital discharge information, however one care home was regularly not receiving hospital discharge information at all.

The online survey measured the frequency of care homes receiving information and found the majority (73.2%), did generally receive discharge summaries, but conversely that means nearly 26.8% did not generally receive discharge summaries.

These were most frequently medical discharge summaries. 34% of respondents received discharge summaries 50 – 75% of the time.

All interviewees reported receiving hospital discharge summary information in paper format, usually direct from the resident or ambulance crew returning the resident to the care home. The wider online survey confirmed the most common format to be paper, letter format (89.6%).

Three of the Interviewees described dissatisfaction in the quality of the discharge summaries, with vital information missing or with incorrect information included that affected the safe discharge of their residents back to the care home. The online survey analysis found this to be a key theme with respondents citing; lack of information and inaccurate information.

The online survey probed respondents on the what information is important for them to receive within the summaries; treatment received, care needs, medication information, diagnoses, mobility, future plans.

Analysis of the survey responses identified improvements to the discharge summaries, these included; better quality discharge summaries, better handover between hospital and care home and electronic communication.

The PRSB recommends use of the e-discharge summary standard which help better communications between hospitals and care homes, and support better care. The use of this standard in paper or digital format would provide care homes with the information they said they needed, and moving to digital technologies would provide that information when they need it, enabling safe and timely care.

1.5 Other issues with hospital discharge

Three Interviewees raised the issue of unsafe discharge back to the care home at night, while two interviewees described missing or incorrect medication sent back with the resident.
Four of the five interviewees reported not being kept informed of residents discharged back to the care home. Four of the five Interviewees complained of time wasted on calls chasing information and repeating themselves.

These issues were found to be recurring themes amongst the survey respondents:

- Lack of notification of discharge back to the home
- Residents discharged at inappropriate times of the day
- Missing medication, equipment or belongings.

Survey respondents felt solutions to the above problems included;

- Better understanding of the needs of care homes
- Better planning for hospital discharge
- Discharging residents back to the care home early in the day when ward staff could be contacted for support or information.

1.6 Digital maturity

The 1-1 Interviews asked interviewees about their use of technology in the care home.

- Two of the care homes interviewed had their own digital patient record system and another has imminent plans to “go digital” replacing all their paper processes and getting digital access to local GP system.
- All five used e-mail and four care homes used digital systems in their work in the home. One had its own encrypted e-mail system (currently only used with Hospital A&E), one described its staff using iPads in their work and two care homes had their own digital resident record system.
- None of the care homes had access to NHS or social care systems for patient information.
- The care homes with the secure e-mail system described the benefits they would like to realise with more wide-spread use of their secure email system to communication with the health and social care system as follows:
    - Less paper involved, the more secure the exchange of information.
    - Complete and share once and then available to all.
    - Time saved not chasing information & handing paper to multiple agencies, multiple tomes.

Of the 134 respondents who answered the question, 76.87% (N: 103) felt that electronic communication systems would help them with hospital discharge summaries. A thematic analysis of the 80 qualitative responses found that there were clear preferences for the following systems: secure email (N: 44), shared system (N: 20), paper communications (N: 4)

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2. FIVE 1-1 INTERVIEWS

1-1 INTERVIEW RESEARCH REPORT ON CARE HOME INFORMATION FLOWS

FEBRUARY 2017

2.1 Care home profiles & approach

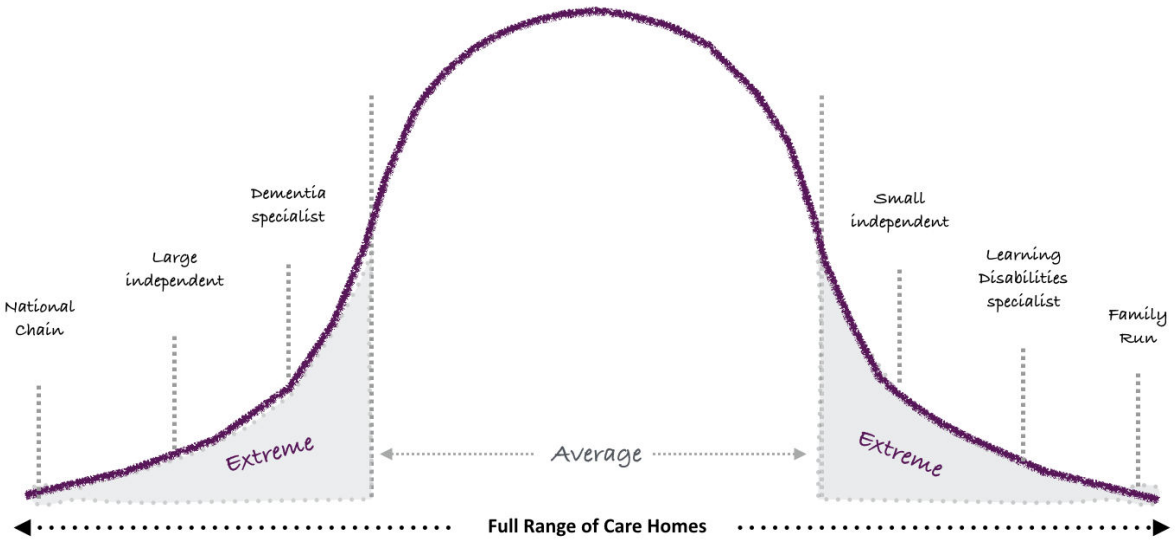
Five 1-1 interviews with Care Home managers from;

(**A**) National care home for people needing residential and nursing care in Kent (100+ residents)
(**B**) Family run residential care home for people over 65 in Wiltshire (13-24 residents)
(**C**) Independent care home for people over 65 in Leicestershire (13-24 residents)
(**D**) Independent care home for people with learning disabilities in Cornwall (0-12 residents)
(E) Independent care home for people with dementia in Essex (25-49 residents)

Extreme users

While the number of care homes involved in this part of the research are few. The five care homes interviewed were selected as far as possible to represent some examples of “extreme users”.

Extreme users are those people or organisations that represent the extremes of your client profile. By talking to people at the extremes of the service it is possible to discover key issues and traits that are less easily noticed in average users. In this instance care homes interviewed ranged from a large national chain to a small family run home; it included a home for people with learning disabilities as well as care homes for older people and all care homes ranged in size and were based in different English regions.



2.2 Summary of key themes

The five care homes interviewed:

- Do not have direct access to NHS and social care IT systems.
- Use some technology in their business processes and care giving, but these are rarely used in exchanging information with the wider health & social care system.
- Often have the patient information go missing when they send it to the hospital with an admission.
- Are involved in the hospital discharge process.
- Usually receive hospital discharge information - though some worrying exceptions.
- Often find information missing from the discharge information and accompanying documents.
- Had some concerns on accuracy of the hospital discharge information.
- Are not kept informed of when to expect a discharged resident back to the home.
- Use the phone, predominantly, to contact the wider health and social care system - but describe the hours wasted, calling and calling, repeating themselves, just to chase information they should already have.

Relationship to findings of previous NHS Digital SCP workshops with care homes

In addition to the above, the 1-1 Interviews confirmed the findings from the previous workshops as follows:

Hospital discharge:

- Out-of-hours admissions back to care homes are a problem for care homes, their staff and residents.
- Too little information is provided to care homes when residents are discharged from hospital.
- Care homes call the hospital to chase hospital discharge information.
- Care homes are involved with the discharge process - attending the Hospital to assess patients.
- Lack of accompanying discharge Information such as Do Not Resuscitate (DNR) orders and referrals.

Hospital admission:

- Care homes produce client information detailing their care and condition to give to the hospital.

GPs

- Need access to patient information including details of medications and prescriptions.

Social workers

- Social workers do not exchange information with the Care Home before they do an assessment or a new client arrives at the home.

2.3 Priority areas for care home information flows

2.1 Hospital discharge

- Care homes (A), (C) and (E) prioritised hospital discharge.
- Care homes (B) and (D) did not consider hospital discharge to be a priority;
  - However (B) did go on to highlight a problem with missing information when prompted about hospital discharge.
  - (D) described their own process for helping hospital admissions and discharge to go smoothly.

> I HAVE WORKED IN CARE HOMES FOR 40 YEARS AND IT HAS GOT WORSE. I HAVE NEVER KNOWN HOSPITAL DISCHARGE TO BE SO BAD, SO DIS-JOINTED. (C)
>
> THE ONLY PROBLEMS WE HAVE ARE WITH HOSPITAL DISCHARGE. THERE ARE PROBLEMS ALL THE TIME. VERY OFTEN OUR RESIDENTS ARE BROUGHT BACK WITHOUT A DISCHARGE LETTER (A)

2.2 Hospital admissions

- Care homes (C) and (E) described the information they sent in with residents getting lost and (E) described exchanging information electronically with A&E for it then not to reach the ward.
- Care home (E) described not being able to get information about their resident once they had been admitted - with the ward citing patient confidentiality even where a home manager was next of kin.
- Care home (D) described their own process for managing admissions (paper-based) that worked well.

> SOME OF THE INFORMATION WE SEND TO HOSPITAL SEEMS TO GET LOST, YOU HAVE TO GO THROUGH INFORMATION WITH HOSPITAL, REPEATING YOURSELF EVERY TIME (C)
>
> WE PROVIDE CHARTS, CONTACT DETAILS, DNR. WE FIND IT IS GOOD IN REACHING A&E, BUT NOT FROM A&E TO THE WARD - IT REGULARLY GETS LOST ON THE WAY. (E)
>
> WE DON'T HEAR ANYTHING FOR 3-4 DAYS - THEN A CALL FROM THE WARD. “IS THE PERSON ABLE TO EAT?” I SAY. “YES, HAVE YOU NOT FED THEM?” OUR INFORMATION HAS NOT REACHED THEM. (E)
>
> ALL OUR RESIDENTS HAVE A “HOSPITAL FOLDER’ THIS CONTAINS, THEIR HISTORY, MEDICAL, OTHER NEEDS, RISK ASSESSMENT, PHOTOGRAPH, BEHAVIOURAL INFORMATION AND 24HR CONTACT DETAILS - THIS FOLDER GOES WITH THEM TO HOSPITAL. (D)

2.3 Social care

- Care homes (B) and (D) prioritised information flows with social workers, unprompted.
- Care home (B) found it difficult to get follow-up support (after placement) from social workers, care home (C) felt frustration at difficulty in contacting social workers through the council's customer service centre and care home (D) described a few social workers not responding at all to messages.
- Care home (D) felt they were not listened to by social workers when they did their assessments and one communication a year was not enough to make a decision.

> VERY DIFFICULT TO GET HOLD OF SOCIAL WORK TEAM. EMAIL INEFFECTIVE, USUALLY CALL THEM AS ITS QUICKER. OFTEN NEED QUICK ADVICE/INFORMATION AND RESPONSES ARE VERY SLOW. (B)
>
> AGAIN NO PERSONAL SERVICE WE HAVE TO CALL THE CUSTOMER SERVICE CENTRE, VERY BUREAUCRATIC. (C)
>
> A SOCIAL WORKER MAY MEET A CLIENT ONCE A YEAR AND BASED ON THAT ONE MEETING THEY CAN MAKE BIG DECISIONS THAT CAUSE A BIG DISRUPTION. WE ARE NOT LISTENED TO. (D)

2.4 GPs

- Care homes (C) and (E) described information flow problems with GPs.
- Care home (D) did not have good access to a local GP and instead were supported by acute doctors commissioned by their CCG but only between the hours of 9-5pm.

> WE WANT TO REGISTER WITH THE GP ELECTRONICALLY. ALL THE PAPER THAT GOES BACK AND FORTH WHEN MEDICATION IS CHANGED - DO IT ELECTRONICALLY! (E)
>
> GPS ARE OFTEN NOT ABLE TO COME OUT TO THE CARE HOME. (C)

2.5 CQC

- Care home (B) described frustration with inconsistent information from CQC around safeguarding.

> INCONSISTENCY OF ADVICE ON KEY ISSUES SUCH AS SAFEGUARDING A BIG PROBLEM FOR US. WE SPEAK TO SOMEONE AT CQC GET SOME ADVICE THEN WHEN WE SPEAK TO ANOTHER CQC COLLEAGUE GET CONTRADICTORY ADVICE. (B)

2.6 Organisations care homes most frequently exchange information with.

- Four care homes said they most frequently exchange information with GPs (not care home C)
- Care homes (A), (C) and (E) all listed the Hospital as one of the organisations they most frequently communicate or share information with.

- Other organisations frequently communicated with were: social workers (A) & (D), Learning Disability Intensive Assessment and Treatment Team (IATT) (D) hospices (A) and tissue viability (A)

2.4 Hospital discharge information flows

- All five care homes described getting hospital discharge information on paper when the client returns to the care home, by either the resident or the ambulance crew.
- Care homes (B), (D) and (E) said they always receive hospital discharge information and (C) said they always receive HD information if residents have a long-stay (more than 24hrs).
- Care home (A) said they receive hospital discharge information infrequently and did not receive any information with the last three hospital discharges to their care home.
- Care homes (B) and (E) described information missing from the hospital discharge information and (E) thought information was deliberately not included.
- Care homes (E) & (B) described vital information missing that posed a risk to the resident, no 'Do Not Resuscitate' (DNR), no details of last medication dose and missing information on food & fluids.
- Care home (E) described referrals for equipment and DNRs, not being done by the hospital.
- Care home (E) felt the information provided by the hospital and social work, was not enough to make a decision on whether they could support a placement.
- Care homes (A), (B) and (E) described the unsafe discharge process if information was missing, particularly at night where agency Staff were on duty (A) or the resident needed two staff to help (E)
- Care homes (A), (C) and (E) complained of hours of time wasted on calls chasing information or repeating information they had already communicated. Care home (B) thought the hospital did not record the information they needed.
- Four Care homes (A), (B), (C) and (E) reported not being kept informed of residents discharged back to the home. Care home (B) thought it was an unavoidable problem.
- Care home (E) stressed the need for two-way information flows between care homes and hospital.

> SO WE CAN HAVE A CLIENT, WITH NO DNR, INCORRECT OR MISSING MEDICATION, NO INFORMATION ON WHEN MEDICATION WAS LAST TAKEN ARRIVING AT THE HOME, USUALLY LATE AT NIGHT WHEN THE WARD IS CLOSED. A DISCHARGE LIKE THIS IS A RISK FOR THE RESIDENTS, OTHER RESIDENTS AND OUR STAFF. (E)
>
> WE WERE MISSING INFORMATION ABOUT MEDICATION AND NO MEDICATION. THE HOSPITAL SAID THEY WOULD SEND THE MEDICINE IN A TAXI - THIS ALL TOOK ABOUT 4HRS TO COMMUNICATE AND ORGANISE. IT'S A BIG WORRY - IT IS NOT A SAFE DISCHARGE WITHOUT PAPERWORK" (A)
>
> INFORMATION IS OFTEN MISSING FROM THE DISCHARGE FORM - FOOD AND FLUIDS FOR EXAMPLE ARE OFTEN MISSING, CHARTS ARE NOT POPULATED. (B)
>
> SOMETIMES THEY PUT DOWN WHAT THEY WANT YOU TO READ NOT WHAT IS ACTUALLY THE CASE. OFTEN NOT FACTUAL. I TAKE WITH A PINCH OF SALT. (E)

2.5 Hospital discharge process detail

4.1 Regularity of receiving hospital discharge Information:

- Care homes (B), (C)* & (D) always receive hospital discharge information. *For stays longer than 24hrs.
- Care home (E) Regularly receives hospital discharge but not enough information provided.
- Care Home (A) infrequently receives hospital discharge information.

4.2 When Care Homes receive hospital discharge Information:

- All five care homes receive information with the resident when they arrive back at the home.

4.3 Format of hospital discharge Information:

- All five care homes receive information in paper format.
- Care home (E) also receives information by secure email from the A&E department.

4.4 Who the hosiptal discharge information is received from:

- All five care homes receive the information from the returning resident or ambulance crew.

4.5 Care home involvement in hospital discharge:

- All five care homes said they were involved in the hospital discharge process.
- Care home (A) has had involvement with hospital discharge since Jan 2017 but their last three residents did not arrive home with hospital discharge information.

4.6 What could help solve the problems:

- Care homes (A) and (C) didn’t know.
- Care home (B) thought good recording of information at the hospital would help.
- Care home (E) thought an open 2-way communication channel is needed.
- Care home (D) was happy with the way hospital discharge works.

2.6 Other issues with hospital discharge (non-information flow)

- Care homes (A), (C) and (E) complained of unsafe discharges back to the home at night.
- Care home (A) described a hospital discharge to the care home at 3am; and all three raised the risks and consequences of discharges out-of-hours on the patient, residents and staff.
- Care homes (A) and (E) described missing medicine or the wrong medicine sent back with the resident.
- Care home (D) complained about jargon used in the hospital discharge process.
- Care homes (B) and (E) thought the hospital are too quick to discharge.

> THEY ARE KEEN TO DISCHARGE AS SOON AS POSSIBLE BUT WE DISCUSS AND MAKE SURE THEY ARE WELL BEFORE THEY COME HOME, OTHERWISE THEY WILL YO-YO BACK INTO HOSPITAL AN OUT AGAIN. (B)
>
> THEY DON'T TELL US WHEN SOMEONE IS BEING DISCHARGED BACK TO THE CARE HOME, THEY JUST TURN UP OR THEY DON'T SHOW UP WHEN WE EXPECT THEM TO. IT WOULD JUST TAKE A PHONE CALL. SHOULD CONSIDER THE OLD AND VULNERABLE PERSON CAN OFTEN BE FRIGHTENED AND CONFUSED. (C)
>
> THE HOSPITAL TEAM CALL US TO SAY THEY ARE SENDING SOMEONE HOME AT A CERTAIN TIME, IT'S NEVER STUCK TO AND WE WAIT AND WAIT - WE CALL AND TOLD THEY ARE COMING, BUT THEN THEY DON'T. MORE CALLS TO FIND OUT WHAT HAS HAPPENED. (A)
>
> IT'S ALSO UNFAIR ON THE RESIDENT - WE HAD A RESIDENT DISCHARGED TO US AT 3AM - THIS IS NOT ACCEPTABLE. THE CLIENT WAS DISORIENTATED, DISTRESSED. (A)
>
> I GO TO MEETINGS, IF PEOPLE ARE USING THESE LONG WORDS I REMIND THEM - LOOK I'VE JUST HAD SOMEONE KICKING AT ME, SPITTING AT ME 10 MINS AGO - THESE PEOPLE ARE MY PRIORITY - CAN YOU GET TO THE POINT. (D)

2.7 Cultural challenges to hospital discharge:

Signs care homes not seen as part of the system

- Not given access to NHS or social care systems (A), (B), (C), (D), (E)
- Not kept informed of residents discharged back to the home (A), (B), (C), (D), (E)

Signs of mistrust between hospitals and care homes

- Mistrust hospital to provide all the information needed (A), (B), (C), (E)
- Mistrust the hospital's assessment for discharge (B), (E)
- Care home (E) believes hospital discharge information is withheld or inaccurate.

Signs of lack of empathy and compassion in the wider system

- Care homes (A), (C) & (E) all cited examples of discharged patients not treated with compassion.

> WE HAD A RESIDENT DISCHARGED AT 3AM TO US, THEY WERE DISORIENTATED & DISTRESSED. (A)
>
> THE PERSONAL TOUCH HAS GONE COMPLETELY. LACK OF UNDERSTANDING - SHOULD CONSIDER THE OLD AND VULNERABLE PERSON CAN OFTEN BE FRIGHTENED AND CONFUSED. (C)
>
> RESIDENT LEFT TO WAIT IN THE WAITING ROOM ALL DAY UNTIL TAKEN BACK TO THE CARE HOME AT THE END OF THE DAY. (E)

2.8 Digital maturity of care homes

- Care homes (D) and (E) have their own digital patient record system and care home (A) has plans to “go digital”.
- All five use e-mail and four care homes (A), (C), (D) and (E) use digital systems in their work in the home.
- Care home (E) uses its own encrypted e-mail system to send information such as MAR chart and care plans and can receive information securely but currently only A&E sends them information this way.
- Care home (C) described staff using iPads in their work.
- Care home (A) is in the process of getting access to the GP records system.
- None of the care homes had access to NHS or social care systems for patient information.
- Care home (E) is aware other parts of the system get digital access to all the data, CCG, and GPs and wants to get access as well.
- Care home (E) felt the benefit of going digital would be;
    - Less paper involved, the more secure the exchange of information.
    - Complete and share once and then available to all.
    - Time saved not chasing information & handing paper to multiple agencies, multiple times.
- Larger care homes could be a priority early adopter group of digital solutions (E) has the capability now to exchange information securely, (A) will have the capability in the near future.
- Care homes specialising in learning difficulties could be a good group to work with any digital solutions for hospital admissions. Care Home (D) had a well-designed hospital admissions process where admissions are particularly important in this context.

WE HAVE OUR OWN PATIENT RECORD SYSTEM AND THIS CAN BE ACCESSED BY OUR STAFF WHENEVER THEY NEED IT. (D)

PAPER IS OK - IT GOES IN THE CARE PLAN BUT ELECTRONIC WOULD BE BETTER AS WE COULD HAVE IT IN OUR ELECTRONIC RECORDS AND PRINT A PAPER COPY FOR THE CARE PLAN. (E)

I CANT SEE WHY WE CAN'T HAVE A SECURE ACCESS TO INFORMATION NOW. GP HAS ACCESS TO HOSPITAL SYSTEM. IF GPS CAN BE SENT A FLAG 'PATIENT READY TO TRANSFER' WHY CANT A HOME HAVE ACCESS? (E)

WE CAN SEND THE INFORMATION SECURELY NOW BY E-MAIL - MAR CHART, CARE PLANS OR WE COULD LOGIN AND UPLOAD THE INFORMATION. (E)

ALL OUR RESIDENTS HAVE A "HOSPITAL FOLDER' THIS CONTAINS, THEIR HISTORY, MEDICAL, OTHER NEEDS, RISK ASSESSMENT, PHOTOGRAPH, BEHAVIOURAL INFORMATION AND 24HR CONTACT DETAILS - THIS FOLDER GOES WITH THEM TO HOSPITAL. (D)

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ONLINE SURVEY
SURVEY RESEARCH REPORT ON CARE HOME INFORMATION FLOWS
MARCH 2017

3.1 Summary of findings

This report provides an analysis of a survey consultation exploring the information flows into and out of care homes in England. 264 care home staff responded to the survey. The main type of care home responding was residential (64%) and general nursing (33%), with the majority being medium sized homes (25-49 residents), but with a good spread across the range from small to large sized homes. Registered managers/matrons were the main group of respondents.

Care homes have most regular communication with general practitioners, pharmacies, community nurses, hospitals and social workers. On average, respondents felt that communication was best with community nurses, end of life care services/hospices and the ambulance service and poorest with hospitals, local authorities (commissioners) and clinical commissioning groups. The main themes identified as problems by care homes included: lack of understanding of care homes and their requirements; difficulties accessing some professionals (pharmacies, GPs and social workers mentioned specifically) and patients being discharged from Hospital before they were ready.

Potential solutions offered included other organisations improving their understanding of care homes, more collaborative working and improving communications through providing an identified contact point (in the organisation or service), use of electronic mail and improving the quality of information communicated.

The survey focused on hospital discharge summaries and found that the level of involvement varied from very little, or none, to phone contact and some care home staff visiting residents and/or conducting pre-discharge assessments.

Care homes reported that they generally (73.2%) receive discharge summaries when their residents are discharged from hospital. However, this means 26.8% of care homes do not generally receive any form of discharge summary. These were most frequently medical discharge summaries, followed by nursing discharge summaries and a smaller number of therapies/rehabilitation discharge summaries. When asked about the percentage of residents for which they receive discharge summaries, the majority of respondents (51%) said that they received hospital discharge summaries about their residents 75 – 100% of the time, whilst 34% received discharge summaries 50 – 75% of the time.

The vast majority of respondents, (80.74%), receive hospital discharge summaries within 24 hours of the resident being discharged from the Hospital, so conversely over 19% of respondents do not receive it within 24 hours. Similarly, the majority receive the discharged summary directly from the Hospital (89.85%).

Paper discharge summaries are still received by the majority of care home respondents (89.6%). The majority of those responding, 76.87% (N: 103), felt that electronic communication systems would help them with hospital discharge summaries. There were clear preferences for the secure email (N: 44) and shared electronic systems (N: 20). Some respondents expressed concern that some staff members will be unable to access electronic systems at times.

Care homes identified the following types of information as being most important for them to know about when a patient was being discharged from hospital: medication, changes in resident's care needs, mobility issues, diagnoses made and treatments given, care plans, including escalation.

Respondents felt the main problems they face when a resident is discharged from hospital related to communications, including poor quality discharge summaries, lack of information and inaccurate information. Other themes were lack of notice of discharge, patients being discharged at inappropriate times (such as at night), and missing items (such as medications, equipment and belongings). The type of improvements that were identified that would help address these problems included: improving understanding of care homes, better planning of discharge and checking by the

hospital that things were in place, improved handover to the care home, higher quality discharge summary information and discharging patients at appropriate times.

Examples of good practice provided by respondents included dedicated discharge coordinators in the hospital, collaborative ways of working and patient passports, which provide key information on residents' needs to the hospital.

The PRSB recommends use of the e-discharge summary standard which help better communications between hospitals and care homes, and support better care. The use of this standard in paper or digital format would provide care homes with the information they said they needed, and moving to digital technologies would provide that information when they need it, enabling safe and timely care.

3.2 Online survey approach

Online survey consultation

The HIU designed an online survey to obtain the views of care home professionals on their current situation, challenges and aspirations regarding information flows into and out of their organisation. Current research indicated that care home professionals are particularly concerned about the lack of information received when a resident is discharged from Hospital so the survey included a number of questions concerning Hospital discharge summaries. Drafts of the survey were reviewed by three subject matter experts; Mandy Thorn (Managing Director, Marches Care), Ian Turner (National Chairman, Registered Nursing Home Association) and Adam Gordon (Clinical Associate Professor in Medicine of Older People, University of Nottingham) and by Stella Smith and Jasmine Riley, from the NHSD SCP programme, and amended in line with their feedback. The survey was circulated to a wide range of stakeholders (see table below), using a number of communication channels, and they were asked to communicate the survey as widely as possible to their networks. The survey ran from 20 February – 13 March 2017 and approximately 12,000 care homes were invited to participate.

Organisations invited to participate/communicate the survey	
Association of Directors of Adult Social Services	Journal Of Dementia Care
Care and Nursing Essentials	My Home Life
Care England	National Care Association
Care Home Professional	National Care Forum
Care Management Matters	National Care Home Association
Care Providers Alliance	Registered Nursing Home Association
Care Quality Commission	Royal College of Nursing
Care Talk	Skills for Care
Care UK	Social Care Institute for Excellence
Caring Times	The Carer
Caring UK	Unite the Union

Chain Network	My Home Life
Community Care	National Care Association
HealthCare Business	

3.3 Survey findings

3.3.1. Survey respondents

264 individuals responded to the survey. The survey collected information on care home type, size and respondent role. The main type of care home responding was residential (64%) and general nursing (33%), with the majority being medium sized homes (25-49 residents), but with a good spread across the range from small to large sized homes. Registered manager/matrons were the main group of respondents. The findings are set out in the following three tables.

Table 1:

Care Home type	Response percent	Response count
Residential	64.02%	169
Nursing	33.71%	89
Dementia	28.41%	75
Learning disability	12.5%	33
Housing with care	3.79%	10
Supported living	1.14%	3
Other	11.36%	30

N: 264 (please note some respondents chose more than one care home type, e.g. residential and dementia)

Table 2:

Respondent role	Response percent	Response count
Registered manager/matron	61.74%	163
Director/proprietor	17.80%	47
Administrator/office manager	7.58%	20
Nurse	4.92%	13
Support worker	1.52%	4
Commissioner	1.52%	4
Care assistant	0.38%	1
Other	4.55%	12

N: 264

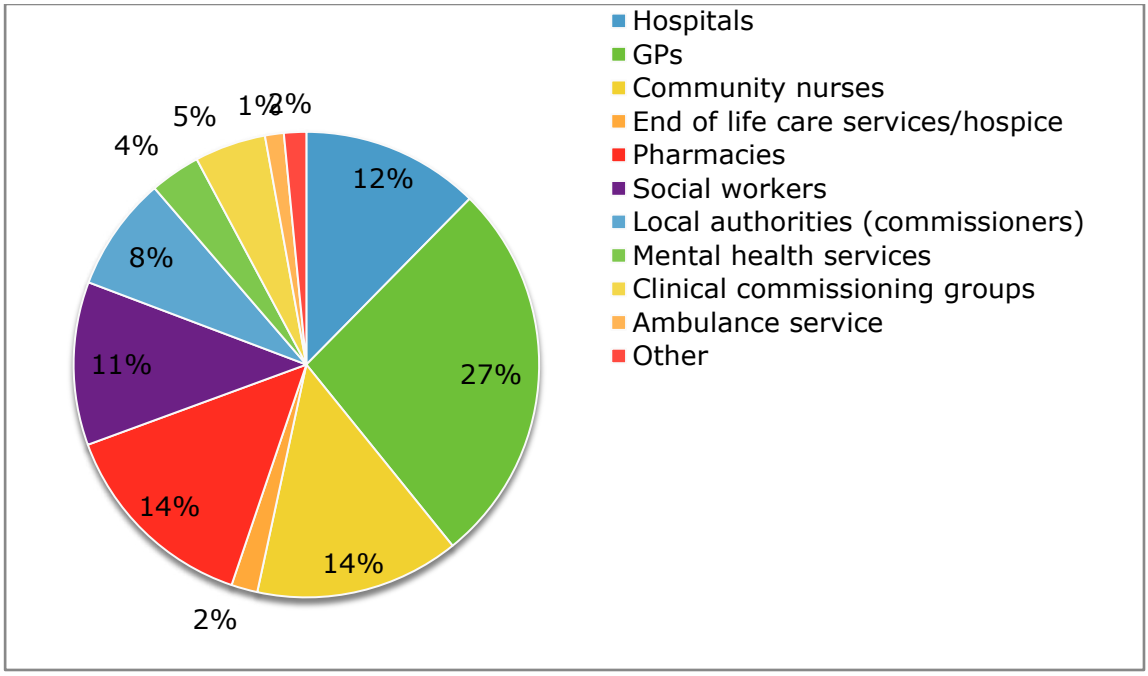
Table 3:

Care Home size (approx. no of residents)	Response percent	Response count
0 – 12	10.20%	26
13 – 24	14.90%	38
25 – 49	38.82%	99
50 – 74	14.12%	36
75 – 99	7.45%	19
100+	14.51%	37

N: 255

3.3.2. Frequency of communication with other organisations/services

Respondents were asked which organisations/services they had the most regular contact with. The pie chart below shows that the care homes have most regular communication with general practitioners (27%), followed by pharmacies (14%), then community nurses (14%), hospitals (12%) and social workers (11%).



N: 264

3.3.3. Quality of communication with other organisations/services

Respondents were asked to rate the quality of the communication they have with other organisations/services. The table below shows that on average respondents felt that communication was best with community nurses, end of life care services/hospices and the ambulance service and poorest with hospitals, local authorities (commissioners) and clinical commissioning groups.

Table 4:

Organisation/service	Very poor Rating 1	Poor Rating 2	Acceptable Rating 3	Good Rating 4	Very good Rating 5	Response count	Rating average
Community nurses	0	3	16	35	51	105	4.28
End of life care services/hospice	0	0	3	7	4	14	4.07
Ambulance service	0	1	1	4	3	9	4.00
Pharmacies	2	3	31	40	31	107	3.89
GPs	3	17	44	78	59	201	3.86

Mental health services	1	4	5	10	7	27	3.67
Social workers	1	13	28	36	6	84	3.39
Clinical commissioning groups	3	5	15	9	5	37	3.22
Local authorities (commissioners)	2	16	16	22	4	60	3.17
Hospitals	12	31	37	12	2	94	2.59
Other	2	0	0	6	2	10	3.60

N: 264

The survey asked respondents what were the main problems they experienced when communicating with these organisations/services and what would help address these problems. A thematic analysis of the qualitative responses identified some common themes which are set out in the following two tables:

Table 5:

Main problems with communicating with organisations/services	Illustrative quotes
Difficult to access GPs	"The GP's visits are done either very early in the mornings and late evenings and weekends as well which causes inconveniences to both the residents and staff" "Very difficult to speak to a GP to have a discussion about a patient. Long waits on phone lines, can only call between certain times"
Hospitals discharge residents before they are well enough to return home	"Hospitals are only interested in discharging the resident as soon as possible without much concern for their welfare and whether they are well enough" "People are discharged inappropriately from Hospitals"
There is a lack of understanding about care home requirements	"NHS understanding of what a care home is" "Their lack of understanding about the needs of our business"
Social workers are difficult to access/slow to respond	"Social workers. Not contacting back to me after contacting them" "Social workers - don't respond to email, hard to get hold of, hard to get an answer from"

Poor communications with pharmacies	“Ordering prescriptions due to prescription line only being open at certain times or having to attend in person as will not receive calls from care homes over the phone” “Often issues between communication of the GPs and pharmacy, waiting for prescriptions, changes in prescriptions etc”
Poor hospital discharge summaries	“Hospital discharge communication is poor, often no discharge summary or follow up information is sent” “Hospitals-discharges often poor with poorly labelled medications or no medication sent. discharge summaries often not completed”

N: 68

Table 6:

Possible solutions for problems associated with communication	Illustrative quotes
Better understanding of care homes and their requirements	“If they had a greater understanding of our legal requirements re medication and correct labelling” “Hospital nurses and doctors need to be made aware of the difference between residential care homes and care homes with nursing”
Point of contact within the organisations/services	“Named ward members who could specifically deal with care home residents as a point of contact and who would have an understanding of the way care homes work and the problems we encounter” “A point of contact from the ward to raise concerns to”
Email communications	“We have tried to assist all care homes in setting up NHS mail account so we can safely and securely send data” “It would be good to be able to email things so that unequivocal messages are sent, the correct person gets the message and we would have evidence that we had sent it”
Better quality information	“Communication in itself is not too bad, it is the quality of the information that we are provided with that is lacking” “More in depth information on discharge letters”

More collaborative working	“They need to want to work in true partnership rather than as a standalone organisation” “Open, honest and transparent communication and more collaborative working”

N: 92

3.3.4. Hospital discharge summary communications

Respondents were asked to describe any involvement they have in the Hospital discharge process. A thematic analysis of the qualitative responses identified a number of common themes. This is illustrated in the table below and some illustrative quotes have been provided:

Table 7:

Care home staff involvement in Hospital discharge	Illustrative quotes
Pre-discharge assessments	“We assess all residents in the Hospital then liaise with family, wards, consultants and discharge teams” “We always carry out a discharge assessment before accepting a resident back to the home as the hospital in the past has tried to send home a resident that we would not be able to meet their needs”
Phone contacts with the hospital	“Telephone contact with the Hospital when ready for discharge back to the home” “Phoning the ward to discuss residents health and medication”
Visiting the resident in Hospital	“I will usually visit the hospital if the resident has been in for a while” “Our staff regularly visit service users in hospital and are part of the planning process for discharge but often this is delayed by the Hospital”
No direct involvement	“Either non-existent or poor” “No at present but this may change very soon”

N: 108

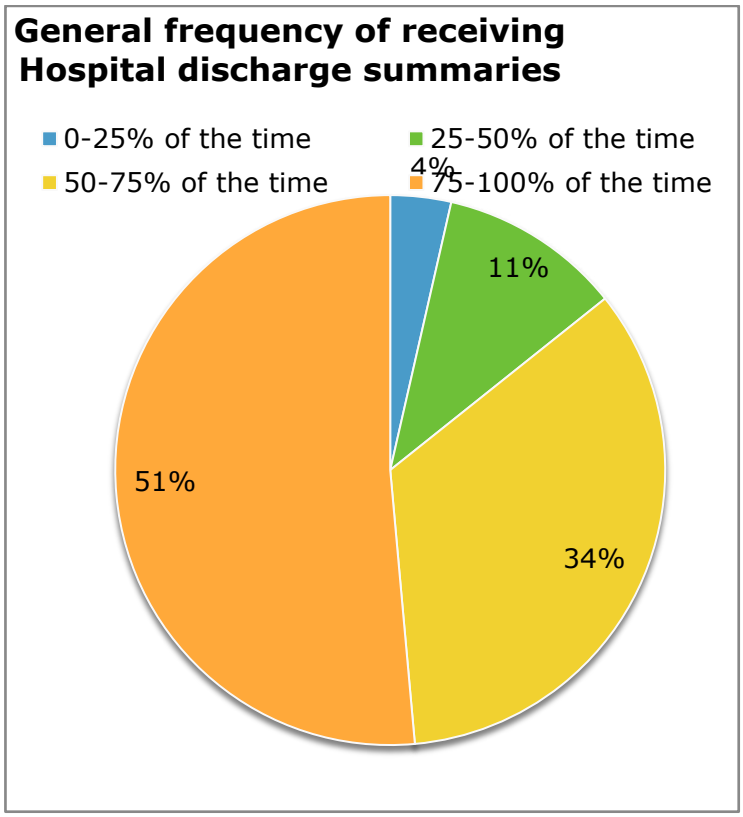
Respondents were asked if they generally received discharge summaries when their residents were discharged from hospital. Of the 198 respondents who answered the question, the majority (73.23%), did generally receive discharge summaries. These were most frequently medical discharge summaries, followed by nursing discharge summaries and a smaller number of therapies/rehabilitation discharge summaries as illustrated in the table below.

Table 8:

Type of hospital discharge summary generally received	Response percent	Response count
Medical discharge summary	73.76%	104
Nursing discharge summary	41.84%	59
Therapies/rehabilitation discharge summaries	9.22%	13

N: 141 (please note some respondents chose more than type, e.g. medical and nursing discharge summaries)

The majority of respondents (51%) said that they generally received hospital discharge summaries about their residents 75 – 100% of the time, whilst 34% received discharge summaries 50 – 75% of the time. This is shown in the pie chart below.



N: 140

The vast majority of respondents (80.74%) received Hospital discharge summaries within 24 hours of the resident being discharged from the Hospital, so conversely over 19% of respondents do not receive it within 24 hours.

Table 9:

Speed at which Hospital discharge summaries are received generally	Response percent	Response count
Within 24 hours	80.74%	109
Within a week	16.30%	22
Within a month	2.22%	3
More than a month	0.74%	1

N: 135

The vast majority of respondents generally received the discharge summary directly from the Hospital (89.85%) however a small number received the discharge summary from the resident (7.03%) or via a GP (3.13%). Analysis of the survey responses suggests a misunderstanding of this question and respondents cited the source of the discharge letter - the Hospital - rather than the person actually handing the letter to the care home. The 1-1 interviews revealed letters were always given to the care home by the resident or ambulance staff when returning the resident back to the care home. The survey answers to the question of when the care home receives the discharge summary, the majority answered within 24hrs, which again suggests care homes receive the letter by hand from the resident or ambulance staff as a letter sent by post from the hospital would arrive after 24hrs.

Table 10:

General method of receiving hospital discharge summaries	Response percent	Response count
From the hospital	89.84%	115
From the resident	7.03%	9
From the GP	3.13%	4

N: 128

The most common format in which hospital discharge summaries were sent to care homes was by letter (89.6%) as illustrated by the table below.

Table 11:

General format of hospital discharge summaries	Response percent	Response count
Letter	89.6%	112
NHS electronic patient record systems	4.8%	6
Email (other)	3.2%	4
Fax	1.6%	2
NHS mail (email)	0.8%	1

N: 125

Of the 134 respondents who answered the question, 76.87% (N: 103) felt that electronic communication systems would help them with hospital discharge summaries. A thematic analysis of the 80 qualitative responses found that there were clear preferences for the following systems:

- Secure email (N: 44)
- Shared system (N: 20)
- Paper communications (N: 4)

Some respondents expressed concern that some staff members will be unable to access electronic systems at times, as illustrated by the following quote:

"If it was sent by email, out of hours the nurse would not be able to access it therefore a hard copy of the electronic discharge summary sent with the patient is the most effective way of communicating"

Respondents were asked what the most important things they would like to know when a resident is discharged from hospital. A thematic analysis of the qualitative responses identified a number of common themes. These themes are all covered in the PRSB discharge summary standard and a mapping is shown in Appendix A. This is illustrated in the table below and some illustrative quotes have been provided:

Table 12:

Important discharge letter information	Illustrative quotes
Resident's care needs	"An accurate description of the residents current needs" "Any changes in care needs since assessment"
Medication information	"Has there been any change in medication, if so what" "Current medication (often changed on discharge)"
Diagnoses made	"What their diagnosis was/is, and how we will support treatment in the home" "Diagnosis of conditions and after care recommended"
Mobility issues	"If there are any changes in the individual's mobility" "Actual current mobility functions"
Future plans	"Plan of care should person deteriorate/issue for hospitalisation reoccur" "Any follow up appointments to be made"
Treatment received	"Exactly what was wrong and how it was treated" "The treatment they have had/any changes to previous treatment"

N: 197

Respondents were asked what are the main problems they face when a resident is discharged from Hospital and what would help address these problems. A thematic analysis of the qualitative responses identified a number of common themes. This is illustrated in the tables below and some illustrative quotes have been provided:

Table 13:

Problems associated with Hospital discharges	Illustrative quotes
Lack of information	"Lack of information and not always honest information" "Not knowing what has happened during the stay and the lack of information given when a resident is in Hospital"
Inaccurate information	"Wrong information regarding an individual's needs" "Getting accurate discharge data"
Lack of notification	"Not knowing when they are being discharged" "Not knowing when they are going to arrive back to the home. Staffing the home if staff are supporting at the Hospital"
Missing medication/equipment/belongings	"Insufficient medication, no equipment and missing discharge papers" "Discharged without walking aids and only 7 days medication in boxes"
Residents discharged at inappropriate times	"Bring back the residents too late" "Sometimes late in evening, resident cold and tired"

N: 124

Table 14:

Possible solutions for problems associated with hospital discharges	Illustrative quotes
Better understanding of care home requirements	"Better understanding of the role nursing homes play in caring for a person" "Understanding the support and services that care homes provide"
Sufficient planning	"Ensuring everything has been organised before discharge" "Discharges planned further in advance"

Improved communications	“Better communication between the hospital and the home” “To have an improved communication system to ensure the tenant receives the best service possible for a speedy recovery and information is correct and instructions followed through proactively”
Discharge at appropriate times	“Get them home as early as possible so any issues can be followed up with ward staff” “If we could have people in the home at latest 6pm we would be able to give them more attention to help them settle in the new environment and be able to do a comprehensive admission process”
Improved checks from Hospital side	“Hospital has a responsibility to double check these things are done” “More thorough checking prior to discharge”
Better quality discharge summaries	“To be sent detailed discharge summary” “More detailed medical & nursing summaries. Therapy summaries when we do receive them are very detailed & helpful”
Better handover between hospital and care home	“Having an appointment with a contact to discuss the medical history and the future plan” “Fully committed handover with as much information as possible. Continuity is key with any resident but totally required with end of life palliative care”
Electronic communications	“Availability to look at notes at Hospital electronically” “Sharing electronic data would solve this part”

N: 117

3.3.5. Good practice for information sharing

Respondents were asked to share any good practice regarding information sharing in their organisation. A thematic analysis of the qualitative responses identified a number of common themes. This is illustrated in the table below and some illustrative quotes have been provided:

Table 15:

Good practice regarding information sharing	Illustrative quotes
Dedicated discharge coordinators in the hospital	“Dedicated care home discharge coordinator” “The discharge coordinator and nurses are always helpful”

Collaborative working	“Establishing a rapport (if possible) with the staff you are communicating with” “The care managers, social workers, crisis team and CPNs communicate really well and give us up to date information and are also there if we need them straight away to avoid our service users from relapsing”
Hospital passports	“Our residents have hospital passports that they go into Hospital with them identifying medication, personal care needs and manual handling assessments” “We complete hospital passports for our service users to enable them to receive appropriate treatment these are seldom used seen as not important but are important to the person who has a learning disability”

N: 45

Appendix A – Mapping of Important discharge letter information to the Discharge Summary standard

The table below shows the mapping of the important discharge letter information identified in the survey to the PRSB Discharge Summary and Mental Health Discharge Summary (MHDS) standards. Further details on the standards is available on the PRSB website: http://theprsb.org/standards

Table 16:

Important discharge letter information	Discharge Standard mapping
Resident's care needs	Covered in individual requirements, clinical summary and assessment scales. Also covered under the treatments and interventions heading in MHDS.
Medication information	Mapped to medications and medical devices
Diagnoses made	Mapped to diagnoses. After care recommended is covered in plan and requested actions , information and advice given. There are additional headings in the MHDS such as care planning approach.
Mobility issues	Covered through assessment scales, and often covered in treatments and interventions in the MHDS.
Future plans	Mapped to: plan and requested action, investigations requested, procedures requested, ADRT, (Advance Decision to Refuse Treatment), patient and carer concerns and advance statement.
Treatment received	Mapped to procedures, clinical summary, investigation results, assessment scale results. Also there is a specific heading for treatment and interventions in the MHDS.