

# **Wandsworth Local Involvement Network Hospital Discharge**

## **Report of a visit to Springfield Hospital on 15 April, 2011 by the Wandsworth LINK Enter and View team**

### **Introduction**

Hospital discharge was chosen as one of Wandsworth LINK's four priorities for 2009/10. The Enter and View Team visited St George's Hospital on 17 February and 30 June 2010 and our findings were incorporated in the LINK's report of 16 November 2010 on "Improving the Practice of Hospital Discharge and the Provision of After Care in Wandsworth". As part of the Hospital Discharge study the Enter and View Team also visited Springfield Hospital on 13<sup>th</sup> October 2010 and interviewed a small number of patients who were in fact not ready for discharge so this visit did not shed much light on the discharge process. We have, accordingly, now carried out a follow-up visit to Springfield on 15 April 2010 with the aim of interviewing former patients recently discharged. Albeit very limited in scope, this visit was more productive and we here report our findings as a tailpiece to the 2010 Hospital Discharge study. The visit will also contribute to the planning of the LINK's proposed further study of mental health services in Wandsworth as one of the 2011/2 priorities.

### **Methodology**

On 3 March 2011, 4 members of the enlarged Enter and View team attended a meeting at Springfield with Jeremy Walsh, Assistant Service Director for the South West London and St George's Mental Health Trust, and Sonya Clinch, Service Manager for the Wandsworth Community Mental Health Teams (CMHTs) to discuss arrangements for the visit. It became apparent that identifying former patients who had recently been discharged and would be willing to be interviewed at the Springfield site required some thought and effort but Sonya kindly undertook to see what could be arranged for the team's suggested dates. The Trust wrote, we understand, to a total of 12 recently discharged patients. Of these a number did not reply or, understandably, were unwilling to revisit their recent experience of hospitalisation and subsequent discharge. As it happened, last-minute illness and family problems arising for the Enter and View team limited our availability to 2 members and to only one of the dates. In all 3 service users were expected to be seen on 15<sup>th</sup> April but one of these became unavailable so only 2 were seen, in a room kindly provided off the Springfield Restaurant. The service users were one male, one female, both between 35 and 45 years old and both of BME ethnicity. One had been seen by the Enter and View team during our visit on 13<sup>th</sup> October 2010. We were also able to interview the care co-ordinator of one of the service users during the visit and we followed up with a telephone interview with the care co-ordinator of the second service user on 26<sup>th</sup> April. Issues raised by the difficulty of setting up interviews in this way will need to be considered in the planning of the further mental health study.

## Findings

Both service users had been compulsorily admitted to Springfield under relevant Sections of the Mental Health Act. While both were keen to leave hospital, it was clear in both cases that their discharge from hospital involved as a pre-condition the resolution of significant issues in respect of medication (and in one case the application of a Community Treatment Order) and of housing (and in one case the provision of a suitable hostel place). These issues involved negotiation by the care co-ordinator with the service user and with other services. Only after these issues were resolved did discharge become a practical possibility and it was at this point that the formalities of the Care Plan Approach were completed. Both service users confirmed that they had attended a CPA meeting with the relevant professionals at which matters had been explained to them and their views taken into account. But it appeared that they had already at an earlier stage made their views on significant issues clear with staff including their care coordinator and one of the care co-ordinators indicated that it was considered good practice to have prepared the ground sufficiently before the CPA meeting to be able to go into it knowing the expected outcome. Nevertheless the formal procedures needed to be gone through, and were.

Both care co-ordinators had considerable experience of the CPA system and felt they were well aware of the relevant national and local guidelines, which were available to be consulted if necessary via the Trust's intranet. They were able to access the electronic patient case records (which include both in patient and out patient input). This and the proximity of the both coordinators offices to the ward enabled them to keep abreast of inpatient progress, attend Ward meetings and have one to ones with the patient on the ward. So discharge plans evolved co-operatively to form the final discharge Care Plan held on the computer system. Both service users were happy with the content of their care plans although it was not clear that they retained paper copies. One Care Coordinator explained that at meetings with patients they go through the care plan on the computer and the patient can ask for a print out if they want one. One of the service users knew that they had a telephone number to ring in a crisis or emergency but the other apparently did not, which seems to us a point of possible concern. The matters covered by the plans apparently varied in the two cases reflecting the needs and wishes of the service users: in both cases it appeared that the initial plan on discharge was likely to need expanding through subsequent updating and review in line with the user's progress in recovery. The Trust's policy seems to involve annual CPA reviews but co-ordinators felt that in practice more frequent updating was often appropriate.

Both service users seemed happy with their actual experience of discharge. We did pick up from one of the care co-ordinators an indication of uncertainty about the respective responsibilities (including budgetary provision) of the Trust's in-patient services and community services respectively when it comes to implementing practical arrangements

such as the transportation of vulnerable service users and their possessions between hospital and home (this can arise in relation to periods of home leave as well as to eventual discharge). For the avoidance of future difficulty we recommend that this issue be considered and, if necessary, clarified. Apart from this one limited aspect both care co-ordinators reported that they had not faced any resource constraints in planning for discharge.

It may be relevant to note at this point that neither of the service users we saw had an acknowledged carer. In one case the user's parents were known to retain an interest and concern for the user's wellbeing but the latter did not want them to be involved. The absence of a carer is apparently more the rule than the exception in the case of the Wandsworth CMHTs' case-load, and this was a notable difference from our experience of visiting St George's. Mental health service users can easily become isolated or estranged from their families for a variety of reasons and we recognise that users' rights to confidentiality and independence must be fully respected. But we also feel it is worth emphasising the importance in the recovery process of rebuilding social and family relationships where possible. We were pleased to note that this consideration played a part in the relevant care co-ordinator's forward thinking but we feel it deserves mention as a factor needing due consideration in pre-discharge planning.

## **Conclusion**

For reasons explained above this visit was very limited in scope and cannot claim to be representative. It is possible that the way it was set up involves an unintended element of positive bias. It must however be reassuring that the picture that emerges from this admittedly tiny sample of service users and their care co-ordinators is one of a discharge system which seems to be operated carefully and thoughtfully and to be working safely and to the users' satisfaction. We make a few minor recommendations which are not in any way to be considered as criticisms of what we saw. These are: that every effort is made to ensure that mental health service users discharged from hospital are given a clear understanding of the availability of help in a crisis; that the issue of responsibility and adequate budgetary provision for implementation of discharge and similar arrangements is clarified; and that due consideration is given in planning for discharge from hospital to the importance of rebuilding social and family relationships where possible. Discharge from hospital is of course often only a stage in mental health service users' recovery process. We may wish to return to aspects of the CPA system in our further study of mental health services in Wandsworth.

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