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DISCHARGE PROCEDURES

I would like the answers for EACH question PRE-pandemic AND POST-pandemic. In short, if the procedure has remained the SAME both before AND after the start of the pandemic, please say so.

If there have been CHANGES or DIFFERENCES introduced in the standard operating procedure after the start of the pandemic, kindly indicate this, and state WHAT the changes are.

- 1) What is the standard procedure you follow when discharging in-patients from hospital?
- 2) Who decides when it is time for the patient to be discharged?
- 3) Is the decision to discharge taken purely by the medical team in charge of the patient's care, or is it influenced by the managers, depending on bed availability?
- 4) Is there a discharge team who coordinates discharges from hospital?
- 5) Is this discharge team the SAME for EVERY ward in the hospital, and for every speciality, or is there a SEPARATE discharge team for each ward and/or speciality?
- 6) What qualifications do the members of the discharge team hold? For example, are they former nurses, technical staff, managers, what?
- 7) Who were the members of your discharge teams for Orthopaedic surgery, Geriatrics, and Internal Medicine, for the years 2018, 2019, 2020, and 2021?
- 8) Whose responsibility is it to apprise the patient, and/or their next of kin, of the decision to discharge? Is it the responsibility of the discharge team, the medical team, or both?
- 9) Who are the current members of your various Discharge teams?
- 10) If the patient is a minor, or they are an elderly patient with advanced dementia who does not have the mental capacity to comprehend discharge decisions, does the discharge team, or the medical team, or both, hold discussions with the next of kin or family members, regarding the decision to discharge?
- 11) If such discussions are held with the next of kin, who are they by? The discharge team, the medical team, or both?
- 12) Are there any circumstances under which the standard operating procedure that governs hospital discharges is bypassed, and not followed? If so, what are those circumstances?

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13) Are there any circumstances under which the next of kin of the patient are not informed about the decision to discharge, and a discharge goes ahead without their knowledge?

If so, what are those circumstances?

14) Are there any circumstances under which a discharge to the community goes ahead without the consent of either the patient, or their next of kin (in the case of patients with advanced dementia)? If so, what are those circumstances?

15) What are the guidelines and strictures issued by the General Medical Council, the regulatory body for doctors, with respect to hospital discharges and how they are conducted for patients who have capacity, and for patients who are either minors or lack capacity (e.g. elderly patient with advanced dementia)?

16) Is there a similar code that has to be followed by the non-medical members of the team, such as managers?

17) Does the General Medical Council stipulate that doctors have to be actively involved in holding discharge discussions with either patients or their next of kin, prior to discharge?

18) Do all NHS hospitals in the 4 countries that comprise the United Kingdom (England, Wales, Scotland, and Northern Ireland) follow the exact same discharge process, or does it vary from Hospital Trust to Hospital Trust and/or Country to Country (for e.g. does Wales follow different guidelines from England)?

19) Has there ever been an instance of a patient getting discharged from hospital without discussions first being held with either the patient, or the next of kin (if the patient has advanced dementia), and if so why did this occur?

20) Have there been significant changes in discharge procedures after the start of the pandemic? If so, what are the changes? Have these changes, if any, been reversed now, or are they ongoing? If ongoing, how long will they continue?

21) WHEN, WHY and by WHOM was the decision to prevent patients' relatives from visiting them on the wards taken, at the start of the pandemic?

22) Was this decision taken by the top managers at the hospital, or was this a directive issued by the Department of Health and Social Care? If the latter, was it simply "guidance" or a rule that had to be strictly enforced?

23) Was this decision implemented nationwide, or was it down to individual hospitals to decide for or against imposing it on their patients?

24) Is the above rule (about no visitors) ongoing or can patients' relatives now visit their loved ones on the wards?

25) During the time that no visitors were permitted, were the loved ones and next of kin of patients who were being discharged allowed to see them either just BEFORE

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or DURING discharge, if aforementioned patients were not being discharged to their own homes (e.g. they were returning to a Nursing Home)?

26) If yes, did the hospital or discharge team notify patients' next of kin of the impending discharge, with at least 24 hours notice or more, to give the relatives time to get to the hospital and see their loved ones prior to them being sent back to their Nursing home (given that no visitors were allowed into Nursing homes once the pandemic started)?

27) If no, why were relatives not given the chance to see their loved ones at least briefly prior to discharge, given that they would then NOT be in a position to visit them in their Nursing Homes for a period of several months at least?

28) During the time that no visitors were allowed into wards, did ward staff ensure that relatives and next of kin were kept informed of every aspect of their loved ones' care and progress? If so, how did they do this?

29) During the time that no visitors were allowed into wards, did ward staff ensure that relatives were still able to communicate with their loved ones via telephone? Was an attempt made to permit bed-bound patients, in particular those elderly patients who did not have mobile phones of their own, to talk to or "Facetime" their family, using the mobile phones of ward staff?

30) If yes, was a directive to this effect issued for ALL the wards in the hospital?

31) If no, why was it not considered important that patients' relatives be allowed to communicate with their loved ones who were essentially isolated on the wards during the start of the pandemic?

32) If a patient disagrees with the decision to discharge them, and refuses to be discharged, what is the procedure followed by the hospital, assuming the patient is compos mentis and able to understand the implications of their actions?

33) If the next of kin of a severely demented elderly patient objects to their loved one being discharged, what is the procedure followed by the hospital? In the above instance is the hospital permitted to go ahead and discharge the patient without consulting with the wife and children of the patient (the next of kin)? In the above instance, does the hospital notify the relatives that they will be discharging their loved one regardless, and also notify them in advance (with at least 24 hours notice) of the date and time of discharge?

34) For Qs 32 and 33, has the standard procedure changed intra-pandemic and/or post-pandemic, from what it was PRE-pandemic? Or has it remained essentially the same?

35) If a patient's relative were to call and ask to speak to a member of the medical team in charge of their loved one's care, are doctors obliged to take their call and explain the nature of the treatment being given? Can a doctor decline to discuss a patient over the phone and insist that only face to face consultations will be entertained (e.g. when the patient's wife is elderly and cannot drive and lives too far

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away to go to the hospital)? What is the guidance issued by the General Medical Council with respect to doctors' duties in this regard?

Response

This FOI request covers many services across the Trust. To respond to the 35 questions requiring narrative responses would collectively across all the services take some considerable time to prepare which involve a significant amount of hours. This would exceed the costs limit specified in the FOI act.

We estimate that compliance with this request for information would exceed the appropriate costs limit. Under Section 12 of the Freedom of Information 2000, the limit has been specified as £450 and represents the estimated cost of one or more persons spending 18 hours in determining whether we hold the information, locating, retrieving and extracting this information.