

# HOSPITAL DISCHARGE SURVEY



**healthwatch**

It's time to  
have your say

Healthwatch is looking at the quality of discharges from local hospitals of patients in 2016. If you are completing the survey yourself, or on behalf of someone you know, please indicate at the beginning your relationship to the person.

Your replies will be used a part of a report about the quality of hospital discharges, any after care you received and about your stay in hospital. All information and comments will be used anonymously and any comments will not identify any patient. The report will be made public and sent to the relevant organisations with a view to improving the services.

For simplification, we have used you/you're in relation to the patient.

1. Are you completing this survey as a patient?

Yes

No

2. If on behalf of someone else, please specify your relationship.

Relative

Friend

Professional

3. Do you have their permission?

Yes

No

4. In which hospital were you / they an inpatient?

Frimley Park

Heatherwood

Royal Berkshire

Wexham Park

Other (please specify) .....



5. Please state which ward / department?

.....

6. Length of inpatient stay

Year .....

Month .....

Length of stay (days) .....

7. Age category of person who stayed in hospital

0-18 years       19-60 years       61+ years

8. In which Local Authority area do you live?

- Bucks
- Bracknell
- Slough
- Surrey
- Wokingham
- Windsor & Maidenhead

Other (further information if relevant).....

**PLANS FOR DISCHARGE**

9. Was a plan for discharge made with you and / or your family?

Yes       No       Not Sure

10. Did hospital staff take your family or home situation into account when planning your discharge?

- Yes, definitely
- Yes, to some extent
- No
- It was not necessary
- Don't Know



**healthwatch**

**It's time to  
have your say**

11. Did you feel you were involved in decisions about your discharge from hospital?

Yes, definitely

Yes, to some extent

No

I did not want to be involved

12. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital, such as home care, community nurses, rehabilitation, physiotherapy?

Yes

No, but I would have liked them to

No, it was not necessary

13. Do you think your discharge plan met your needs?

Yes

No

Not Sure

14. Please give us further information about your discharge plans if applicable:

### PREPARATION FOR DISCHARGE

15. Were you given a written copy of your care plan / written instructions on leaving hospital about what to do or not to do?

Yes

No

Not Sure

16. Were you given enough notice about when you were going to be discharged?

Yes, definitely

Yes, to some extent

No



**healthwatch**

**It's time to  
have your say**

17. Was the time of your discharge satisfactory and in accordance with your wishes?

Yes

No

18. On the day you left hospital, was your discharge delayed for any reason?

Yes

No

(if no, please go to question 22)

19. What was the MAIN reason for the delay?

I had to wait for medication

I had to wait to see a doctor

I had to wait for an ambulance / transport

Something else

20. How long was the delay?

Up to 1 hour

Longer than 1 hour but not longer than 2 hours

Longer than 2 hours but not longer than 4 hours

Longer than 4 hours

21. Please give us further information if applicable:

22. Did a member of staff explain the purpose of the medicines you were to take home in a way you could understand?

Yes

No

To some extent

23. Was all of your property available for you to take home?

Yes

No



**healthwatch**

**It's time to  
have your say**

24. Please give us further information if relevant:

**AFTER DISCHARGE**

25. When you left hospital, did you know what would happen next with your care?

Yes, definitely       Yes, to some extent       No

26. Did any services come to you as planned?

Homecare	<input type="checkbox"/>
Equipment	<input type="checkbox"/>
Community / district nurses	<input type="checkbox"/>
Physiotherapist	<input type="checkbox"/>
Other	<input type="checkbox"/>
No, I didn't get the planned services	<input type="checkbox"/>
I didn't require any further services	<input type="checkbox"/>

27. Were those services satisfactory?

Yes, definitely       Yes, to some extent       No

28. If you need ongoing support, is this happening?

Yes       No

29. Were you readmitted?

Yes       No

30. Please give us more information if applicable:

SOME GENERAL  
QUESTIONS ABOUT YOUR  
STAY IN HOSPITAL



**healthwatch**

It's time to  
have your say

31. Overall, did you feel you were treated with dignity and respect?

Yes, always       Yes, sometimes       No

32. How would you rate the hospital food?

Very good   
Good   
Fair   
Poor   
I did not have any hospital food

33. Did you feel you had to repeat your medical history several times?

Yes       No

34. Please tell us how your stay and your discharge could have been improved?

35. Please tell us about your positive experiences in the hospital?

36. Anything else you would like to tell us?



**healthwatch**

**It's time to  
have your say**

37. Would you like Healthwatch to further contact you about your experiences?

Yes

No

38. If so, please give us your details:

Name:

Address:

Phone No:

Email Address:

If you would like further information about taking your concerns further, please contact us at [info@healthwatchwam.co.uk](mailto:info@healthwatchwam.co.uk)

#### ABOUT YOU

39. Are you?

Male

Female

Trans

Prefer not to say

40. How old are you?

Under 18

18-24

25-34

35-44

45-54

55-64

65-74

75+

Prefer not to say

41. Ethnic Origin

White British

White and Asian

Caribbean

White Irish

Any other mixed background

African

Gypsy / Traveller

Indian

Any other black background

Pakistani

Chinese

White and Black Caribbean

Bangladeshi

Arab

White and Black African

Any other Asian Background

Prefer not to say

Other



**healthwatch**

**It's time to  
have your say**

42. Do you consider yourself disabled?

Yes

No

*Thank you very much for taking the time to complete our survey.*