



Focus on:

Community Mental Health & Recovery Services (CMHRS)

Finding out more about experiences in Surrey

September 2019

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Summary

Background

In the 12 months to March 2019, 36 people shared experiences with Healthwatch Surrey of Community Mental Health & Recovery (CMHRS) services via Local Citizens Advice (LCA), our Helpdesk and our Independent Health Complaints Advocacy service. We also heard about CMHRS during our events.

We wanted to give more people an opportunity to share their views with an independent organisation and have their voices heard, so in June 2019 we sent out a survey to gather more experiences. 30 people completed the survey.

This report summarises what we heard from all 66 people, and these findings can be used by those who commission and provide services to help shape future provision.

What we did

In June 2019, we shared an online survey with communications teams at Clinical Commissioning Groups (CCGs) and Surrey & Borders Partnership NHS Foundation Trust (SABP), and to relevant organisations on our contact database e.g. VCFS groups, seeking feedback on Community Mental Health and Recovery services (CMHRS).

The link was also included in our monthly newsletter and shared on Healthwatch Surrey's social media. Paper copies were sent to organisations on request. Of the 30 people who completed the survey, the majority were current users of CMHRS, with some past users and some waiting to start using CMHRS.

We combined the findings from this survey with the unsolicited feedback we received via Local Citizens Advice (LCA), our Helpdesk and our Independent Health Complaints Advocacy service, and other feedback we had heard during our events.

What we heard

The unsolicited feedback about CMHRS that we received was mainly negative. However, among the people we heard from via the online survey, experience of CMHRS was generally either very positive or very negative.

This is a research effect: people with strongly opinions are more likely to respond to an online survey than those with 'acceptable' experiences. Those with negative experiences are most likely to give us unsolicited feedback.

Overall, reported satisfaction with CMHRS - in the survey - was low, although average scores disguise very positive and very negative scores.

Satisfaction with *discharge* is lower than overall satisfaction and most respondents believed they were discharged from the service too soon.

Themes

Three key themes emerge across all the experiences we have heard which are shared in this report:

- **Difficulty and delay in accessing services** (31 experiences)
- **Poor quality of services** (14)
- **Discharge from services, especially premature discharge** (25)

We also heard positive experiences about each of these areas. The positive experiences include (but are not exclusively from) current users and past users of Berkeley House, Gatton Place (transition from CAMHS), and Margaret Laurie House.

Negative experiences were from a mixture of current and past users of Bridgewell House in Woking, about issues with transition from Child & Adolescent Mental Health Services (CAMHS) and from those referred by the Acute Home Care team.

Recommendations

Surrey & Borders Partnership NHS Foundation Trust should use this insight, alongside other evidence of patient experience, within a review of the discharge process from CMHRS.

This report is structured around the three themes of access, quality and discharge; using the words of those who chose to share their stories with us.

What we heard (in detail)

Accessing services

Positive experiences

Reasons for satisfaction with how long you had to wait to access CMHRS

“Dr [...] and her colleagues made themselves available as quickly as possible. She visited me in our home before she detained me under Section 2 of the Mental Health Act 1983. She worked hard, thoroughly and quickly. [...] also worked very hard. They are both very gracious, hard-working professionals.”

Reasons why it was easy to access CMHRS

“Dr [...] has always been available in Berkeley House or at our home. Her colleagues worked hard too. When I received an out-of-office email from her colleague, I also got a telephone number to call in case of need. The team also gave me a card with telephone numbers to call, 24/7. I felt fully secure and in no need of further assistance. They should be praised very highly.”

Reasons for satisfaction with waiting time to access CMHRS

“I was assessed quickly and allocated a care coordinator within a few weeks. Given stereotypical waiting times, I felt the severity of my issues were assessed appropriately and rapid intervention was provided.”

Reasons why it was easy to access CMHRS

“I always found it easy to reach the services, the professionals involved in my care, and crisis support from duty.”

Reasons for satisfaction with waiting time to access CMHRS

“The support when I came out of hospital was there straight away from social care to seeing the Consultant [...] within weeks of being referred.”

Reasons why it was easy to access CMHRS

“Every time I had a problem if I telephoned, I could always get hold of the support I needed even if I left a message the call was always returned, and support was very good indeed.”

Reasons for dissatisfaction with waiting time to access CMHRS (0/10)

“I waited 14 months in total and still never received the support I needed.”

Reasons why it was difficult to access CMHRS services

“Continuously changing key workers meant that my actual needs were never acknowledged. Every time I got to know someone, they would leave, often without informing me and I would have to start from the beginning, so nothing ever moved forward.”

Negative experiences

Reasons for dissatisfaction with waiting time to access CMHRS

“Lack of communication. Didn't even receive an appointment letter, my G.P informed me that an appointment had been requested and I had to chase Bridgewell house up. After my so-called assessment when I felt I wasn't taken seriously or notes taken, I still haven't had a response, my G.P has chased them for a response at least 3 times. I had to call and chase them 3 days in a row only to hear that they refuse to take me on without giving reason and that a reason would be sent out. It's been 3 months since they said a letter would be sent and still nothing received by G.P or myself”

Reasons why it was difficult to access CMHRS

“They have changed their goal posts making it harder to access them. I presented myself to them after 2 G.P.s in the same week made an urgent referral and I still had to wait at least a month and even then, I told them I was self-harming and had suicidal ideation and still they neglect to help me.”

Reasons for dissatisfaction with waiting time to access service

“Too long to wait in distress”

Reasons why it's difficult to access CMHRS

“To reach the required threshold. To get an appointment. To be able to access any information because no accessible formats.”

Reasons for dissatisfaction with waiting time to access CMHRS (5/10)

“Because of the state I was in I wanted to see someone as soon as possible however understand that it's not always possible.”

Why was it easy to access?

“Because of the G.P. referral it was ok however it's not always easy to get your G.P. to refer you.”

Quality of service

Positive experiences

What are the positives about CMHRS?

“The positives include thoroughness. Dr [...] wrote detailed letters to my GP, cc'd me in, visited me at home and made herself available for further sessions in Berkeley House. [...] was most responsive. She worked hard, Monday to Friday 9 'til 6; I got on intuitively with both of them. [...] also worked extremely hard. I formed a natural rapport with her.”

What are the negatives about CMHRS?

“I cannot think of significant negatives. There is only one exception; [...] took a well-earned week's holiday, and her job share partner was also on leave during this week. This was not ideal. However, on balance, this is not significant. It was the exception to the rule.”

How could CMHRS be improved?

“Even more staffing would improve CMHRS. But clearly this would be expensive, and the NHS has budget constraints.”

What are the positives about CMHRS?

“I feel so incredibly blessed with the team I was given, the support I received, the care I was shown and most importantly the treatment plan that was put in place and carried out. Even down to my discharge planning, everything was operated smoothly and therapeutically.

I have not a bad word to say about the service I was lucky enough to have when it was needed and the life it gave me after a very tough battle with my mental health. I will be forever thankful for the wonderful team, service and NHS.”

What are the positives about CMHRS?

“The compassion and care were of the highest standard the advice given was very helpful and support was always available from psychologist to psychiatrist to social worker or cpn.”

“I found nothing negative about my experience with Berkeley House.”

Negative experiences

What are the negatives about CMHRS?

“Not from a patient view, but from someone passionate about mental health, services being cut, restricted, thresholds being raised, all due to government funding and budget drops is simply ridiculous. Mental health has the largest awareness and understanding it’s ever had, such a huge positive that the government had helped to drive, yet funding is being withdrawn not allowing people to be reached with the recovery care they need and deserve. I am in awe of the staff and professionals that keep going and fighting despite how hand-tied they can be.”

What are the positives about CMHRS?

“NOTHING POSITIVE, they would rather see me dead on a morgue table before they would be willing to help me.”

What are the negatives about CMHRS?

“They are neglecting the vulnerable and would rather see them dead than help them. They cherry pick easier cases in my opinion so as to keep their success rate of helping people up. [...]has a reputation for not listening to patients and even when a patient starts a new medication under her decision and presents with physical pains she says they are psychosomatic until that patient then returns with blood test results proving the medication she prescribed was doing damage to internal organs (the Liver). Other people who have been so called treated by her have told me how she disrespects them, not listens to them, undermines them and puts them down. And yet when patients complain about her, she gets away with it.”

What could be improved?

“EVERYTHING needs to be improved. Staff attitude across Bridgewell house from the receptionist who has a reputation of talking down and acting with

disrespect to patients. [description redacted] all the way up to psychiatrists. The way they treat patients is appalling, you are made to feel worthless and forced to conform to them and not be treated like a decent human with respect and understanding.”

What are the negatives about CMHRS?

“No respect for the patient. Long waits. Chaotic broken system. Lack of accessibility awareness and the impact of this on mental health. Lack of being joined up with physical health- they just don't care about the whole person. Complaints just go round and round with defensive replies rather than saying “we got it wrong. I'm sorry”.”

What could improve?

“Attitude. Respect. Leadership from the top of the organisation. Waiting times. It all needs to be better organised. Increase staff training in having a positive attitude. Staff training in accessibility.”

What are the positives about CMHRS?

“I had an initial assessment which gave me a lot of hope that there were lots of options to help me. However, all I got was a care coordinator who just asked me how I was once a fortnight for 8 months. No counselling then discharged because I couldn't take the medication. Result worse state than when I started.”

What are the negatives about CMHRS?

“They didn't listen to my needs. They didn't give me the help I asked for. They wrote a report and certain aspects were completely wrong but they wouldn't correct them. They discharged me as they couldn't help me and watched me walk out in tears of fear and desperation.”

What could be improved?

“Getting people to listen and treating people as individuals. What works for some doesn't always work for others. No two people are the same. Bring in alternative therapies rather than a constant medication route. Stop the time limits on treatment. Some people take longer to heal. Don't penalise people for missing an appointment if they genuinely can't get there, especially if they have physical problems too which should also be taken into account with the mental health side of things.”

What are the positives about CMHRS?

“Unfortunately, I cannot as I was inappropriately discharged due to yet another key worker leaving without telling after failing to return my messages for several months.”

What are the negatives about CMHRS?

"It took 5 years to finally be "assessed" to reconfirm my original diagnosis but the psychologist did not leave adequate time for the assessment despite me informing them that one session would not be long enough to cover my history, resulting them making several incorrect assumptions and asking to agree to a fake diagnosis because it was more convenient for them. I did not agree to this, but they went ahead and diagnosed me anyway, even though I don't meet the criteria for that diagnosis. The result being that I continued to be unable to access appropriate support for my physical health conditions due to prejudice and discrimination against a condition I don't even have. I was finally offered a follow up appointment to continue the incomplete assessment over a year later, which the doctor postponed twice. When I had to postpone the third appointment because my child was ill (which I informed via email to my cpn as the phone was busy), the psychologist cancelled the assessment because I "didn't attend". My follow up calls resulted in nothing until my discharge - of which I was not informed. I still have the emails I sent which are date and time stamped as evidence if anyone actually cares about facts, doing their job properly and recognising the detrimental impact this kind of lazy incompetence has on people like myself, and my child, who have to suffer the consequences of your laziness.”

What could be improved?

“Improve permanence of staff. Actually, listen to client to help resolve simple issues which get them off your register far quicker with better outcomes. Think long term not short term. It will save resources in the long term.”

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What are the positives about CMHRS?

“Since turning 18 I've been transferred to a different CMHRS because there was next to NO STAFF to actually keep us all in the Godalming clinic so we were transferred to Aldershot CMHRS but my worker didn't actually tell me until the last moment but then it took 4 months to see this new team and I was left with no support for that amount of time. CMHRS have on numerous occasions actually made me feel worse and more suicidal than it should have. They have made me try to take my life through complete lack of care and seemingly knowledge of mental illness. I also have had around 10 psychiatrists in two years because there hasn't been any that want to stay

in the service. Meaning I've had no stable care since I turned 18. It's absolutely ridiculous."

What are the negatives about CMHRS?

"Lack of staff, lack of care, lack of knowledge, no psychiatrists. CMHRS don't seem to care at all unless you're actually actively trying to kill yourself in the worst possible way."

What could be improved?

"Absolutely everything."

Discharge

Positive experiences

Views on discharge process

"The process was well planned and executed. I didn't have any feelings of abandonment or minimisation, speaks volumes for how it was handled!"

Views on timing of discharge

"It was very carefully and deliberately timed, and I have been service-free for nearly 2 years now with no relapse."

Reasons for satisfaction with discharge

"I was sign posted to relevant services that could/would help if required, and every effort was made to make sure I had the details I needed."

If you didn't access CMHRS what would you do?

"I don't think I would be alive, let alone doing as well as I am."

Is there anything else you would like to tell us about the community mental health recovery services you have accessed?

"Thank you, from the bottom of my heart, not enough credit and praise is given. Because of you, I found recovery and a life that I am able to enjoy, embrace and keep a control of. My diagnosis means I will always face challenges, but with the 'tool-box' you assisted me to build, I am able to maintain and regulate my emotions and well-being. Thank you!"

Negative experiences

Reasons for dissatisfaction with discharge

“I was not discharged I was sent to Aldershot Centre for Health after CCG decided to relocate all Farnham service users of CMHRS”

Why do you think you were discharged too soon?

“The decision was made very quickly to send Farnham service users for mental health to Aldershot and not enough compassion and care given to us on transfer to Aldershot I do believe that Waverley CMHRS actually visit the home support workers whereas Aldershot do not do this and the change of support is very different to what we have been given at Godalming.”

Reasons for (dis)satisfaction with onward care after discharge (scored 5/10)

“The change of care is so different it has taken me 6 months to just come to terms with the transfer”

Is there anything else you would like to tell us about the community mental health recovery services you have accessed?

“[...] and his team are wonderful caring compassionate supportive people of the highest standard and I am very happy with the service given.”

Reasons for (dis)satisfaction with discharge (5/10 for previous discharge)

“Back in 2011 it was better and apart from the receptionist and Dr [...], I was treated with dignity and respect.”

Views on timing of discharge (too soon)

“When I had previously been discharged, I was still self-harming on a daily basis and still had chronic insomnia which they refused to treat and take note of. To this day I still self-harm and now being treated by a psychiatrist and psychologist up in London, who had asked twice for Bridgewell house to take me back on because I need DBT for my now diagnosed Psychologically induced chronic insomnia and twice they did not respond to my specialist at The Royal College for Integrated Medicine and twice took no action to assist me. I have now been self-harming and have had this insomnia for over 9 years.”

Reasons for (dis)satisfaction with onward care after discharge

“I received no onward care from CMHRS after discharged. My G.P.'s have dealt with me very well and have tried their best to get me the help I need. I am now having to request that I get transferred to London in order to get access to the therapies I need as Woking CMHRS have FAILED me.”

Is there anything else you would like to tell us about the community mental health recovery services you have accessed?

“They recommend to people to go to the recovery college for therapy, as I have been told by many. Yet when I spoke to the Recovery College, they do not offer therapy, only educational courses to gain understanding on subjects and not the therapy that you can only access via CMHRS. There needs to be a way for Secondary Mental Health to access therapy without going through a CMHRS as IAPT only deal with Primary, so there is a lot of Secondary Mental Health like me who are going through a ping pong effect being bounced from G.P to CMHRS at the G.P identifies that they need therapy only accessible via CMHRS and then CMHRS bounce them back at the person does not FIT their criteria, it is appalling, disgraceful and more people this year have lost their life to suicide on train tracks, which if investigated I would suggest that there would be a direct link to the increasing number of suicides and the failings by CMHRS to help them or allow access to services by them.”

Views on discharge from service

“No discussion, just done to me. Felt like rubbish taken to the dump.”

Views on timing of discharge (too soon)

“I didn't feel better.it was sudden and I hadn't had time to prepare to be left with no support.”

Reasons for dissatisfaction with onward discharge

“No onward care - just "see your GP””

Is there anything else you would like to tell us about the community mental health recovery services you have accessed?

“The most humiliating thing to have to access.”

Reasons for dissatisfaction with discharge

“I was discharged because they could not help me because I couldn't take the medication. They literally made me walk out of the building in floods of tears and said nothing. One of my lowest points ever and total loss of faith in the service.”

Reasons why you feel discharge was too soon

“Because they did not do anything to help me.”

Reasons why dissatisfied with onward care after discharge

“I did not receive any care after. Just left to go it alone”

Is there anything else you would like to tell us about the community mental health recovery services you have accessed?

“I also attended appointments at my local hospital to see a different team after my initial discharge from theta. They were absolutely brilliant, and I worked with one lady for about 9 months and really felt it was the first time in 30 years I was getting somewhere. Sadly, and wrongly she was made redundant and I was discharged. Out on my own again.”

Reasons for dissatisfaction with discharge

“Already described above. When I have recovered physically from my house move, I will be making a formal complaint about the situation and requesting appropriate restitution - specifically to do the job you should have done properly in the first place or pay for a professional to do it.”

Why was discharge too soon?

“Too soon because in approximately 5 years, a full assessment was never completed, yet also, far too late. Because had you assessed me properly, in a timely manner, I would not have needed your input for that long. The delay simply caused the problems to continue for years longer than necessary.”

Reasons for dissatisfaction with onward care.

“There has been no onward care. Only avoidance and excuses.”

Is there anything else you would like to tell us about the community mental health recovery services you have accessed?

“What's the point? You aren't going to take on board anything I have said because you aren't the ones suffering the consequences of your failings. You are hindered by the fact along with every other government agency, your primary objective is now to cover your own back, even to the detriment of the people you are supposed to help. 'You' = CMHRS as a whole.”

Reasons why discharge was not soon enough

“There was a mix of two health authorities looking after my records not talking to each other.”

Reasons for dissatisfaction with onward care (6/10).

“Very confused on lots of medication. This was due to original operation for brain tumour.”

Reasons for dissatisfaction with discharge

“After treatment was completed I was discharged without any further support arrangements, leaving me to decline again; the system depends on charitable and voluntary community organisations to weigh in with support; that is not always possible - in my case, the counsellor I was seeing was seconded to a neighbouring borough's mental health team and I await her return”

Reasons why discharge from service was too soon

“I do not feel confident to self-administer further measures to cope with my conditions”

Reasons for dissatisfaction with onward care

“I have not had onward care”

Is there anything else you would like to tell us about the community mental health recovery services you have accessed?

“I wish there were room in this survey to praise the psychologist's work, which was excellent in spite of the systematic problems and the resource limitations.”

Reasons why discharge from service was too soon

“Because I still needed help, there seems to be a 12-week cut off point for all in receipt of services and this needs to be extended.”

Reasons for dissatisfaction with onward care

“I was not contacted by anyone from the LD team after discharge, not even the GP, even my keyworker did not contact me, I had to ring her, she should have been told so that they could ensure my care plan was up-to-date to deal with my mental health issues.”

Is there anything else you would like to tell us about the community mental health recovery services you have accessed?

“There needs to be more linking with all services that a person uses so that all are aware and can then make informed decisions.”

Service Provider response

Surrey & Borders Partnership NHS Foundation Trust provided the following response to our report and recommendations:

Thank you for providing us with feedback from people who use our services, in particular the Community Mental Health Recovery Service (CMHRS).

We value the feedback and acknowledge that we do not always get things right and we continue to learn and improve on the service we provide. We appreciate the positive feedback received that demonstrates our commitment to delivering person-centred, high quality care to the people who use our services. We continue to obtain the views of people who use our services and their carers via the feedback from people who use services, their families and carers including our “Your Views Matter”, FoCUS groups and our Carers Action Group.

The 3 themes that are highlighted in the report are as follows:

- Difficulty and delay in accessing services (13 experiences)
- Discharge from services, especially premature discharge (10)
- Poor quality of services

Since the implementation of the Single Point of Access (SPA) in April 2019, all the referrals from the GPs are directed via the SPA who triage and signpost the referrals to the appropriate service. Those referrals that go to the CMHRS are booked into an assessment clinic at the CMHRS within 28 days. Any urgent/emergency referrals are

dealt with on the day either by SPA or the Rapid Response worker in the CMHRS. While we acknowledge that for some service users the wait for subsequent care can be lengthy or even, in some cases, very lengthy, for those in the greatest and most urgent need of support, waiting times are now vastly improved. We are also putting in place a number of measures to address the long waits for those with less pressing needs, including substantial recruitment, but bringing new staff up to speed in these roles is not a speedy process and we are currently experiencing historically high levels of referrals. We want to assure you we are monitoring the situation closely.

For the transition from CAMHS to CMHRS there is a transition policy to enable a smooth transition from children to adult services. Six months prior to the young person turning 18, the children services will request joint working from adult services to help identify the particular needs and plan the ongoing care for the young person. This will include meeting the new care coordinator or clinical lead prior to the transfer to adult services. But again, we know this is not always as smooth as we would want so we are working to improve this interface so make this a better experience for young people and their families.

Regarding the process of discharge/transfer from the service to the care of the GP, we have been working with people who use services on a transfer leaflet, which explains the process and what people can expect when their care is transferred back to their GPs. We are in the process of finalising this leaflet. As part of the transformation of our working age adult services we have implemented care pathways.

We have rolled out the care pathways across all CMHRS teams which clearly set out an individual's pathway at the beginning of their journey. All staff have been trained to try and ensure a consistent message and people using our services have expectation set early on and are effectively communicated with and feel involved. Besides support from GP, we also ensure that people using our services are aware that we work closely with other non-statutory organisations (Community Connections) to support people when care is transferred back to primary care. The overriding aim is to ensure their GP can support people through their recovery.

We are currently finalising this transfer leaflet, the expectation is that this will be available by the end of September 2019. The original leaflet that was printed had not been fully co-produced with people using services and our different professional groups of staff. Wording and content has now been agreed, with a feedback forum being arranged for final sign off.

Our people's tracker project is expected go live in August, this will give us oversight of all referrals of people into our services and their length of waits, particularly for ongoing treatment, and will enable us to monitor the effectiveness of the care pathways and intervene earlier if someone is waiting too long.

In addition, Surrey Heartlands Partnership has awarded Surrey and Borders Partnership Foundation Trust and three Integrated Care Partnerships with funding to jointly develop a new integrated way of working that aims to improve the wellbeing and care of people with mental health conditions in Surrey. A multi-disciplinary team made

up of a clinical psychologist, a mental health practitioner and a Community Connections link worker (provided by the lead partners, Catalyst and Mary Frances Trust) will be based in each primary care network. They will carry out assessments and provide brief interventions and care navigation for people with mental ill-health.

The service will also provide advice on mental health to GPs as well as linking closely with a wide network of community services to ensure people are effectively supported to access other services that can help. Liaison with a consultant psychiatrist and mental health pharmacist will be available for advice and guidance.

Action: We will raise the feedback in your report with the particular CMHRS identified as part of our learning and deliver any further training needs that are identified.

As ever, we are grateful for Healthwatch's valuable insight and constructive feedback.

Lorna Payne – Chief Operating Officer

Jo Lynch – Interim Deputy Chief Nurse

Appendix

Table 1: Summary of experiences

Theme	Negative experiences	Positive experiences
Access to service	31	9
Discharge from service	25	8
Quality of service	19	10

Table 2: Reported satisfaction

	#	Average Rating out of 10
How easy or difficult was it to access (10 = easy, 1 = difficult)	28	4
Satisfaction with waiting time to get support	30	4
Overall satisfaction	30	4
Overall satisfaction with discharge	23	3
Satisfaction with onward care after discharge	23	3

Table 3: Views on timing of discharge

	# = 24
Too soon	15
About right	6
Not soon enough	3