Healthwatch Milton Keynes

Patient feedback with summary

Sentiment

Pathway 1

	Green = positive	Blue = neutral	Red = negative
% of feedback	**27%**	**17%**	**56%**

Sept/Oct 24

- *Attention to detail, conflicting information on whether shower room ready causing great distress as I was told I couldn't go home*
- *Given 4 weeks of medication but only 2 week MAR chart*
- *I only spoke to the social worker*
- *Drs need to do discharge letter within an hour of saying I can go, I had to wait a long time after they told me I could go, I threatened to discharge myself*
- *Communication, I wasn't told of any plans, I live in Winslow so my care came from Bucks County Council so it took a while to arrange, apparently I was bed blocking*
- *Very happy with the care, the only issue is they often come too early for me in the morning, I get very tired*
- *Became blind during hospital stay, had carers 24hrs now needs to look for residential home, spoke to daughter, only had contact with social worker last week, felt pressure from consultant to go home. Sent to dx lounge, sat there for 5 hours waiting for meds, nobody explained change in meds*
- *Clarity and communication, we were told she wouldn't get care then told we would then told we wouldn't but it did come on the Monday morning 3 days after dx, Drs very helpful, ward nurses always said " I don't know, I've just got on shift" when asked anything, the HCA's were very good (Daughter)*

- *Improve communication, husband has dementia so didn't really understand, no-one from the hospital involved me in the plans for discharge, I was keen for him to come home but hadn't realised how much he had deteriorated. After main admission he went back to observation ward for a day with very high temperature, he was sent home with antibiotics and no-one had told me what for*
- *Communication, I'm very frustrated with feedback from the hospital, I had to hire a hospital bed, I am waiting for hand rails to be fitted so I can get upstairs when I am weight bearing but they won't do it yet, I'm not a child I wouldn't do it if it wasn't safe*
- *The only issue was that they couldn't find any care, I had to stay in hospital for a few days longer because there was no availability of carers*
- *Really upset by different people telling me different things about when I could go home, eventually the physio was involved and explained why I needed to stay for a few more days which was really helpful, still waiting for a shower chair which apparently hasn't been authorised yet, also waiting for something to happen to my back step and a rail outside*
- *Nothing*
- *Nothing*
- *The only issue is that I have very short notice of a fracture clinic appointment, 1 day, I couldn't arrange transport so the appointment had had to be delayed for a week so the plaster on my arm needs to stay on which is very frustrating*
- *more notice of discharge date, medications were a problem, not sent home with any as they thought she had them at home, better communication with family, wasn't able to attend ward when physio etc were there due to restricted visiting times so didn't get updated on the plan*
- *Left a bit not knowing who's who on discharge ward, moved there on day of discharge, nobody explained medications to me, was supposed to have ensure because I had lost three stone in weight, have been home nearly 3 weeks and only just got prescription. Well looked after in hospital*

Nov 24

- *Discharged from hospital without all the equipment needed, discharge co-ordinator kept saying make up your mind you can't stay here, Daughter spoke to the Dr to say she was worried about how she would cope, his response was he doesn't get involved in these things. Rehab carers struggled to look after her, eventually one of them called and escalated, the OT came to assess and admitted her to WICU. Daughter very concerned about how the discharge was planned*
- *Give you a bit more time, I lost a lot of strength in my legs, I was worried I wouldn't cope, the carers came three times a day and have now cut down to once a day as I am able to do more, its been reassuring to have them coming*
- *If you are told you are going home let you go, I was told I could go on Thursday then was delayed until the following Tuesday, apparently it was because care wasn't available, on the day of discharge I was sent to the discharge lounge and didn't get home until 8pm, at one point I phoned my wife to say I hadn't been given anything to eat, she had to phone the ward and tell them I was diabetic and ask if they could give me a sandwich. I have only one ear and I lost my hearing during admission so communication with the staff was very difficult, at one point they put me on a dementia ward because I couldn't understand what they were saying to me, I've never been diagnosed with dementia*
- *Reduce time to get home, I moved three times from ward 17 to ward 14 for a day then to the discharge lounge where I stayed overnight, It was a bit frustrating not being able to go straight away when they said I could go home, I don't know what the hold up was, I had a carer once a day for a few days just to build my confidence up while showering*
- *I don't think there is anything, the hospital stay was good and the carers are good, the only thing is I would have preferred to stay one more week to get myself going a bit before coming home*
- *Clearer communication, I'm happy to be sitting here in my home*
- *Nothing, isn't aware that he only has carers for up to six weeks*
- *Explain things more clearly, I was given exercises by a physio in hospital and told I would have 72 hr therapy at home, so far I haven't seen anyone. I have had an assessment, someone said they would order a shower chair*

which hasn't arrived yet. I was very well cared for on ward 20 but ward 14 were awful, I had to make a complaint, the nurses shouted at me for not taking medication when I knew I wasn't due it, they said I was in a dementia ward because I had dementia and would be going into a home like everyone else there, I've never been assessed as having dementia.

- *I wasn't told about anything that was happening, I was in hospital for 8 weeks, it was very confusing to be moved from ward to ward, I was keen to come home and demanded that I came home*
- *I was in hospital a long time and wasn't allowed to walk because I had a funny turn, I've walked more since I've been at home, the staff talked to each other about the plans but they didn't include me. I have a whole load of tablets but I have no idea what they are for, the carers give them to me. I've seen physio and they are coming back again next week*
- *When I came home I still had bad headaches so would have preferred to stay longer, the carers can rush me sometimes, I need to learn to help myself because I don't want to have care at the end of the assessment period. My stair lift has a very difficult to manage strap, they have said they will change it but so far this hasn't happened*
- *Initially I was too unwell to discuss going home but when I felt better they did discuss with me, I have Age UK once a week, an OT has visited to check my equipment and a physio has given me exercises. I was really keen to get home but on the Friday they said they might keep me over the weekend, luckily they let me come home when they knew I had family support too*

Dec 24

- *When I was sent to the discharge lounge I had to stay overnight because apparently the discharge failed, nobody kept me up to date with what was happening*
- *Had initial admission to hospital, came home with care a couple of times a day, had antibiotics for mild pneumonia, at home developed hepatitis due to antibiotics and was readmitted, discharged home again on 24th Dec without care, managing well, has DN to monitor catheter, step daughter moving out soon so will need to arrange care 2 x weekly for support*

- *went home for day visit, I didn't understand why I was going back in, they said it was my tablets, Care has been ok at home, still waiting for shower rail*
- *Can't fault anyone, I was really well cared for, have written a letter about my care*
- *Says he was walking when he first got home, went for outpatient appointment and on his return he fell, about a week ago, in a lot of pain in his leg, says he can't straighten his leg, called home first therapy to ask them to follow up (subsequently readmitted to hospital)*
- *Daughter -The first time she came home it felt rushed , she ended up being readmitted again, the second time after I spoke to the discharge co-ordinator things were much better with clearer explanations. Communication needs to be clearer to minimise anxiety*
- *speak to family so they are more aware of what is happening, didn't get home till 5pm, I had waited in all day. No referral done to DN to do wound care, still can't track down discharge letter so unsure of what medications to give, given TTO's*
- *Nothing, everything has gone well, he was already unable to get upstairs prior to his admission following a fall so we already had a bed etc downstairs*
- *My dad has Alzheimer's and becomes confused. The discharge was very hap hazard, the staff didn't keep us up to date on what was happening, eventually we spoke to the social worker who was helpful, one agency nurse we spoke to was really helpful and took the time to talk to us and let us know what was happening. Has contact details of social worker to call if any deterioration. Communication is a big issue, it really needs to be improved*

Jan 25

- *If people just phoned to ask how I am, the night nurses came to give my injection and they were lovely. The care in hospital was awful, the nurses don't seem to care, one of the night nurses got a pillow out and put her head on the desk and went to sleep. They stopped a lot of my medication and I don't know why, they stopped my tablet for breast cancer, I thought I* *had to take it a few more years then they phoned the week later and told me to take it again, I told them they were messing with my life*

- *I was looked after well, I've been in hospital 4 times recently and the care has been good, I need a lot of help as I cant do much for myself, there is nothing I would change*
- *Nothing can be improved, it was all quite perfect.*
- *I would say communication was an issue, spoke to the brother in law who said nobody had told him they would now be responsible for ordering his prescription, MR w feels very strange lately, he is getting more mobile but needs help from his family, there was an issue on the day of discharge which they didn't share with me, the are considering making a complaint.*
- *Everything was very good, I get the carers 2 times a day and they are excellent, I manage to walk a short way with my rollator*
- *It was all rather chaotic, there was poor coordination between the ward and the pharmacy to get my medication, an ambulance came to take me home and had to leave because the tablets weren't ready, then another ambulance came and had to wait an hour but they still weren't ready so they took me home and my daughter had to get my medications, I still had no pain killers when I got home, my own medications which I took to the ward also disappeared, it's been really difficult for my GP to sort out the correct medications.*

Feb 25

- *I wasn't told much, I was moved to discharge lounge the night before I went home and had to stay there for the night, nobody told me that would happen, I was just handed my medication, nobody when through it with me, I am still having issues with which inhaler to use. Make sure you communicate to people what is happening*
- *Reablement team and hospital care have all been good*
- *Nothing, I've been looked after well, still on pathway 1 from previous admission I have a supportive family, the DN visits to monitor my pressure sore which I developed after first hospital admission, it was nearly healed but after this admission it has deteriorated a bit again*

- *Because I live in Hanslope I couldn't understand why I had to stay on hospital for an extra night because Milton Keynes ambulance wouldn't take me home, it was frustrating to be moved around wards as I didn't understand why I was being moved and each ward didn't have all the equipment I needed. I didn't see the physio very often in the ward*
- *I think there can sometimes be boundaries between the hospital and care at home but I was particularly pleased with how well things went on this discharge*
- *I don't know really, I didn't know what was going on, they did tell me what my medications were for and a relative helps with them*
- *Nothing really, I was cared for well, I understood my medications*
- *Everything went well, nobody explained my medications to me. My granddaughter receives carers allowance so I didn't need care just the physiotherapy.*
- *my niece deals with my tablets, I've been having continence issues at night, apparently one of my tablets I should take in the morning not at night so hopefully that will improve, I soiled myself due to diarrhoea while in hospital, I pressed the buzzer but the nurse said I would have to sit in it because she was busy, it was humiliating*

(no pathway 1 data for March)

April 2025

- *Care was good in the ward, discharge service was terrible, every time the daughter tried to speak to the nurses about discharge plans they were too busy to speak to her, discharge was changed last minute from Friday to Thursday.*
- *Communication needs to improve, I was told I should be ready by 10am for transport to go home, at 9.45 a discharge officer in turquoise came to the ward and shouted at the nurse why wasn't I ready, I may not be able to go home, I found it unacceptable. The carers are great but I haven't has as much physio as I thought I would. It cost me £750 to get a single bed downstairs as the therapist in the hospital said I wasn't eligible for a hospital bed. Mark from Age concern bought me home, he was lovely, he*

had to go back to the hospital to get my tablets as they weren't given to me

- *Very sudden discharge, told in the morning she wouldn't be going home then discharged that afternoon. Cares came the morning after discharge then discharged her so I don't know why she was told she would have care. Had lost a lot of weight before admission, 10 days after coming home received a letter from dietician saying she should be on supplement drinks which she had in hospital, should she have been sent home with them?. Had vit b12 injections in hospital, daughter in law can find no information on what the follow up to that should be. Extremely hard of hearing. The nursing staff on the ward were really lovely*
- *Get family more involved, don't just rely on what the patient says. Nurse in majors when she was being admitted was adorable, some carers were better than others and gave her more time.*
- *it has all gone very well, the nurses in the ward were excellent, the only thing I could suggest is that when cares come they say " hello, my name is, I am from (whatever organisation), the objective of my visit is...*
- *Mum was being pushed to go home by discharge co-ordinator, she was going to go to a care home for respite but the plans changed last minute, the discharge coordinator asked daughter what equipment she needed to go home and daughter didn't really know what to say, after being home 10 days one of the rehab assistants referred to her supervisor to say that she wasn't managing, and OT came out to see her and arranged for her to be admitted to WICU while waiting for equipment she had ordered. She was still having severe knee pain so GP arranged for xray as she hadn't had one in hospital after her fall, this showed pseudogout, she is still waiting for specialist referal and has appointment in May. Some carers were good but some lacked dignity and respect, they didn't cover her when washing her even when her daughter was in the room. and Daughter is upset that the care package has cost £2100 but no improvements have been made, she wants the government to know the cost implications when the NHS does not make referrals iin a timely manner*
- *The whole thing was appalling, nobody told me anything, I was rushed to the discharge lounge at 10am, my daughter tried at least 4 times to call to see when she could pick me up but couldn't get through, in the end I was there 8 hours, they kept telling me I was waiting for my medication but I*

already had it, every time I spoke to the nurse about what was happening she just shouted at me and told me to go and sit back down, the cares at home were useless, they either came at 8am or not till 2pm so I cancelled them, I will never go back in to hospital again, I'd rather die.

- *(Wife) they could have involved me more in the process, Nobody explained his medications or how to attach a night bag to his catheter until the cares came to see him at home, he was having cares to help him wash and dress but they only came for a week, I now help him*

May 2025

- *Couldn't remember much about what happened or was discussed, says he was only in hospital for a couple of days. Cares very good, he can't remember if they come every day or every other day*
- *Patient states she didn't see therapists and just restarted her previous package of care when discharged home, was assessed but refused any increase in care. Didn't know she was going home until the day of discharge, knew her medications, no-one went through them with her on day of discharge*
- *90 year old mother, seen and assessed by two people on discharge from hospital, they said her bath seat was unsafe so they have ordered another, that was 5 weeks ago and I haven't had an update, my mother is very independent saying she doesn't need help but she has told me she kneels on the floor by the bath to wash her hair then has difficulty getting up, when the bath board does arrive she won't know how to use it and I don't know what to do. Given the phone number for the Access team to call for another assessment when the board arrives*
- *My mother was cared for very well, I was told everything that was happening, she had care from DN's to give her insulin and teach me which was excellent, she then had other carers who were very good. The hospital Consultant Dr Gupta and the ward manager were so supportive making sure everything was done to make her as comfortable as possible. Sadly she had a stroke and was readmitted to hospital and died there a few weeks later. No translator was offered but I didn't feel I needed one but it sometimes felt that there was an assumption that I knew all the medical issues because I was with her all the time.*

- *Carers at home were really good, I had equipment delivered and was assessed by OT. Care in hospital was poor, some of the nurses are wicked, some are really good, I was too frightened to raise a concern*
- *I don't remember much about what happened, I had fallen which is why I was in hospital, I felt I didn't get much support to mobilise in hospital, the one time someone came to help me I had visitors. I had already bought a frame before I went to hospital. The physio saw me and gave me exercises. They did make sure my son was at my home when I went home*
- *I don't know really, quite honestly I don't remember much about what happened in hospital as I had major surgery, my husband felt like he was kept informed*
- *Nobody spoke to me about the plan, I was told on Tuesday I was going home on Thursday. I felt very badly cared for on ward 3, particularly by the night staff. When I got home I needed help to sit up in the bed but the carers said they couldn't do it, eventually my daughter suggested using pillows to prop me up, the carers came for a couple of weeks but I had a labrador that barked so they wouldn't come unless he was outside, after a couple of weeks getting the dog outside it became too much hassle so I stopped the carers. It would have been useful to have someone sit down with me and talk about what would happen when I went home but nobody did. I don't think anyone knew why I was still in hospital. The physio that has been seeing me twice a week has been wonderful*
- *I've had a few issues with carers not knowing how to use the hoist sling correctly, eventually when the physio wrote it down they did it right. I've also had some issue with them not offering to put me on the commode as it wasn't on their work plan which it now is. Some carers have been really good and some haven't been so reliable. I've been having 2 carers 4 times a day. When I was coming back to my sheltered flat the warden said I shouldn't come. I have had some issue with people getting into the flat to deliver medications etc as the access code hasn't been shared. It would be good in everyone was given all information about the care needs*
- *(husband) while my wife was in hospital she was moved to various wards, once at midnight, she has dementia so I don't understand why. Nobody told me she moved. For the first 3 days in hospital she had none of her medications although I had told them what she takes, she wasn't showered and didn't have her teeth cleaned for 4 days. They told me she*

couldn't go home until they ordered a shower seat, I told them I had a bath board but they kept her in for a further 3 days to wait for it, when it was delivered it didn't fit so we went back to using the bath board. On the day of her discharge, I was told they couldn't guarantee she wouldn't have male carers and could only visit between 7 and 10 in the morning and 4-8 in the afternoon, that wouldn't suit my wife so I do all her care myself. Communication is appalling, they really need to make sure things are communicated to family, some of the staff I couldn't understand their accents even asking 3 times for them to repeat what they were saying.

- *They said they would get carers out to see me, I've been home a while and don't have any carers (lives in Hanslope) a very nice lady in green came to see me today. The ambulance crew were fantastic, they settled me back home, my daughter comes to see me most days*
- *A leaflet would be useful to help me remember what was happening. It was very frustrating having drs and nurses round my bed talking about me but not telling me what was going on*
- *Drs in hospital were brilliant, nurses couldn't care less, a lot were indifferent. I have been waiting since getting home for a shower stool which still hasn't arrived. Also the GP says he cant prescribe repeat prescription because he doesn't know what tablets I am on*
- *Assessed for care bit decided I didn't need it, had equipment provided at home*
- *Spoke to daughter Vivien, he had been readmitted with suspected sepsis, is apparently fit for discharge and was on Monday but has been told he has to wait a further 8 days as there are no carers, daughter very distressed at lack of care from reablement team, they leave used pads outside the back door, he hasn't had a shower since January although he does have a chair lift and walk in wet room, when he wets the bed they take the sheets off and change them but leave the dirty ones on the floor. They are supposed to fit a continence device at night, when he did have it fitted he was very happy but they don't seem to want to put it on. He had lost a lot of weight, the daughter feels they do not give him meals when they are supposed to and they never stay with him for the length of time they are due to. He is losing all muscle tone while he is in hospital, he isn't being moved (spoke to social care and DN, both concerned that he isn't safe at home, safeguarding has been raised on the daughter)*

- *I've had care before hospital admission, the care has been increased and everything is going well, I couldn't fault it*
- *I was assessed for care and declined, I felt I didn't need anything*
- *I have carers at home, I have now had the plaster taken off my arm and they are helping me with exercises, I knew all the medications I was on and the care has been really good*
- *The care has been really good, the only issue was she didn't have a hospital bed and ramp before she got home until the rehab team assessed her, this meant she had to stay in bed overnight and use continence pads, it would have been better to have the equipment before she came home. Sometimes the nurses in the ward were unsure of the plans and what medication she was on*
- *The transition to home was good, she developed a leg ulcer in hospital, probably initiated by her fall, the hospital weren't allowed to deal with it so just put a small dressing on it, we now have a District Nurse at home who is treating it*
- *nothing really, I have been waiting a long time to see physio and havent see one yet, I also have a lot of equipment that needs to go back, its getting in my way*
- *The care is good, I need a cushion for my chair as I am, unable to get into bed at the moment, I am running low on painkillers and am still in a lot of pain, I ordered more on Thursday*
- *Very good carers, I wasn't able to visit (wife) while he was in hospital but he knew what was going to be happening, we have everything we need, I would like to say thank you to the carers*
- *Carers have been brilliant, I have had three admissions over the last couple of months but am now improving well at home, only thing I think needs improving is the wait for medication to go home, its awful to have to wait for over 4 hours just for tablets*
- *was only told I was going home and what the plans were the day before discharge, everything was good although wards are understaffed and I'd like a walk in shower at home but will have to wait a long time I think*
-

Pathway 2

Sentiment

	Green = positive	Blue = neutral	Red = negative
% of feedback	**44%**	**47%**	**9%**

What could have been done to make your discharge experience more positive?

Nov 24

- *I have IBS, was very anxious about getting to the toilet on time, I often have to wait which is painful*
- *Daughter responded to questions, felt she had been very involved in decisions, only criticism was that when SW had written the report and she read it she felt she needed to make amendments, would have been happier if she had been consulted before the report was written.*
- *Polish speaking, daughter interpreted. More notice on discharge, date, we knew she was going but didn't know when and were told last minute*

Dec 24

- *Better communication, we weren't told much, my daughter was told I was coming home but then she had to chase and find out information*
- *Nothing*

Jan 25

- *Listen to family's feedback and concerns*
- *Tell me what's happening*

Mar 25

- *They could have explained more about the long term plan*

Apr 25

- *There was a major issue when coming home from Lavender lodge, they didn't have the medications he needed so it took a lot of running round and chasing to get it right*

May 25

- *I don't think there is anything*

What information would you share with other patients who are about to be discharged from hospital?

Nov 24

- *The meals are lovely, everyone was very welcoming*
- *At the point of discharge have absolute clarity on whether it is recoup or NHS funded care, there was some confusion!*
- *Keep asking questions*

Dec 24

- *Get as much information as possible from the hospital*
- *Remember you need to rest, especially the first few weeks, it takes a while to build up your strength*

Jan 25

- *Make sure you are safe, don't be afraid to let your feelings be known*
- *Make sure you ask questions*

Mar 25

- *Transfer went well, I am happy with the home except the food is awful, Age UK helped with transport*

Apr 25

- *make sure you fully understand the reason for placement*

May 25

- *Keep asking questions*

What feedback would you give to the staff involved in your discharge?

Dec 24

- *They are all marvellous*
- *All staff have been incredibly kind and supportive*
- *Fantastic, very friendly, even those who don't speak Polish tried to communicate, WICU have given her picture cards*

Jan 25

- *Listen to people and their families*
- *Improve communication*

Mar 25

- *Give more information*

Apr 25

- *More attention to detail*

May 25

- *The care is good*

What was the main reason for your experience score?

Nov 24

- *I couldn't fault it, I have been well looked after, they are assessing my home today to see what equipment I need, hopefully I can go home soon*
- *kind and supportive staff*
- *Everyone very helpful*

Dec 24

- *On day of discharge home I had to be admitted to WICU, I feel very well cared for here and am starting to make progress, I lost so much muscle tone in hospital I don't know why I was there so long.*
- *Following my hospital admission I was rehoused to a new sheltered housing unit which wasn't quite ready for me to move in to, I went to Castlemead for a few days, I was anxious about it as my husband was there and died there back in September last year. I'm now in my new property and am very happy.*

Jan 25

- *Previously had two failed discharges onto pathway 1, each time she fell and was readmitted within 1-2 days, family felt they had to raise a safeguarding because they didn't feel she was safe at home, when the social worker was involved she gave excellent support, mum now in Castlemead having excellent care while a placement is looked for in Wiltshire near her family.*
- *I wasn't aware what was happening, I got to discharge lounge at 11.30pm, at half past midnight they told me to get dressed ready to leave the next day. I've spoken to my SW about finances but I pay for everything with cash so it's hard to get evidence of what I have. They want me to have a commode in my lounge, I won't do it or if I do I won't eat, I've lost 4 stone since I became unwell*

Mar 25

- *I have a regular Zoladex injection and they gave it to me this week without having to be chased about it*

Apr 25

- *no big issues*

May 25

- *I was informed of everything happening to mum, the social worker is keeping me updated*