



Discharge to Assess Survey Findings

March 2026

Discharge to Assess (D2A) survey

D2A

In discussion with commissioners of Discharge to Assess services at Warwickshire County Council (WCC), Healthwatch Warwickshire (HWW) designed a survey to capture the experiences of patients, family, and friends of people receiving care through Discharge to Assess.

“The Discharge to Assess services offer short-term support funded by the NHS to help you recover safely after leaving hospital. It is for people aged 18 and over living in Warwickshire with new or increased needs following a hospital stay. Support can be provided in your own home or in a residential care home.”
You can read more about the Discharge to Assess services on the [Warwickshire County Council website](#).

The Healthwatch Warwickshire survey ran from July to December 2025, paper copies were shared by WCC with local hospital, social care, and discharge teams. It was difficult to find appropriate people to complete this survey, and response numbers were low. We carried out extensive promotional work and held the survey open for an extended period of time, in the hopes of reaching more people. HWW staff also shared paper copies of the survey with local support organisations, and digitally across our social media channels. **HWW received 8 responses.**

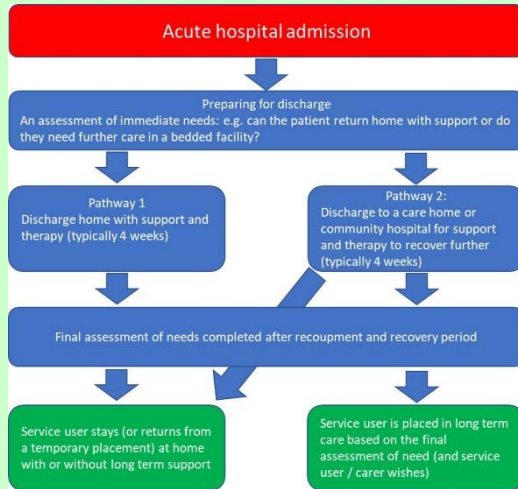
The following slides will cover what we heard from those survey responses:

- Who we heard from
- Location and circumstances of hospital stays
- Discharge from hospital
- Care Home stays
- Next steps in care

Discharge to Assess (D2A) background information

D2A

*Information provided by WCC



BMJ 2023

* Discharge to Assess is an NHS initiative where patients who are medically stable but require further care are discharged from the hospital to their own home or a community setting, such as a care home. This approach prevents unnecessary hospital stays, allowing for a more accurate, safe assessment of long-term needs in a comfortable environment rather than in a clinical setting. There are a few Discharge to Assess services in Warwickshire. Support should be short term to allow people to leave hospital more quickly. During this short term, plans should be agreed for long term support. The people supported generally have more complex conditions and often higher dependency or frailty compared to others.

* Key Aspects of Discharge to Assess:

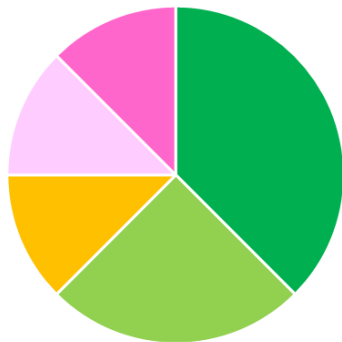
- **Process:** Instead of waiting for long-term care plans to be finalised in the hospital, people are moved sooner to a safe, interim setting.
- **Purpose:** It aims to reduce the risks of hospital stays (such as loss of independence, infections) and for people to receive the right care rather than too much or too little.
- **Funding:** The support is usually funded for a short, initial period (often up to 2-4 weeks) while the assessment is carried out.
- **Assessment:** Once in the community, staff, including social workers and nurses, evaluate the persons long-term care needs.
- **Independence:** It encourages individuals to recover in their own homes or community settings, promoting independence.
- **Pathways:** People might be sent home with support, to a community bed for rehabilitation, or to a residential/nursing home for a temporary stay.

This model generally supports faster, more effective transition, reducing delays and improving outcomes.

D2A: Discharge from hospital

D2A

How satisfied were you with the explanation of what would happen on leaving hospital?

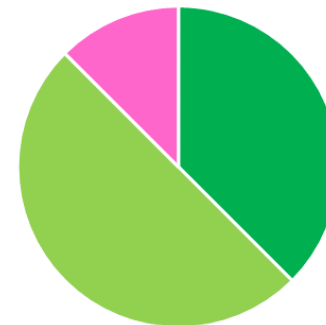


- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

"It was explained by the Hospital Social Care team. The team talked through the scenarios of my relative going to their own home or to a care home, we were all in agreement that their own home was not a viable option. The team explained that a care home may not be local to my relative's current flat. It was explained that the 'D2A' was for 26 days and in that time a further talk/assessment would happen to determine long term arrangements."

Very satisfied, it went to plan/ it was successful.

How would you describe the discharge from the hospital to the care home?



- It went to plan/ It was successful
- Everything happened as expected
- It did not go to plan/ It was not successful
- Things did not happen as expected

"It was not explained, the hospital 'D2A' team had bad communication with many patients and families, we were all very confused, they kept saying 'D2A' but not explaining what that acronym is! We didn't know we could refuse it; we didn't know what would happen, we didn't have regular updates to what therapy my parent was receiving, it was a shambles. The hospital didn't send a lot of information, and the care home was not expecting them. The family had to give the care home the information. We would not have agreed to the D2A if it had been explained, it was an awful experience. We had LPA for my parent, but we made hardly any decisions with her or for her."

Very dissatisfied, things did not happen as expected.

D2A: Care home stays

D2A

- Seven of the people we heard about were discharged to care homes within the same district or borough they had lived prior to their hospital stay. One person did not provide the name of the care home.
- Four people described the care received in the care home as very good, and three as good. One person described the care as very poor.

“Very attentive staff who provided lots of encouragement and saw to every need. All staff were informative and communicated effectively.”

Care received was very good

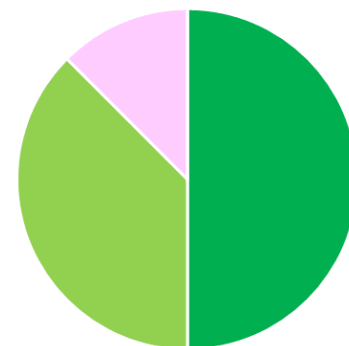
“Although the staff looked after my relative well and made a fuss of her, she was given food that was restricted by her diet, despite this being in her notes. The staff were apologetic, but this should not have happened. Staff were happy to answer questions when asked but didn't voluntarily provide information.”

Care received was good

“Awful experience, staff not handing over to each other affectively, using agency staff at night which were horrible to my parent, not prescribed correct meds, no staff around, very minimal contact with anyone.”

Care received was very poor

How would you describe the communication during the stay in the care home?
Updates and information were...



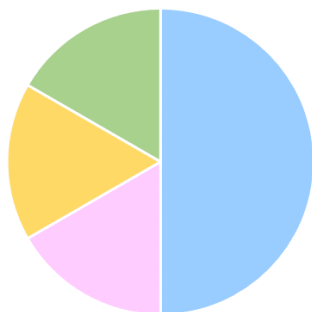
■ Shared regularly ■ Shared on request
■ Not shared often enough ■ Never shared

D2A: Next steps in care

D2A

- Half of the people we heard about stayed in the care home for more than six weeks, two passed away whilst in the care home.
- Seven people told us that as the stay in the care home came to an end, it was made clear what would happen next.
- Four people felt that the preferences of the person receiving the care were taken into account: *“The next care home meets my relative's cultural and religious beliefs. The home did an assessment over the phone and confirmed that they could take them.”* One person felt this was not the case: *“My mum was so confused she didn't know what was going on and because we didn't know we couldn't explain to her.”*

Where did the person receiving the care go on leaving the care home?



- Returned to their own home
- Went to someone else's home
- Stayed in the same care home
- Went to a different care home

- Four people felt that the person receiving the care was encouraged to: 'stay independent, be self-sufficient, look after their own wellbeing, be active participants in their own care while experiencing discharge support after hospital', with three mentioning care home staff and three mentioning other professionals, including the physiotherapy team, offering support. *“Staff and management encouraged her to be independent as much as she could.”* One person mentioned hospital staff, and friends & family offering support.
- Five people thought that different health, care, and support staff worked 'well' or 'very well' together. Two people thought they worked 'neither well nor poorly' together, and one thought they worked 'very poorly' together.

D2A: Overall impressions

D2A

We asked people how they would describe this experience of care as a whole and whether anything could have made it better.

"Very good, everyone went above and beyond. The manager Joe Maskell was supportive to our family throughout our relative's stay."

Drover's House, Rugby

"The staff were amazing. Two nurses on site all the time, rung every day at the end of the shift."

Orton Manor Nursing Home

"Very happy with my care in the home. I hope the care package works as well."

Drover's House, Rugby

'D2A Nursing' arranged by South Warwickshire Foundation Trust (SWFT) and Coventry & Warwickshire Integrated Care Board (C&WICB)

"Adult Social Care needs to consider the importance of religious and cultural beliefs as well as personal care needs. My relative was one of two Asian people at Gildawood Care Home. They were on separate floors. My relative did not have anyone to socialise or converse with in their own language whilst there. The social worker, went above and beyond to ensure my relative was eventually placed in a care home which met their needs even if this meant moving them out of the area. They were amazing throughout."

'D2A residential' commissioned by WCC, managed and monitored by the Hospital Social Care teams within WCC

"We had concerns with the previous care package our relative received in her own home through her care providers. The carers were not encouraging her to eat and drink, were not good at ensuring she had a hot meal, did not record that she had taken medication. Two carers were very good, but the majority were not helpful."

"My hospital stay was not a good experience at all. Some staff were uncaring, and food was inedible at times. I was promised an MRI scan, but it did not happen. I never want to go there again, and their A&E is not fit for purpose. Staff overworked"



**Thank you to everyone across
Warwickshire who shared their
experiences of Discharge to Assess.**

For more information:

Healthwatch Warwickshire
4-6 Clemens Street, Leamington Spa
CV31 2DL

website: www.healthwatchwarwickshire.co.uk

telephone: 01926 422 823

email: info@healthwatchwarwickshire.co.uk

write: FREEPOST Healthwatch Warwickshire

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