



counsel + care   
for older people, their families and carers

guide

## Guide 51:

# Hospital Care in Scotland: What you need to know before, during and after your stay

This guide is about what you might need to think about before you go into hospital in Scotland and what may happen during your hospital stay. It is also about what may happen during and after your discharge from hospital to make sure that you get any care and support you are assessed as needing at home or elsewhere.

**The Counsel and Care advice service works with older people, their families and carers to get the best care and support. All of our guides and factsheets are available from our website [www.counselandcare.org.uk](http://www.counselandcare.org.uk) or paper copies can be order by calling **0207 241 8522**. You can call our advice line on **0845 300 7585** to speak to one of our experienced advisors.**



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There are differences in the way each country cares for and supports older people. The information in this guide applies essentially to England, although there may be similarities with countries in the rest of the UK.

If you live in England, see our guide:

**Hospital Care in England: Everything you need to know before, during and after your stay** (guide number 11); or

If you live in Wales, see our guide:

**Hospital Care in Wales: Everything you need to know before, during and after your stay** (guide number 71)

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# 1 Who is responsible for providing health services in your area?

Health services are provided by the NHS. There are 14 Health Boards based on geographical area which provide health services like your GP, district nurses, pharmacists, opticians and dentists. Your local Health Board works closely with your local council and this may be called a Community Health Partnership (CHP) or Community Health and Social Care Partnership. The Community Health Partnership works with the voluntary sector to provide services that link primary care, specialist services and social care. CHPs have responsibility for managing GP surgeries, hospitals and community based health services. Their functions may also include fully joining up health and social care services. The contact details for your local Health Board can be found on [www.show.scot.nhs.uk](http://www.show.scot.nhs.uk) or by calling NHS 24 (tel.: 0845 424 2424).

Care and treatment provided by the NHS (including where health care is part of a joint package of care with your local social work department) is free of charge. There are some one-off charges, for things like dental work, but these charges are means-tested. This means that people on low incomes do not have to pay them, for example, if you receive Pension Guarantee Credit.

The type of care that the NHS provides includes:

- Medical treatment by your GP, or services from your GP surgery
- Hospital in-patient treatment
- Intermediate care/re-ablement (see section 5.4)
- Home nursing
- Specialist equipment
- NHS Continuing Healthcare
- Palliative care (end-of-life care).

If you need help with personal care (washing, dressing, getting in/out of bed), or equipment in your home (for example, hand rails, ramps or walking frames), this falls under social care rather than health care. Social care services are usually provided by your local council's social work department. Services provided by the local council social work are not usually free (unless you are eligible for a free personal care payment or re-ablement), and you may have to pay for some services depending on your capital and income.

The Scottish government has announced plans to integrate health and social care. Under the proposals, Community Health Partnerships will be replaced by Health and Social Care Partnerships, which will be the joint responsibility of the NHS and local council, and will work in partnership with the third and independent sectors. These proposals are still at an early stage and subject to further consultation at the time of writing.

## 2 Preparing for hospital

### 2.1 Planned admissions

If you have a relative, friend or carer, you may find it helpful to talk about your admission to hospital with them and to consider what you may need to do before, during or after the admission. You have probably thought of these, but things to think about might include:

- ensuring your home is safe - turning off electrical appliances, turning off water at the mains and turning down/off your central heating;
- securing your property – checking windows and doors are locked and consider installing timer switches on lights and radios;
- leaving valuables/keys with family or neighbours;
- asking family or neighbours to collect your mail. If this is not possible, you may want to pay for Royal Mail’s “Keepsafe” service. They will hold your mail for up to two months, and deliver it to you when you are home. For more information on charges, contact Royal Mail (tel.: 08457 777 888; (<http://www.royalmail.com/inbound-mail/keepsafe/details/details>) or ask at your Post Office;
- arranging help with looking after your property (watering plants etc);
- cancelling any deliveries you may have, like milk or newspapers.

For more information about hospital stays, see the following booklet:

<http://www.nhslothian.scot.nhs.uk/MediaCentre/Publications/HospitalCare/Documents/GoingToHospital.pdf>

### 2.2 If you are a carer for someone

The person you care for will need alternative care provision while you are in hospital and while you are recovering. Contact your local council’s social work department to ask for a needs assessment for the person you care for.

Social work may be able to arrange respite or alternative care for them either at home or in a care home. You may also want to request a 'carer's assessment' for yourself if you have not already done so. This is an assessment of what help you may need to help you care for somebody else. For more information about support for carers, see our guide:

**Assessment and services from your local council in Scotland** (guide number 50).

Carers Scotland (tel.: 0808 808 7777; [www.carersscotland.org](http://www.carersscotland.org)) or Carers Direct (tel.: 0808 802 0202; [www.nhs.uk/carersdirect](http://www.nhs.uk/carersdirect)) may also be able to provide information on what respite care is available in your local area.

### **2. 3 If you own a pet**

If you have a pet and have to go into hospital, a relative, friend or neighbour may be able to look after your pet(s) for you. If this is not possible, you may be able to pay for a 'pet-sitter' to take care of your pet(s) whilst you are in hospital. The Cinnamon Trust (tel.: 01736 757 900; [www.cinnamon.org.uk](http://www.cinnamon.org.uk)), the Scottish Helpline for Older People (SHOP) (tel.:0845 125 9732), or the Pet Fostering Service Scotland (tel.: 0844 811 9909; [www.pfss.org.uk](http://www.pfss.org.uk)) may be able to offer advice and practical help with caring for pets during your hospital stay.

### **2. 4 Emergency (unplanned) admissions**

It will be less easy to plan but there are still things you can do. If you are worried about anything at home, do not hesitate to ask the staff on your ward. If they cannot help directly, they should be able to put you in touch with someone who can, such as your family, friends or neighbours and any organisations you need to contact.

## **2. 5 Concerns about the treatment you may receive**

You may have concerns or questions about the medical care and treatment you will receive in hospital. This could include:

- What treatment will I be having?
- What effect will it have?
- How long will I be in hospital?
- How long will I take to recover?
- What follow-up treatment/support will I need to recover?

Some of this may have been covered in the pre-admission information sent to you. For more information on these issues you can contact the hospital's:

- Admissions office
- Nurse liaison officer (not all hospitals have these)

## **2.6 Managing your finances in hospital**

If you do not already have arrangements in place for someone to collect your pension or carry out other financial transactions on your behalf, you may want to consider setting up:

- Direct debits and standing orders at your bank
- An appointee to manage your DWP pension/benefits
- A third party mandate instruction to your bank
- A Financial (Continuing) Power of Attorney.

For more information on setting up informal or more formal arrangements to manage your finances, contact the Office of the Public Guardian Scotland (tel.: 01324 678 300; [www.publicguardian-scotland.gov.uk](http://www.publicguardian-scotland.gov.uk)). The hospital cashiers office may be able to contact the Office of the Public Guardian Scotland on your behalf if you are not able to.

## **3 Benefits – what happens if you are in hospital?**

A stay in hospital affects your benefits in the following ways:

### **3.1 Attendance Allowance (AA)**

You should stop receiving Attendance Allowance if you have been in hospital for 4 weeks or more. The 'linking rule' means that if you are in hospital, return home, but go back into hospital within 28 days, the days spent in hospital on both occasions will be added together. If this adds up to more than 28 days you would lose eligibility at that stage until you return home. You must tell the Disability and Carers Service (tel.: 08457 12 34 56) as soon as you go into or come out of hospital.

### **3.2 Disability Living Allowance (DLA)**

You should stop receiving both the care and mobility component of Disability Living Allowance if you have been in hospital for 4 weeks or more (please see the linking rule set out above). As with Attendance Allowance, you must tell the Disability and Carers Service as soon as you go into or come out of hospital. If you have a Motability agreement for a car, scooter or electric wheelchair before entering hospital, this will carry on being paid, but any excess from the mobility component usually paid to you will stop. You cannot begin or renew a Motability agreement while you are in hospital.

### **3.3 Special rules for people who are terminally ill**

Normally, you must have had the illness or disability for 3 months before you can qualify for DLA or 6 months to qualify for AA. However, if you are diagnosed with a terminal illness (and a doctor certifies that you are not reasonably expected to live longer than six months) you can claim the highest rate of Attendance Allowance or Disability Living Allowance care

component straight away without meeting the normal time requirement. The AA or DLA will usually be awarded for a fixed period of three years. If three years have passed, you will be asked to renew your claim.

### **3.4 Carer's Allowance (CA)**

If you receive Carer's Allowance for caring for someone else and you go into hospital your Carer's Allowance will stop after 12 weeks. You must tell the Carer's Allowance Unit (tel.: 0845 608 4321) as soon as you go into or come out of hospital. If you need to arrange alternative care for the person you care for while you are in hospital, please see section 2.2 of this guide.

If someone receives Carer's Allowance for looking after you, their Carer's Allowance will stop when you lose your disability benefit i.e. after you have been in hospital for 4 weeks.

### **3.5 Council Tax Benefit**

Council Tax Benefit is paid for an indefinite period as long as the other conditions of entitlement are met. Certain premiums and allowances may be affected – please see the section below on Pension Credit. You cannot claim this benefit if you have been in hospital for 52 weeks or more and have no dependants living in your home. If there are dependents in the property their right to benefit depends on their circumstances. If you are in hospital for more than 52 weeks and have a partner at home you are treated as separate claimants.

### **3.6 Housing Benefit**

Housing Benefit is normally paid for an indefinite period after going into hospital as long as the other conditions of entitlement are met. A person who is in hospital can continue to receive Housing Benefit provided the stay in

hospital is unlikely to exceed 52 weeks or, in exceptional circumstances, unlikely to substantially exceed 52 weeks and the property has not been let or sub-let.

You may be able to continue receiving Housing Benefit beyond 52 weeks by stating that you are not going to be in hospital for substantially more than 52 weeks (but not if this will exceed a further three months).

If you have a partner at home and you have been in hospital for more than 52 weeks you are treated as separate claimants

Certain premiums and allowances attached to your Housing Benefit are affected as per the section below on Pension Credit (section 3.7).

### **3.7 Pension Credit**

Pension Credit is paid for an indefinite period as long as the other conditions of entitlement are met.

However, certain premiums and allowances attached to your Pension Credit are affected:

- If your Disability Living Allowance or Attendance Allowance stops any Severe Disability Premium attached to your Pension Credit will stop after four weeks.
- If your Carer's Allowance stops, any Carers Premium you have attached to your Pension Credit will stop after 8 weeks.
- If you have been in hospital for a continuous period of 52 weeks and have no dependants living in your home, you are no longer eligible to receive Pension Credit housing costs. If you are one of a couple and have been in hospital for 52 weeks, you and your partner are treated as

separate claimants. This will be the same for claiming Council Tax Benefit and Housing Benefit. However, this should revert back to a joint claim after you return home.

### **3.8 State pension**

This should not be affected by being in hospital for any length of time.

### **3.9 Organisations that offer benefits advice**

For more information about benefits, contact the following organisations:

- Disability Rights UK ([www.disabilityrightsuk.org](http://www.disabilityrightsuk.org)). They have a large range of factsheets on their website.
- Your local Citizens Advice Scotland Bureau (0844 848 9600; [www.cas.org.uk](http://www.cas.org.uk)).
- Age Scotland Helpline (0845 125 9732; [www.ageuk.org.uk/scotland/](http://www.ageuk.org.uk/scotland/)).
- The Benefits Enquiry Line (tel.: 0800 88 22 00).

## 4 Being in hospital

### 4.1 Who's who in hospital

The following staff may be involved with your care, including contributing to your completed needs assessment:

- A consultant will have overall responsibility for your medical care. A team of doctors and nurses will carry out the care that you need, as directed by the consultant.
- The ward manager is in charge of the ward you are on. They are sometimes known as a charge nurse or matron.
- A hospital social worker or care manager is employed by the local council's social work department. They are responsible for coordinating your needs assessment if you are going to need support when you leave hospital. They may then arrange these services for when you leave hospital.
- A physiotherapist may be involved in your care if you are experiencing difficulty with your mobility or if you are in pain.
- An occupational therapist assesses what daily living tasks you are able to carry out safely, such as walking, washing, dressing, preparing meals and drinks and can assess the suitability of your home to meet your mobility care needs (see guide 28)
- A speech and language therapist will assess and treat speech, language and communication difficulties to help you to communicate to the best of your ability. They may also assess people who have eating and swallowing difficulties. Their work is particularly important when people have experienced a stroke.
- A dietician is trained to assess your dietary requirements and how nutrition can best be taken and provided, both to meet your dietary needs, and/or if you have problems eating and drinking.

- Specialist nurses are trained to provide the nursing care of people who have a particular illness or set of care needs. For example, if you have diabetes, Parkinson's disease or pressure sores, some of your care may be provided by a particular type of nurse.
- A psychogeriatrician is a psychiatrist who specialises in working with older people. They may be involved where there is doubt about your mental capacity to understand and make your own welfare decisions and where there is debate about the best environment to meet your assessed care needs (for example, at home or in a care home). This support may also be provided by a Community Psychiatric Nurse or CPN who specialise in supporting people in the community.
- A discharge planning manager is the person with overall responsibility for your safe and timely discharge from hospital, once you have been assessed as being ready to leave hospital and the care you need is in place at home or elsewhere.
- An NHS Continuing Healthcare manager/co-ordinator is the person who is responsible for organising assessments for NHS Continuing Healthcare. They may work in the hospital or at the Health Board.
- The complaints officer is responsible for accepting formal complaints about your healthcare, and co-ordinating investigations and responses to your complaint. They may work in the hospital or at the Health Board.

## **4.2 Food**

The hospital will provide you with all your meals on the ward. You will choose your meals in advance. There may be special food available for you if you have a medical need for it (for example, if you are gluten-intolerant); as well as options if you follow a special or reduced diet for cultural or religious

reasons (for example, if you are a vegetarian, or do not eat pork). There may also be other choices, such as reduced fat and reduced salt options.

If you need a special diet (for whatever reason) and you know you are being admitted to hospital, you may prefer to contact the hospital before you are admitted to check that they can provide you with the right food. If it was an unplanned admission, ask the charge nurse or the person who comes round with the menu cards to help you.

A dietician or an occupational therapist will be able to help you if you need a special diet or any help to eat and drink. Some hospitals have a system to identify those patients who need help or encouragement to eat or drink such as colour coding meal trays.

It is important to ask for assistance if you need help filling in the menu cards (for example, if you have a visual impairment, or cannot hold a pen); or if you are having any physical problems eating (for example, if you are finding it hard to sit up, hold cutlery, or chew or swallow food). The staff on the ward may seem busy, but do persevere with your requests.

If you would prefer any additional food or drink (for example, extra fruit, your favourite brand of biscuit or a bottle of soft drink), you can bring this in with you, or ask a friend or relative to bring it for you. This is providing the hospital staff have no medical objection to you consuming it, for example, if you have to abstain from food before an operation or test – “nil by mouth” or if eating less sugary food is part of your treatment.

### **4.3 Hospital facilities**

In larger hospitals, there is usually a shop selling newspapers, groceries, fruit, sandwiches, drinks and/or a cafe that can be used by staff and patients.

Some larger hospitals may also have a small bank branch where you can manage your finances. Otherwise hospitals may have a cash machine where you can withdraw money. You may want to check this before you go in to hospital if you will be staying for a significant period of time, especially if you will not have family visiting you in hospital.

Most hospital beds are now equipped with a service that provides a personal radio, TV, telephone and answering machine. The radio and answering service is free but you have to pay to use the TV and telephone. Cards for this can usually be purchased from vending machines outside the ward or in the shop. There are often staff employed by the company who provide this service who come onto the ward to help you as well.

#### **4.4 Mobile phones**

There should be clear signs in the hospital showing where you and your visitors may use their mobile phones. If you are in doubt ask a nurse where you can use your mobile phone in the hospital.

#### **4.5 Visiting hours**

Visiting hours vary from ward to ward, so you may want to ask on the ward about this if you have not already been informed.

#### **4.6 Hospital infections**

Most people will not acquire infections such as MRSA in hospital. However if you want to read about what MRSA is or how it can affect people there is a booklet produced by the NHS:

[www.cuh.org.uk/resources/pdf/patient\\_information\\_leaflets/easy\\_read/about\\_MRSA\\_information\\_for\\_people\\_going\\_into\\_hospital\\_easyread\\_294716.pdf](http://www.cuh.org.uk/resources/pdf/patient_information_leaflets/easy_read/about_MRSA_information_for_people_going_into_hospital_easyread_294716.pdf)

#### **4.7 The Equality Act 2010 and the Patients Rights (Scotland) Act 2011**

The Equality Act 2010 means that you must not be treated differently by hospital staff because of your age, sexual orientation, gender or any disabilities. If you think this has happened, you can raise an informal complaint with the staff involved or make a formal complaint (see section 9).

You may also wish to contact the Equalities and Human Rights Commission (tel.: 0845 604 5510; [www.equalityhumanrights.com](http://www.equalityhumanrights.com)). They are able to advise you on your rights and how to take your issue further but are unable to represent you in any legal or court action.

The Patients Rights (Scotland) Act 2011 establishes in law the rights of patients when receiving healthcare in Scotland. The Act includes:

- A '12 Week Treatment Time Guarantee' that eligible patients will start treatment within 12 weeks of the treatment being agreed.
- Establishes the right of patients, carers, family members and members of the public to give feedback, or raise concerns or complaints about the healthcare they have received.
- The creation of a new and independent Patient Advice and Support Service (PASS). PASS will help and support patients to make complaints, provide information about health services and direct patients to other types of support such as advocacy.
- A duty on Scottish Ministers to publish a Charter of Patient Rights and Responsibilities that patients have when using NHS services.

A summary of the Patients Right Act 2011 can be viewed here:

[www.scotland.gov.uk/Topics/Health/PatientRightsBill/WhatDoesTheBillMean](http://www.scotland.gov.uk/Topics/Health/PatientRightsBill/WhatDoesTheBillMean)

## 5 Assessment in hospital

### 5.1 Needs assessment

If it appears that you will need help and support at home after you have been discharged from hospital, you should have a needs assessment using the Single Shared Assessment process. The assessment will be co-ordinated by a social worker, and may also involve other health professionals involved in your care i.e. the occupational therapist, physiotherapist etc. You may have to ask the NHS staff involved in your care to refer you to the hospital social worker.

There are different types of needs assessment depending on your level of care needs:

- If your needs do not appear to have changed a great deal following your hospital treatment and you require a 'low level' response to your care needs, your care needs may be identified by a contact assessment.
- A comprehensive assessment is more likely to apply where a wider range and complexity of care needs are identified and you are likely to need care at home or elsewhere (such as a care home) after hospital discharge.
- If these assessments show that further examination by a trained professional is needed, a specialist assessment will be carried out.
- This information may then be pulled together in a comprehensive needs assessment.

Each local council has its own eligibility criteria to receive support services. If the needs assessment shows your care needs meet the local council's eligibility criteria, you may be entitled to receive support services from the council (see section 7).

After the needs assessment has been carried out, a care plan (if you have eligible care needs and will receive support from the council) should be provided. The care plan will describe your individual assessed care needs, who will meet these care needs, how they will be met and where they will be met. The care plan and support services should be in place before you are discharged from hospital.

Following the needs assessment, before you are discharged from hospital, consideration may be given as to whether you may benefit from any of the following services: rehabilitation (see section 5.2), physiotherapy (see section 5.3), re-ablement/intermediate care (see section 5.4) or free personal care (see section 5.5). Some of these services are provided free by the local Health Board, and some are provided in partnership with the council social work department.

Eligibility to physiotherapy, rehabilitation and intermediate care is usually determined by the consultant and can differ from area to area. If you think you would benefit from any of these services, speak to the charge nurse, hospital social worker or consultant. You may also want to contact your local social work department.

## **5.2 Rehabilitation**

Once you are ready to leave hospital, you may receive ongoing rehabilitative treatment. Rehabilitation is a health service provided to enable you to regain your optimum level of ability and retain a level of independence, enabling you to resume living at home. Services can include:

- Physiotherapy to improve your mobility.
- Speech therapy to address any communication or swallowing difficulties.
- Occupational therapy to manage the risk involved in daily activities.

### **5.3 Physiotherapy**

Physiotherapy is often used to help restore your range of movement following an injury or illness. Physiotherapy can help you to overcome injury or short-term health problems, or manage long-term disability. Your consultant may recommend this as part of the process of enabling you to return home if it is felt that you would benefit from physiotherapy.

There is no charge for physiotherapy on the NHS. If you feel you need more physiotherapy than the NHS will offer you, go back to your GP or consultant and ask to be referred for more sessions. If you would prefer to see a physiotherapist privately, you can find a qualified physiotherapist from the Chartered Society of Physiotherapy (tel.: 0207 306 6666; [www.csp.org.uk](http://www.csp.org.uk)).

### **5.4 Intermediate care/re-ablement**

Intermediate care is a range of services aimed at:

- promoting faster recovery from illness;
- preventing unnecessary hospital admission/re-admission;
- preventing premature admission to long-term residential care;
- supporting discharge from hospital;
- maximising independent living at home.

Re-ablement is a relatively new term and is similar to intermediate care. It aims to support you to stay at home after a stay in hospital by helping you to retain and regain skills that support independent living. This may in turn reduce the number of care hours you need at home as time progresses. Re-ablement is used in some parts of Scotland such as Edinburgh and is likely to be adopted elsewhere in the future. There seems to be flexibility regarding the services that are involved under a package of re-ablement although it is still based on your individual assessed care needs. It may be that re-ablement is not charged for in Scotland at this time, as most of the services

that could be provided under re-ablement seem to exist within the 4 weeks free home care provided by the Health Board or under the 'free personal care at home' scheme. If you are charged for any services under a re-ablement package you may want to ask your council to clarify why the charge was made. Both intermediate care and re-ablement may be time-limited.

### **5.5 Free personal care versus 42 days free home care**

If you are over 65 and the care you need at home fits the definition of free personal care, you will be provided with free personal care for as long as you need it. You should be assessed for your eligibility for free personal care as part of the needs assessment before you are discharged from hospital. You can also receive free home care services for up to 42 days when discharged from hospital if the support you need is new support and includes a need for services such as intermediate care. The services provided under 42 days free home care may be broader in scope than those services provided under 'free personal care'. It may be possible to be provided with either or both of these packages of care after being discharged from hospital. There is no time limit in terms of free personal care.

### **5.6 NHS Continuing Healthcare**

NHS Continuing Healthcare is a package of care arranged and funded solely by the NHS. If your primary care need is a health need, and if the health need is of a particular nature and complexity, you may be eligible to have all your care paid for by the NHS. This can include care in a care home though the generally, the policy is that care needs of such complexity may need to be met in a hospital setting. The principal factor in deciding whether you are eligible for NHS Continuing Healthcare funding is your health care needs and not the general diagnosis. The assessment for this type of care is separate to and distinct from the community care needs assessment.

Care needs resulting from a terminal illness are not automatically eligible for NHS Continuing Healthcare; it depends on the nature and complexity of the care needs involved. People with a terminal illness and at the end stage of life are expected to be treated the same as other people with health conditions applying for NHS Continuing Healthcare. There does not appear to be a 'fast track' process such as in England.

For more information about NHS Continuing Healthcare, see the Scottish section of our guide:

**Continuing Healthcare: should the NHS be paying for your care?** (guide number 27).

## **6 The discharge process from hospital**

### **6.1 Discharge from hospital**

The consultant in charge of your care will make the final decision on whether you are fit to be discharged from hospital. Their decision will be based on whether you are medically fit.

You should not be discharged until your needs assessment is complete and the care and support you need (at home or in a care home) has been identified and is in place. The hospital's discharge policy should be based on the national guidance 'Framework for the Production of Joint Hospital Discharge Protocols'.

When you are being discharged from hospital, you should not be pressured into moving somewhere you do not want to go to, for example, a care home (see section 8.2). If this happens you may want to make a complaint (see section 9). There is guidance in Scotland called 'Hospital Discharge and Choice of Accommodation' which sets out best practice for managing a move to a care home if it is recommended following discharge from hospital. Please contact Counsel and Care (tel.: 0845 300 7585) for more information about how this guidance relates to people without mental capacity and under which circumstances the council can or cannot move someone to a care home without their permission.

Patients in Scotland should not have to wait more than six weeks to be discharged from hospital once they are assessed as being ready to be discharged. In the future, there seems to be an aim of further reducing the timescale for delayed discharges and is one of the initial areas of focus in the integration of health and social care.

## **6.2 Important issues related to leaving hospital**

It is very common to be concerned about aspects of leaving hospital, such as:

- Will the care that you have been assessed as needing be in place when you get home?
- Who will provide the care you need when you return home?
- How can you contact these care providers and when?
- What date and time will you be discharged and how will you get home?
- What medicine do you need and will you be provided with some until you can see your GP when you get home?
- Will the hospital staff contact your GP to let them know what treatment you have had, the outcome of it and what follow-up appointments you require?

If you have concerns about any of these or other issues, you may want to discuss them with the hospital social worker, consultant or ward manager.

## **6.3 Leaving hospital**

If you need transport to return home, the hospital should make sure that a relative, a friend, or hospital transport is able to take you. If you have no way of getting home and you are medically unfit to travel by any other means, you may be eligible for the Patient Transport Service (PTS). For information on the Patient Transport Service, talk to the consultant in charge of your care, the hospital social worker or the ward manager.

You may be able to get help with travel costs for NHS appointments through the NHS low income scheme. To be eligible you must be on a low income or in receipt of certain benefits such as Pension Guarantee Credit. You can get the application form (HC1) at the hospital, your GP surgery, opticians or from: [www.scotland.gov.uk/Topics/Health/NHS-Scotland/Health-Costs/LowIncomeScheme](http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/Health-Costs/LowIncomeScheme).

## **6.4 Independent sector or private hospitals**

If your care has been provided by a private hospital, there may be differences with the hospital discharge process. You may want to contact the hospital before you are admitted to ask if they have an arrangement with the local social work department to notify them of your requirement for a needs assessment before you are discharged. If they do not, you may want to contact the local social work department, before you are admitted to hospital, to inform them that you require a needs assessment, after your treatment and whilst you are still in hospital.

## **6.5 Complaints about an 'unsafe discharge'**

You may want to make a complaint if:

- You are being discharged from hospital before you feel you are well enough to go home.
- You feel you will not be able to cope at home, especially if not enough support has been organised for you.
- You are going to be discharged on a Friday or during a weekend. This might mean you are unable to contact care workers or other health professionals over the weekend.
- You are being pressured to accept a placement, for example, a care home that you do not want.
- The discharge process has not been followed (you have not received a needs assessment and care plan).

If this is happening to you, you can raise your concerns with the social worker and/or consultant. You can also make an informal complaint to the staff involved or make a formal complaint (see section 9).

## **7 Going back home - what help is available?**

### **7.1 Help from your local council**

The support available from your local council can vary considerably in different parts of the country. You will need to find out from social work what services are available in your area. Social work may publish information about their services (and eligibility criteria) on the local council website. For information on the types of services that are available in most areas, see our guide: **Help at home: what may be available in your local area** (guide number 14).

Each council sets its own eligibility criteria (you may want to ask for a copy) for the level of needs it is able to meet i.e. low, moderate, substantial or critical needs. If your care needs meet the local council's eligibility criteria you are eligible for care and support services from the council.

There is no specific guidance on what services council must provide/ which level of care needs councils must provide services for. Access to care in Scotland is based more on your care needs than on your savings or income. However there will be a financial assessment to see how much you can contribute towards the cost of any home care you need (free personal care at home cannot be charged for).

### **7.2 Self-directed support and direct payments**

If you have been assessed by social work as needing support services to help you remain at home (and your care needs meet the local eligibility criteria for support), instead of asking the council to arrange/provide the care you need, you may want to receive a direct payment. A direct payment is money provided to you by the council so that you can organise your own care

instead of the council organising care services for you. A direct payment can give you more control over how your care needs are met and who by. Further information about direct payments is available from:

[www.selfdirectedsupportscotland.org.uk](http://www.selfdirectedsupportscotland.org.uk) .The website has a link to a useful guide called 'A user's guide to self directed support in Scotland'.

### **7.3 Going back home – private care arrangements**

If you are paying for your home care services privately or if you are arranging your own home care through self directed support or if you are not eligible for support services from the council, the United Kingdom Home Care Association (tel.: 020 8288 1551; [www.ukhca.co.uk](http://www.ukhca.co.uk)) or UPDATE (tel.: 0131 669 1600; [www.update.org.uk](http://www.update.org.uk)) can provide you with a list of home care agencies and private carers in your local area. You may also want to see our guide:

**Home Care Agencies: what to look for** (guide number 15).

If you have complaints relating to the standard of home care provided by a private home care agency, you can make a complaint to the manager of the care agency, use the council complaints procedure (if they were involved in organising your care) and/or contact the Social Care & Social Work Improvement Scotland (SCSWIS), also known as the Care Inspectorate (tel.: 0845 600 9527; [www.scswis.com](http://www.scswis.com)) who are responsible for inspecting private home care agencies.

### **7.4 Voluntary home care support**

Some voluntary organisations provide voluntary home care or home support services at little or no cost. This may be an option if your care needs are not eligible for support services from social work. You can also use these services to supplement any other care provided by social work or private care agencies but this may reduce the amount of care provided by social work if

some of your eligible care needs are being met this way. Age Scotland's Helpline (tel.: 0845 125 9732) may be able to provide you with information on local voluntary organisations that provide support services at home. For example, these services might include: a home help service; a shopping support service; a handyman service; a gardening service or befriending.

Befriending schemes can provide trained volunteers to visit you in your own home, join you on an outing, or telephone you for a chat. To find details of your local befriending scheme, contact Counsel and Care's VitalLinks network of older people's befriending schemes (tel.: 020 7241 8535; [vitallinks@counselandcare.org.uk](mailto:vitallinks@counselandcare.org.uk)).

## **7.5 Benefits**

If you have been discharged from hospital and you now find you have difficulty with carrying out daily living tasks and/or your mobility, you may qualify for a benefit such as Attendance Allowance (AA) or Disability Living Allowance (DLA). To qualify, you must have been experiencing the difficulties for the past 3 months (DLA) or 6 months (AA). For more information on Attendance Allowance and Disability Living Allowance, see our guide:

**Disability Benefits: Attendance Allowance and Disability Living Allowance** (guide number 3).

Age Scotland (tel.: 0845 125 9732; [www.ageuk.org.uk/scotland](http://www.ageuk.org.uk/scotland)) or Citizens Advice Scotland ([www.cas.org.uk](http://www.cas.org.uk)) can check you are claiming all the benefits you are entitled to and help you to fill in any claim forms.

## 8 Moving home

The needs assessment in hospital (see section 5) will look at whether:

- you will be able to stay in your own home, with or without extra help;
- you need to move to sheltered accommodation or extra-care housing;
- you need to move into a care home.

Your views, wishes and rights should be taken into account in that decision. You cannot be forced to move from your home if you do not want to. The assessment in hospital will only make a recommendation about where you should live; it is your choice on whether or not to act on it. More often than not, the assessment will simply recommend that you need help in your own home, either on a temporary or ongoing basis.

You may decide that being admitted to hospital, particularly if this is not the first time, is the “wake-up call” that your current home is no longer suitable for your needs. You may want to investigate alternative housing options, such as moving to a bungalow or housing with care provided (extra care housing).

### 8.1 Sheltered accommodation or extra care housing

This is purpose built accommodation, usually in the form of a group of bungalows or self contained flats, specially designed for older people. Sheltered accommodation will usually have a community alarm system and a warden that visits daily to oversee the general maintenance of the building and can help with any housing issues. An extra care housing scheme will have this, as well as, care staff on site 24 hours a day to attend resident’s care needs. If you would like to move into sheltered or extra-care housing it is important to have a needs assessment (see section 5) from social work

before seeking a sheltered or extra-care housing placement if you have care support needs. This is for two main reasons:

- to make sure that any accommodation can meet your individual assessed care needs and you have access to any help available to pay for the care and accommodation, including free personal care.
- because a lot of sheltered and extra-care housing is accessed through the local council (i.e. through a points-based allocation system, depending on your assessed care needs), except where you are seeking to purchase a property privately.

FirstStop (tel.: 0800 377 7070; [www.firststopcareadvice.org.uk](http://www.firststopcareadvice.org.uk)) can provide you with a list of sheltered accommodation and extra-care housing schemes in your local area. There may be waiting lists for such accommodation. You can also search for sheltered accommodation using the House Key section of the Scottish Executive website, available from:

[www.scotland.gov.uk/Topics/Built-Environment/Housing/access/housingsupport/supportservices](http://www.scotland.gov.uk/Topics/Built-Environment/Housing/access/housingsupport/supportservices)

For more information on types of sheltered and extra-care housing and how to find, access and pay for this type of housing, see our guides:

**Housing decisions and options in later life** (guide number 7); and  
**Extra-care housing** (guide number 30).

## **8.2 Moving into a care home**

If, following the needs assessment, you and the social worker agree you should move into a care home after being discharged from hospital, you can obtain a list of care homes from the social work department of the area you want to move to, the FirstStop (tel.: 0800 377 7070;

[www.firststopcareadvice.org.uk](http://www.firststopcareadvice.org.uk)) or the Social Care & Social Work

Improvement Scotland (SCSWIS) the 'Care Inspectorate' (tel.: 0845 600 9527;[www.scswis.com](http://www.scswis.com)). Depending on the care and support you need, you may be entitled to financial support towards the cost of your care home fees through receiving for 'free' personal and nursing care, Attendance Allowance or NHS Continuing Healthcare funding. For more information about care homes, see our guides:

**Care home fees: paying them in Scotland** (guide number 52); and  
**Care homes: what to look for?** (guide number 19).

If you have the mental capacity to make your own care decisions, you have the right to refuse a care home placement. However, there may be limitations on your right to refuse, as by law, the council can take their resources into account in deciding what level of services to provide. It may be that you need more care at home than they are willing to provide. The guidance says that the council should negotiate with you about where and how the care will be provided.

If you are deemed not to have mental capacity, there may be other limitations on your right to choose where you live. These limitations are covered by mental health and mental capacity legislation, such as, the 'Mental Health (Care & Treatment) (Scotland) Act 2003' and the 'Adults with Incapacity (Scotland) Act 2000'.

Contact the Scottish Association for Mental Health Information Service (tel.: 0800 917 34 66; [info@samh.org.uk](mailto:info@samh.org.uk)) or the Mental Welfare Commission for Scotland (tel.: 0800 389 6809; [enquiries@mwscot.org.uk](mailto:enquiries@mwscot.org.uk)) for more information on mental health issues. Contact the Office of the Public Guardian Scotland (tel.: 01324 678 300; [www.publicguardian-scotland.gov.uk](http://www.publicguardian-scotland.gov.uk)) or Care Information Scotland ([www.careinfoscotland.co.uk](http://www.careinfoscotland.co.uk)) for more information on mental capacity issues.

## 9 Making a complaint

Although you may not enjoy being in hospital, for most people, their stay in hospital goes well, and they are happy with the care and treatment they receive. Unfortunately, sometimes this does not happen and you may need to make a complaint. Making a complaint can seem daunting but it is an essential step in order for the hospital to be made aware of the problem and for the service to improve.

If you are unhappy with the care you have received, the way you have been treated or with a particular staff member, you can either raise a complaint informally with the staff that provided the service and/or raise a formal complaint using the NHS complaints procedure. For more detailed information on how to make a complaint, see our guide:

**Complaints about community care and NHS services in Scotland** (guide number 54).

You may benefit from having the support of an independent advocate to help you make a complaint. An independent advocate can listen to your concerns, provide you with information about the complaints process, attend meetings with you and represent your views and rights to any professionals on your behalf, with your permission. To find an advocacy service in your local area, contact the Scottish Independent Advocacy Alliance (tel.: 0131 260 5380; [www.siaa.org.uk](http://www.siaa.org.uk)). You may also want to see our guide:

**Independent Advocacy** (guide number 25).

Your local Independent Advice and Support Service (IASS) may be able to help support you to make a complaint about the NHS. It is part of the Scottish Citizens Advice Bureaux Service (tel.: 0844 848 9600; [www.cas.org.uk](http://www.cas.org.uk)).

The Patient Advice and Support Service (PASS) can provide information to patients and members of the public so that they know and understand their rights and responsibilities when using health services. PASS can help and support patients to give feedback and make complaints about their healthcare. Where necessary, PASS will direct people to other types of support, such as advocacy or communication support services. Health boards have a duty to publicise the details of PASS to patients making complaints and to ensure an adequate complaints process is in place.

At the time of writing, the Scottish Public Services Ombudsman's (SPSO) had published the 'Model Complaints Handling Procedure for public services in Scotland' and was the focus of a Scottish Government consultation on a new complaints process. New draft guidance has been produced for the consultation. This may mean the process for making a complaint about the NHS changes in the future.

This guide is not a full explanation of the law and is aimed at people aged over 60.

The Counsel and Care service is now part of Independent Age. Independent Age is the operating name of the Royal United Kingdom Beneficent Association.

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