



counsel + care 
for older people, their families and carers

guide

Guide 71:

Hospital care in Wales: Everything you need to know before, during and after your stay

Most people who leave hospital do not need any long-term support. If you do, you may need support just for the first few weeks, or possibly for a longer period of time. This guide explains what should happen before and during your hospital discharge to ensure it is planned and safe. It also explains how and when you can get more information to make the experience more positive and help you feel more in control.

The Counsel and Care advice service works with older people, their families and carers to get the best care and support. All the guides we publish are available from our website: www.counselandcare.org.uk or paper versions can be ordered by calling 0207 605 4200. You can also call our advice line on **0845 300 7585 to arrange an appointment to speak to one of our experienced advisors.**



www.counselandcare.org.uk

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Your donations, legacies and payroll giving enable Counsel and Care to get the best care and support for older people, their families and carers

The Counsel and Care service is now part of Independent Age, a unique and growing charity providing information, advice and support for thousands of older people across the UK and the Republic of Ireland. Visit www.independentage.org for more information about Independent Age.

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

We produce five other guides for Wales covering the needs assessment process; paying care home fees and making a formal complaint, which are the key areas where the policy and legislation differs significantly from England.

All of the guides we publish may be downloaded from www.counselandcare.org.uk/advice-and-information

or posted to you if you call our guide order line on [020 7241 8522](tel:02072418522).

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

Health services are provided by NHS Wales; by either a Local Health Board (LHB) or an NHS Trust. LHBs are responsible for assessing the health needs of the local population and making sure that they are met in line with Government-set standards. LHBs commission primary health care services (such as GPs, dentists, opticians and pharmacists), and community health services (such as clinics and health centres). The LHBs work in partnership with local councils to implement health and care strategies, but they answer directly to the Welsh Assembly, via the regional offices.

Local health boards (LHBs)

There are seven Local Health Boards in Wales:

- Aneurin Bevan Local Health Board
- Abertawe Bro Morgannwg University Local Health Board
- Cardiff and Vale University Local Health Board
- Hywel Dda Local Health Board
- Cwm Taf Local Health Board
- Betsi Cadwaladr University Local Health Board
- Powys Teaching Local Health Board.

NHS Trusts

A new NHS trust, the Public Health Wales Trust, has been created to oversee and promote good health in Wales. The Cancer specialist trust, Velindre NHS Trust, and the Welsh Ambulance Services NHS Trust will stay in place.

Community Health Councils

The Community Health Councils (CHCs) are independent organisations that voice the concerns of the public and can provide advice and support in using the NHS complaints procedure. There are seven CHCs covering the same

areas as the LHBs. If you are not sure which your local CHC or LHB is, you can contact the Board of Community Health Councils in Wales (tel.: 0845 644 7814; www.communityhealthcouncils.org.uk).

Care and treatment provided by the NHS (including where health care is part of a joint package of care with social services) is free of charge. There are some one-off charges, for things like dental work or sight tests, but these are means tested. This means some people on low incomes or who receive certain benefits, do not have to pay them.

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 (see section 5.3)
- Home nursing
- Specialist equipment
- NHS Continuing Healthcare
- Palliative care (end-of-life care).

2 Preparing for hospital

2.1 Planned hospital admissions

If you have a relative, friend or carer, you may find it helpful to talk about your hospital admission with them. You may also want to consider what you may need to do before your 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. You may want to consider installing timer switches on lights and radios;
- leaving valuables/keys with family or neighbours, or ensuring that they are out of sight;
- removing all perishable foods from your fridge/ freezer;
- asking family or neighbours to collect your mail. If this isn't 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 return home. For more information, contact Royal Mail (tel.: [08457 777 888](tel:0845777888); www.royalmail.com/portal/rm/content1?catId=600010&mediaId=80500744) or ask at your local Post Office;
- arranging for a neighbour or friend to water any plants; and
- cancelling any deliveries you have, like milk or newspapers.

2.2 If you are a carer for someone

If you are a carer, the person you care for will need alternative care to be provided while you are in hospital and while you are recovering. To organise this, you may want to contact your local council's social services department to ask for a needs assessment for the person you care for. Social services may be able to arrange respite care or alternative care for the person you care for, 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 in your caring role.

For more information about support for carers, see our guides:

Carers: what support is available (guide number 10); and
Assessment and services from your local council in Wales (guide number 72).

Carers UK (tel.: [0808 808 7777](tel:08088087777); www.carersuk.org) or NHS Direct Wales (tel.: [0845 46 47](tel:08454647); www.wales.nhs.uk/carers) may be able to offer advice to help you make sure that the person you care for is looked after while you are in hospital.

2.3 If you own a pet

If you have a pet, you may have a relative, friend or neighbour who can look after your pet(s) for you whilst you are in hospital. If this is not possible, you may be able to pay for a 'pet-sitter' to take care of your pet(s). Your local Age UK (tel.: [0800 169 6565](tel:08001696565); www.ageuk.org.uk), or the Cinnamon Trust (tel.: [01736 757 900](tel:01736757900); www.cinnamon.org.uk) may be able to offer practical help with caring for pets during your hospital stay, including finding a foster carer for your pet.

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. Hospital staff can put you in touch with a social worker who also may be able to help.

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, such as:

- 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)
- Community Health Council (CHC).

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
- An appointee
- A third party mandate
- A Power of Attorney (POA) or Lasting Power of Attorney (LPA).

For more information on setting up informal or more formal arrangements to manage your finances, see our guide:

Money and Welfare: managing my affairs if I become ill (guide number 33)

If no-one is able to act on your behalf, the hospital cashiers office may be able to arrange this for you- please ask the hospital staff.

3 What happens to your benefits 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 will lose eligibility to Attendance Allowance until you return home. You must tell the Disability and Carers Service (tel.: [08457 12 34 56](tel:08457123456)) 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

If you receive Carer's Allowance for caring for someone 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](tel:08456084321)) as soon as you go into or come out of hospital.

If someone receives Carer's Allowance for looking after you and you go into hospital, 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

You can be paid Council Tax Benefit for up to 52 weeks after going into hospital as long as you meet the other conditions of entitlement. Certain premiums and allowances may be affected (see section 3.7). You cannot claim this benefit if you have been in hospital for more than 52 weeks and have no dependants living in your home. However others who may be living in your home may be able to claim in their own right.

3.6 Housing Benefit

You can be paid Housing Benefit for up to 52 weeks after going into hospital as long as you meet the other conditions of entitlement and your stay is unlikely to exceed 52 weeks or, in exceptional circumstances, unlikely to substantially exceed 52 weeks. 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) . You cannot let or sub-let your property whilst you are in hospital and receive Housing Benefit. Certain premiums and allowances attached to your Housing Benefit may be affected as per the section below on Pension Credit (section 3.7).

3.7 Pension Credit

Your Pension Credit will continue to be paid if you go into hospital as long as the other conditions of entitlement are met.

However, certain premiums and allowances attached to your Pension Credit are affected by a stay in hospital:

- 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 eight 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

Your state pension should not be affected by being in hospital for any length of time.

3.9 Organisations that can help with benefits advice

For more information about benefits, contact the following organisations:

- Disability Alliance (www.disabilityalliance.org). They have a large range of factsheets on their website.
- Your local Citizens Advice Bureau (tel.: [0844 477 2020](tel:08444772020); www.citizensadvice.org.uk).
- Your local Age Cymru (tel.: [0800 169 6565](tel:08001696565); www.ageuk.org.uk).
- The Benefits Enquiry Line (tel.: [0800 88 22 00](tel:0800882200)).

4 Being in hospital

4.1 The Equality Act 2010

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 these concerns informally with the NHS staff involved in your care or make a formal complaint to the hospital (see section 9). You may also wish to contact the Equalities and Human Rights Commission (tel.: [0845 604 6610](tel:08456046610); www.equalityhumanrights.com) who can advise you on how to take your issue further but they are unable to represent you in any legal or court action.

4.2 Who's who in hospital

The following staff may be involved with your care whilst you are in hospital:

- The 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 senior sister, charge nurse or matron.
- The hospital social worker or care manager is employed by the local council's social services department. They are responsible for coordinating your needs assessment if you are going to need support services when you leave hospital. They can then arrange for these services to be in place for when you return home.
- 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 will assess what daily living tasks you are able to/ not able to carry out, such as washing, dressing, and getting in/out of bed. This is to make sure you can manage tasks safely, both in hospital, and when you return home. They may suggest aids, such as a walking frame, walking stick or bath seat.

- A speech and language therapist will assess and treat you if you have any speech, language or communication difficulties, to help you communicate to the best of your ability. They also help people with eating and swallowing difficulties.
- A dietician can provide advice on what types of food you should be eating and which foods you should be cutting down on or stopping altogether, both to meet your dietary needs and/or if you have problems eating and drinking.
- A specialist nurse is trained to provide nursing care for people with a particular illness or set of care needs. For example, if you have dementia, part of your care may be provided by a specialist dementia nurse who has expertise in this area.
- A psychogeriatrician is a psychiatrist who specialises in working with older people. They may be involved in your care if there are doubts about your mental capacity to understand and make your own care decisions, for example, to accept or refuse life saving treatment.
- 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 when you return home is in place.
- An NHS Continuing Healthcare co-ordinator is the person responsible for organising assessments for NHS Continuing Healthcare and putting together the multi-disciplinary team who assesses eligibility for Continuing Healthcare funding.
- The complaints manager is responsible for accepting formal complaints about your healthcare and co-ordinating an investigation and response to your complaint. They may work in the hospital or at the LBH. For more information, see our guide: **Complaints about community care and NHS services in Wales** (guide number 74).

4.3 Food

The hospital will provide you with all your meals on the ward. You will choose your meals in advance. There will 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 diet for cultural or religious reasons (for example, if you are a vegetarian or do not eat pork). There will also be other choices, such as reduced fat and reduced salt meal options; as well as small portions, helpful if you have a small appetite.

If you require 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 food you need. If it was an unplanned admission, ask the person who comes round the ward with the menu cards or the charge nurse 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. A red tray system is used in some hospitals to indicate which patients need help or encouragement to eat and drink.

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, 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, your favourite brand of biscuit or a bottle of soft drink), you can bring this into the hospital with you, or ask a friend or relative to bring it for you. This is providing the hospital staff have no medical objection to your consuming it, for example, if you have to abstain from food before an operation or test "nil by mouth".

4.4 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 withdraw money and manage your finances. Otherwise, hospitals may have a cash machine where you can withdraw money. You may want to check this before you go into 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.

4.5 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.

4.6 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.

4.7 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

5 Assessment in hospital

5.1 Needs assessments

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 co-ordinated by a hospital or community social worker, incorporating the opinions of any 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.

All Local Health Boards, NHS trusts and social services have to follow the 'Unified Assessment process' described in the Creating a Unified and Fair System for Assessing and Managing Care guidance. It is available from: <http://wales.gov.uk/publications/circular/circulars2002/NAFWC09a2002?lang=en>

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

- If your needs have not changed a great deal following your hospital treatment, your needs will be identified by a contact assessment. This will identify if a further assessment of your situation is needed.
- An overview assessment examines different areas of your life, such as personal care and physical wellbeing, to find out if you need support in these areas.
- If the contact or overview assessment shows that further examination by a suitably trained professional is needed to establish the risks, a specialist assessment will be carried out.
- This information may then be pulled together in a comprehensive assessment. This should involve you, all the health and social services professionals involved in your care and anybody caring for you (if you are happy for them to be involved).

The needs assessment will show what your care needs are and if they meet the local council's eligibility criteria to receive council services (see section 7.1). You should also be provided with a care plan. This is a written statement describing your individual assessed care needs, who will meet these needs, how they will be met and where they will be met. This information should also be available in another language or format if you need it, for example, Braille.

The needs assessment in hospital may show that you need additional services, such as, rehabilitation (see section 5.2), physiotherapy (see section 5.3), intermediate care (see section 5.4) or re-ablement (see section 5.5) as part of your care package when you leave hospital.

5.2 Rehabilitation

Once you are ready to leave hospital, you may receive ongoing rehabilitative treatment. Rehabilitative treatment could be provided following health difficulties such as a heart attack, hip fracture, or stroke. Rehabilitation is provided to enable you to regain your mobility and independence enabling you to return and remain 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 used to help restore your mobility following an injury or illness, or manage long-term disability. Your consultant may recommend physiotherapy in hospital and/or when you have returned home.

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](tel:02073066666); www.csp.org.uk).

5.4 Intermediate care

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.

If you would like to find out more about intermediate care, you may find it helpful to read the Welsh Health Circular (2002) 128. It is available from:

<http://wales.gov.uk/docrepos/40371/4038231/403821111/403821111/NAFWC43-02F-w.rtf>;

If you have not been offered a period of intermediate care to support you to go home you may want to make a complaint (see section 9).

5.5 Re-ablement

The aim of a re-ablement is to support people to retain or regain skills that support independent living at home. This can be seen as closely related to intermediate care (see section 5.6). The services provided depends on the care needs you have; whether this support can be charged for will depend on the type of service provided. Services can be a mixture of services from both social and health care or provide solely by either.

If re-ablement falls within the definition of intermediate care given above, then it should be provided free of charge for the first six weeks or longer if after a reassessment you are found to need further rehabilitation. Whether or not the re-ablement services provided to a person fall within the definition of intermediate services will need to be examined on a case by case basis.

There is a Rapid Response Adaptations Programme (RRAP) which can provide up to £350 worth of repairs and/or adaptations to your home. The RRAP is being

run by Care & Repair Cymru (tel.: 029 2057 6286; www.careandrepair.org.uk) and is aimed at those in hospital or who have recently left hospital.

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 (including care in a care home) paid for by the NHS. Your eligibility depends on your health care needs at any given time, and not the general diagnosis. The assessment for Continuing Healthcare is separate to and distinct from the needs assessment. It is carried out by a multi-disciplinary team involving both health and social care professionals. For more information about NHS Continuing Healthcare, see our guide:

Continuing Care: should the NHS be paying for your care (guide number 27). The NHS Continuing Healthcare eligibility criteria in the above guide is similar to that used in Wales, but primarily applies to England.

5.7 Palliative care and fast track for NHS Continuing Healthcare

Palliative care services are designed to keep you comfortable and ensure you have the best quality of life possible at the end of life stage. Palliative care is provided free by the NHS in hospitals, hospices and in people's own homes. Decisions about palliative care are made with the help of a multidisciplinary team in line with the person's personal goals and preferences.

Care needs resulting from terminal illness are not necessarily eligible for free NHS Continuing Healthcare; it depends on the nature and complexity of the care needs involved. If you have a terminal illness your application for Continuing Healthcare will be 'fast-tracked'. This means that the decision about whether or not you qualify for Continuing Healthcare will be made much more quickly.

6 The discharge process from hospital

You should not be discharged from hospital until your assessment is complete and the care and support you need at home or in a care home, has been identified and is in place.

You should not be pressured into accepting a move to somewhere you do not want to go to, for example, a care home. If this happens you may want to make a complaint.

For more information about being discharged from hospital, you may want to see the government's 'Hospital Discharge Planning Guidance', available from: <http://wales.gov.uk/pubs/circulars/2005/english/NAFWC17-05-e.pdf?lang=en>

6.1 Important issues related to leaving hospital

It is quite common to be concerned about various 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 when you leave hospital and go home?
- How can you contact the care provider?
- 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 at the hospital or GP surgery?

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.

6.2 Leaving hospital

If you need transport to return home from hospital, the hospital should make sure that your relative, friend or the hospital transport is able to take you. If you have a medical need for transport, and have no other means of getting home, you may have access to the Patient Transport Services (PTS). If you feel that this is the case, you may want to talk to the consultant in charge of your care, the hospital social worker/care manager or the ward manager.

You may be able to get help with travel costs for NHS appointments through the NHS low income scheme if you are on a low income or are in receipt of benefits such as Pension Guarantee Credit. You can ask about the NHS low income scheme and get the application form (HC1W) at the hospital, or at your GP surgery, optician or pharmacist when you return home.

6.3 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 services department to notify them of your requirement for a needs assessment before you go back home. If they do not, you may want to contact your local social services 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.

6.4 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 at home.

- 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 place, in a care home for example, 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 or make a complaint to the social worker and/or consultant. This can be hard to do, so you may want help from an independent advocate such as from your local Community Health Council (see section 9.1). You may also want to see our guides:

Independent advocacy (guide number 25); and

Complaints about community care and NHS services in Wales (guide number 74).

7 Going back home – What help is available?

7.1 Help from your local council

Your local council social services department may be able to provide you with support services to help you after you have returned home from hospital, either temporarily or on a long term basis. For example, arranging for care workers to visit you at home to help you get dressed or washed, organising for you to attend a day centre or receive 'meals on wheels', or installing aids and adaptations (such as a shower seat or hand rails) in your home to make it easier and safer for you to get about. The services available from your local council can vary considerably in different parts of the country. You will need to find out from your local council what services are available in your area. The council may publish information about their services on the council website.

Each council sets its own eligibility criteria to receive support services from the council. The council's eligibility criteria should be based on the government guidance 'Health and Social Care for Adults: Creating a Unified and Fair System for Assessing and Managing Care'. This guidance can be viewed at: <http://www.wales.nhs.uk/sitesplus/documents/829/WAG%20-%20Creating%20a%20Unified%20and%20Fair%20System%20for%20Assessing%20and%20Managing%20Care.PDF>

Support services provided by the local council are not usually free. After the needs assessment (see section 5) has been completed and it has been agreed your care needs meet the council's eligibility criteria, social services will carry out a financial assessment which will look at your income and savings to determine how much you are able to contribute towards your care costs. Charges for home care and day centre services are currently capped at £50 a week. This cap does not include services that have a flat rate charge, such as 'meals on wheels'.

If you have capital or savings below £22,500 you will be eligible for council funding towards any support services you are assessed as needing. If you have capital or savings above £22,500 you will have to pay for your own care services privately (see section 7.3) or pay the capped rate of £50 a week to receive council services (which could be cheaper).

7.2 Direct payments

If you are assessed by social services as being eligible to receive support services from the council, you can ask to receive support in the form of a 'direct payment'. This is money provided to you by the council so you can organise your own care instead of the council organising care for you. The aim of direct payments is to give people more choice, control and flexibility over their care. For example, you could use your direct payment to:

- Employ someone of your choice to give you care at home, at a time that suits you best;
- Employ someone to help you attend activities outside your home such as going shopping or attending a lunch club;
- Employ someone to help you maintain your fitness by driving you to a local exercise class or going on a walk with you.

The updated guidance surrounding direct payment in Wales is available from:

<http://wales.gov.uk/docs/dhss/publications/110801payentsen.pdf>

For more information about direct payments, see our guide:

Home care: using Direct Payments and Personal Budgets (guide number 23).

7.3 Private care arrangements

If you wish to make your own arrangements for care rather than go through social services, or if you have direct payments, or if your care needs are not eligible for social services support and you are able to pay privately for home care, you may want to consider contacting the United Kingdom Home Care

Association (tel.: [020 8288 1551](tel:02082881551); www.ukhca.co.uk). They can direct you to local private home care agencies. Please also see our guide:

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

If you have a complaint relating to the standard of care provided by a private care agency, you can complain using the care agency's complaints procedure. If the local council was involved in commissioning the care agency to care for you or the complaint involves the safety of a vulnerable adult, you can complain using the local council's complaints procedure. If you are unhappy with the outcome of your complaint to the council, you can ask the Public Services Ombudsman to investigate your complaint.

7.4 Voluntary organisations

Some voluntary organisations provide home support services at little or no cost. This may be an option if your care needs are not eligible for social services support. You can use these services in addition to any care provided by social services or private care agencies, for example, 'that little bit of extra help' that councils may not provide. If the service offered to you by a voluntary organisation is similar to a service social services provide you with, social services may reduce the services they are offering you. This is because some of your care needs are 'being met' by another agency. Your local Age Cymru (tel.: [0800 169 6565](tel:08001696565); www.ageuk.org.uk) may provide support services or may know of other local organisations that provide such support. This support might include a home help service; a shopping service; a handyman service; a benefits check or a gardening service.

Other voluntary schemes that may be of interest to you may include;

- Befriending schemes: 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 (tel.: [020 7241 8535](tel:02072418535); vitallinks@counselandcare.org.uk) of older people's befriending schemes.

- Welcome home: someone from a local organisation, such as an Age Cymru (tel.: [0800 169 6565](tel:08001696565); www.ageuk.org.uk) can visit you at home on the day you are discharged from hospital and can help with shopping, collecting pensions and prescriptions etc. They may also provide help with small household tasks.
- Escorted discharge: help may be available in the form of transport home if you do not already have transport arranged.

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 disability 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:

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

Alternatively, if you had already been claiming a disability benefit, such as Attendance Allowance before you went into hospital, it will stop four weeks after being admitted. You will need to inform the Disability and Carers Service (tel.: [08457 12 34 56](tel:08457123456)) as soon as you are discharged from hospital so your Attendance Allowance can be restarted.

Your local Age UK or Age Concern (tel.: [0800 169 6565](tel:08001696565); www.ageuk.org.uk) or Citizens Advice Bureau (tel.: [020 7833 2181](tel:02078332181); www.citizensadvice.org.uk) can check you are claiming all the benefits you are entitled to and help you to contact the Disability and Carers Service or fill in any claim forms.

8 Moving home

The 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. It is less common that the assessment will suggest it may be in your interests to move out of your current home.

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 getting a bungalow or housing with care provided.

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). This is for two reasons:

- to make sure that the sheltered or extra care housing can meet your care needs; and
- because a lot of sheltered or extra-care housing is only available through the council (through a points based allocation system depending on your assessed care needs), except where you are buying it privately.

The Elderly Accommodation Counsel (tel.: [020 7820 1343](tel:02078201343); www.housingcare.org) can provide you with a list of sheltered accommodation and extra-care housing schemes in your area. There may be waiting lists for such accommodation.

For more information on the different types of sheltered and extra-care housing schemes, who provides them and how to find, access and pay for them, please 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, you can get a list of care homes from the social services department of the area you want to move to, the Elderly Accommodation Counsel (tel.: [0207 820 1343](tel:02078201343); www.housingcare.org) or the Care and Social Services Inspectorate for Wales (CSSIW) (tel.: [0300 062 8800](tel:03000628800); www.cssiw.org.uk).

If you have been assessed as needing a care home but have capital and/or savings above £22,500, you will be expected to pay the full cost of your care home fees. You may be entitled to receive Attendance Allowance and/or a NHS Funded Nursing Care Contribution from the LHB depending on your care needs.

If you have been assessed as needing a care home and have capital and/or savings under £22,500, you will be entitled to financial help from the council towards your care home fees. If the council contributes to your care home fees you will still have to contribute towards the cost from your weekly income. Being council funded may mean you have less choice in which care home you can move to. For more information about care homes, see our guides:

Care homes: what to look for (guide number 19)

Care home fees: paying them in Wales (guide number 72)

If you have the mental capacity to make your own welfare decisions, you have the right to refuse a care home placement; you cannot be forced to move into a care home. However, the council can take their resources into account by law when providing services. This means that the council can refuse to increase the number of care visits you get per day in your own home if the costs are prohibitive. Instead, the council can suggest you move to a care home if it would be cheaper. The guidance says that the council should negotiate with you about where and how your care will be provided.

9 Making a complaint

Although many people do 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 doesn't happen.

If you are unhappy with the service that the NHS or your local council has provided, depending on the seriousness of the complaint, you can either raise a complaint informally with the staff that provided the service and/or raise a formal complaint using the council or NHS complaints procedure. For more information about the complaints process, please see our guide:

Complaints about community care and NHS services in Wales (guide number 74)

Sometimes, making a complaint can seem daunting and you may feel unable to voice your concerns. In such circumstances, you may benefit from the help of an independent advocate. An independent advocate can support you to voice your concerns or represent your concerns on your behalf to the professionals involved. For more information about advocacy, see our guide:

Independent advocacy (guide number 25)

9.1 Community Health Council

Community Health Councils (CHCs) are independent organisations that voice the concerns of the public in regards to health issues. Every Local Health Board area has a CHC representing the same area.

Each CHC has a complaints advocacy service which can help you to make a complaint using the NHS complaints procedure. They may be able to explain your options and offer advice, write letters for you and represent you at meetings. They can also support you to obtain information from your local

health board or NHS trust, such as copies of your health and community care plan.

Initially, your complaint should be dealt with informally by the staff who were involved in your care. If you do not feel able to raise the issues with the health professionals you can ask an advocate from your local CHC to assist you. The telephone number for your local CHC can be found by calling NHS Direct Wales (tel.: 0845 46 47) or the Board of Community Health Councils in Wales (tel.: [02920 235 558](tel:02920235558); www.communityhealthcouncils.org.uk).

Our advice workers can advise on a wide range of issues affecting older people, their families and carers. We publish a range of guides about care and support for older people, which may be downloaded from our website www.counselandcare.org.uk, or requested by calling our guide order line on 020 7241 8522.

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

Tel.: 0845 300 7585

Email: advice@counselandcare.org.uk

Website: www.counselandcare.org.uk

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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