



counsel + care
for older people, their families and carers

guide

Guide 11:

Hospital Care in England: 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 and what may happen during your hospital stay. It also looks at what may happen after your discharge from hospital and how you can 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 the guides and factsheets we produce are available from our website: www.counselandcare.org.uk or paper versions can be ordered by calling **020 7241 8522. You can call our advice line on **0845 300 7585** to arrange an appointment 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 Scotland, see our guide:

Hospital Care in Scotland: Everything you need to know before, during and after your stay (guide number 51); 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 by either a Primary Care Trust (PCT) or an NHS Trust. The PCT is responsible for providing services like your GP, district nurses, pharmacists, opticians, and dentists. NHS Trusts are responsible for delivering services needed by the PCTs, like hospital services, ambulance services and mental health services. Strategic Health Authorities (covering several PCT areas) are responsible for making sure that local services meet the needs of the local population and meet Government-set standards.

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 prescriptions and dental work, but these charges are means tested. This means some people do not have to pay them, for example, if you are in receipt of Pension Guarantee Credit.

The type of care that the NHS provides includes:

- Medical treatment by your GP
- Hospital in-patient treatment
- Intermediate care
- 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 need specialist equipment in your home (for example, hand rails, ramps or walking frames), this falls under social care rather than health care. Social care services may be provided by your local council's social services department. Services provided by the majority of councils are not free and you may have to pay for them depending on your capital and income.

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. 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 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 are home. For more information on charges, contact Royal Mail (tel.: 08457 777 888; <http://www.royalmail.com/delivery/inbound-mail/keepsafe>) 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.

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. 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 in order to arrange respite or alternative care provision 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, please see our guides: **Carers: what support is available** (guide number 10); and **Assessment and services from your local council in England** (guide number 12).

Carers UK (tel.: 0808 808 7777; www.carersuk.org) or Carers Direct (tel.: 0808 802 0202; www.nhs.uk/carersdirect) may be able to offer advice and information to help you make sure that the person is cared for while you are in hospital and recovering.

2. 3 If you own a pet

It may be that you have a relative, friend or neighbour who can look after your pet(s) for you. If that 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. Your local Age UK or Age Concern (tel.: 0800 169 6565; www.ageuk.org.uk), or the Cinnamon Trust (tel.: 01736 757 900; www.cinnamon.org.uk) may be able to offer 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. The hospital will have a Patient Advice and Liaison Service (PALS) 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. 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, or they may have a different title)
- Patient Advice and Liaison Service (PALS).

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 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 up to 52 weeks after going into hospital as long as the other conditions of entitlement are met. 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.

3.6 Housing Benefit

Housing Benefit is normally paid for up to 52 weeks 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). You may need help and advice to make this argument (see section 3.9). Certain premiums and allowances attached to your Housing Benefit are affected (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 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:

- Your local Citizens Advice Bureau (tel.: 0844 477 2020; www.citizensadvice.org.uk).
- Your local Age UK or Age Concern (tel.: 0800 169; www.ageuk.org.uk).
- The Benefits Enquiry Line (tel.: 0800 88 22 00).

4 Being in hospital

4.1 The NHS Constitution 2009 and the Equality Act 2010

The NHS Constitution sets out:

- The legal rights to which patients, staff and the public are entitled.
- The pledges the NHS is committed to achieve.
- The responsibilities which the public, patients and staff owe to one another to make sure that the NHS works fairly and effectively.

The Handbook to the NHS Constitution further explains what you can expect from the NHS. It is available from:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113644.pdf

The Constitution includes rights and pledges that cover:

- access to health services;
- quality of care and environment;
- nationally approved treatments, drugs and programmes;
- respect, consent and confidentiality;
- informed choice; and
- complaints and redress.

The Equality Act 2010 means that you must not be treated differently by hospital staff because of your age, sexual orientation, gender or 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 8). You may also wish to contact the Equalities and Human Rights Commission (tel.: 0845 604 6610; 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, including contributing to your 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 senior sister, charge nurse or matron.
- A 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 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 washing, dressing, preparing meals; as well as assessing what equipment or adaptations to your property you may need to help you manage these and other related tasks to make you more independent in and around your home.
- A speech and language therapist will assess and treat speech, language and communication difficulties if you have any to help you communicate to the best of your ability. They also assess people with eating and swallowing difficulties. Their work is particularly important when people have experienced a stroke.
- A dietitian 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 have 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, or a Community Psychiatric Nurse (CPN) may be involved instead. They may be involved where there is doubt about your mental capacity to understand and make your own welfare (care) 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).
- A discharge co-ordinator 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 co-ordinator is the person who is responsible for organising assessments for NHS Continuing Healthcare. They may work in the hospital or at the PCT. They are also responsible for co-ordinating complaints about this care to the local PCT.
- 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 PCT.

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 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; 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 charge nurse to help you, or ask the person who comes round with the menu cards that you fill in to order your food.

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 also important to ask for assistance if you need help filling in the menu cards for the next day (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.

4.4 Hospital facilities

In larger hospitals, there is usually a shop selling newspapers, groceries,

sandwiches, drinks and/or a cafe that can be used by staff and patients.

Some larger hospitals may 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 inside the hospital.

4.5 Mobile phones

There should be clear signs in the hospital including on wards 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, you can contact MRSA ActionUK (tel.: 07762 741114; www.mrsaactionuk.net) or there is also 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 Assessments 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 or care manager, 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 Primary Care Trusts, NHS trusts and local council social services have to follow the Single Assessment Process (SAP) when they carry out a needs assessment for an older person.

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 whether your care needs meet the local council's eligibility criteria. If you have eligible care needs and capital below £23,250 you will be eligible to receive care and support services from your local council (see section 7.1). You should be provided with a care plan. This is a written statement which describes your individual assessed care needs, who will meet these care needs, how they will be met and where they will be met.

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. 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.

Eligibility for rehabilitation is decided at a local level and the consultant and occupational therapist (OT) will decide if these services will benefit you.

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 physiotherapy as part of the process of enabling you to return home, if it is felt that you would benefit from it.

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).

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.

You may find it helpful to read the Department of Health guidance 'Intermediate Care – Half Way Home' which sets out the types of services that may fall under intermediate care:

www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@pg/documents/digitalasset/dh_103154.pdf.

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 package of care is to provide a mixture of services (social and health care) that 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 5.4). The services provided will depend on the care needs that you have; whether this support can be charged for will depend on the type of service provided.

The Department of Health guidance LAC (DH) (2010) 6 has clarified that in future, hospitals will be responsible for arranging and paying for aftercare, including any re-ablement, for the first 30 days following discharge from hospital. It is expected that local procedures will be in place for full implementation in 2012-13 but work will start immediately.

Regulation 4(2) of the Delayed Discharge (Qualifying Services) 2003 Regulations requires that intermediate care is provided free of charge for the first six weeks. Accordingly, re-ablement services are likely to fall within the definition of intermediate care services and should not be charged for for the first six weeks. Whether or not the re-ablement services provided to a person do in fact fall within the definition of intermediate services will need to be examined on a case by case basis.

Community equipment (aids and minor adaptations) which is sometimes provided as part of a package of re-ablement, is also to be provided free of charge, where the cost of the adaptation is £1000 or less, whether as part of a re-ablement package or stand alone. Please ask the consultant, occupational therapist or social worker whether you are being considered for intermediate care and/or a re-ablement package after hospital discharge.

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 includes care in a care home. The principal factor in

deciding whether you are eligible for NHS Continuing Healthcare funding is your health care needs at any given time, and not the general diagnosis. The assessment for this type of care is separate to and distinct from the needs assessment. The PCT has overall responsibility for the assessment for NHS Continuing Healthcare. For more information about NHS Continuing Healthcare, see our guide:

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

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.

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. Someone with a terminal illness may be 'fast-tracked' for immediate provision of free NHS Continuing Healthcare. This means that the decision about whether or not to provide this care will be made much more quickly.

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 from hospital until your needs assessment is complete and the care and support you need, for example, 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.

The guidance 'Ready to go' provides more information on the hospital discharge process. It is available from the Department of Health website: www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_116675.pdf.

6.2 Important issues related to leaving hospital

It's very 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 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 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.

6.3 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/charge nurse.

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 (HC1) at the hospital, at your GP surgery or pharmacist when you return home.

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 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 the 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.

6.5 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 at home.
- You are going to be discharged on a Friday or during a weekend. This might mean you may be 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 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, either through ICAS (see section 9.1) or PALS (see section 9.2).

You may also want to see our guides:

Independent advocacy (guide number 25); and

Complaints about community care and NHS services in England (guide number 18).

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 your local council what services are available in your area. They may publish information about their services on the 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 to receive care and support services from the council. The council's eligibility criteria should be based on the government guidance 'Prioritising need in the context of Putting People First – a whole system approach to eligibility for social care'. This guidance can be viewed at:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113154

If you have capital or savings below £23,250 you are eligible for council funding towards any eligible assessed care needs. If you have capital (excluding your sole or main property if you own it) or savings above £23,250 (some councils set higher thresholds than this for home care), you may not be eligible for council funded support services (unless your council exercises discretion to set a 'cap' for the most someone should pay for care at home and contributes beyond that amount); you need to fund your own care and support services (see section 7.3).

If you find it difficult to get around your property after returning home from

hospital, you may need to make adaptations to your property, for example hand rails to help you get up the stairs or a ramp fitted if you will need to use a wheelchair around the house. To obtain adaptations, you will need to contact your local social service department. They will refer you to an occupational therapist (OT) who will assess what adaptations you might benefit from. For more information about getting adaptations, see our guide: **Housing: adapting your home to stay independent** (guide number 28).

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', although it is unlikely that these services will be arranged before you leave hospital. This 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. The aim of direct payments is to give people more choice, control and flexibility over their care. For example, in order to meet your assessed care needs 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.

If you would like to receive direct payments, speak to your local council social services department in the community when you return home. For more information on direct payments see our guide:

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

7.3 Private care arrangements

If you are self-funding your care (because you have savings or capital worth more than £23,250), 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; www.ukhca.co.uk). They can direct you to local private care agencies. Please also see our guide:

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

If you meet the eligibility criteria for care services and assessed as able to pay for your own care, the council still has a duty to assist you to arrange services, if this is what you want.

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 and/or the council's complaints procedure, if the council were involved in arranging the care. If you are not satisfied by the care agency's response, you may be able to make a complaint to the Local Government Ombudsman (tel.: 0300 061 0614; www.lgo.org.uk). If the council is not arranging the care (you may be self-funding the care or have a Personal Budget/Direct Payment) you can contact the LGO after making a complaint to the care agency.

Unlike in other parts of the UK the care home registration and inspection agency (in England this is the CQC) does not generally accept individual complaints about social care

7.4 Voluntary home care

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 UK or Age Concern (tel.: 0800 169 6565; www.ageuk.org.uk) may provide support or may know of other local organisations that provide such support. For example, this support might include a home visiting service; a home help service; a shopping service; a handyperson service; a benefits check or a gardening service. Other services provided by voluntary organisations that may be of interest to you, 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; vitallinks@counselandcare.org.uk) of older people's befriending schemes.
- Welcome home: someone from a local organisation, such as an Age UK or Age Concern (tel.: 0800 169 6565; 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 Homeshare

Homeshare is a scheme which allows you to stay in your home with live-in help at no cost to you. You offer accommodation in your home to a tenant (who is 'matched' to you), in exchange for an agreed number of hours of

support per week. Homeshare is run through the organisation SharedLivesPlus (www.sharedlivesplus.org.uk/en/services/homeshare/). There are currently homeshare schemes operating in Bristol, London, East Sussex and Cumbria.

7.6 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).

Alternatively, if you had already been claiming a disability benefit, such as AA 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 123456) as soon as you are discharged from hospital so your AA can be restarted.

Your local Age UK or Age Concern (tel.: 0800 169 6565; www.ageuk.org.uk) or Citizens Advice Bureau (tel.: 020 7833 2181; 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 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 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; 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 Care homes

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 services department of the area you want to move to, the Elderly Accommodation Counsel (tel.: 0207 820 1343; www.housingcare.org) or the Care Quality Commission (tel.: 03000 616161; www.cqc.org.uk).

If you have capital and/or savings over £23,250, you will be expected to pay the full cost of your care home fees. 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 Attendance Allowance, a Registered Nursing Care Contribution or NHS Continuing Healthcare funding.

If you have been assessed as needing a care home and have capital and/or savings under £23,250, you will be entitled to financial help from the council towards the cost of 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 England (guide number 16)

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, although the council will need to show that moving to a care home will genuinely meet your assessed needs, and that a move is not solely based on the cheapest care option. The guidance says that the council should negotiate with you about where and how your care will be provided. You may want to contact the Office of the Public Guardian (tel.: 0300 456 0300; www.publicguardian.gov.uk) if you have concerns about your, or someone else's mental capacity, or Mind (tel.: 0845 766 0165; www.mind.org.uk) if you have concerns about any mental health issues.

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, see our guide:

Complaints about community care and NHS services in England (guide 18).

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 Patient Advice & Liaison Service (PALS)

Your hospital may have a PALS office or service. The PALS staff and volunteers work or volunteer for the NHS. They can provide information and support about the treatment and care you are receiving. They can help you to raise any initial concerns you may have about your care or treatment with the hospital staff. They may also be able to help you to make an informal or formal complaint, if you have more serious concerns about the care or treatment you have received. You can ask the ward staff how to contact them, or there may be

details about how to contact them on notice boards in the hospital.

Alternatively NHS Direct (tel.: 0845 46 47; www.nhsdirect.nhs.uk) will be able to give you the details of the PALS service that covers the hospital you're in.

9.2 Independent Complaints Advocacy Service (ICAS)

The local ICAS service may, depending on the circumstances, be able to support you if you want to make a complaint about your care and treatment in hospital. The ICAS staff and volunteers are independent of the NHS and work or volunteer for a charity. There is an ICAS for each area of the UK. Three different charities: The Carers Federation, POhWER and South of England Advocacy Projects provide this service on behalf of the Department of Health. The organisation called POhWER has been contracted by the Department of Health to provide details of your nearest ICAS service. Contact PoHWER (tel.: 0300 456 2370) to find the number of your nearest ICAS service.

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.

Registered address: 6 Avonmore Road, London W14 8RL

Registered charity number 210729

Tel.: **0845 300 7585**

Email: **advice@counselandcare.org.uk**

Website: **www.counselandcare.org.uk**

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