



counsel + care 
for older people, their families and carers

guide

Information from Counsel and Care: 13

Hospital discharge

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.

Counsel and Care is the national charity working with older people, their families and carers to get the best care and support. If you have found our service helpful, please consider making a donation or leaving a legacy in your Will. You can arrange either by telephoning 020 7241 8555 or using the secure service on our website 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

Counsel and Care is a national charity; however the creation of the Scottish Parliament, and the Welsh and Northern Ireland Assemblies means there are differences in the ways each region cares for and supports older people. The information in this guide applies essentially to England although there may be similarities with Scotland, Wales and Northern Ireland.

We also produce five separate guides for both Scotland and Wales covering the community care assessment of need process; paying care home fees and making a formal complaint which are the key areas where the policy and legislation differ significantly to England. All of the guides we publish can be downloaded from www.counselandcare.org.uk/helping-you/guides or posted to you by calling our guide orderline on 020 7241 8522.

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1 Who is responsible for providing services in your area?

If you need any health care services they will be provided through the NHS either by a Primary Care Trust (PCT) or an NHS Trust. The PCT is responsible for providing services such as your GP, pharmacists, opticians, and dentists. NHS Trusts are responsible for delivering services needed by the PCTs, such as hospital services, ambulance services and mental health services. Strategic Health Authorities are the departments responsible for making sure that local services meet the needs of the local population and Government-set standards.

Care provided by the NHS is free of charge, other than some one-off charges like prescriptions and dental work, but these charges are subject to means testing, so some people do not have to pay them. The type of care that the NHS provides includes:

- Medical treatment from your GP
- Hospital in-patient treatment
- Intermediate care
- Home nursing
- Specialist equipment
- Care in a nursing home funded by the NHS (continuing healthcare)
- Palliative care (end-of-life care).

Your local council social services can also provide care services such as home care and assistance with personal care, day centres and equipment

in your home. Services provided by the local council are not free and you may have to pay for them or contribute towards their cost.

2 Rehabilitation

Once you are ready to leave hospital you may receive ongoing rehabilitative treatment. This treatment could be provided following such health difficulties as a heart attack, hip fracture, pneumonia, a stroke or an acute episode of chronic illness. Rehabilitation is a health service provided to enable you to regain your optimum level of ability and retain a level of independence, enabling you to resume living at home. Services can include:

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

Rehabilitation is funded by the NHS and it might mean a longer stay in hospital or treatment in other accommodation, such as a rehabilitation unit. You should be offered rehabilitation if you meet your health authority's eligibility criteria and your consultant feels that this is the most appropriate option. The extent of rehabilitation services varies across the country so it is important to obtain a copy of your local eligibility criteria. If you feel that you would benefit from rehabilitation, talk to your consultant or the ward staff, and request an assessment for this service.

If a patient lacks mental capacity, it may be felt that because they would have too much difficulty processing information they would not benefit from rehabilitation. If you feel the decision not to offer such therapy is

incorrect in your particular situation, you (or your carer or advocate on your behalf) should raise your concerns with the consultant involved.

3 Having an assessment in hospital

All primary care trusts, NHS trusts and local council social services now have to follow the Single Assessment Process (SAP) when they carry out an assessment of needs for an older person. Our guide **Assessment and services from your local council in England** covers the assessment process in more detail. If you live in Scotland, see our guide **Assessment and services from your local council in Scotland** and, if you live in Wales, see our guide **Assessment and services from your local council in Wales**.

This assessment process was introduced by the Government to ensure health staff and local council social services work more closely together in assessing the needs of an older person and so reduce the number of individual assessments undertaken by different professionals. It also means the patient and carer do not have to repeat the same information more than once.

If it appears that you will need help and support at home after you have been discharged from hospital then you should be assessed by a social worker or a care manager. This person may be based in the hospital, but it could also be that they are based in the community, and so they will come in to visit you. There are a number of types of assessment which you may have whilst in hospital:

- If your needs do not appear to have changed a great deal following your hospital treatment, your needs will be identified by a **contact** assessment during which any potential difficulties can be discussed.
- An **overview** assessment examines different areas of your life, such as personal care and physical wellbeing to establish whether you have any need for support in these areas.
- If, during these assessments, it transpires that further examination by a suitably trained professional is needed to establish the risks, a **specialist** assessment will be carried out.
- This information should then be pulled together in a **comprehensive** assessment which should involve all the health and social services professionals, yourself and any involved carers, and an independent advocate if needed.

You and your relatives are entitled to written information at the time of your assessment. This information should also be available in another language or format, for example, Braille.

You are entitled to details about:

- Free NHS continuing healthcare and NHS-funded nursing care if you are moving into a care home with nursing
- A combined package of health and social care at home
- The services you can expect from the primary care trust or NHS trust
- The services you can expect from the local council including the likely cost to you of any options that it has offered. This should include details about any welfare benefits that you may be entitled to.

- Both the NHS and local council social services' complaints procedures, in case you are dissatisfied with either service.
- If you do not have anywhere to live or if there are problems with your housing need then representatives from housing services should also be involved in your assessment.

4 Leaving hospital

You should not be discharged from hospital until you are medically fit and are formally discharged from hospital by a named doctor or consultant. Every hospital should have its own **discharge policy** based on Government guidance called '**Discharge from Hospital: pathway, process and practice**'. The discharge policy should include information on how the hospital will ensure that your discharge is arranged safely.

You can obtain a copy of the hospital discharge policy from the ward manager or from the Patient Advice and Liaison Service (PALS) within the hospital.

Hospital staff should talk with you in advance about the planned date of discharge so that appropriate plans can be made. The hospital must also make sure that you have transport home from hospital and any medication that you may need is prepared for you to take home.

You must not be discharged from hospital before the services or equipment you need at home have been arranged and are in place.

An effective discharge process should ensure that you do not remain in an acute hospital bed for longer than necessary. A full and appropriate care package should be arranged in time for your discharge, which will ensure you are as independent and safe as possible.

The discharge process should include the following:

- An assessment of your individual needs, living environment and support networks
- Your needs established and recorded on a written care plan (and which ones can be met according to NHS and local council eligibility criteria)
- An assessment of your ability to pay for services
- Ensure all required services are in place ready for your discharge
- Monitoring and adjustment of the care plan to ensure that it meets your ongoing needs.

The Delayed Discharges Act (2003) places a duty on NHS hospitals and local council social services to work closely together to ensure that safe discharges are coordinated in a timely manner to prevent older people remaining in hospital unnecessarily. However, this primary legislation should not cause older people, or their carers, to feel pressurised into accepting a premature discharge. For example, if you feel that you are being forced to move into a care home without the opportunity of a safe return to your own home being fully explored first. However, if it is confirmed that all medical treatment has been completed, you cannot remain in an acute healthcare setting or hospital ward. Should you or your carer feel that you are being forced to accept an unacceptable option then you may wish to raise a complaint – see section 14 for more information.

If you have been or are going into hospital for a planned operation, the 'Discharge from Hospital' guidance promotes good practice by stating that discharge should be considered in the pre-admission assessment.

Most admissions for older people are not planned, but it is good practice to start the discharge process as soon as possible after admission.

5 Delayed discharge

The Community Care (Delayed Discharges) Act 2003 aims to ensure that you should not remain in hospital longer than necessary. It is a system that 'fines' the local council social services if your discharge from hospital has been delayed. This may be due to a delay in your assessment of need or a delay in the provision of the necessary community care services you need to be discharged from hospital. The Delayed Discharges Act only applies if you have received acute hospital care which is defined as *'intensive medical treatment provided by or under the supervision of a consultant, which is for a limited time after which the patient no longer benefits from that treatment'*. This does not include maternity care, mental health care, palliative care, private patients, some independent sector hospitals, asylum seekers, people of no fixed address, and intermediate care or care for recuperation or rehabilitation.

The Act has two parts:

- **Part I** – outlines the duty of the NHS to tell local councils when a person is ready for discharge. This is called an 'assessment notification'. The local council has a limited period of time in which to ensure that a person is able to be discharged safely.
- **Part II** – ensures that intermediate care services are available free for the first six weeks after discharge. For further information, see section 6 of this guide.

For every day your discharge is delayed the local council has to pay a 'fine'. If **any** element of the delay relates to the health services' or family responsibility, then social services will not be fined.

5.1 Are Independent Sector hospitals covered by the Delayed Discharge Act 2003?

The introduction of 'free choice' means that patients referred to see a specialist are able to choose where they are treated from any NHS hospital that best suits their needs and meets the NHS standards. This includes being treated in private hospitals. For more information about choosing a hospital, your GP should be able to provide details about what hospitals or clinics you can choose from.

Perhaps you will want to choose a hospital close to relatives, one that has high standards of cleanliness, or has a good reputation. Although the above issues are important, it is vital that you also think seriously about the services that are available before and after your discharge, because the Delayed Discharge Act (2003) does not cover Independent Sector hospitals, unless special arrangements have been made with the NHS to issue assessments or discharge notifications to social services, on its behalf. Ultimately, this means that they do not have a duty to inform social services that you need, or may need support before you leave hospital. This also includes the arrangement or input of any healthcare services.

If the Independent Sector hospital has no arrangements in place within the NHS, they do not have an obligation to follow the Delayed

Discharge Act 2003. As such you may be left with no services in place when you are discharged, resulting in an unsafe discharge.

If you find yourself in this position, ask the consultant, or the person in charge of your care to contact social Services on your behalf before you leave hospital. More importantly, it would be wise to make this request for social services support on discharge when you are first admitted to the hospital.

If an arrangement has been made with the NHS, the Independent Sector hospital must comply with the Act, by notifying social services that you are in need of support and identify any health service help that may be required. In this case, the NHS will retain overall responsibility for your care.

6 Intermediate care

Intermediate care is a range of services designed to assist people to remain independent, regain their independence to enable them to return home from hospital, or prevent them from returning to hospital unnecessarily. Intermediate care services might be provided by the NHS or the local council, and might be in your own home or in a care setting, such as a care home or day hospital. Intermediate care can be provided for up to a maximum of six weeks, but more frequently as little as 1 to 2 weeks or less. Exceptionally, for example following a stroke, you may require intermediate care for slightly longer than 6 weeks. Exceptional extensions beyond 6 weeks require a full reassessment of your needs authorised by a senior clinician. For further information about aftercare following a stroke, please refer to the National Service Framework for older people (standard 5) issued by the Department of Health (www.dh.gov.uk).

Intermediate care must be provided free-of-charge by the NHS. Any item of community care equipment, up to the value of £1,000, which a person is assessed as needing to return home safely must be provided free-of-charge.

The consultant may decide that you need further rehabilitation or intermediate care before you are discharged. Again, this will depend on whether your needs meet the health authority's eligibility criteria for this type of care.

If the hospital consultant decides you do not meet the health authority's criteria for NHS continuing healthcare, rehabilitation or intermediate care, the local council will be responsible for assessing your needs. You may be assisted to return home where you could receive support from your local council Social Services, or, with your agreement, it may be decided that you should move into a care home. Support from the local council is means-tested and you may have to pay toward any services they provide. For further information, see section 8 of this guide.

7 Palliative care

The NHS has a responsibility to provide care free for people in the final stages of a terminal illness. This is called **palliative care**. Palliative care services are designed to keep you comfortable and ensure you have the best quality of life possible. Palliative care is provided by social care professionals who provide day-to-day care in hospitals and in people's own homes, and also by specialist doctors and nurses.

If you do not have very long to live you should not have to leave health-funded accommodation. Palliative care can be provided in a variety of settings, including a hospital, a hospice, in a care home, or in your own home.

It may be that you have a friend or relative who is nearing the end stages of their life due to a terminal illness, and therefore needs an acute package of care to be put in place urgently. If they require this, they can be 'fast-tracked' for immediate provision of NHS continuing healthcare. This can be supported by a prognosis, but note that strict time-limits are not relevant for end-of-life care and should not be imposed. See section 5 of our guide **Continuing Healthcare: should the NHS be paying for your care?** for more details.

All patients and their relatives are entitled to full information about palliative care provision. This can be obtained from the doctor leading your care, if you do not have a specialist palliative care practitioner working with you.

8 Help available from the local council

If the consultant's professional judgement is that you do not meet the eligibility criteria for NHS continuing healthcare and you are ready to be discharged from hospital, you may be assessed (by a social worker or care manager) as needing to move into a care home or you may be offered services to help you stay in your own home. As such, once you are medically fit for discharge, you are unable to remain in an acute hospital bed. If you feel that the appropriate care has not been arranged for you to go home, you should raise this with the ward staff before they formally discharge you. If a care package has been arranged ask for details of what help has been arranged (how many visits per day, etc) and the name and contact details of the agency who is providing the service. This may be helpful if there is a problem with the service once you return home, for e.g. a carer fails to turn up.

If your needs have increased following a period of hospital stay, it may be a daunting experience to return home without all round care. However, a hospital is not the ideal place for a prolonged stay once you are medically fit because hospitals can make people more dependent. There is also an increased risk of acquiring an infection in hospital and your support systems can break down while you are away from home. For further information about infections, please see section 14.2 of this guide.

Depending on your care needs, this could be a combined package of care from both health and social services or solely the responsibility of social services. A **care manager** or **social worker** will look at your care needs –

this is called a community care assessment. The care assessment should be based on the Single Assessment Process (SAP) and will look at your social, emotional, spiritual, cultural and psychological needs as well as any housing, financial, physical and mental health needs. The results of the assessment of your care needs should be recorded on a written care plan and you should be given a copy. (For more information on the assessment process and care plans, see our guide **Assessment and services from local council in England**. If you live in Scotland, see our guide **Assessment and services from your local council in Scotland** and, if you live in Wales, see our guide **Assessment and services from your local council in Wales**.)

9 Moving into a care home

If, following the assessment of need, it is decided that you should move into a care home, the social worker or a financial assessment officer will take details about your income and capital savings into account in order to assess what you should contribute towards the cost of your care home fees. You may be entitled to financial assistance from the local council and the Pension Service towards the cost of the care home fees.

If you have more than £23,250 (£22,750 in Scotland and £22,000 in Wales) in savings or capital, it is assumed that you are able to pay using your own means. If you have between £14,250 and £23,250 (£14,000 and £22,750 in Scotland; there is no lower capital limit in Wales anymore), the local council will contribute towards your care, and you will also contribute from your income, such as pension or pension credit and a tariff income on your savings. The tariff income means you will be assumed to have an extra £1 per week income on top of your pension for every £250 you have between £14,250 and £23,250 (£14,000 and £22,750 in Scotland). If you have less than £14,250 (£14,000 in Scotland) this will be ignored by the council, but you will still have to make contributions from your income.

Our guide **Care Home Fees: paying them in England** provides more information about the above. (If you live in Scotland, see section 9 of our guide **Care Home Fees: paying them in Scotland** and, if you live in Wales, see our guide **Care Home Fees: paying them in Wales**.)

If you are paying for your care in a care home using your income, you will be allowed to keep £22.30 per week (£22.50 in Wales) which is called your Personal Expenses Allowance.

If you have over £23,250 (£22,750 in Scotland and £22,000 in Wales) this means that you will be assessed by the local council as able to fund the full cost of your care in a care home. You will be free to keep your income, such as your pension, and certain benefits, like Attendance Allowance.

You may also be entitled to NHS-funded nursing care if you are moving into a care home with nursing. If you are assessed as eligible, you will receive a flat rate of £108.70 per week towards your nursing care, which is paid directly to the care home. (In Scotland, everyone who is assessed as needing care in a care home is entitled to £156 per week from their local council towards the costs of their personal care. If you need nursing care you will receive an additional £71 per week, so you will receive £227 in total. You can receive these payments regardless of your income and savings. See section 9 of our guide **Hospital Discharge in Scotland** for more details.)

Even if you have sufficient capital savings or weekly income to pay for your own care home fees, the local council social services still have a duty to assess your needs and record these in writing, so that you are able to locate the most appropriate care home.

Choosing the right care home can be difficult. If you or your relative would like advice about this, our guide **Care Homes: what to look for** lists suggestions of what to look for when choosing a home.

If your care home fees are to be paid for by the local council social services, you are entitled to move into whichever home you choose, providing:

- It has a vacancy
- It is suitable for your needs
- It does not cost more than the 'standard rate' your local council will pay to meet the level of your individual needs.

10 What happens if I do not want to move into a care home?

If you have been assessed as needing to move into a care home but you wish to return to your home, the hospital staff and local council social services should explore with you the possible options available to enable your discharge and minimise risk. It might be possible to arrange care services in your own home and provide equipment or carry out adaptation work.

If you decide to return home against the advice of professionals you are able to do this, but you may be asked to sign a document stating that you accept this risk (a disclaimer).

The local council can take into account their resources when deciding how your assessed needs will be met. They may agree to provide services up to the same level of cost of their standard rate of care home fees, providing this will not put you or staff at unacceptable risk. Again, you may be asked to sign a disclaimer and would be responsible for providing any additional support identified in your care plan as an assessed need.

It is important that you and your relatives have the opportunity and time to consider the options open to you. **You cannot be forced into a care home against your will**, although there are exceptional circumstances for people with certain mental health needs, including people who do not have the capacity to make decisions, especially if they have been assessed

to be a vulnerable adult at risk from neglect or abuse. Contact Counsel and Care for further advice about this issue (tel.: 0845 300 7585; www.counselandcare.org.uk).

11 Care at home

11.1 Review of care package

After your needs assessment in hospital, you may be offered support in your own home. Care at home can be provided by family and friends or services provided by the NHS or by the local council. If this care package is arranged for you while you were in hospital, it should be reviewed within two weeks of your discharge to confirm that the package is meeting your needs by a review. This may be by a meeting (if your needs are complex and you are receiving a large care package) or it may be a telephone call from the social worker.

11.2 Services available to help you

Any services you receive from the NHS, such as continence pads or visits from a community nurse, are free, but you may be charged for services you receive from your local council. A social worker will come from the council to assess your needs, and see what services are available to help meet them. Councils can provide services such as assistance to have a bath, to get up in the morning or for meals-on-wheels. They can also provide equipment in your home, such as grab rails and commodes (any equipment provided below £1,000 must be provided free of charge).

Each local council has its own system for establishing the amount of money that people have to contribute towards the services that they provide. These charges must be 'reasonable' and should not reduce your income to below the level of your Pension Guarantee Credit entitlement

(currently £132.60 per week) plus 25%. You should be told how much the services will cost you when they are offered to you. Our guide **Help at Home: what may be available in your local area** gives you more details about the kinds of services you may be offered including those provided by voluntary and private organisations. Our guide **Housing: adapting your home to stay independent** gives more information about adaptations which can assist you to live independently at home. Our guide **Disability Benefits: Attendance Allowance and Disability Living Allowance** gives information about disability benefits which may assist you to pay for care services.

12 Direct Payments

If you are assessed by the local council's social services department as needing services to assist you to stay at home and have savings under the current upper capital limits, you can ask the local council to provide you with the money so that you can 'employ' the services yourself. This is known as the Direct Payments scheme and all local council social services departments should offer this. Please see our guide **Home Care: using Direct Payments** for further information.

12.1 Individual or personal budgets

The Government has introduced a whole new way of thinking about care and support called personalisation. It aims to transform social care so people and their needs are at the heart of it. This is similar to Direct Payments, for people who are eligible for care and support services following an assessment of their needs to have an 'individual budget' or a sum of money to meet their assessed needs. A **personal budget** is for social care money only, but the term is often used interchangeably with individual budget. (For more information, see guide **Home care: using direct payments and individual budgets**.)

13 Respite care and carers' needs

If you are cared for at home by an informal carer (relative or friend), even if you have some support from the local council social services, your carer may need a break from their caring responsibilities at times. This is known as a respite break. This could involve the cared-for person moving into a care home or hospital environment for an agreed period of time. It could also involve 'sit-in' support in the cared-for person's home to allow the carer a break.

Respite care can be provided at a time of crisis or on a rolling programme offering pre-planned breaks throughout the year to the carer. The NHS can pay for respite care if you are usually looked after at home and have a medical need for NHS respite care. Local council social services can also provide respite breaks as part of their services. Every health authority and local council have their own eligibility criteria for this type of care. If you are a carer and you feel you have a need for a break, contact the local council social services of the person you care for, or their GP. For more information about issues which affect carers, see guide **Carers – what support is available**.

14 Complaining about health treatment or hospital discharge

If you were dissatisfied with your treatment in hospital or the discharge process, or any community health service, such as your GP, dentist or optician, you can use the NHS complaints process. A complaint must be raised within six months of the incident, or within six months of becoming aware of the circumstances about which you want to complain.

You are entitled to be provided with information about the complaints procedure while you are in hospital and there should also be information in GP and dental surgeries.

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 involved you can ask the Patient Advice and Liaison Service (PALS) to assist you. The telephone number for your local PALS can be found by calling NHS Direct (tel.: 0845 46 47) or by logging on the PALS website: www.pals.nhs.uk. PALS is a liaison and information service for patients and is attached to every PCT and NHS Trust. They can discuss your needs, arrange an advocate, ensure you receive copies of your health and community care plan, and can liaise with professionals on your behalf.

If you do not feel that your complaint has been dealt with satisfactorily you have the right to make a formal complaint and should put your

concerns in writing to the Complaints Manager or the Chief Executive of the PCT or NHS Trust. Further information about raising a complaint can be found in our guide **Complaints about community care and NHS services in England**. If you live in Scotland, see our guide **Complaints about community care and NHS services in Scotland** and, if you live in Wales, see our guide **Complaints about community care and NHS services in Wales**.

14.1 Independent advocacy

You may find in some situations that an independent advocate can help resolve issues, and clarify communication between you and social care and health professionals. If the advocate is independent they will not be linked to the hospital or Social Services department. An independent advocate will represent your views about a situation or decision and can discuss with you in private and in confidence to establish what outcome you would like. With your permission, the independent advocate can speak on your behalf to represent your views or support you to speak for yourself.

The independent advocate will not make decisions for you, but will ensure that you have all the information you need to be able to make an informed decision. This includes making sure that you can understand some of the complicated information that some organisations provide. They can support you at or attend meetings on your behalf.

You can find an independent advocacy organisation by contacting Older People's Advocacy Alliance (OPAAL) (tel.: 01782 844036;

www.opaal.org.uk), your local Age Concern (tel.: 0800 00 99 66; www.ageconcern.org.uk) or your local council social services department. For more information, see our guide **Independent Advocacy**.

14.2 Hospital-acquired infections

To give them their full names: Methicillin-resistant Staphylococcus Aureus and *Clostridium difficile*, or MRSA and C.diff for short, are the most prevalent types of hospital-acquired infections. MRSA destroys white blood cells leaving the immune system too weak to fight the infection.

C.diff is a new strain of bacteria linked to three times as many deaths as MRSA. Unlike MRSA, C.diff is not resistant to antibiotics. C.diff is a common bacterium in the gut of children and adults and it doesn't cause any problems in healthy people, however, some antibiotics that are used to treat other health conditions can interfere with the balance of 'good' bacteria in the gut. When this happens, C.diff bacteria can multiply and cause symptoms such as diarrhoea or fever. Clinical onset of *Clostridium difficile* Associated Diarrhoea (CDAD) often occurs when patients are on antibiotics or within four weeks of finishing a course of antibiotics.

Most infections usually occur within a healthcare environment, such as a hospital or care home, so, therefore, older people are most at risk from infections, but people can make a full recovery in the majority of cases.

Hospitals have a duty to ensure that both patients and staff are protected from infections, however, if it does occur they have a duty to

provide treatment efficiently with the appropriate procedures and policies in place.

If you are going into hospital for medical or elective surgery, you may wish to obtain the Primary Care Trust (PCT) Management of C.diff Policy as this will outline how the hospital manages C.diff and it gives information to patients and carers about C.diff. Additional information from the (revised January 2008) Health Act 2006: Code of Practice for the prevention and control of Healthcare Associated Infections (HAI) can be downloaded from the Department of Health website www.dh.gov.uk

A simple guide to C.diff and MRSA can be viewed at:

www.dh.gov.uk/hcai

Infections can be prevented by good hygiene practice in healthcare environments, so it is important to be very vigilant in ensuring that the professionals who treat you wash their hands, wear gloves, aprons and isolate patients with infections. In most cases the disease develops after cross infection from another patient, either through direct patient to patient contact, or via healthcare staff.

If you have any concerns you may wish to raise this with the person in charge of your care or make a complaint through the NHS complaints procedures. Further information can be obtained from the Infection Control Nurse who can provide advice, or the Consultant in Communicable Disease Control (CCDC) at the Health Protection Unit. The CCDC has a responsibility to control infections and can also provide

advice. You can discuss your concerns with PALs who can help you to identify the correct contacts for the above professionals.

14.2.1 Moving to another environment

An NHS body must ensure that it provides suitable and sufficient information on a patient's infection status whenever it arranges for that patient to be moved from the care of one organisation to another so that any risks to the patient and others from infection may be minimised.

If you are returning to a nursing home, residential home or sheltered accommodation, for example, the move should be delayed until the diarrhoea has stopped. If the diarrhoea has stopped, you can continue your course of antibiotics, but you must ensure that the course is completed to prevent the infection from reoccurring.

14.2.2 Seeking compensation

Thousands of people in the UK are affected by MRSA and Cdiff every year without recourse to or redress of loved ones who may have died, left severely ill or permanently disabled by the infection. Although many people have won their cases, it has become increasingly difficult to win because of the lack of proof over exactly where, when, how and why the infection was contracted. Cases that have reached court tend to be about the treatment a patient received once they got MRSA rather than over catching MRSA. Nevertheless, any compensation claims or complaints that are made will help patients hold the NHS to account which should help improve the performance in infection control.

Normally claims are based on clinical negligence, but the outcomes have not been good. Instead of relying solely on the traditional clinical negligence argument, solicitors have started pursuing the NHS by using legislation more common to industrial disputes. Control of Substances Harmful to Health (COSHH) requires employers to control exposure to hazardous substances to prevent ill health. Lawyers have argued MRSA comes under such a definition and if it applies to staff it should also apply to patients in hospitals. The first breakthrough was in July 2005 when Kitty Cope, a pensioner from Bridgend in Wales, won compensation when she got MRSA after having a hip replacement.

MRSA Action UK aims to raise public awareness and influence Government and healthcare providers in the challenge to prevent MRSA and all healthcare associated infections. For further information, please call MRSA Action UK (tel.: 07762 741 114 or 01337 841 098; www.mrsaactionuk.net).

15 Complaining about local council services

You should feel satisfied and respected at all times by any professional providing a service to you. Sometimes, problems arise through misunderstandings, but if you feel dissatisfied with the care you receive and you have left hospital, it is important to raise this. Initially, this should be done on an informal basis either directly with the professional, or with his or her manager. If you are unable to resolve the difficulty informally, you may wish to make a formal complaint. See our guide **Complaints about community care and NHS services in England** for more details about this. If you live in Scotland, see our guide **Complaints about community care and NHS services in Scotland** and, if you live in Wales, see our guide **Complaints about community care and NHS services in Wales**.

Our advice workers can advise on a wide range of issues affecting older people, their relatives and carers. Counsel and Care produce a range of guides which can be downloaded from our website www.counselandcare.org.uk, or requested by calling our guide orderline on 020 7241 8522.

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

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