

Working together for the benefit of older people

2010/11 Information Guide

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 is also about what may happen during and after your discharge from hospital to make sure that you get any care and support you are assessed as needing at home or elsewhere.

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 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, as these 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/advice-and-information or posted to you by leaving a message on our guide order line on 020 7241 8522.

If you live in Scotland or Wales please see our guides **Hospital Discharge in Scotland** (guide number 51) or **Hospital Discharge in Wales** (guide number 71) for more information on the policy and discharge process from hospital in these countries. There is specific guidance in Scotland relating to choice of accommodation if leaving a hospital to move to a care home and this is described further in **Hospital Discharge in Scotland** (guide number 51).

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1 Who is responsible for providing services in your area?

If you need health care services they 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 the departments 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 services provided by your local council 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 from your GP, or services provided at your GP's surgery
- Hospital in-patient treatment
- Intermediate care (see section 4)
- Home nursing
- Specialist equipment

- Care in a nursing home or elsewhere if this is funded by the NHS (continuing healthcare)
- Palliative care (end-of-life care).

If you need services like home care, help with personal care (washing, dressing, getting to the toilet and feeding yourself), attending a day centre or equipment in your home (these are called social care services), this may be provided by your local council's adult social services department. Services provided by the local council are not free, and you may either have to pay for them completely or contribute towards their cost, depending on the level of your capital/savings. After the council has assessed what help you need, the council will make a financial assessment to decide the contribution that you may be able to make.

For more information about both of these assessments and these services, please see our guides:

Assessment and services from your local council in England (guide number 12);

Help at home: what may be available in your local area (guide number 14) and

Care home fees: paying them in England (guide number 16).

2 Preparing for hospital

2.1 Planned or unplanned hospital admissions – important things to think about

2.1.1 Planned admission

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

- Making your home safe (turning off electrical appliances that you don't need while you're away, turning off water at the mains and turning down your central heating)
- Security and securing the property (including windows and doors, and considering installing timer switches on lights and radios)
- Leaving valuables/keys with family or neighbours if possible
- 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; www.royalmail.com/portal/rm/content1?catId=600010&mediaId=80500744) or ask at your Post Office.
- Getting help with looking after your property (watering plants etc)
- Cancel any deliveries you may have, like milk or newspapers

The Social Care Institute for Excellence (SCIE) publish a booklet called “Helping you through a hospital stay: Advice from older people” which can be downloaded for free at:

www.scie.org.uk/publications/misc/hospitaldischarge/files/hospitaldischarge.pdf. If you’d prefer a hard copy, you can register with the SCIE website and order one free of charge. The booklet includes a checklist (on page 8) of things you may want to take into hospital with you, or to ask family, neighbours or friends to bring in for you if the admission was unplanned.

2.1.2 If you are a carer for someone

The person 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, and/or to arrange respite or alternative care provision for them either at home or, for example, in a care home.

For more information, please see our guides

Carers: what support is available (guide number 10);

Assessment and services from your local council in England (guide number 12);

Help at home: what may be available from your local council (guide number 14) and

Home care agencies: what to look for (guide number 15).

Carers UK (tel.: 0808 808 7777; www.carersuk.org) may also 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.

2.1.3 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 branch of AgeUK 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.

2.1.4 Emergency (unplanned) admissions

It will be less easy to plan but there are things you can do. If you are worried about anything at home, don't 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 family, friends, neighbours and any organisations you need to contact. The hospital will have a Patient Advice and Liaison Service (PALS) office, and their staff may also be able to help.

2.1.5 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 take to recover?
- What support will I need to recover?
- How long will I be in hospital?
- What follow-up treatment/support will I need?

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

- admissions office
- nurse liaison officer (not all hospitals have these)
- Patient Advice & Liaison Service (PALS) office

2.2 Managing your finances in hospital

If you do not already have arrangements in place for someone to collect your pension or carry out other 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)

Please see our guide

Money and Welfare: managing my affairs if I become ill (guide number 33) for more information on setting up informal or more formal arrangements to manage your finances/benefits

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

2.3 Benefits – what happens if you are going into hospital

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

2.3.1 Attendance Allowance (AA)

You should stop receiving Attendance Allowance if you have been in hospital for 4 weeks or more. You must tell the Disability and Carers Service as soon as you go into or come out of hospital on 08457 12 34 56.

2.3.2 Disability Living Allowance (DLA)

You should stop receiving this (both the care and mobility component) after you have been in hospital for 4 weeks or more. 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 this may be affected by any change in your Disability Living Allowance. Please see more information about this at www.disabilityalliance.org/f7.htm.

2.3.3 Special rules for people who are terminally ill

A disability benefit is usually awarded six months after a disability or illness has been recorded. However, if you are diagnosed with a terminal illness (and a doctor certifies that you are reasonably expected not to live longer than six months) you can claim the highest rate of Attendance Allowance or Disability Living Allowance care component at once – without meeting any other qualifying condition. These benefits will usually be awarded for a

fixed period of three years. If these three years have passed, you will be asked to renew your claim.

2.3.4 Severe Disablement Allowance

This is still paid as long as you continue to satisfy the other conditions of entitlement. Constant Attendance Allowance (as with Attendance Allowance) stops after 4 weeks in hospital.

2.3.5 Carer's Allowance (CA)

If you are a carer for someone else and you need to go into hospital your Carer's Allowance will stop after 12 weeks. You must tell the Disability and Carers Service (see section 2.3.1) 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 2.1 of this guide.

2.3.6 Council Tax Benefit (CTB)

This is paid for up to 52 weeks as long as the other conditions of entitlement are met. Certain premiums and costs may be affected – please see the section below on Pension Credit. You cannot claim this benefit if you have been in hospital for 52 weeks or more and have no dependents living in your home.

2.3.7 Housing Benefit

This is normally paid for up to 52 weeks 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 argue for a continuation of a claim beyond 52 weeks by stating that you're not going to be in hospital for substantially more than 52 weeks (but not if this will exceed a further three months). In this case, you may be able to continue claiming. You'll probably need help and advice to make this argument – please see the contacts at the end of this section.

It may be difficult legally for a landlord to evict you if Housing Benefit stops whilst you are in hospital. For more information contact your local Citizen's Advice Bureau (CAB) (see below) and/or Shelter advice line (tel.: 0808 800 4444).

If you have a partner, or someone else lives with you, then it may be possible to get that person to claim Housing Benefit for the property.

Certain premiums and costs are affected as per the section below on Pension Credit (plus, you can no longer claim this benefit if you have been in hospital for 52 weeks or more and do not have dependants living in your home).

2.3.8 Pension Credit

This is paid for an indefinite period as long as the other conditions of entitlement are met. Certain premiums and costs are affected:

- Any severe disability premium attached to this benefit will stop after four weeks if you are in hospital and you lose the care component of your Disability Living Allowance or you lose Attendance Allowance by being in hospital for 4 weeks or more (see above).
- If you are a carer and your Carer's Allowance (CA) stops for any reason, any carer premium you have been receiving (for example, as an increase in Pension Guarantee Credit) will stop after 8 weeks.
- Once you have been in hospital for a continuous period of 52 weeks, if you have no dependants living in your home, you can no longer 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 and this is the same for Council Tax Benefit and Housing Benefit. However, this should revert back to a joint claim after you return home – please seek assistance and advice with benefits claims from the organisations mentioned below.

2.3.9 Retirement Pension (state pension)

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

2.3.10 Organisations that can help with benefits advice

For more information about benefits in general, benefit entitlement, support to claim benefits and about how benefits are treated in hospital (and care homes etc) please contact the following:

- Disability Alliance (www.disabilityalliance.org). They have a range of factsheets with further information, and their factsheet “Finding a local advice centre” <http://www.disabilityalliance.org/f15.htm> may be helpful in finding personalised advice)
- your local Citizens Advice Bureau (CAB) – (check your phone book, or tel.: 020 7833 2181 for the number of your local CAB – N.B. you cannot get advice on this number, only the number of your local CAB; www.citizensadvice.org.uk) or
- Your local Age UK/Age Concern office (check your phone book, or tel.: 0800 169 6565 for details of your nearest branch; www.ageuk.org.uk).
- The Department of Work and Pensions’ Benefits Enquiry Line (tel.: 0800 88 22 00).

Please see our guides:

Carers: what support is available (guide 10)

Council Tax Benefit and Housing Benefit (guide number 22)

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

Pension Credit (guide number 2)

for more information.

3 Being in hospital

Although most people don't enjoy being in hospital, for many people, their stay in hospital goes well, and they are happy with the care and treatment they are given. Unfortunately, sometimes this doesn't happen.

3.1 The NHS Constitution – 2009 and the Equality Act 2010

The Constitution establishes the principles and values of the NHS in England. It sets out:

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

It is accompanied by the Handbook to the NHS Constitution

(www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113614) that explains more about what you can expect.

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;

- involvement in your healthcare and in the NHS; and
- complaints and redress.

The Equality Act 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, then you can raise these concerns informally with NHS staff involved in your care, or make a formal complaint to the hospital (see section 3.2 below). You may also wish to contact The Equalities and Human Rights Commission's helpline (tel.: 0845 604 6610; www.equalityhumanrights.com) for more advice and information about equalities and human rights issues. They are able to advise you how to take your issue further if you would like to, but they are unable to represent you in any legal or court action. You may want to look at information on the forthcoming Equality Act 2010 (relevant from October 2010) at www.equalities.gov.uk/equality_bill.aspx. There will be a separate Code of Practice to accompany the Act.

If you have any concerns about the care you are receiving in hospital you may want to speak to the ward manager, charge nurse or matron. The hospital PALS office may also be able to help with this if you would prefer not to speak to the ward staff directly.

3.2 Complaints

If you have a complaint about the way you are treated by the staff in hospital or by staff who work for the local council you may want to make a complaint. Please see our guides:

Complaints about community care and NHS services in England (guide number 18) for a description of the complaints process and **Independent Advocacy** (guide number 25) for information about what independent advocacy is and how it should work.

3.2.1 Patient Advice & Liaison Service (PALS)

Your hospital will 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 (only if you want to), if you have more serious concerns about the care or the 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, or NHS Direct (tel.: 0845 46 47) will be able to give you the details of the PALS service that covers the hospital you're in.

3.2.2 Independent Complaints Advocacy Service (ICAS)

The local ICAS service can help 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 - SEAP) 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.

3.3 Who's who in hospital

The following staff may be involved with your care, including contributing to your completed needs assessment (which is co-ordinated by the hospital or community social worker or care manager):

- A consultant will have overall responsibility for your medical care. A team of doctors (including registrars) and nurses will carry out the care that you need, as directed by the consultant.
- The ward manager is the person who is in charge of the ward you are on. They are known in some hospitals 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 walking or moving about 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 and drinks; as well as how you spend your day. This is to make sure you can live safely and spend your time in ways that meet your needs and stimulate you when, for example, you

return home.

- A speech and language therapist will assess and treat speech, language and communication difficulties in people of all ages to help them to communicate to the best of their ability. Their work is particularly important when people have experienced a stroke. They may also assess people who have eating and swallowing difficulties.
- 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 if you have problems eating and drinking.
- Specialist care 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. They may be involved where there is doubt about your mental capacity to understand and take 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). Please see our guide **Money and Welfare: managing my affairs if I become ill** (guide number 33) for more information.
- A discharge planning manager is the person with overall responsibility for your safe and timely discharge from hospital, once you have been assessed as being ready to leave hospital

and the care you need is in place at home or elsewhere.

- An NHS continuing healthcare co-ordinator is the person who is responsible for organising assessments for NHS continuing healthcare. They may work in the hospital or at the Primary Care Trust (PCT). They are also responsible for co-ordinating complaints about this care to the local PCT (please see later sections).
- The Complaints Manager is responsible for accepting formal complaints about your healthcare and co-ordinating investigations and responses to your complaint. They may work in the hospital or at the Primary Care Trust (PCT). Please see our guide **Complaints about community care and NHS services in England** (guide number 18) for more information.

3.4 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. To see a copy of the guidance please log on to the Department of Health website:

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH_4003995

3.4.1 Level of assessment

If it appears that you will need help and support at home after you have been discharged from hospital, then you should have a needs assessment coordinated by a hospital (or community) social worker or a care manager. There are different levels of assessment depending on your level of care need:

- 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. A contact assessment 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 whether you have any need for support in these areas.
- If these assessments show 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 all the health and social services professionals, you and anybody caring for you, provided you are happy for them to be involved.

3.4.2 Assessment, care plans and planning post-hospital care

The consultant in charge of your case will make the final decision on whether you are fit to be discharged and where to. The decision will largely be based on the assessment of your needs that was carried out by the hospital social worker/care manager, as well as the opinions of the

other professionals involved in your care (for example, Occupational Therapists, Physiotherapists) if you have care and support needs when leaving hospital. If you have any carers (someone who provides you with care and support, such as a family member or friend), they should be involved if you would like them to be.

If you have eligible care needs and capital and/or savings under £23,250, you are entitled to receive services from the council. After the needs assessment has been carried out, a care plan (if you are eligible for care) should be provided. The care plan will describe your individual assessed care needs when you leave hospital, who will meet these care needs, how they will be met and where they will be met. This care plan and the services that will meet your individual assessed care needs should be in place before your discharge.

Please see our guide

Assessment and services from your local council in England (guide number 12) for more information on care needs that should be assessed and which should or may be in the care plan.

3.4.3 Potential eligibility for NHS continuing healthcare

If you have a primary health care need, as opposed to social care needs, you may be entitled to NHS continuing healthcare funding. You should be assessed for this before discharge from hospital – it is a separate assessment to the needs assessment. Please see our guides

Continuing healthcare should the NHS be paying for your care (guide

number 27) and

Continuing healthcare - understanding the assessment process (guide number 40) for more information.

NHS Continuing Healthcare funding is complex, and you may want to get more information from our Advice Service about this.

3.5 Consideration for rehabilitation, physiotherapy, intermediate care or NHS Continuing Healthcare

The needs assessment in hospital will show whether you need services like rehabilitation, physiotherapy and intermediate care (all provided free by the PCT) before, for example, going back home with a package of care. Eligibility for rehabilitation and physiotherapy is decided at a local level and the consultant and Occupational Therapist (OT) may decide if these services will benefit you.

3.5.1 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, 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 to address swallowing difficulties

- Occupational therapy to manage the risk involved in daily activities.

3.5.2 Physiotherapy

Physiotherapy treatments are often used to help restore your range of movement following injury or illness.

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

There is no charge for physiotherapy on the NHS. If you feel you need more physiotherapy than the NHS will offer you, go back to your GP or consultant and ask to be referred for more sessions. If you would prefer to see a physiotherapist privately, you can find a qualified and registered physiotherapist from the Chartered Society of Physiotherapy website: www.csp.org.uk. Physiotherapy treatment can sometimes be accessed through charities and the voluntary sector. Your local AgeUK or Age Concern (tel.: 0800 169 6565; www.ageuk.org.uk) may know of any local voluntary organisations that provide this.

3.5.3 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 (care

homes)

- supporting discharge from hospital
- maximising independent living (at home)

If you would like to find out more about this, or are unhappy with what you have been offered, you may find it helpful to read the Department of Health's guidance called 'Intermediate Care – Half Way Home' which sets out the services that might contribute to intermediate care provision:

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

You may want to make a complaint if you have not been offered a period of intermediate care to support you to go home. You may also feel that you should be eligible for intermediate care but the assessment outcome is recommending that you move to a care home. Please see later sections of this guide relating to your right to refuse a care home placement.

Please contact Counsel and Care's advice service (tel.: 0845 300 7585; email: advice@counselandcare.org.uk) if you need more information about the national guidance for intermediate care or more information about eligibility at local level for physiotherapy or rehabilitation.

3.5.4 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. The principal factor in deciding whether you are eligible for continuing healthcare funding is your health care needs at any given time, and not the general diagnosis.

Please see our guides

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

Continuing care: understanding the assessment (guide number 40) for more information. NHS continuing healthcare is very complex, and for further advice about eligibility for, applying for, appealing against decisions about and other issues relating to NHS continuing healthcare funding, please contact Counsel and Care's advice service (tel.: 0845 300 7585; email advice@counselandcare.org.uk).

3.5.5 Terminal illness, 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 in hospitals, hospices and in people's own homes, and also by specialist doctors and nurses. It is provided free by the NHS. Care needs resulting from terminal illness are not necessarily eligible for free NHS care.

Someone with terminal illness may be 'fast-tracked' for immediate provision of free NHS continuing healthcare depending on the nature and complexity of the care needs involved. This means that the decision about whether or

not to provide this care will be made much more quickly, and using different criteria. Please see our guide

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

The NHS's End of Life Care Programme website www.endoflifecare.nhs.uk may also be helpful. Their aim is to improve the quality of care at the end of life for all patients and enable more patients to live and die in the place of their choice.

The NHS End of Life Care Programme, in partnership with the National Council for Palliative Care, has produced a practical guide about Advanced Care Planning to better meet the physical, psychological, social and spiritual care needs of people reaching the end stage of life. The guide also provides advice on services available to support the choices of residents at this stage. The guide is available at

www.endoflifecareforadults.nhs.uk/publications/pubacpguide

4 The discharge process from hospital

4.1 Needs Assessment and Care Plan process

Please see section 3.3 above for more information about your needs assessment and care plan (if relevant). Please also see our guide **Assessment and services from your local council in England** (guide number 12).

Your carer (if you have an unpaid carer – this may be a family member or friend) is entitled to an assessment in their own right to decide if they need any assistance to maintain their life outside their caring role. For more information, see our guide

Carers: what support is available (guide number 10).

4.2 Discharge from hospital

You should not be discharged from hospital until your assessment is complete and the care and support you need (for example, at home or in a care home) has both 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.

There is Government guidance called 'Discharge from Hospital: pathway, process and practice'

(www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolic

[yAndGuidance/DH_4003252](#)) which you may want to read for more information before you are discharged, or if you are unhappy with the way your discharge was planned or carried out.

4.3 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 leave hospital and go home?
- how can you contact these workers 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 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 (charge nurse).

4.4 Leaving hospital

If you need it, the hospital should make sure that you have transport to return home, either from a relative or friend, or from hospital transport. If you have a medical need for it and have no other means of getting home, you may have access to the Patient Transport Services (PTS). To be eligible for PTS, you usually have to be medically unfit to travel by other means and have no other way of getting home. 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 ward manager/charge nurse. The hospital PALS office may also be able to help.

Help with future transport costs for NHS appointments may be available via the low income scheme if you have a low income or are in receipt of benefits such as pension guarantee credit. You may want to ask about this (and form HC1 which is used to apply for help with costs) at the hospital or via your GP when you go home.

4.5 Independent sector or private hospitals

If your care has been provided by a private hospital, there may be differences or difficulties with the hospital discharge process. Please contact Counsel and Care's advice service information (tel.: 0845 300 7585; email: advice@counselandcare.org.uk) if you need further information about the way you are discharged from a private hospital.

4.6 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 there is not enough support that has been organised for you when you leave hospital
- 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, or
- the discharge process has not been followed (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. Please see the information on ICAS and PALS in section 3.1.1 if you feel you need support. Please also see our guide

Independent advocacy (guide number 25) and our guide

Complaints about community care and NHS services in England (guide number 18) for a description of the complaints process, including making formal complaints.

5 Leaving hospital: going back home, moving to a care home or moving to sheltered/extra-care housing

The assessment in hospital (by a social worker or care manager – see section 3.3) will have looked 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 or similar, or
- you need to move into a care home.

Your views, wishes and rights should be taken into account in that decision. Depending on your care needs, any care you need may be provided in your own home, within another housing set-up or within a care home.

5.1 Going back home - help from your local council

The support available can vary considerably in different parts of the country and you will need to find out from social services (the council) what services are available in your area. They should publish information on this. For a description of the type of services that should be available in most areas please see our guide **Help at home: what may be available in your local area** (guide number 14).

5.1.1 Eligibility for care support from the council

Each council sets its own eligibility criteria (you may want to ask for a copy) for the level of needs and the outcomes it is able to meet. The eligibility

criteria should be based on Government guidance called 'Prioritising need in the context of Putting People First – a whole system approach to eligibility for social care'. If you would find it helpful to see the guidance, it can be viewed at:

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

If you have capital or savings below £23,250, you become 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, see section 5.2 below.

5.1.2 Personal Budgets and Direct Payments

Please see our guide

Home care: using Direct Payments and Personal Budgets (guide number 23) for more information, or contact us (tel.: 0845 300 7585; email: advice@counselandcare.org.uk).

An organisation called the Social Care Institute for Excellence (SCIE) publishes a free 'Rough Guide to Personalisation' www.scie.org.uk/publications/reports/report20.pdf which you may find helpful if you are eligible for support from the council.

5.2 Going back home – private care arrangements

If you are self funded (this means that you have savings or capital worth

more than £23,250), or if you have access to direct payments/personal budgets (see section 5.1.2), you may want to consider contacting the United Kingdom Home Care Association (UKHCA) (tel.: 020 8288 1551; website: www.ukhca.co.uk). You may also want to contact them if your care needs are not eligible for social services support and you are able to pay privately for any care you need at home. They can direct you to local private care agencies. Please see our guide **Home Care Agencies: what to look for** (guide number 15)

If you have complaints relating to the standard of home care provided by private care agencies, you can make a complaint to the manager of the agency, use the council complaints procedure (if they were involved in organising your care) and/or contact the Care Quality Commission (tel.:03000 616 161; www.cqc.org.uk), who are responsible for inspecting and taking complaints about private home care agencies.

5.3 Voluntary home care

Some voluntary organisations provide voluntary home care or home support services at little or no cost and this may be an option if your care needs are not eligible for social services support. Age UK (tel.: 0800 169 6565; www.ageuk.org.uk) may provide support through one of their local organisations or may know of other local organisations that provide such support, for example, home visiting service; home help service; shopping support service; handyperson service; gardening services or befriending. 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 of older people's befriending schemes (tel.: 020 7241 8535; email: vitallinks@counselandcare.org.uk). Your local Age UK or Age Concern (tel.: 0800 169 65 65; www.ageuk.org.uk) may run a befriending scheme in your area.

You can also use these services as well as any other care provided by social services or private care agencies.

5.4 Homeshare

This type of scheme 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, in exchange for an agreed amount of hours of support per week. The Homeshare Association is run through Naaps (National Association for Adult Placement Schemes). Their website has details of Homeshare schemes: www.naaps.org.uk/en/homeshare. There are currently Homeshare schemes available in Bristol, London, Oxfordshire, Somerset and Wiltshire.

5.5 Benefits

If you have had difficulty with your mobility, and/or have required care or supervision for the last 6 months, you may be entitled to extra money to help you pay for the care and support you require. For more information, please see our guide

Disability Benefits: Attendance Allowance and Disability Living Allowance

(guide number 3).

Your local Age UK or Age Concern (tel.: 0800 169 6565; www.ageuk.org.uk) or Citizens Advice Bureau (CAB) (tel.: 020 7833 2181 for the number of your local CAB – N.B. no advice is available from this number; www.citizensadvice.org.uk) may have a specialist benefits worker who can advise you about benefit entitlement and help you to apply for benefits.

5.6 Moving into Sheltered or Extra-Care Housing

It may be important to have a needs assessment (see section 3.3) before seeking a sheltered or extra-care housing placement if you have care support needs. This is for two main reasons:

- to make sure that any placement can meet your individual assessed care needs, and
- because a lot of sheltered or extra-care housing is only available through the local council (i.e. through a points based allocation system depending on your assessed care needs), except where you are seeking to purchase a property.

Please see our guides

Housing decisions and options in later life (guide number 7) and

Extra-care housing (guide number 30)

for more information on: types of sheltered and extra-care housing schemes, who provides this type of housing (council, housing associations etc); how to find, access and pay for this type of accommodation, and how

to pay for any care you are assessed as needing there.

You may want to contact the Elderly Accommodation Counsel (EAC) (tel.: 020 7820 1343; www.housingcare.org) if you are seeking to access sheltered or extra-care accommodation (or residential care/care homes) following a needs assessment. You can also speak to your social worker about housing options, as sheltered housing and extra-care housing is often accessed through the council, unless you are buying it privately. There may be waiting lists for such accommodation.

5.7 Moving into a care home

If, following the needs assessment, it is decided that you should move into a care home (and you accept the need for this), the social worker or a financial assessment officer will take details about your income, savings and capital so that they can assess how much you should contribute towards the cost of your care home fees. Please see our guide

Care home fees: paying them in England (guide number 16) for more information.

5.7.1 Choice of accommodation and funding

Choosing the right care home can be difficult. If you, a relative or carer would like advice about this, you may want to contact the EAC – please see section 5.2 for their contact details. Please see our guides

Care Homes: what to look for (guide number 19) and

Care homes: third party top ups (guide number 17) – this covers choice and funding issues, including third party top ups.

5.7.2 Right to refuse a care home

If you have the mental capacity to take your own welfare (care) decisions, you have the right to refuse a care home placement. There may be limitations, as the council can take their resources into account by law when providing services. The guidance says that the council should negotiate with you about where and how the care will be provided, however.

There may be other limitations covered by mental health or mental capacity legislation, and your assessed capacity to take your own welfare (care) decisions. These limitations are covered by the Mental Health Act 1983 (amended 2007) or the Mental Capacity Act 2005.

Please see our guides

Memory loss, depression, 'confusion' and dementia (guide number 9) and **Money and welfare: managing my affairs if I become ill** (guide number 33) for information on mental health issues and mental capacity issues.

You may want to contact Mind (tel.: 0845 766 0165; www.mind.org.uk) for information and support if you have concerns about your mental health or the Office of the Public Guardian (telephone 0300 456 0300; www.publicguardian.gov.uk) if you have concerns about your, or a relative's, mental capacity. For more information on these issues and how

they relate to your choice of accommodation, please contact Counsel and Care's advice service (tel.:0845 300 7585; email: advice@counselandcare.org.uk).

6 Making a complaint about local council services and NHS services

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 it informally with the staff that provide the service first, or raise a formal complaint.

Please see section 3.2 of this guide for a brief guide to the complaints process, and for more detail, please see our guides **Complaints about community care and NHS services in England** (guide 18) and **Independent advocacy** (guide 25) if you need support to make a complaint.

7 Other important information

7.1 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 will 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 need a special diet (for whatever reason) and you know you are being admitted to hospital, you may prefer to contact the hospital before you are admitted to check that they can provide you with the 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 dietitian or an occupational therapist will be able to help you if you need a special diet or any help to eat and drink.

It is also important to ask for help 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, some 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 - 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”; or if the hospital staff want you to eat less sugary food).

7.2 Hospital facilities

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

Some larger hospitals may also have a small bank branch where you can withdraw money. You may in some cases need a cheque book to do so, although a debit card may be sufficient (especially if there is a cash machine - ATM) – you may want to check about this before you go in to hospital if you will be staying for a significant period of time, especially if you will not have family visiting you in hospital.

Most beds are now equipped with a service that provides a personal radio, TV, telephone and answer machine. The radio is free, as are the answering

service and, in some cases, one hour of breakfast TV. Otherwise, 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 on to the wards to help you as well.

7.3 Mobile phones

Mobile phones can affect hospital equipment. Ask a nurse about where you can use your mobile phone.

7.4 Visiting hours

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

7.5 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.clean-safe-care.nhs.uk/Documents/090827_About_MRSA_Information_for_people_going_into_hospital - EasyRead 294716 Final.pdf](http://www.clean-safe-care.nhs.uk/Documents/090827_About_MRSA_Information_for_people_going_into_hospital_-_EasyRead_294716_Final.pdf).

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 order line 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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