



counsel + care 
for older people, their families and carers

guide

Information from Counsel and Care: 51

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

This guide is about what you might need to think about before you go into hospital 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.

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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 to Scotland although there may be similarities with England, Wales and Northern Ireland.

We also produce separate guides for England and 5 guides for 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 including those specific or relevant to Scotland 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.

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1 Who is responsible for providing services in your area?

Health care services are provided by the NHS (Health Board). The Health Board is responsible for providing services like your GP, district nurses, pharmacists, opticians and dentists. The local Health Board may be working closely with the local authority in that area and this may be called a Community Health Partnership (CHP) or Community Health and Social Care Partnership. The Community Health Partnership works with the voluntary sector to provide services that link primary care, specialist services and social care. CHPs will have responsibility for managing GP surgeries, hospitals and community based health services. Their functions may also include fully joining up health and social care services. The contact details for your local Health Board can be found on www.show.scot.nhs.uk or by calling NHS 24 (tel.: 08454 242424).

Care and treatment provided by the NHS (including where health care is part of a joint package of care with your local social work department) is free of charge. There are some one-off charges, for things like dental work, but these charges are means tested. This means 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, or services from your GP surgery
- Hospital in-patient treatment
- Intermediate care/re-ablement (see section 4.4.3)

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

If you need help with personal care (washing, dressing, getting to the toilet and feeding yourself), attending a day centre or equipment in your home, they may be provided by your local council's social work department. Services provided by the local council are not free, and you may have to pay for them fully or contribute towards their cost, depending on the level of your capital and income. 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 services, please see our guides:

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

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

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 consider what 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, turning off water at the mains and turning off/down your central heating;
- securing your property – checking windows and doors are locked and consider installing timer switches on lights and radios;
- leaving valuables/keys with family or neighbours;
- asking family or neighbours to collect your mail. If this 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;
- arranging help with looking after your property (watering plants etc) and
- cancelling any deliveries you may have, like milk or newspapers.

For more information about hospital stays, please see the following booklet that has been produced by NHS Lothian

http://nhslothian.scot.nhs.uk/news/publications/going_to_hospital-NHS_Lothian.pdf.

2.1.2 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 work 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 their home or in a care home. If you have not already done so you may also want to request a Carer's Assessment for yourself. This is an assessment of what help you may need to help you care for somebody else (see guide 10).

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

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

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

Carers Scotland (tel.: 0808 808 7777; www.carersscotland.org) or Carers Direct (tel.: 0808 802 0202; www.nhs.uk/carersdirect) 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.

Scotland's Strategies for Carers and Young Carers were launched in July 2010 and outline support for carers and young carers in Scotland over the next 5 years. They can be viewed at

www.carersscotland.org/Policyandpractice/Scotlands-carers-strategy.

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. Age Scotland's Scottish Helpline for Older People (SHOP) (tel.: 0845 125 9732), or the Cinnamon Trust (tel.: 01736 757 900; www.cinnamon.org.uk) may be able to offer advice and 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 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, neighbours, social worker and any organisations you need to contact.

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

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

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

2.2 Managing your finances in hospital

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

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

For more information on setting up informal or more formal arrangements to manage your finances/benefits please contact the Office of the Public Guardian Scotland (tel.: 01324 678 300; www.publicguardian-scotland.gov.uk).

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. An independent advocate may be able to help you put some of these arrangements into place but is unlikely to be able to personally help manage your finances. For further information, see our guide:

Independent Advocacy (guide number 25).

2.3 Benefits – what happens if you are in 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. 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.

2.3.2 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, this may be affected by any change in your Disability Living Allowance. For more information about this please see www.disabilityalliance.org/f7.htm.

2.3.3 Special rules for people who are terminally ill

A disability benefit is usually awarded 3 months (DLA) or 6 months (AA) after a disability or illness has developed, depending on the help that you need because of this. 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 straight away without meeting the normal time requirement. These benefits will usually be awarded for a fixed period of three years. If three years have passed, you will be asked to renew your claim.

2.3.4 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 Disability and Carers Service (tel.: 08457 123 4567) 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 2.1.2 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 or more.

2.3.5 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 allowances may be affected –

please see the section below on Pension Credit. You cannot claim this benefit if you have been in hospital for 52 weeks or more and have no dependants living in your home.

2.3.6 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 providing their 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 are 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 may need help and advice to make this argument, please see section 2.3.9 of this guide for the contact details of organisations that may be able to help you.

Certain premiums and allowances are affected as per the section below on Pension Credit.

2.3.7 Pension Credit

This is paid for an indefinite period as long as the other conditions of entitlement are met. 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 4 weeks.
- If your Carer's Allowance stops, any Carer Premium you have on 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 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. This should revert back to a joint claim after you return home.

2.3.8 Retirement Pension (state pension)

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

2.3.9 Organisations that can help with benefits advice

For more information about benefits please contact the following organisations:

- Disability Alliance (www.disabilityalliance.org). They have a range of factsheets with further information. Their factsheet 'Finding a local advice centre' at www.disabilityalliance.org/f15.htm may be helpful in finding personalised advice.
- Your local Citizens Advice Bureau (www.cas.org.uk) or Citizens Advice Direct (tel.: 0844 848 9600).
- Age Scotland (SHOP tel.: 0845 125 9732; www.agescotland.org.uk).

- The Benefits Enquiry Line (tel.: 0800 88 22 00).

For more information please see our guides:

Council Tax Benefit and Housing Benefit (guide number 22);

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

and

Pension Credit (guide number 2).

3 Being in hospital

3.1 Who's who in hospital

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

- A consultant will have overall responsibility for your medical care. A team of doctors and nurses will carry out the care that you need, as directed by the consultant.
- The ward manager is in charge of the ward you are on. They are sometimes known as a charge nurse or matron.
- A hospital social worker or care manager is employed by the local council's social work department. They are responsible for coordinating your needs assessment if you are going to need support when you leave hospital. They may then arrange these services for when you leave hospital.
- A physiotherapist may be involved in your care if you are experiencing difficulty with your mobility or if you are in pain.
- An occupational therapist assesses what daily living tasks you are able to carry out safely, such as 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 you return home.
- A speech and language therapist will assess and treat speech, language and communication difficulties to help you to communicate to the best of your ability. They may also assess

people who have eating and swallowing difficulties. Their work is particularly important when people have experienced a stroke.

- A 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 pressure sores, some of your care may be provided by a particular type of nurse.
- A psychogeriatrician is a psychiatrist who specialises in working with older people. They may be involved where there is doubt about your mental capacity to understand and make your own welfare decisions and where there is debate about the best environment to meet your assessed care needs (for example, at home or in a care home).
- A discharge planning manager is the person with overall responsibility for your safe and timely discharge from hospital, once you have been assessed as being ready to leave hospital and the care you need is in place at home or elsewhere.
- An NHS Continuing Healthcare manager/co-ordinator is the person who is responsible for organising assessments for NHS Continuing Healthcare. They may work in the hospital or at the Health Board.

- The complaints officer is responsible for accepting formal complaints about your healthcare, and co-ordinating investigations and responses to your complaint. They may work in the hospital or at the Health Board.

3.2 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 or the person who comes round with the menu cards to help you.

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. Some hospitals have a red tray system, whereby patients served with a red tray have been identified as needing 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 your 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.

3.3 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 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). You may want to check this before you go in to hospital if you will be staying for a significant period of time, especially if you will not have family visiting you in hospital.

Some beds are now equipped with a service that provides a personal radio, TV, telephone and answering 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 visit the wards to help you as well.

3.4 Mobile phones

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

3.5 Visiting hours

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

3.6 Hospital infections

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

www.cuh.org.uk/resources/pdf/patient_information_leaflets/easy_read/about_MRSA_information_for_people_going_into_hospital_easyread_294716.pdf

3.7 The Equality Act 2010 and the Patients Rights (Scotland) Act 2011

The Equality Act 2010 means that you must not be treated differently by hospital staff because of your age, sexual orientation, gender or any disabilities. If you think this has happened, then you can raise these

concerns informally with NHS staff involved in your care or make a formal complaint to the hospital (see section 7 of this guide).

You may also wish to contact the Equalities and Human Rights Commission (tel.: 0845 604 5510; 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 but they are unable to represent you in any legal or court action.

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

- A 12 week Treatment Time Guarantee that eligible patients will start treatment within 12 weeks of the treatment being agreed. This will cover planned and elective care that is carried out on an inpatient or day case basis.
- Establishes the right of patients, carers, family members and members of the public to give feedback or comments, or raise concerns or complaints about the healthcare they have received.
- The creation of a new and independent Patient Advice and Support Service (PASS). The Patient Advice and Support Service will help and support patients to make complaints, provide information about health services and direct patients to other types of support such as advocacy. Health boards now have a duty to publicise the details of PASS to patients making complaints and to ensure an adequate complaints process is in place.

- A duty on Scottish Ministers to publish a Charter of Patient Rights and Responsibilities. This document will bring together a summary of the rights and responsibilities that patients have when using NHS services.

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

www.scotland.gov.uk/Topics/Health/PatientRightsBill/WhatDoesTheBillMean

4 Assessment in hospital

4.1 Needs Assessment and Care Plan process

Your care needs should be assessed using the Single Shared Assessment process. It is a multi-disciplinary assessment involving the occupational therapist, nurses etc and coordinated by the social worker/care manager.

Your carer (such as a family member or friend) is entitled to an assessment in their own right to decide if they need support in their caring role and support to maintain their life outside of their caring role. For more information, see our guide:

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

4.2 Level of assessment

If it appears that you will need help and support after you have been discharged from hospital, you should have a needs assessment. There are different types of assessment depending on your level of care needs:

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

- This information may then be pulled together in a comprehensive needs assessment.

4.3 Assessment, care plans and planning post-hospital care

The consultant in charge of your care will make the final decision on whether you are fit to be discharged. Their decision will be based on whether you are medically fit. However, the assessment of your overall needs will be carried out by a hospital social worker, incorporating the opinions of the other health professionals involved in your care i.e. the occupational therapist, physiotherapist etc.

If you have eligible care needs and capital (savings/investments) under £22,750 (amount is reviewed every April) you are entitled to receive support from the council to pay towards and arrange the care you need - unless you want to arrange it yourself. 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. The care plan and the services that will meet your individual assessed care needs should be in place before your discharge. For more information on care needs that should be assessed and which should or may be in the care plan, please see our guide:

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

4.4 Consideration for rehabilitation, physiotherapy, intermediate care/re-ablement, four weeks free home care or NHS Continuing Healthcare

Following the needs assessment, before you are discharged from hospital, consideration may be given as to whether you may benefit from any of the following services, some of which are provided free by the local Health Board, sometimes in partnership with the council social work department.

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

4.4.1 Rehabilitation

Once you are ready to leave hospital, you may receive ongoing rehabilitative treatment. This treatment could be provided following health difficulties such 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 address any communication or swallowing difficulties.
- Occupational therapy to manage the risk involved in daily activities.

4.4.2 Physiotherapy

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

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

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

4.4.3 Intermediate care/re-ablement

Intermediate care is a range of services aimed at:

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

Re-ablement is a relatively new term and is similar in ethos to intermediate care. It aims to support you to stay at home after a stay in hospital by encouraging and helping you to retain and regain skills that support

independent living. This may in turn reduce the number of care hours you need at home as time progresses. Re-ablement is used in some parts of Scotland such as Edinburgh and is likely to be adopted elsewhere in the future. It has yet to be clarified exactly what services are involved under a package of re-ablement and whether you can be charged for it. It may be that re-ablement is not charged for in Scotland at this time, as most of the services that could be provided under re-ablement seem to exist within the free care provided by the Health Board or under the 'free personal care at home' scheme. If you are charged for any services under a re-ablement package you may want to ask your council to clarify why the charge was made.

4.4.4 Free personal care versus 4 weeks free home care

If you are over 65 and the care you need at home fits the definition of free personal care (which is set out in CCD 4/2002 and 5/2003), you will be provided with free personal care for as long as you need it. You should be assessed for your eligibility for free personal care as part of the needs assessment before you are discharged from hospital. You can also receive home care services under 'four weeks free home care' (set out in CCD2/2001 and CoSLA guidance) which may be broader than those services provided under 'free personal care'. It may be possible to be provided with either or both packages of care for the first four weeks after discharge from hospital. Four weeks of free home care can be seen as closely related to re-ablement/ intermediate care in that it is designed to provide more intensive support initially after discharge (see section 4.4.3).

4.4.5 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 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.

For further information, please see the Scottish section of our guide **Continuing healthcare: should the NHS be paying for your care** (guide number 27).

NHS Continuing Healthcare is a complex area so you may also want to contact an advice service such as Counsel and Care (tel.: 0845 300 75 85; advice@counselandcare.org.uk) for further information about the eligibility criteria, application process and how to appeal against decisions about NHS Continuing Healthcare funding.

4.4.6 Terminal illness, palliative care and 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.

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

'Living and Dying Well' is a national action plan that aims to ensure that good palliative and end of life care is available to all patients and families who need it in a 'consistent, comprehensive, appropriate and equitable manner across all care settings in Scotland'. A copy of 'Living and Dying Well' can be obtained from:

www.scotland.gov.uk/resource/doc/239823/0066155.pdf

Care needs resulting from terminal illness are not necessarily eligible for NHS Continuing Healthcare funding; 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. For more information see section 4.2.5 of this guide and the Scottish section of our guide:

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

5 Discharge from hospital

5.1 Discharge from hospital

The hospital should have a hospital discharge policy based on the national guidance 'Framework for Joint Hospital Discharge Protocols'.

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

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 (see section 7 of this guide).

There is specific guidance in Scotland on 'Hospital Discharge and Choice of Accommodation' and it is relevant if a move to a care home is recommended following a needs assessment. Please contact Counsel and Care (tel.: 0845 300 7585) for more information about how this guidance is related to guidance on the 'Provision of Community Care Services to People with Mental Incapacity' (which covers the Deprivation of Liberty Safeguards process) and how they interact to determine when the council can or cannot move someone to a care home.

For information relating to 'choice' under the Social Work (Scotland) Act 1968 (Choice of Accommodation) Directions 1993 and how these relate to funding care home placements (including third party top ups) please see

our guide:

Care home fees: third party top ups in Scotland (guide 53).

5.2 Important issues related to leaving hospital

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

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

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

5.3 Leaving hospital

If you require transport to return home, the hospital should make sure that either a relative, a friend, or hospital transport is able to take you. If you have no way of getting home and you are medically unfit to travel by any other means you may be eligible for the Patient Transport Service (PTS). 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 or 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 scheme and get the application form (HC1) at the hospital, your GP surgery, opticians or from:

<http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/Health-Costs/LowIncomeScheme>.

5.4 Independent sector or private hospitals

If your care has been provided by a private hospital there may be difficulties with ensuring you have care in place before you are discharged from hospital. You may want to contact the private hospital before you are admitted to make sure that they have a working relationship with the local social work department and will notify social work when you are admitted, so that they can carry out a needs assessment for you before you are discharged. If they do not, you may want to contact your local social work department before you are admitted to hospital to inform them you require a needs assessment to enable you (or social work) to plan and arrange services for when you return home. Please contact Counsel and Care's advice service (tel.: 0845 300 7585) if you need further information about the discharge process from private hospitals.

5.5 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 for 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.
- The discharge process has not been followed (needs assessment and care plan).

If this is happening to you, you can raise your concerns with the social worker and/or consultant. You can also make an informal complaint to the staff involved or a formal complaint to the complaints officer. This can be hard to do, so you may want help from an independent advocate. Please see the information on the SIAA and IASS in section 7 if you feel you need support. Please also see our guides:

Independent advocacy (guide number 25);

and

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

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

The assessment in hospital (see section 4) 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;
- 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.

6.1 Going back home - help from your local council

The support available from your local council can vary considerably in different parts of the country. You will need to find out from social work what services are available in your area. Social work may publish information about their services on the local council website. For a description of the types of services that are available in most areas please see our guides:

Help at home: what may be available in your local area (guide number 14);
Assessment and Services from your local council in Scotland (guide number 50).

6.1.1 Eligibility for care support from the council

If you have capital or savings below £22,750, you become eligible for care that the council provides if your care needs meet the local eligibility criteria.

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 i.e. low, moderate, substantial or critical care needs. There is no specific guidance on what services or level of care needs councils must provide/provide for at this time.

6.1.2. Self-directed support and direct payments

If you have been assessed by social work as needing support services to help you remain at home (and your care needs meet the local eligibility criteria for support and your savings are under £22,750), instead of asking the council to arrange/provide the care you need, you may want to receive a direct payment. A direct payment gives you more control over how your care needs are met and who by. Further information about direct payments is available at www.selfdirectedsupportscotland.org.uk. The website has a link to a useful guide called 'A user's guide to self directed support in Scotland'. You may also want to see the Scottish section of our guide: **Home care: using Direct Payments and Personal Budgets** (guide number 23).

6.2 Going back home – private care arrangements

If you are self-funding (you have savings worth more than £22,750), or if you have accessed Self-Directed Support and want to arrange care privately, you may want to consider contacting the United Kingdom Home Care Association (tel.: 020 8288 1551; www.ukhca.co.uk) or UPDATE (tel.: 0131 669 1600; www.update.org.uk). They may be able to provide you with information about local private carers and care agencies. You may also want to see our guide

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

If you have complaints relating to the standard of home care provided by a private care agency, 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 Commission (tel.: 0845 603 0890; www.carecommission.com), who are responsible for inspecting private home care agencies and other regulated services.

6.3 Voluntary home care

Some voluntary organisations provide voluntary home care or home support services at little or no cost. This may be an option if your care needs are not eligible for support services from social work. Age Scotland's Scottish Helpline for Older People (tel.: 0845 125 9732) may know of local organisations, including local Age UK/Age Concerns that provide voluntary home care. This support might be, for example, a home help service; a shopping support service; a handyperson service; a gardening service or befriending. You can use these services to supplement any other care provided by social work or private care agencies but this may reduce the amount of care provided by social work if some of your eligible care needs are being met this way.

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).

6.4 Benefits

If you have had difficulty with your mobility, and/or have required care or supervision for the last 3 months (DLA) or 6 months (AA), 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).

Age Scotland's Scottish helpline for Older People (tel.: 0845 125 9732; www.agescotland.org.uk) or Citizens Advice Scotland (www.cas.org.uk) will be able to advise you about benefit entitlement and help you to apply.

6.5 Moving into sheltered or extra-care housing

It may be important to have a needs assessment (see section 4) from social work before seeking a sheltered or extra-care housing placement if you have care support needs. This is for two main reasons:

- to make sure that any accommodation can meet your individual assessed care needs and you have access to any help available to pay for the accommodation, including free personal care.
- because a lot of sheltered and 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 privately.

For more information on types of sheltered and extra-care housing schemes, who provides them and how to find, access and pay for this type of

housing, please see our guides:

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

and

Extra-care housing (guide number 30).

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 local area. There

may be waiting lists for such accommodation. You can also search for

sheltered accommodation using the House Key section of the Scottish

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

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

6.6 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. Your needs assessment should have determined whether you are eligible for 'free' personal and nursing care. For more information about care homes, please see our guides:

Care home fees: paying them in Scotland (guide number 52);

Care homes: third party top ups in Scotland (guide number 53);

and

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

6.6.1 Right to refuse a care home

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

There may be other limitations on your choice of accommodation covered by mental health or mental capacity legislation, and your assessed capacity to make your own welfare decisions. These limitations are covered by the Mental Health (Care & Treatment) (Scotland) Act 2003 or the Adults with Incapacity (Scotland) Act 2000.

If you need information or advice about mental health issues you may want to contact the Scottish Association for Mental Health Information Service (tel.: 0800 917 34 66; email info@samh.org.uk) or the Mental Welfare Commission for Scotland (tel.: 0800 389 6809; email enquiries@mwscot.org.uk).

If your enquiry is in relation to mental capacity/incapacity you may want to contact the Office of the Public Guardian Scotland (tel.: 01324 678 300; www.publicguardian-scotland.gov.uk).

7 Making a complaint about local council services or NHS services

Although many 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.

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 provided the service and/or raise a formal complaint using the council or NHS complaints procedure. For detailed information on how to make a complaint, see our guide: **Complaints about community care and NHS services in Scotland** (guide number 54).

An independent advocate may also be able to help support you to make a complaint. For more information, please contact the Scottish Independent Advocacy Alliance (tel.: 0131 260 5380; www.siaa.org.uk) or see our guide: **Independent Advocacy** (guide number 25).

Your local Independent Advice and Support Service (IASS) may also be able to help support you to make a complaint about the NHS. It is part of the Scottish Citizens Advice Bureaux Service (www.cas.org.uk). Please visit their website to find the contact details for your nearest bureau or contact Citizens Advice Direct (tel.: 0844 848 9600).

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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