



Information from Counsel and Care: 71

Hospital discharge in Wales

Most people who leave hospital do not need any long-term support. If you do, you may need support just for the first few weeks, or possibly for a longer period of time.

This guide explains what should happen before and during your hospital discharge to ensure it is planned and safe. It also explains how and when you can get more information to make the experience more positive and help you feel more in control.

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

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

We produce a large range of guides which apply to all areas of the United Kingdom. They can be downloaded from www.counselandcare.org.uk/helping-you/guides or posted to you by calling our guide orderline on 020 7241 8522.

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1 Who is responsible for providing services in your area?

If you need any health care services they will be provided through NHS Wales, which comes under the responsibility of the National Assembly of Wales. NHS Wales has been reformed and these reforms came into effect on 1 October 2009. There were 22 Local Health Boards and 7 NHS Trusts, and there are now 7 Local Health Boards, which fall within the 3 regions of North Wales, Mid and West Wales and South East Wales.

Local health boards (LHBs)

There are now 7 Local Health Boards in Wales:

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

The LHBs are responsible for assessing the health needs of the local population and making sure that they are met in line with Government-set standards. They commission primary health care services (GPs, Dentists, Opticians and Pharmacists), and community health services (such as clinics and health centres). The LHBs work in partnership with

local councils to implement health and care strategies, but they answer directly to the Welsh Assembly, via the regional offices.

NHS Trusts

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

Community Health Councils (CHCs)

From 1 April 2010 the 22 CHCs in Wales have been restructured into 7 CHCs. They will share the same geographical area as the new LHBs. The new CHCs will still be independent organisations that voice the concerns of the public and provide them with advice and support in using the NHS complaints procedure. If you are not sure which is your local CHC or LHB you can contact the Board of Community Health Councils in Wales (tel.: 0845 644 7814; www.communityhealthcouncils.org.uk).

Care provided by the NHS is free of charge. The type of care that can be provided includes:

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

Your local council adult social care department (“social services”) can also provide care services, such as home care and assistance with personal care, visits to day centres and equipment and adaptations to your home. **Services provided by the local council are not free** and you may have to either pay for them in full, or contribute towards their cost.

2 Having an assessment in hospital

All Local Health Boards, NHS trusts and local council social services have to follow the 'Unified Assessment process' under the '**Creating a Unified and Fair System for Assessing and Managing Care**' guidance (if you want to read any more about this, you may wish to have a look at the National Assembly for Wales Circular number, NAFWC 09a/2002

<http://wales.gov.uk/publications/circular/circulars2002/NAFWC09a2002?lang=en> - N.B. there is no "www." at the beginning of the address.)

Our guide **Assessment and services from your local council in Wales** (guide number 70) covers the assessment process in more detail.

This Unified Assessment was introduced by the Welsh Government to make sure that health and council social services staff work more closely together, to lower the number of individual assessments undertaken by different professionals. It also aims to make sure that the patient and carer do not have to repeat the same information more than once.

Assessments will be carried out by a social worker. This person may be based in the hospital, but it could be that they are based in the community, and so they will come to visit you at home. There are different types of assessment that you may have while you're in hospital:

- If your needs have stayed the same following your hospital treatment, your needs will be identified by a **contact** assessment, during which any potential difficulties can be discussed.

- An **overview** assessment examines different areas of your life, such as personal care and physical wellbeing, to see whether you need any support with this.
- If, during these assessments, it transpires that further examination by a suitable trained professional is needed to establish the risks, a **specialist** assessment will be carried out.
- This information should then be pulled together in a **comprehensive** assessment, which should involve all the health and social services professionals, you and your carer/s, and an independent advocate if you would like one or one is needed.

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

You are entitled to details about:

- NHS continuing healthcare (for more information 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) and NHS-funded nursing care (see our guide **Care Home Fees: paying them in Wales** – guide number 72) if you are moving into a care home with nursing care provided
- The services available from the Local Health Board or NHS trust
- The services you can expect from the local council, including the likely cost to you of any options it has offered. This should include details about any welfare benefits that you may be entitled to

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

For further information about assessments, see our guide: **Assessment and services from your local council in Wales** (guide number 70).

3 Leaving hospital

You should not be discharged from hospital until you are medically fit and are formally discharged by a named doctor or consultant. Every hospital should have its own discharge policy based on Government guidance called 'Hospital Discharge Planning Guidance' (if you want to read any more about this, you may wish to have a look at the National Assembly for Wales Circular - NAFWC -, number 17/2005

<http://wales.gov.uk/pubs/circulars/2005/english/NAFWC17-05-e.pdf?lang=en> - N.B. there is no "www" at the beginning of this web

address, or NAFWC number 09a/2002 - please see section 2 of this guide for the hyperlink). The discharge policy should include information on how the hospital will ensure that your discharge is arranged safely. You should be given a copy, or you can contact your local Community Health Council who should be able to provide you with a copy. Hospital staff should discuss with you in advance the planned date of discharge, so that appropriate plans can be made. The hospital must make sure that you have transport home from hospital.

The hospital should take extra care if they discharge you on a Friday or at the weekend, as it might be difficult to arrange services. Every hospital discharge policy should include details of what should happen in situations like these. You must not be discharged before the services or equipment you need have been arranged and are in place.

An effective discharge process should make sure that you do not remain in an acute hospital bed for longer than necessary. A full and appropriate

care package should be arranged in time for your discharge, which will make sure you are as independent and safe as possible.

The discharge process should include the following:

- An assessment of your individual needs, where you live or will be living and support networks
- Your needs being established and recorded on a written care plan (including which needs can be met according to NHS and local council eligibility criteria) – if you are eligible to receive services from the council, (if you have capital below £22,000)
- An assessment of your ability to pay for services
- Ensuring all required services are in place for your discharge
- Monitoring and adjusting the care plan (if relevant) to ensure that it meets your ongoing needs.

The 'Hospital Discharge Planning Guidance' places a duty on hospitals and local council social services to work closely together to make sure that safe discharges are coordinated as promptly as possible to prevent older people remaining in hospital unnecessarily. This means that should you require support after you leave hospital, all your needs should have been properly assessed, all care services arranged and put into place (including transport home should you require it), before you leave hospital. If you are unhappy with the assessment or arrangements for your care after leaving hospital, such as:

- a forced move into a care home without the opportunity of a safe return to your own home being fully explored first,
- a failure to ensure services are in place or

- lack of provision of information of who to contact should there be a problem,

then you may wish to raise a complaint – see section 13. However, if it is confirmed that all medical treatment has been completed, you cannot remain in an acute healthcare setting or hospital ward. You may be moved to a ‘step down bed’ or rehabilitation ward while your complaint is being considered.

The ‘Hospital Discharge Planning Guidance’ promotes good practice by stating that discharge arrangements should be considered before or started as soon as possible after your admission to hospital. If you have been in, or are going into, hospital for a planned operation, then the discharge planning should be considered as part of the treatment process. Most admissions to hospital for older people are not pre-planned, and so cannot be thought about prior to admission, but it is good practice to start the discharge process as soon as possible after admission.

4 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, 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 can involve:

- Physiotherapy to improve your mobility
- Speech therapy to improve any communication or swallowing difficulties
- Occupational therapy to assess the risk of carrying out daily activities.

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

If a patient lacks mental capacity, it may be felt that because they would have too much difficulty processing information they would not benefit

from rehabilitation. If you feel the decision not to offer such therapy is incorrect in your or your relative's particular situation, you should raise your concerns with the consultant involved.

5 Intermediate care

Intermediate care is provided to avoid unnecessarily long stays in hospital or prevent avoidable admissions into hospital. Services that can be provided under intermediate care, and where you can receive these services, vary.

Services can include a high level of home care or a placement in a care home to support you while recovering from an operation; this can also include a 'step down' bed in a hospital. Physiotherapy and rehabilitation can also be included, but these should not be confused with longer term rehabilitation therapies provided by the NHS.

Intermediate care should be free of charge and have a clear purpose of how you are expected to benefit from the care. This includes if you move into a care home under intermediate care, there should be a clear provision of support and the expectations on how this might support you regaining your independence and return to your home.

Usually, intermediate care lasts for no longer than six weeks and often less. In some circumstances, intermediate care can be provided for longer than six weeks but only with a full re-assessment. Intermediate care provided by NHS Wales is free of charge, and the National Assembly has provided funding for up to six weeks free home care after leaving hospital and a Rapid Response Adaptations Programme (RRAP) providing up to £350 worth of repairs and/or adaptations to your home. The RRAP is being run

by Care & Repair Cymru and is aimed at those in hospital or who have recently left hospital.

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

If the hospital consultant decides you do not meet the national eligibility criteria for NHS continuing healthcare (see our guide **Continuing healthcare: should the NHS be paying for my care?** – guide number 27 - for more information), or the local health board's criteria for rehabilitation or intermediate care, the local council will be responsible for assessing your needs. You may be assisted to return home where you could receive support from your local council social services, or, with your agreement, it may be decided that you should move into a care home. Support from the local council is means-tested and you may have to pay toward any services they provide. For further information, see section 6 of this guide.

6 Help available from the local council

If the consultant feels that you do not need NHS continuing healthcare, you may be assessed as needing to move into a care home, or you may be offered services to help you stay in your own home. The local council social services department will be responsible for arranging this care. A **care manager** or **social worker** will look at your care needs – this is called a community care assessment. The care assessment should be based on the Unified Assessment and be carried out by a multi-disciplinary team of different involved professionals. It will look at your social, emotional, spiritual, cultural and psychological needs as well as any housing, financial, physical and mental health needs. The results of the assessment of your care needs should be recorded on a written care plan and you should be given a copy. (For more information on the assessment process and care plan, see our guide **Assessment and services from your local council in Wales** – guide number 70.)

7 Moving into a care home

If, following the assessment of your needs, it is decided that you should move into a care home, the social worker or a financial assessment officer will take details about your income and capital savings (including any beneficial interest in property you may have), so that they can assess what you should contribute towards the cost of your care home fees. You may be entitled to financial assistance from the local council and the Pension Service towards the cost of the care home fees. You may also be entitled to NHS-funded nursing care if you are moving into a care home with nursing. Our guide **Care Home Fees: paying them in Wales** (guide number 72) provides more information about this. Even if you have enough capital savings or weekly income to pay for your own care home fees, the local council social services still have a duty to assess your needs and record these in writing, so that you are able to locate the most appropriate care home. They also have a duty to assist you to arrange services if they are requested to.

Choosing the right care home can be difficult. If you or your relative would like advice about this, our guide **Care Homes: what to look for** (guide number 19) has some helpful suggestions of what to look for when choosing a home.

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

- It has a vacancy
- It is suitable for your needs

- It does not cost more than the 'standard rate' your local council will pay to meet the level of your individual needs.

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

If you have been assessed as needing to move into a care home, but you want to return to your home, the hospital and local council social services staff should explore with you the possible options available to enable both your safe discharge from hospital and to minimise the risk of harm to you. It might be possible to arrange care services in your own home and provide equipment or carry out adaptations. You may be charged for these services, or they may be limited to what the local council can provide within their available resources. If you decide to return home against the advice of professionals you are able to do this, but may be asked to sign a document stating that you accept this risk (a disclaimer).

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

It is important that you and your relatives have the opportunity and time to consider the options open to you. **You cannot be forced into a care home against your will**, although there are exceptional circumstances for people with certain mental health needs. If you are unable to make your

own care decisions and if you have a Lasting Power of Attorney that covers care decisions, your attorney may make these decisions for you. If you have a Deputy under the Court of Protection, they may also be able to make these decisions for you. If not, then you may have help from an Independent Mental Capacity Advocate (IMCA) to assess the best care package, given your eligibility and your wishes.

If you object to being moved into a care home, and have been assessed as not having mental capacity to make your own care decisions, then the social services may seek to move you to a care home placement under either the Mental Capacity Act 2007 (using the Deprivation of Liberty Safeguards) or a Guardianship order under the Mental Health Act 1983. Contact Counsel and Care (tel.: 0845 300 7585; www.counselandcare.org.uk) for further advice about this issue. Our guide **Memory loss, depression, 'confusion' and dementia** (guide 9) may also be helpful.

9 Care at home

9.1 Review of care package

After your needs assessment, you may be offered support in your own home. Care at home can be provided by friends and family, or services can be provided by the NHS, or the local council, depending on your needs. If this care package is arranged for you while you were in hospital, then it should be reviewed shortly after you return home to ensure that it is meeting your needs. This should be within three months of the services first being provided, although more complex care packages should be checked more swiftly.

Reviews or re-assessments of your needs should usually be 'face-to-face' with your social worker and other professionals where you have complex needs, but for more straightforward care packages this may be done by a telephone call from the social worker.

9.2 Services available to help you

Any services you receive from the NHS, such as continence pads or visits from a community nurse, are free, but you may be charged for services you receive from your local council. A social worker will come from the council to assess your needs, and see what services are available to help meet them. Councils can provide services such as assistance to have a bath, to get up in the morning or for meals-on-wheels. Your local health board or social services department may be able to provide you with items of equipment on loan free of charge. They can also provide minor

adaptation and/or repairs to your home through your local home improvement agency, such as Care and Repair, although there are usually set limits in place. Other repairs and adaptations may be provided but at a charge. For more information on home improvement agencies and adaptations, please see our guide **Housing: adapting your home to stay independent** (guide number 28).

9.3 Charging for care

Each local council has its own system for establishing the amount of money that people have to contribute towards the services that they provide. These charges must be 'reasonable' and should not reduce your income to below the level of your Pension Guarantee Credit entitlement, plus a 35% buffer. You should be told how much the services will cost you when they are offered to you. Our guide **Help at Home: what may be available in your area** (guide number 14) gives you more details about the kinds of services you may be offered, including those provided by voluntary and private organisations. Our guide **Housing: adapting your home to stay independent** (guide number 28) gives more information about adaptations which can help you to live independently at home. Our guide **Disability Benefits: Attendance Allowance and Disability Living Allowance** (guide number 3) gives information about disability benefits which may help you to pay for care services.

10 Direct Payments

If you are assessed by the local council social services department as needing services to help you to stay at home, you can ask the local council to provide you with the money so that you can 'employ' the services yourself. This is known as the Direct Payment Scheme and all social services departments should offer this if you have capital under £22,000 and meet the eligibility criteria. Please see our guide **Home Care: using Direct Payments and personal budgets** (guide number 23) for further information.

11 Respite care and carers' needs

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

Respite care can be provided at a time of crisis or on a rolling programme offering pre-planned breaks to the carer. The local council social services can also provide respite breaks as part of their services. Every local health board and local council has their own eligibility criteria for this type of care. If you are a carer and you feel you need a break, contact the local council social services of the person you care for, or their GP.

As a carer, you have a right to an assessment of your own needs carried out by a social worker in addition to the assessment carried out for the person you support. Please see our guide **Carers: what support is available** (guide number 10) for further information.

12 Complaining about health treatment or hospital discharge

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

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

Initially, your complaint should be dealt with informally by the staff who were involved in your care. If you do not feel able to raise the issues with the health professionals you can ask your local Community Health Council (CHC) to assist you. The telephone number for your local CHC can be found by calling NHS Direct Wales (tel.: 0845 46 47) or the Board of Community Health Councils in Wales (tel.: 0845 644 7814; www.communityhealthcouncils.org.uk). CHCs are independent organisations that voice the concerns of the public with regard to health issues. Their role also includes advising, helping and supporting individuals through the complaints procedure. They can support people to get information from your local health board or NHS trust if needed, such as copies of your health and community care plan.

If you do not feel that your complaint has been dealt with satisfactorily you have the right to make a formal complaint and should put your concerns in writing to the complaints manager or the chief executive of the local health board or NHS trust. Further information about raising a complaint can be found in our guide **Complaints about community care and NHS services in Wales** (guide number 74).

12.1 Independent advocacy

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

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

You can find an independent advocacy organisation by contacting your local council social services department or Community Health Council (tel.: 0845 644 7814 or 02920 235 558; www.wales.nhs.uk/sitesplus/899/page/46941). Alternatively, you could contact Age Cymru (tel.: 0800 169 33 99; www.agecymru.org.uk) or the Older People's Advocacy Alliance (OPAAL) (tel.: 01782 844 036; www.opaal.org.uk).

13 Complaining about local council services

You should feel satisfied and respected at all times by any professional providing a service to you. Sometimes problems arise through misunderstandings, but if it is more serious than this, and you feel dissatisfied with the care you receive and you have left hospital it is important to raise this. Initially, this should be done informally either directly with the professional, or with his or her manager. If you are unable to resolve the difficulty at an informal level, you may wish to make a formal complaint. See our guide **Complaints about community care and NHS services in Wales** (guide number 74) for more details about this.

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

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

Counsel and Care
Twyman House
16 Bonny Street
London NW1 9PG

Tel.: **0845 300 7585**

Email: advice@counselandcare.org.uk

Website: www.counselandcare.org.uk

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