

Information Sheet

22 Coming Out of Hospital

Coming out of hospital can be a time of mixed feelings. Although you will probably be looking forward to getting home, you may also have some worries about how you will cope.

This information sheet covers a number of different areas. It looks at how your return home can be made as smooth and straightforward as possible. It explains what arrangements should be made so that you feel confident about going home, and who is responsible for making them.

It then looks at what happens if it is suggested that you can't return to your own home but should think about moving into a care home instead. Finally, the information sheet explains what you should do if you have any problems during the time you are leaving hospital.

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What is hospital discharge?

The process of leaving hospital once you are well enough is called **hospital discharge**. Your consultant will decide when you are medically fit enough to be discharged, but the final decision might involve several different people; perhaps the nurses on your ward, your GP and staff from your local council social services department. (In Scotland the social services department is known as the social work department, and in Northern Ireland it is called the health and social services trust.)

The decision that you are to be discharged should not come as a shock - planning for the time when you leave hospital should begin almost as soon as you are admitted. You (and your family and friends if you wish) should be kept informed throughout your hospital stay of everything that is being done to plan for your discharge.

Every hospital has a **hospital discharge procedure**. This is intended to make sure that every patient who leaves hospital has the support and help they need. One member of staff, usually a nurse, will be responsible for co-ordinating the arrangements and making sure everything is in place before you are discharged.

Discharge arrangements can vary a lot, depending on your particular needs and on whether you are returning home from hospital, or going into a care home. Information on going into a care home from hospital is given later in this information sheet, on pages 11 to 17. Information for people who are going home on leaving hospital is given in the next section.

Hospital discharge for people going home

The arrangements that are made will depend on your needs. You may just need some basic help - perhaps advice on your medication and a letter to your GP. Or you may need help with practical things like arranging transport and preparing your home for your return. Information on this sort of practical help is given on pages 6 to 10 of this information sheet.

Some people need a lot of support and assistance to help them manage at home; the next section of this information sheet looks at how this sort of intensive support can be arranged.

Help for people who need a lot of support

If the hospital thinks you will carry on needing care once you get home, they may ask the local council to assess your needs. This is so that they can decide what sort of services you will need to help you. Local council social services departments (social work departments in Scotland and local health and social services trusts in Northern Ireland) are responsible for arranging services which help older and disabled people to stay in their own homes. This is often known as **community care**. The services that your local council might provide include:

- **home help** - assistance with general household tasks
- **home care** - help with personal care, such as washing and dressing
- **meals on wheels**
- **day care** - perhaps a place at a local day centre
- **respite care** - residential care, or care provided in your own home, to give you or your carer a break
- **aids and adaptations** - to make living at home easier to manage.

Care assessment and care plan

The social services department will carry out a **care assessment** to help them decide what sort of help you need.

A social worker or care manager from the social services department will probably carry out this assessment, but it will often involve other people too. Your consultant, the nurses who have been caring for you and your GP might all take part. You might see an **occupational therapist** if your house needs to be adapted before you can return home, or if you need some item of equipment like a stairlift or a hoist fitted. The social worker who is assessing you may also talk to the local community nursing service if you are going to need visits from a district nurse. Because so many different people can be involved, this type of assessment is often called a **multi-disciplinary assessment**.

Sometimes a **home visit** might be part of your assessment. This is because coping at home is quite different from coping in hospital, so staff may need to see exactly what your home is like and what you will need to help you. For example, the occupational therapist may want to check things like how you will manage the stairs or whether you can use the bathroom. If a home visit is not suggested, but you think that it would be helpful, ask whether one can be arranged.

The purpose of the assessment is to arrange a **care plan**, which sets out what services will be provided to help you manage at home. This care plan must be discussed and agreed with all the different people involved, including you and anyone who is caring for you. Even though so many different people can be involved, it is important to remember that this is **your** care plan, making arrangements for **your** future. So your views and wishes should always be taken into account.

If a member of your family or a friend will be helping to care for you once you are home it is important that they are involved in all the discussions too. Carers are entitled to have their own needs assessed; it should not just be assumed that he or she will be able to provide all the care you need. For advice on the sort of help and support your carer might be entitled to contact **Carers UK** on **0808 808 7777**.

Once everyone involved has agreed the care plan, you should be given a copy of it. This should include the name and contact details of the person you should contact if you have any queries.

Charging for care services

Local councils can charge you for the community care services they provide, so you should be given clear information about what you can expect to pay. In **England and Wales** there are guidelines on what local councils should charge. Some people on low incomes will not be charged at all.

Charges for services vary from local council to local council, but the underlying principle is that charges should be 'reasonable'. If you feel that it is unreasonable for you to pay the fee asked for, ask the local council to review your situation. Ask the person who carried out your assessment to tell you who to contact about this.

The rules about charging are different in **Scotland**. If you are 65 and over, personal care arranged by the local council will be provided free of charge. Only certain types of care are classed as 'personal care' and you may be expected to pay for non-personal care such as help with shopping or meals on wheels. For more information on what is classed as personal care see our advice leaflet *Help in Your Home*. You can also get information from the **NHS Helpline for Scotland** on **0800 22 44 88**.

You can find more detailed information on the rules about charging for care in our advice leaflet *Help in Your Home*.

Care plans are not always set in stone. Your care plan may change after you have been out of hospital for a while if your needs have changed. Often another assessment (often known as a **review**) is made once you are at home, to take account of any changes in your situation, or to check how things are going. If you think your care plan needs to be reviewed once you are at home, contact the person whose name is given on your copy of your care plan.

It is important that you let hospital and social services staff know if you are not happy with the arrangements being made, or feel that you will not have enough support when you get home. Explain clearly what your worries are.

Don't be pressurised into leaving hospital before you have agreed a care plan and all the services you need are arranged and set to start. If you are having problems, or are worried about how things are working out, read the section 'Problems with hospital discharge' on page 18.

Remember that you should **not** be discharged until all the services you have been promised are in place. If your home needs to be adapted this should be done **before** you leave hospital.

For more information on assessment, and the sort of help that might be available, see our free advice leaflet *Help in Your Home*.

This case study, which looks at how Mrs Smith is helped to return home from hospital, should give you an idea of how things can be worked out.

Case study

Mrs Smith lives alone, and doesn't have any family living nearby. Recently, she fell and fractured her hip. She has been in hospital for some time but is now walking with the help of a frame and is keen to get home.

An assessment is arranged before Mrs Smith is due to be discharged. The local council care manager, occupational therapist, physiotherapist, hospital consultant and GP talk to each other, and to Mrs Smith, about the help she will need to manage at home.

It is agreed that Mrs Smith will have a daily visit from a home care worker for the first few weeks of her return home. The occupational therapist arranges the supply of a bath seat and a commode. The physiotherapist gives Mrs Smith advice on improving her walking and sets up some physiotherapy appointments.

As Mrs Smith lives alone and would like more company, the care manager arranges a place at a day centre for two days each week.

Mrs Smith doesn't go home until everything is arranged. She settles in well, and after a few weeks her needs are reassessed. She is now walking well, and doesn't need daily home care visits, so these are reduced to two each week. However, Mrs Smith continues to go to the day centre and knows that she can contact her care manager if she needs more support in the future.

Help for people with fewer care needs

Not everyone needs this sort of detailed assessment of their needs. Some people go home from hospital quite able to carry on with everyday life, while others have family, friends or neighbours who can help out for a while until things settle down. As explained earlier, though, one member of the hospital staff will still be responsible for making sure that everything is in order before you are discharged, whatever your care needs may be. Even if you are able to arrange most things yourself, this staff member can still provide help and advice.

This member of staff will also be responsible for making arrangements on your behalf if you can't make them yourself. Even if you don't need a full community care assessment, you may still have some contact with staff from social services, or with an occupational therapist, physiotherapist or dietician. You might also have some contact with the community nursing service if you will need visits from the district nurse.

It is important to talk to whoever is in charge of your discharge if you are not happy with any of the arrangements that are being made. Be sure to explain exactly what your concerns are, as they may be easily solved. But if you feel that you are not going to manage, do say so. It might be better for your care needs to be fully assessed by the social services department. You are entitled to ask for this sort of assessment if you feel you need it. If you have any concerns about your discharge from hospital, look at the section 'Problems with hospital discharge' on page 18 for advice.

Going home

Even if you have had a community care assessment and have a care plan all sorted out, there are still practicalities to consider - do you have clothes to go home in? Will there be food in the house?

You should be told the **date** and **time** of your discharge in advance, so that you have enough time to prepare for going home. The following check-list will give you an idea of the sort of things you need to think about, whether you are making the arrangements yourself or someone is making them on your behalf.

Remember that the hospital has a responsibility to check that everything is in order before you go home, and to ensure arrangements are made for you if you can't make them for yourself.

Transport

How are you going to get home? Most people get a lift home with family or friends, or arrange to be picked up by a taxi or minicab. Some hospitals have volunteer drivers who can take people home, or occasionally the nurses on the ward may arrange for you to be taken home by ambulance.

It is up to the member of staff responsible for your discharge to make sure that arrangements are made if you can't make them yourself, so talk to him or her if you have any problems.

If you get the guarantee credit part of Pension Credit, or you are on a low income, you may be able to get some help with the cost of transport home. Ask the member of staff responsible for your discharge about this. Details of the scheme are given in information sheet no. 9 *Health Benefits*. You can claim for public transport fares, petrol costs if travel is by private car, or contributions towards a local voluntary transport scheme. Taxi fares will only be paid if there is no other way you can travel for all or part of the journey.

Clothes, keys and cash

Do you have clothes to go home in, including shoes and a coat? Often visitors can help by bringing in what you need from home. Check that you've got your front door key and enough cash for things like taxi fares. If you have any difficulties, talk to the person at the hospital who is overseeing your discharge so that they can help you to sort things out.

Preparing the house for your return

It is important that your house is ready for your return. If you went into hospital unexpectedly, you may be worried that you've left your house in a mess. If this concerns you maybe family, friends or neighbours can go in and tidy up for you.

If there is no-one you can ask to help you, talk to the hospital staff member who is in charge of your discharge arrangements; perhaps a home help or volunteer could go to your home to get it ready for you. Sometimes voluntary groups like the **Red Cross**, **WRVS** and **Home from Hospital** offer services to help people who are being discharged; ask hospital staff if there is a scheme like this running locally.

Other things that family and friends, or social services staff and volunteers, can help with include switching the heating on, making up your bed, getting in basic food supplies and preparing a meal for your return.

If you need a piece of special equipment, such as a bath seat or a walking frame, this should be supplied **before** you are discharged. You, and anyone who is helping to look after you, should also have been trained in how to use it. In the same way, if your home needs to be adapted in some way, these adaptations should be made **before** you go home.

Checking that services are ready to start

If you are going to get services such as a home help or meals on wheels, the hospital should check that these services will begin as soon as you are discharged. If you were receiving this sort of service **before** you came into hospital, then the social services department needs to be told that you are coming home and that services should start again. Hospital staff should also get in touch with the community nursing team if you need visits from the district nurse.

Checking that your benefits are in order

Most benefits are not affected by a stay in hospital. However, Attendance Allowance and Disability Living Allowance are stopped after you have been in hospital for four weeks. Carer's Allowance is stopped after 12 weeks (and in some cases before).

It used to be that other benefits including your State Retirement Pension and Pension Credit were downrated during a long hospital stay. In April 2006, this rule was abolished.

From April 2006, the majority of people who have been in hospital for more than 52 weeks will have their benefits such as their State Pension and Pension Credit restored to full rate from their first pay day, on or after the 10 April 2006. This also includes people in independent sector care homes who are receiving continuing NHS care. There is no need to make a claim for your benefits – the Department for Work and Pensions will write to people whose benefits were previously affected to inform them when their benefits will be restored.

There are some exceptions to this rule, including people kept in hospital under mental health legislation, and criminals. To find out more, contact your local benefits office.

If your benefits have been affected by your stay in hospital tell your benefits office you are home as soon as you are discharged. This will usually mean that your benefits can be restored to their previous level. A more detailed explanation of how your benefits may be affected by a stay in hospital is given in information sheet no. 14 *Going into Hospital*.

Medicines and health advice

You may be given some medicine to take home with you. Make sure that you know what each medicine is for, and how often you need to take it. This information is important, so ask for it to be written down if you think this would be helpful. It is also a good idea to check that you can open the medicine or pill bottles; 'child-proof' lids can sometimes cause problems for adults as well. You will probably get supplies to last you for a week or two, so ask how long you should carry on taking each of the medicines supplied. You may need to get a repeat prescription from your GP.

Our free advice leaflet *Managing Your Medicines* contains useful information on the safe use of medicines.

You might also be given information and advice about things like diet and exercise. Make sure that you understand what you have got to do; don't be afraid to ask for more explanation if necessary, or for information to be written down. There is often lots to take in on the day you are discharged, so it can be helpful to have this sort of information written down for future reference.

Medical follow-up

You may be asked to come back to the hospital for a follow-up appointment, or for regular check-ups. You should be given full details of these appointments before you leave the ward. Or you may be told that you should make an appointment to see your GP.

You should also be told what you should do and who you should contact if you have any problems or worrying symptoms once you are discharged. If this isn't mentioned, ask the member of staff taking care of your discharge arrangements what you should do if you are worried about anything.

Finally, the consultant and medical team will contact your GP with details of your discharge date, diagnosis, treatment and medication. Your GP will also be told about the arrangements that have been made for your care. This information should be sent to your GP within 24 hours of your leaving hospital.

What if you can't yet go home?

As explained earlier, if it looks like you are going to go on needing a lot of care and support, you should be assessed by your local council social services department to find out exactly what your care needs are. You may then be offered services, like a home help or meals on wheels, which will help you to manage at home. It might also be suggested that moving house could make it easier for you to cope - perhaps a move into sheltered housing, or to a smaller, more manageable house, would make a difference. More information on housing options is given in our free advice leaflet, *Housing Matters*.

But for some people the result of the community care assessment may be different. After discussion with medical and nursing staff, one of the following options might be suggested.

Continuing NHS health care (England, Scotland and Wales)

It could be decided that you need to stay in hospital, or need care provided by the NHS in another setting such as a nursing home, hospice or even your own home. There will probably be quite complex medical reasons behind this decision, often to do with the type or intensity of your health care needs and a need for regular supervision from NHS staff. Every Strategic Health Authority (NHS Board in Scotland and Local Health Board in Wales) has its own set of rules – known as **eligibility criteria** – for deciding exactly who can get this

type of care. Ask the hospital for a written explanation of these rules. If it is decided that you need this sort of **continuing NHS health care** it will be arranged and paid for by the NHS.

Extra time for recovery

It is important that you don't return home until you are really able to manage. The hospital does not want to have to admit you again because things don't work out when you get home. So in some situations, it could be decided that you need either more time to recover fully or a spell of rehabilitation: that is, extra help and attention to help you get back to normal. The Strategic Health Authority will have rules for working out if you are entitled to this kind of care. If you are assessed as needing a period of rehabilitation or recovery, it will be arranged and paid for by the NHS.

In some parts of the country you may be offered **intermediate care** - a type of 'rehabilitation and recovery' service which is intended to help you recover your independence and get back to living at home. Intermediate care is fairly short-term – it won't last longer than six weeks and it may be provided in a hospital or care home, or in your own home. If the NHS provides your intermediate care it will be paid for by the NHS.

Care in a care home

After your community care assessment, it may be suggested that you will not be able to manage at home even with a lot of help and support from social services. However, your consultant may say that you are medically fit enough to be discharged and that you no longer need hospital care. You may therefore be offered the option of moving into a care home. The following section looks at what should happen if it is suggested that your needs can be met best by a move into a care home.

Discharge from hospital into a care home

Making the move into a care home is a big decision. You need time to think over any decision like this, so you should not be rushed into deciding what you want to do. You should be involved at all the different stages of your assessment, so be sure to let staff know how you feel about going into a care home. There could be other possibilities - for example, maybe you could manage at home if you had extra support, or perhaps a move into sheltered housing would help.

It could be, however, that moving into a care home is right for you. It is natural to have some reservations; most people do. But if you feel reasonably happy with the idea, moving into a care home can be a positive step. Although it can be difficult coming to terms with the idea of not going back home, you may feel more secure and comfortable living somewhere that can meet your needs.

Your local council is responsible for arranging and paying for your place in a care home, if they have assessed you as needing it. The local council also has a responsibility to collect a financial contribution from you, to go towards the cost of this care. The amount that you will have to pay varies depending on how much income and savings you have.

A brief explanation of how your contribution is worked out is given later on; more detailed information is given in our information sheet no. 10 *Paying for Your Care Home*. More detailed guidance on finding and choosing a residential or nursing home is contained in our free advice leaflet, *Care Homes*.

Moving into a care home

Care homes provide different levels of care. Some homes provide **personal care** – help with things like washing, dressing and going to the toilet. Other homes can provide **nursing care** as well, so can care for people who are very frail or bedridden, or who need a lot of care or attention from a doctor or nurse. Care homes are obliged to make it very clear what level of care they can provide and how they will meet a resident's individual care needs.

Care homes in **England, Wales and Scotland** are registered and regulated by a national care standards authority. In England this is the Commission for Social Care Inspection; in Scotland the Scottish Commission for the Regulation of Care; and in Wales the Care Standards Inspectorate for Wales. Things work differently in **Northern Ireland** - here care homes are divided into residential care homes (which provide help with personal care) and nursing homes (which can provide nursing care). In April 2005, the Regulation and Quality Improvement Authority was set up. It has overall responsibility for monitoring and inspecting nursing and residential care homes.

Once it has been agreed that you wish to move into a care home, you should have a choice as to which home you move to. It should not be a case of you having to move into a particular home which has a vacancy at the time. Your local council may suggest a home to you, or offer a choice of homes, but if you

have somewhere else in mind, then you can ask your local council to arrange a place for you in the home that you prefer.

You should be able to move to the home of your choice as long as:

- it is suitable for your assessed needs
- the home you want to move to will enter into a contract with your local council on the council's usual conditions
- it doesn't cost any more than the local council would otherwise have expected to pay for you.

However, if there is a waiting list for the home you have chosen, the hospital is allowed to discharge you to another home until there is room for you in the home of your choice.

Finding a care home

Finding the sort of place you'd be happy living in can take time. Hospital staff should understand that you need time to make such an important decision, and shouldn't put pressure on you to choose a home quickly. Remember that it is your right to make your own decision about which home you are going to move to.

Social services or hospital staff may well suggest some possibilities, but you can try other avenues.

- The local **care standards authority** can give you details of the care homes registered in your area.
- In Northern Ireland, contact the local **health and social services board** for details of residential care homes and nursing homes registered in the area.
- **Elderly Accommodation Counsel (EAC)** offers a comprehensive advice service covering all forms of housing for older people, and can provide details of care homes in any area you ask for. If you have Internet access you can search the EAC database for homes in your area – the web address is **www.housingcare.org**
- A charity called **Counsel and Care** gives information and advice on finding a home. Counsel and Care can also advise on specific homes in London.

Once you've found out about what is available, get in touch with any homes that sound suitable and ask for details to be sent to you. Then, if you can,

arrange to visit some of the homes that appeal to you. Although it can seem difficult and tiring to make visits like this, do try and get help to do this if you can; after all, it is important that you make a real choice about where you are going to live.

You could ask one of the nurses looking after you, or the social worker who assessed you, if transport can be arranged so that you can get to the home. Or perhaps someone from the home itself could come and collect you for a visit. If you have family or friends who own a car, then maybe they would be able to help out. If it really is impossible for you to get out to see the various homes, see if someone from the home will come and visit you. You can then ask questions and get some idea of what the home is like. Also, if you can, ask someone whose judgement you trust to visit the home on your behalf.

When you visit a home there are lots of things you might want to look out for and ask about. Some of these are to do with atmosphere - do the people living in the home seem happy? Are staff pleasant and friendly? Does the home smell fresh, and seem clean and well-cared for? Most importantly, does it seem the sort of place you'd be happy living in? Other questions have more to do with facilities - for example, will you have your own room or will you have to share?

Whether you're visiting yourself, or talking to someone from the home who is visiting you, you might want to cover some of the following points. There may also be other things that are particularly important to you.

- Will you be able to bring some of your own furniture from home? Can you have your own television or radio?
- Is there a choice of meal times and in the food offered? If you need a special diet, can this be provided? Can you make yourself a cup of tea or a light snack if you feel like it?
- Are activities and outings organised, and are they the sort of things you like to do? What are the communal areas like?
- Will you be able to carry on with any activities you currently enjoy?
- What is the area like? Are everyday facilities like the shops, Post Office and library nearby? Are there set 'visiting times' or can visitors come any time? Is there somewhere you can make and receive phone calls in private?
- Is there a written contract between you and the home? How secure will your place be - could you ever be asked to leave? For example, if you

started to need more care than the home could provide, would you have to move?

Paying for your care home

As explained earlier, if your local council has agreed that you need to move into a care home, the local council is responsible for paying the fees directly to the home. Then, depending on how much savings and income you have, you may have to pay the local council back. How much you pay is worked out according to rules which are summarised in this section.

There is an 'upper limit' and a 'lower limit' for your savings. These limits vary as follows:

	Upper limit	Lower limit
England and Northern Ireland	£21,000	£12,750
Scotland	£20,000	£12,250
Wales	£21,500	£16,000

- If you have **more than the upper limit** in savings or 'capital', you will have to pay the full fees for the home. If you own your own home, its value will usually be counted as capital.
- However, there are some exceptions to this rule. First, if your **husband or wife or civil partner** lives in the house then its value will be ignored when your finances are assessed. Second, if a relative aged 60 or over, or a relative **under the age of 60 who is 'incapacitated'** needs to go on living there, then again the value of the house will not be counted. The local council is also allowed to ignore the value of the house if it is the permanent home of someone like a carer, although it does not have to do this.
- For the first twelve weeks in care the value of your home will be disregarded from the means test.
- If you have **less than the upper limit** in savings, or when your savings drop below this amount, your income and savings will be taken into account to work out how much you have to pay towards home fees. **Savings below the lower limit are ignored altogether.** Savings

between the lower limit and the upper limit are converted into a weekly income using a set formula.

- Your **income** is worked out by calculating what money you have coming in each week. This includes the income from your savings, pensions (whether State Retirement Pension or an occupational or personal pension) and benefits such as Pension Credit. If you are on a low income you may be able to claim Pension Credit to top up your weekly income; this then goes towards your care fees. (If you get the savings credit part of Pension Credit you will not have to put it all towards your fees – you can keep up to £5.05 of it each week, or £7.50 if you are a couple.) If you receive Disability Living Allowance the mobility component is not taken into account, even if you are funded by the local council.
- When working out how much you have to pay towards the fees, the local council must always leave you with a sum of money for your personal expenses – from April 2006 this is £19.60 (£20 in Wales) a week. Any income you have over this amount will go to the local council to cover your care costs. The local council should tell you how it has worked out how much you need to pay.
- In **England, Wales and Northern Ireland**, if you are assessed as needing **nursing care**, the home will receive a payment from the NHS towards the costs of this care.
- In **Scotland**, you will get a payment towards the cost of both your personal care and your nursing care if you are paying all or part of your own care costs. This applies to people aged 65 and over. If you are not yet 65 you will only get extra help with your nursing fees.

This is a broad outline of a complex system. For more detailed guidance on this topic, see information sheet no. 10 *Paying for Your Care Home*, or call SeniorLine on 0808 800 6565 (0808 808 7575 if you are in Northern Ireland) for personal advice.

Problems with discharge into a care home

You may be happy with the idea of moving into a care home, particularly if you have worries about how you would manage at home. However, it is important to note that **you cannot be discharged into a care home against your will**. This could be because you think you could manage at home - if this is how you feel then you need to talk to the person who carried out your assessment for community care services. This is because your wishes should **always** be taken into account during an assessment; maybe other services could be offered that would help you cope at home.

However, it may be that you don't wish to be discharged into a care home as you feel you still need the sort of care that can only be provided by the NHS. As explained earlier, on page 10, each Strategic Health Authority (NHS Board in Scotland/Local Health Board in Wales) has its own rules (or 'eligibility criteria') for working out if you are entitled to carry on getting care under the NHS.

But if you have **not** been assessed as needing this sort of continuing care, then you don't have the right to stay put in a hospital bed indefinitely.

The social services department of your local council has a responsibility to work with hospital and community-based staff, and with you and your family, to try and find another acceptable way of meeting your needs. But if you can't reach an agreement then the hospital can discharge you to your home. Care services must be arranged for you at home before you can be discharged in this way. However, these services might not cover all of your needs as government guidance says that such services only have to be provided 'within the options and resources available'. You may also have to pay for the care services provided by the social services department.

Being discharged in this way can be distressing for everyone involved. So as a final check before you are discharged, you (or your family or carer) have the right to ask for a review. This review will look at the decision that has been made about your entitlement to continuing NHS in-patient care. Usually the Strategic Health Authority will seek advice from an independent panel. This panel will have an independent chairman, and will include a representative of the Strategic Health Authority and the local council.

The panel has to consider whether the rules for deciding whether you need continuing NHS care have been correctly applied. They are not able to look at whether the rules themselves are fair. Members of the panel will speak to you and your family, and may also get advice from hospital staff.

The panel can also ask for independent clinical advice on your condition if they think this would help. The panel's recommendation does not have legal force, but it is expected that the Strategic Health Authority will usually accept their view.

In January 2006, there was a significant case, the Grogan case, which highlighted the fact that some health authorities are using over-restrictive criteria to decide whether individuals are entitled to free NHS care. Strategic Health Authorities have been told to review their eligibility criteria to ensure it is being applied correctly. If you feel that you should be entitled to NHS-funded continuing care, but that your Strategic Health Authority's eligibility criteria are unreasonable, ask your Primary Care Trust to review your care needs again in the light of these recent events. Get more advice on this issue from **SeniorLine** on **0808 800 6565 (0808 808 7575** if you are in **Northern Ireland**).

Problems with hospital discharge

The hospital discharge procedure is intended to ensure that your discharge goes smoothly, whether you are going home or moving into a care home. However, things can sometimes go wrong. Here we look at some of the problems people can have, and what can be done about them.

Problem

The hospital says that you are ready to go home, but you don't think you are going to manage.

Solution

Explain your concerns to staff on your ward; it may be that there has been a misunderstanding and that things can be easily sorted out. If you aren't satisfied with the response you get, ask to speak to someone from hospital management. Stress that you are worried about how you are going to manage, and that you are aware that the hospital has a responsibility for making sure that your needs will be met when you are discharged. Maybe you could manage better if you

had help from social services; if you haven't had a community care assessment, then ask for one to be arranged.

You may also want to get advice from one of these organisations:

- your local **patient advice and liaison service (PALS)** if you are in England
- your local **community health council** if you live in Wales
- your **health and social services council** if you live in Northern Ireland
- your local **NHS board** if you live in Scotland. You can also get advice about making a complaint from the Scottish Health Council, tel: 0141 225 6981.

These organisations are set up to help people who have complaints about the NHS and should be able to advise you and support you in making a complaint to the hospital. If you live in **England** you could also contact the Independent Complaints Advocacy Service (ICAS) for your area. See pages 23 and 24 for their contact details.

Any member of staff at the hospital should also be able to tell you how to make a complaint and who to complain to. Your local Citizens Advice Bureau should also be able to give you advice on complaining about the NHS. You can find their number in your phone book.

Problem

You have not been offered the services you think you will need to allow you to manage at home - for example, you think that you will need a home help and meals on wheels, but have been told you will only be getting visits from the district nurse.

Solution

This depends on whether or not you have been assessed for community care services. If you **haven't** had a community care assessment, then ask for one. As explained earlier, your local council is responsible for arranging services which can help you to remain in your own home. The local council is also obliged to assess anyone who appears to need these sort of services. Full details of the assessment process are given on pages 3 to 5 of this information sheet.

If you **have** had a community care assessment, but haven't been offered the type or amount of services you feel you need, or haven't been offered a service

you've been assessed as needing, then you have the right to challenge the decision.

Every local council has to have an official **complaints procedure**. This procedure must be clear and easy to use; contact the social services department of your local council for information on making a complaint, or ask the social worker who carried out your assessment about it.

It is also worth talking to hospital staff at this stage so that they are aware of what is going on. This is because the hospital is still responsible for making sure that you will be able to manage when you are discharged, whether or not the social services department is involved.

Problem

Hospital staff are putting pressure on you to move into a care home; you want to go home.

Solution

You cannot be discharged into a care home against your will. If you feel you can manage at home, talk to the person who carried out your assessment for community care services. This is because it may be possible for the social services department to provide services that will help you to cope.

If you are not offered the sort of services you think you need you may wish to make an official complaint. However, it is important to be realistic about your capabilities and about the help your local council can provide. You may wish to think seriously about whether you really could cope at home, even with a lot of help. For some people, moving into a care home might be the best option.

Problem

Hospital staff are putting pressure on you to accept a place in the first care home that comes along; you want to make sure that you are going to move to the sort of place that is right for you.

Solution

You have a right to choose which home you move to. You may want to point out to hospital and social services staff that the government has published guidance which says that you have this right. If you still experience problems, ask to speak to someone in the hospital management; you may want to seek

advice from your Patient Advice and Liaison Service (or the equivalent in Scotland, Wales and Northern Ireland) as well.

If there is a waiting list for the home of your choice, the hospital is within its rights to discharge you to another home until a place becomes available. If this happens to you, it is important to stress to everyone involved that this is a temporary placement, and that you still want to go to the home you have chosen when there is a place.

Problem

Your local council has assessed you and it has been agreed that you should enter a care home. Although you qualify for financial help towards the fees you are told that the local council is not able to help with the fees at the moment and that you will have to wait for funding to become available. This means that you are 'stuck' in a hospital bed, even though you really no longer need hospital care.

Solution

Local authorities should not operate 'waiting lists' for funding for care homes. Ways of challenging the local council are explained in our information sheet no. 10 *Paying for Your Care Home*. For personal advice on how to challenge the local council's decision, contact **SeniorLine** on **0808 800 6565 (0808 808 7575 in Northern Ireland)**.

Problem

You are at home, having been discharged from hospital, and you cannot manage. Perhaps you don't have any food, or you can't move around the house and are confined to one room. Maybe the services that have been provided are insufficient, or a service that was due to start, like a home help or meals on wheels, hasn't arrived.

Solution

This is exactly the sort of situation that the hospital discharge procedure is designed to prevent, but unfortunately things can sometimes go wrong. If you are worried that something like this could happen to you, be sure to talk to hospital staff about your concerns so that action can be taken **before** you are discharged. However, what should you do if you do arrive home and find yourself in this sort of situation?

First of all, remember that there is someone on duty in the social services department of your local council 24 hours a day, every day of the year. If you are having a crisis like this, you can ring the social services department at any time and ask for help. Look up the number of your local council in the phone book. If you phone the main number for the social services department (social work department in Scotland, and local health and social services trust in Northern Ireland) out of office hours, a message should give you the number of the duty social worker.

If it is a medical emergency, then ring 999 and ask for an ambulance. If you have a medical problem, but don't think that it's an emergency, you can call your GP's surgery at any time or ring the hospital for advice - you should have been given a contact number before you were discharged. Also, if you have family, friends or neighbours who might be able to help you, try to get in touch with them.

You may want to make a complaint to the hospital about the way in which you were discharged. Again, you can ask your local Citizens Advice Bureau, PALS, community health council, or health and social services council for help and advice with this.

These are examples of the types of problems people sometimes experience when being discharged from hospital. As explained, there are a number of people you can talk to if you have these kinds of issues - the hospital itself, the social services department, or your Patient Advice and Liaison Service (or equivalent).

It is important to discuss your wishes and concerns about being discharged with hospital and social services staff. If you are worried about anything, no matter how trivial you think it is, then mention it to a member of staff. If they know about your concerns they can try to do something about them. A local voluntary group, such as Age Concern or the Red Cross, might also be able to help you.

It is important to remember that many people are discharged without experiencing any difficulties at all. Most hospitals work hard to make sure that everyone who is discharged from their care has the help and support they need.

Useful contacts

Advice and support if you want to complain about the NHS

England

Patient advice and liaison service (PALS)

Your patient advice and liaison service (PALS) is set up to give immediate help and advice on dealing with any problems you may have while in hospital. Ask a member of staff in the hospital for the contact details of the PALS office; there should be one based within the hospital itself.

Independent Complaints Advocacy Service (ICAS)

The Independent Complaints Advocacy Service (ICAS) is an independent service which can help you to make a complaint about the NHS. Your PALS office will be able to give you their contact details or you can contact them directly yourself.

The telephone numbers for regional ICAS offices are:

North Central London (Barnet; Camden; Haringey; Enfield; Islington)	0845 120 3784
North East London (Barking and Dagenham; Hackney; Havering; Tower Hamlets; Redbridge; Waltham Forest; Newham)	0845 337 3059
North West London (Brent; Ealing; Hillingdon; Hounslow; Westminster; Kensington and Chelsea; Hammersmith and Fulham; Harrow)	0845 337 3065
South East London (Bexley; Bromley; Greenwich; Lambeth; Lewisham; Southwark)	0845 337 3061
South West London (Croydon; Kingston-upon-Thames; Richmond; Sutton; Merton; Wandsworth)	0845 337 3063
South East	0845 600 8616
Eastern (Beds and Herts)	0845 456 1082
Eastern (Cambs, Norfolk, Suffolk)	0845 456 1084
Eastern (Essex)	0845 456 1083

South West	0845 120 3782
West Midlands (Birmingham; the Black Country)	0845 120 3748
West Midlands (Shropshire; Staffordshire)	0845 337 3054
West Midlands (Coventry; Warwickshire; Worcestershire; Hertfordshire)	0845 337 3056
East Midlands	0845 650 0088
North East	0845 120 3732
North West	0845 120 3735
Yorkshire/Humberside	0845 120 3734

Scotland

NHS boards in Scotland:

NHS Ayrshire and Arran	01292 885800
NHS Borders	01896 825500
NHS Dumfries and Galloway	01387 246246
NHS Fife	01592 643355
NHS Forth Valley	01786 463031
NHS Grampian	0845 456 6000
NHS Greater Glasgow and Clyde	0141 201 4444
NHS Highland	01463 717123
NHS Lanarkshire	01698 281313
NHS Lothian	0131 537 9522
NHS Orkney	01856 888000
NHS Shetland	01595 743060
NHS Tayside	01382 818479
NHS Western Isles	01851 702997

Contact your local Citizens Advice Bureau for independent advice on making complaints about the NHS. Check your phonebook for their details or search for your nearest branch on the Citizens Advice Scotland website www.cas.org.uk.

Wales

Community health councils

Ask a member of staff in the hospital for the address and phone number of your community health council or contact:

Board of Community Health Councils in Wales
Park House
Greyfriars Road
Cardiff CF10 3AF
Tel: 0845 644 7814

Northern Ireland

Health and social services councils

Call the freephone number **0800 917 0222** to be put through to your local health and social services council.

Care Standards Authorities

Care Standards Inspectorate for Wales

4–5 Charnwood Court
Heol Billingsley
Parc Nantgarw
Nantgarw CF15 7QZ
Tel: 01443 848 450
Web: www.csiw.wales.gov.uk

Commission for Social Care Inspection (England)

St Nicholas Buildings
St Nicholas Street
Newcastle NE1 1NB
Tel: 0845 015 0120
Web: www.csci.org.uk

Scottish Commission for the Regulation of Care

Compass House
11 Riverside Drive
Dundee DD1 4NY
Tel: 0845 603 0890
Web: www.carecommission.com

Northern Ireland Regulation and Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

Belfast BT1 3BT

Tel: 0289 051 7500

Web: www.rqia.org.uk

Other useful contacts

Age Concern

Look in your phone book for your nearest branch. Alternatively, contact the Age Concern Information Line:

Tel: **0800 00 99 66**

Web: www.ace.org.uk

British Red Cross

Look in your phone book for the nearest branch, or contact:

44 Moorfields

London EC2Y 9AL

Tel: 0870 170 7000

Web: www.redcross.org.uk

Counsel and Care

Twyman House

16 Bonny Street

London NW1 9PG

Tel: 0845 300 7585

Web: www.counselandcare.org.uk

Elderly Accommodation Counsel

3rd Floor, 89 Albert Embankment

London SE1 7TP

Tel: 020 7820 1343

Web: www.housingcare.org

WRVS

Look in your local phone book for your nearest branch, or contact:

Tel: 0845 601 4670

Web: www.wrvs.org.uk

For further information contact:

Information Resources Team
Help the Aged
207–221 Pentonville Road
London N1 9UZ
Tel: 020 7278 1114

If you have access to the Internet you can download our advice leaflets and information sheets by logging on to www.helptheaged.org.uk

SeniorLine is the free welfare rights advice and information service run by Help the Aged for older people and their carers. Trained advice workers offer free, confidential and impartial advice about:

- welfare and disability benefits
- community and residential care
- housing options and adaptations
- access to health and community services
- equipment to assist independence
- support for carers
- agencies offering local practical help.

Freephone: **0808 800 6565**

Textphone: **0800 26 96 26**

9am to 4pm, Monday to Friday

If you are in **Northern Ireland**, contact **SeniorLine** on **0808 808 7575**.

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Help the Aged is a registered charity No. 272786, registered in England at the above address.