



Information from Counsel and Care: 13

Hospital discharge and free health care in England

Most people who leave hospital do not need any long term help. Some might need help for the first few weeks, or for longer. Some people might need help indefinitely. If you need help after a stay in hospital, you might move into a care home or some form of sheltered housing, or you might get support in your own home. You might get care in a long-stay hospital bed or similar accommodation provided by the NHS.

This factsheet explains your options when you leave hospital. It explains who is responsible for arranging the care that you need.

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1 Who is responsible for services in your area?

If you need any health care services they will be provided by two organisations, Primary Care Trusts and National Health Service Trusts. The Primary Care Trust is responsible for services like GPs, pharmacists, patient transport, opticians, dentists and mental health care. NHS Trusts are responsible for any acute care that you need in hospital, and health care services in the community, such as health visitors and district nurses. Strategic Health Authorities are responsible for making sure that local services in a given area work well to meet the needs of the local population and follow government plans.

Primary Care Trusts and NHS Trusts are part of the NHS. Care provided by either of these organisations is free. The type of care that they can supply includes:

- Medical treatment
- NHS respite care
- Home nursing
- Palliative care
- Specialist equipment
- Hospital stays
- Care in a NHS nursing home
- Intermediate care

Your local authority can also provide care services such as home help, help with bathing, day centres and special equipment. Services provided by the local authority are not free and you may have to pay for them or contribute towards their cost.

2 Leaving hospital

You should not be discharged from hospital until you are medically fit and until you are formally discharged from hospital by a named doctor or consultant.

Every hospital should have its own **discharge policy**. The policy should include information on how the hospital will arrange your discharge properly. Hospital staff should discuss with you and in advance the planned date and time of your discharge so that safe discharge plans can be made. The hospital must make sure that you have transport home from hospital.

An assessment of your needs should take place before your discharge, to see if you or your carer need any support or care services before you go home, for when you go home. This assessment should take place in line with the principles of the Single Assessment Process (4 stages). This process ensures that people do not have to duplicate information or have repetitive assessments by different professionals. If you were receiving any services before you went into hospital the assessment will establish whether you still need those services. The social worker or care manager who carries out the assessment will have to ensure that the people in charge of the services know when you are due to go home and when they should visit you.

The hospital should take extra care if they discharge you on a Friday or weekend as it might be difficult to make contact with your home care workers or GP. 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.

You should be given a copy of the hospital's discharge policy on request. If you have not, ask a member of the ward staff for one. Or you should be able to get the information from:

- the hospital discharge team,
- the hospital's information desk, or
- the local Patients Advice and Liaison Service (PALS).

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

The process should include the following

- an assessment of your needs, living environment and support networks;
- establish and record your needs in an written care plan and decide which ones can be met according to NHS and council eligibility criteria;
- Assess your ability to be able to pay for services;
- Ensure services are in place for your discharge;
- Monitor and adjust the care plan to ensure that it meets your ongoing needs.

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

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

3 Having an assessment in hospital

After a stay in hospital if your needs have changed greatly, you are entitled to a **multi-disciplinary assessment** of your needs. This is where your hospital consultant, nursing staff, social services, and, possibly your GP or other community health services, meet with you and, with your agreement, your carer or relative, to look at the care you need and decide what services you may require to meet your needs.

You and your relatives are entitled to written information at the time of your assessment. You are entitled to details about:

- the health authority's eligibility criteria for NHS funded Continuing Care
- services you can expect from the primary care trust or NHS trust;
- services you can expect from the local authority including the likely cost to you of any options that it has offered. This should include details about any welfare benefits that you may be entitled to, to help you pay for your care; and
- both the NHS and local authority's complaints procedures in case you are not satisfied with either service.

The hospital should give you this information in another format, e.g. Braille, if that is more useful to you.

If you do not have anywhere to live or if there are a lot of problems with your housing then representatives from housing services should also be involved in your assessment.

Strategic Health Authorities are the regional health departments responsible for publishing information which explains who is eligible for a multi-disciplinary

assessment in their area. If your needs have not changed much following your hospital admission you may only require a simple assessment.

After the multi-disciplinary assessment the consultant will decide whether or not you will be offered a continuing care bed in hospital or in a nursing home which is paid for by National Health Service. The consultant must base his or her decision on the needs that you have and also on the strategic health authority's **eligibility criteria for NHS continuing health care**. Each strategic health authority writes its own criteria so they are all different, but they must all be based on guidance given by the Department of Health. In most cases only people with high care needs or people who need specialist treatment will be eligible for care paid for entirely by the NHS.

4 NHS funded Continuing Care

If you are assessed as requiring personal care but your primary need is for clinical health care, your care is the responsibility of the Primary Care Trust. All costs for your health care, personal care and accommodation will be met by the Primary Care Trust – this is Continuing Care funding.

The Primary Care Trust must fund and commission primary and community care services for people with continuing health care needs whether they live in a care home or their own home.

Each Strategic health authority's criteria for Continuing Health Care are different, but they are all aimed at people with a high level of nursing needs. Your needs will be assessed and compared with Primary Care Trust eligibility criteria. All

the Strategic Health Authorities have established clear continuing care eligibility criteria based on the following key factors:

- The nature or complexity or intensity or unpredictability of the individual health care needs (and any combination of these) requires regular supervision by a member of the NHS multi-disciplinary team, consultant, palliative care, therapy or other NHS member of the team;
- The individual needs require routine use of specialist health care equipment under supervision of NHS staff;
- The individual has a rapidly deteriorating or unstable medical, physical or mental health condition and requires regular supervision by a member of the NHS multi-disciplinary team;
- The individual is in the final stages of a terminal illness and is likely to die in the near future;
- Need for care or supervision from a registered nurse and/or GP is not, by itself, sufficient reason to receive continuing NHS healthcare;
- The location of care should be the sole or main determinant of eligibility. Continuing NHS health care may be provided in a NHS hospital, a nursing home, hospice or the individual's own home.

The Community Care (Delayed Discharge) Act 2003 states that every patient should be assessed against local criteria for continuing care funding as part of the hospital discharge process.

Intermediate care

Intermediate care is a range of services designed to help people remain independent, regain their independence to enable them to return home from hospital or prevent them from returning to hospital unnecessarily by providing some intensive support. Services might be provided by the NHS or the local authority and might be in your own home or in a care setting such as a care home or in a day hospital. Usually intermediate care only lasts for a maximum of six weeks although other rehabilitation services can be provided for longer. Intermediate care must be provided free of charge. Any item of community care equipment which a person (or carer) is assessed as needing to return home is required to be provided free of charge - up to the value of £1000.

The consultant may decide that you need further **rehabilitation** or **intermediate care** before you are discharged. Again this will depend on whether your needs meet the health authority's eligibility criteria for this type of care. (See the sections on rehabilitation and intermediate care for more information).

The consultant may decide that you do not fit the health authority's criteria for NHS continuing care or rehabilitation or intermediate care. The local authority will then be responsible for assessing your needs. You may be helped to return home where you may receive help from the local authority Social Services Department, or, with your agreement, it may be decided that you should move into a care home. Support from the local authority is not free and you may have to pay toward any services they provide. See section 11.

5 'Free' nursing care in a care home

If you do not meet the eligibility criteria for free Continuing Care nursing, the NHS is still responsible for meeting the cost of care provided by or supervised by a registered nurse known as the Registered Nursing Care Component (RNCC). A RNCC nurse will assess the level of nursing care you require and you will be entitled to have this element of your care paid for within a banding system of low (£40 per week), medium (£77.50 per week) or high (£125 per week).

If this type of care is needed in a care home in an area away from where you currently live the Primary Care Trust where your care home is located will be responsible for paying your Registered Nursing Care Component. The Primary Care Trust where you currently live will undertake the assessment and notify the Primary Care Trust covering the area where you will be moving to, of the banding level it considers appropriate.

6 Care for people with a terminal illness

Palliative care services are designed to keep you comfortable and ensure you have the best quality of life possible. The NHS has a responsibility to provide care free for people in the final stages of a terminal illness. This is called **palliative care**. If you do not have very long to live you should not have to leave hospital accommodation unless you want to. Government guidance to health authorities states:

"people who are likely to die in *the near future* should be able to remain in NHS funded accommodation."

This accommodation might be a hospice rather than a hospital or you might choose to have palliative care in your own home.

However each health authority's palliative care policy may vary, and the guidance does not tell health authorities how to interpret '*the near future*'. All patients and their relatives are entitled to full information about what they can expect.

7 Rehabilitation

After a multi-disciplinary assessment you may be assessed as needing a period of rehabilitation - more time and support to regain your independence. Examples of when this care is provided are following a heart attack, stroke or an acute episode of chronic illness. Rehabilitation can mean various types of care. It might mean

- physiotherapy (to improve your mobility),
- speech therapy to improve your speech problems or if you have difficulty swallowing,
- occupational therapy, to assess the risk of carrying out daily activities.

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

Rehabilitation is intended to make sure that you are as independent as possible before you are discharged from hospital and prevent you from having to return because you have not fully recovered.

8 Delayed Discharge

The Community Care (Delayed Discharge) Act 2003 aims to ensure that you should not remain in hospital longer than necessary. It introduces a system that charges the Social Service by the day if your discharge from hospital has been delayed because the Local Authority has not assessed your needs or not arranged the necessary Community Care Services to enable you to be discharged. This only applies if you have received Acute hospital care.

Acute hospital care is defined as *‘intensive medical treatment provided by or under the supervision of a consultant, which is for a limited time after which the patient no longer benefits from that treatment’*. This does not include maternity care, mental health care, palliative care, intermediate care or care for recuperation or rehabilitation.

The Act has two parts.

Part I - Outlines the duty of the NHS to tell Local Authorities when a person is ready for discharge. This is called an ‘Assessment Notification’. The Local Authority has a limited period of time set by the government in which to ensure that a person is able to be discharged safely known as ‘safe for discharge’.

Part II - Ensures that certain user and carer’s services (intermediate care services) are available free for the first six weeks after discharge. See Section 8.

For every day your discharge is delayed the Local Authority has to pay a £100 per day fine to the Acute department of the Primary Care Trust. This fine will be £120 per day in a hospital in London or the South-East. Fines will only be charged to your Social Services Department if they have not conducted an assessment of your needs or put in place the services needed for a safe discharge. If **any** element of the delay relates to the health services responsibility, then Social Services will not be fined.

Until 3rd March 2005, Sundays and Bank holidays will be excluded from the period in which you should be discharged from hospital. For example, should your discharge notice be given on a Friday, in a 4 day notice period, in all probability you will not be out of hospital until Wednesday, as Sunday is not included.

9 Getting help from the local authority

If the consultant feels that you do not need continuing NHS care, you may be assessed as needing to move into a care home or you might be offered services to help you stay in your own home. The local authority 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 will look at your social, emotional spiritual, cultural and psychological needs as well as physical and medical needs. The results of the assessment of your care needs should be recorded on a written care plan and you should be given a copy. (For more information on the assessment process and care plans see our factsheet 12, **Community care assessment and services**).

10 Moving into a care home

If following the assessment of need it is decided that you should move into a care home, the care manager will look at your income and savings to see what you should pay towards your care. This is called a financial assessment.

Depending on the level of your capital (including savings and property) you may be entitled to financial assistance from the local authority and social security benefits towards the cost of the home. Our factsheet 16, **Paying the fees of a care home in England** gives more details about this. If you have enough capital, savings or property to pay for your care home fees, the social service department still have a duty to assess your needs and put these in writing, so that you are able to choose the most suitable care home.

Choosing the right home can be difficult. If you or your relative would like advice about this, our factsheet 19, **What to look for in a care home** has some helpful suggestions of what to look for when choosing a home.

You are entitled to move into whichever home you choose:

- as long as it has a vacancy;
- if it is suitable for your needs and;
- if it does not cost more than your local authority is willing to pay towards your fees.

The local authority must make its contribution based on your individual needs and can not set a fixed rate (known as the **standard** or **usual** rate) for care. It must be possible to find suitable care at the rate that the local authority will pay. Your local authority does have the discretion to pay more for your care if, for

example, you would like to move nearer to family or friends who live in an area where care homes cost more. See our factsheet 17, **Your right to Choose a Care Home, Your Needs or Your Preference** for more information on your rights to choose where you go to live. If you have problems finding a home willing to accept you at the council's fee rate, contact Counsel and Care's advice line for help on how to challenge the council's funding decision.

If you can find suitable care at the council's rate but have found a more expensive home that you prefer, you can move in if someone is willing to pay the difference for you. If you want to move to a particular home but it does not have a vacancy, the hospital may ask you to move to another home temporarily so that you can be discharged from hospital. However, the temporary care home must also be able to meet all of your needs stated in your care plan.

11 What happens if you do not want to move to a care home?

If you have been assessed as needing to move into a care home but you do not want to go, the hospital and council should work with you to explore other options. It might be possible to arrange care services in your home. You may be charged for these services or they may be limited to what your council can provide within the resources it has available. You should only insist on going home if you understand that you might not get all the care that you need.

If you refuse to go into a care home it does not mean you can insist on staying in hospital and eventually the hospital may make arrangements to discharge you.

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 home against

your will, although there are exceptional circumstances where people with mental health problems may be detained. Contact Counsel and Care for further advice about this.

12 Care at home

After your care needs assessment you might be offered support in your own home. Care at home can be provided by friends and family or services provided by the NHS or by the local authority. If this is arranged for you while you were in hospital it should be checked that the care package is meeting your care needs within two weeks following your discharge.

Any services you receive from the NHS, such as continence pads or visits from a district nurse are free but you may be charged for services you receive from your local authority. Council's can provide services such as help to have a bath or to get up in the morning. Each local authority has its own way of working out how much people have to pay for home care services and you should be told how much the services will cost you when you are offered them. Our factsheet 14, **Help at home**, gives you more details about the kinds of services you may be offered including those provided by voluntary and private organisations. Our factsheet 3, **Attendance Allowance and Disability Living Allowance**, gives information about disability benefits which may help you to pay for care services.

13 Direct Payments

If you are assessed by the council's Social Service Department as needing services to help you stay at home you can ask the local authority to give you the

money so that you can arrange the services yourself. This is known as a Direct Payment Scheme and all Social Services Department should be offering this scheme. Please see our Factsheet 23, **Direct Payments**.

14 Respite care/short term care

The NHS can pay for respite care or short term care if you are usually looked after at home and have a medical need for NHS respite care. Each health authority has its own eligibility criteria for this type of care.

Council's can also arrange and pay for respite care for people looked after at home. While respite care from the health authority is free, local authorities can charge for respite care and charges vary a great deal around the country. You can ask the Social Service Department to assess you for respite care services. You can also ask for information about their charging procedure.

15 Complaining about your treatment in, or your discharge from, hospital

If you want to complain about the way you were treated in hospital, the way you were discharged or about any community health services such as your GP, dentist or optician, you can use the **NHS Complaints Procedure**.

You are entitled to information about the complaints procedure while you are in hospital and there should also be information available in doctor's and dentist's surgeries.

Your complaint should be dealt with as quickly as possible by the staff who were involved in your care. If you do not feel that your complaint has been dealt with satisfactorily you have the right to ask for an independent investigation. The Primary Care Trust or health authority must have a convenor who will decide whether or not to convene a panel to look at your case further. For more information see our factsheet 18, **Complaining about NHS and community care services**.

There will be a named person at the hospital who will initially try to resolve the dispute informally. You should be told who this is by the Patient Advisory and Liaison Service (PALS). This person should:

- discuss your needs with you and your family and ensure you have all the information you need;
- arrange for you to have an advocate (someone to speak on your behalf), if necessary;
- give you a written copy of your community care plan which the health authority and local authority have produced;
- discuss your situation with all the professionals involved in your care to see whether you should be given further NHS care, such as care in hospital, rehabilitation or an NHS funded nursing home place.

16 Complaining about the assessment for NHS Continuing Care

If you are assessed as not being eligible for a long-stay NHS bed and would like to complain about this, you can use the **Review Procedure**. Each health authority is required to have a review procedure in place. You should be given full details about the procedure at the time of your assessment. This is a

separate system to the NHS complaints procedure although it has the same name.

- Using the review procedure you can ask the health authority to look again at their decision to discharge you because you no longer meet the criteria for NHS care. You should be kept in hospital while the health authority reviews their decision, which should be done as a priority.
- If you do not agree with the decision at the end of this process, you can ask for a review. A review can look at whether your health authority's eligibility criteria have been correctly applied in your case. A review cannot be used to actually challenge your health authority's criteria.
- Your health authority should consider setting up an independent panel to look at your case. You do not have the right to insist on this but they have to give you reasons why they have not. The panel will have an independent chair and representatives from the health authorities. The panel will look at whether the eligibility criteria have been correctly applied. You and your relatives or carers should have an opportunity to put your views to the panel.

The panel has an advisory role only and its decision is not binding on the health authority. Its decisions should act as guidance, and health authorities would have to explain to the panel chair if they decided not to follow the recommendations. After a review the Health Authority has to put its decision and the reason for it in writing to you.

17 Complaining about services offered by the local authority

If you want to complain about the residential care services or home care services provided by the Local Authority you can use the **local authority complaints**

procedure. There are three stages to this. First stage – informal, can be verbal or in writing, the local authority must try to sort out your complaint as quickly as possible on an informal basis, perhaps by the care manager or their supervisor, discussing your complaint with you. If you feel that your concerns have not been resolved you can then go to the second stage, complaining in writing - this is called the formal stage. The final stage is an independent review panel who will look at your case in more detail. Our factsheet 18, **Making a Complaint about Community Care and NHS services** gives more details about this.

18 Useful sources of help and information

NHS Direct – 0845 4647

An NHS nurse led help line which can give information about NHS services and health matters.

Care Direct – 0800 444 000

A government-run, telephone service for older people giving advice on pensions, care and support.

You can get the number and address of your local **Citizen's Advice Bureau** or **Welfare Rights Advice Agency** by looking in the telephone book or asking in your local library.

Age Concern England

Astral House
1268 London Road
London SW16 4ER
Telephone: 0800 00 99 66
Email: infodep@ace.org.uk
Website: www.ace.org.uk

Most areas have a local Age Concern group that provides services and advice.

Age Concern Cymru

Age Concern Scotland

Leonard Small House
113 Rose Street
Edinburgh EH2 3DT
Telephone: 0131 220 3345
Email: enquiries@acscot.org.uk
Website:
www.ageconcernscotland.org.uk

Can give details of system in Scotland.

Age Concern Northern Ireland

1 Cathedral Close
Cardiff, CF1 9SD
Telephone: 02920 371 566
Email: enquiries@accymru.org.uk
Website: www.accymru.org.uk

6 Lower Crescent
Belfast, BT7 1NR
Telephone: 02890 245729
Email: info@ageconcernni.org
Website: www.ageconcernni.org.uk

Can give details of system in Wales.

Can give details of system in Northern Ireland.

The Relatives and Residents Association

24 The Ivories
6-18 Northampton Street
London N1 2HY
Telephone: 020 7359 8136
Email: relres@totalise.co.uk
Website: www.relres.f2s.com

The Elderly Accommodation Counsel

3rd Floor, 89 Albert Embankment
London SE1 7TP
Telephone: 020 7820 1343
Email: enquiries@e-a-c.demon.co.uk
Website: www.housingcare.org.uk

The Association gives advice and support on any matter concerned with care homes.

Advice on finding suitable accommodation in your area.

Help the Aged

207-221 Pentonville Road
London N1 9UZ
Seniorline: 0808 800 6565
Email: info@helptheaged.org.uk
Website: www.helptheaged.org.uk

Carers UK

20-25 Glasshouse Yard
London EC1A 4JS
Carers Line: 0808 808 7777
Email: info@ukcarers.org
Website: www.carersonline.org.uk

Advice and help on many issues related to older people.

Advice and help for carers.

Patients Association

PO Box 935
Harrow

Middlesex
HA1 3YJ
Helpline: 0845 6084455
Help on matters relating to health and healthcare

Friends of the Elderly

40-42 Ebury Street
London SW1W 0LZ
Telephone: 0207 7308263
Email: enquiries@fote.org.uk
Website: www.fote.org.uk

Counsel and Care factsheets: Factsheets on a wide variety of topics of interest to older people are available free to individuals. Please send a large stamped addressed envelope. A factsheet list is available on request.

Counsel and Care
Twyman House
16 Bonny Street
London NW1 9PG
Tel: **0845 300 7585** (local rate number)
Email: advice@counselandcare.org.uk
Website: <http://www.counselandcare.org.uk>

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