



advice and support for older age

**Independent
Age**

Guide

Guide 71

Hospital care in Wales

If you live in Wales, this guide provides information and guidance on preparing for a hospital stay and the stay itself, and explains what should happen after your discharge from hospital.

Our free advice service offers expert independent advice on social care, welfare benefits, and befriending schemes. Call **0800 319 6789** to arrange an appointment to speak to one of our advisers or email advice@independentage.org All our free guides and factsheets can be ordered by phone or email (as above) or downloaded from www.independentage.org



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Overview of health services

Health services are provided by NHS Wales - either by a Local Health Board (LHB) or an NHS Trust. LHBs are responsible for assessing the health needs of the local population and making sure that they are in line with Government-set standards. They commission primary health care services (such as GPs, dentists, opticians and pharmacists), and community health services (such as clinics and health centres) and work in partnership with local councils to implement health and care strategies. They answer directly to the Welsh Assembly via the regional offices.

Local health boards (LHBs) There are seven 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.

NHS Trusts The Public Health Wales Trust was created to oversee and promote good health in Wales. There is also the Velindre NHS Trust and the Welsh Ambulance Services NHS Trust.

Community Health Councils The Community Health Councils (CHCs) are independent organisations that voice the concerns of the public and can provide advice and

support in using the NHS complaints procedure. There are seven CHCs covering the same areas as the LHBs. If you are not sure which your local CHC or LHB is, you can find out through the Board of Community Health Councils in Wales (0845 644 7814, communityhealthcouncils.org.uk).

Care and treatment provided by the NHS (including where healthcare is part of a joint package of care with social services) is free of charge. There are some one-off charges, for things like dental work or sight tests, but these are means tested, so some people on low incomes or who receive certain benefits do not have to pay them.

The type of care that the NHS provides includes:

- medical treatment by your GP, or services from your GP surgery
- hospital in-patient treatment
- intermediate care
- home nursing
- specialist equipment
- NHS Continuing Healthcare
- palliative (end-of-life) care.

Before entering hospital

1 Preparing for hospital

Planned hospital admissions

If you have a relative, friend or carer, you may find it helpful to talk about

your hospital admission with them beforehand, and to consider how to prepare for it. Things to think about might include:

- ensuring your home is safe - turning off electrical appliances and water at the mains and turning down/off your central heating
- securing your property – checking windows and doors are locked. You may even want to consider installing timer switches on lights and radios
- leaving valuables/keys with family or neighbours, or ensuring that they are out of sight
- deciding what you will need to take (clothes and personal items)
- asking family or neighbours to collect your mail. If this isn't possible, you may want to pay for Royal Mail's Keepsafe service which holds your mail for up to two months, and delivers it when you return home. For more information, contact Royal Mail (08457 777 888, royalmail.com/inbound-mail/keepsafe/details/details) or ask at your local Post Office
- arranging for a neighbour or friend to water any plants
- cancelling any deliveries you have, like milk or newspapers.

If you are a carer

Social services may be able to arrange respite or alternative care for the person you care for, either at home or in a care home, while you are recovering. (This may need to be paid for, depending on your financial circumstances.) Contact your local council's social services department to ask for a needs assessment for the person you care for. You may also want to request a 'carer's assessment' for yourself if you have not already done so. This is an assessment of what help you may need as a carer. For more information about support for carers, see our guides: Carers: what support is available (Guide 10) and Assessment and services from your local council in Wales (Guide 70).

Carers UK (0808 808 7777, carersuk.org) or NHS Direct Wales (0845 46 47, wales.nhs.uk/carers) may be able to offer advice to help you make sure that the person you care for is looked after while you are in hospital.

If you own a pet

If you have a pet, you may want to ask a relative, friend or neighbour to look after it while you are in hospital. If this is not possible, you might be able to pay for a 'pet-sitter'. Your local Age Cymru, which is part of Age UK (08000 223 444, ageuk.org.uk/cymru), or the Cinnamon Trust (01736 757 900, cinnamon.org.uk) offers practical help with caring for pets during a hospital stay, including finding a foster carer for your pet.

Emergency (unplanned) admissions

It will not be possible to plan ahead for an emergency admission, but there are still things you can do once you are in hospital. If you are worried about anything at home,

do not hesitate to ask the staff on your ward. If the hospital staff cannot help directly, they should be able to put you in touch with someone who can, such as a social worker, your family, friends or neighbours and any organisations you need to contact.

Concerns about the treatment you may receive in hospital

You may have concerns or questions about the medical care and treatment you will receive in hospital, such as:

- what treatment you will be having
- what effect it will have
- how long you will be in hospital for and how long it will take you to recover
- what follow-up treatment/support you will need.

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

- admissions office
- nurse liaison officer (not all hospitals have these)
- Community Health Council (CHC).

Managing your finances in hospital

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

- direct debits and standing orders
- an appointee
- a third party mandate
- a Power of Attorney (POA) or Lasting Power of Attorney (LPA).

For more information on setting up informal or formal arrangements to manage your finances, see our guide

Money and welfare: managing my affairs if I become ill
(Guide 33).

If no one is able to act on your behalf, the hospital cashiers office may be able to arrange this for you. Please ask the hospital staff.

During your stay

2 What happens to your benefits when you are in hospital?

Attendance Allowance (AA)

You should stop receiving Attendance Allowance if you have been in hospital for four weeks or more. The 'linking rule' means that if you are in hospital, return home, but go back into hospital within 28 days, the days spent in hospital on both occasions will be added together. If this adds up to more than 28 days you will lose eligibility to Attendance Allowance until you return home. You must tell the Attendance Allowance helpline (0345 605 6055) as soon as you go into or come out of hospital .

Disability Living Allowance (DLA)

You should stop receiving both the care and mobility component of Disability Living Allowance if you have been in hospital for four weeks or more (please see the linking rule set out above). You must tell the Disability Living Allowance helpline (0345 712 3456) as soon as you go into or come out of hospital. If you have a Motability agreement for a car, scooter or electric wheelchair before entering hospital, this will carry on being paid, but any excess from the mobility component usually paid to you will stop. You cannot begin or renew a Motability agreement while you are in hospital.

Personal Independence Payment (PIP)

The Personal Independence Payment is being gradually introduced to replace Disability Living Allowance for people

under 65. As with DLA, PIP will be payable for your first 28 days in hospital if the cost of your care is met by public or local funds. Please see the linking rule set out in the AA section above, as this also applies to PIP. You should call the PIP helpline on 0345 850 3322. Payments for PIP continue if it has been awarded under the special rules for terminal illness and you are in a hospice.

Special rules for people who are terminally ill

Normally, you must have had the illness or disability for three months before you can qualify for DLA and PIP, or six months to qualify for AA. However, if you are diagnosed with a terminal illness (and a doctor certifies that you are not reasonably expected to live longer than six months), you can claim the highest rate of AA or DLA care component, or PIP enhanced rate of the daily living component, straight away without meeting the normal time requirement. All three benefits can usually be awarded for a fixed period of three years. However, people claiming PIP will have their claims reviewed on a regular basis under special rules, which means that they may find that their claim is shortened to two years, for example, or could be extended to up to five years if their condition is very unlikely to change.

Carer's Allowance

If you receive Carer's Allowance for caring for someone, and you go into hospital, your Carer's Allowance will stop after 12 weeks. You must tell the Carer's Allowance Unit (0345 608 4321) as soon as you go into or come out of hospital.

If someone receives Carer's Allowance for looking after you and you go into hospital, their Carer's Allowance will stop when you lose your disability benefit, ie after you have been in hospital for four weeks.

Council tax reduction

The Welsh Government has set up its own council tax reduction scheme to replace council tax benefit. The council tax reduction will reduce your council tax bill if you are on a low income. Each local council in Wales will offer the same reduction and administer the scheme. It can be paid for up to 52 weeks of a temporary stay in hospital, as long as the other conditions of entitlement are met. Certain premiums and allowances may be affected by a stay in hospital – please see the section below on Pension Credit.

Housing Benefit

You can be paid Housing Benefit for up to 52 weeks after going into hospital, as long as you meet the other conditions of entitlement and your stay is unlikely to exceed 52 weeks or, in exceptional circumstances, unlikely to substantially exceed 52 weeks. (You may be able to continue receiving Housing Benefit beyond 52 weeks by stating that you are not going to be in hospital for substantially more than 52 weeks, eg a further three months). You cannot let or sub-let your property while you are in hospital and receive Housing Benefit. Certain premiums and allowances attached to your Housing Benefit may be affected as per the section below on Pension Credit.

Pension Credit

Your Pension Credit will continue to be paid if you go into hospital as long as the other conditions of entitlement are met.

However, certain premiums and allowances attached to your Pension Credit are affected by a stay in hospital. Such as:

- if your Disability Living Allowance, Personal Independence Payment or Attendance Allowance stops, any Severe Disability Premium attached to your Pension Credit will stop after four weeks
- if your Carer's Allowance stops, any Carers Premium you have attached to your Pension Credit will stop after eight weeks
- if you have been in hospital for a continuous period of 52 weeks and have no dependants living in your home, you are no longer eligible to receive Pension Credit housing costs. If you are one of a couple and have been in hospital for 52 weeks, you and your partner are treated as separate claimants. This will be the same for claiming Council Tax Benefit and Housing Benefit. However, this should revert back to a joint claim after you return home.

State pension

Your state pension should not be affected by being in hospital for any length of time.

Organisations that can help with benefits advice

For more information about benefits, contact the following organisations:

- Disability Rights UK (disabilityrightsuk.org) who have a large range of factsheets on their website.

- Your local Citizens Advice Bureau (0844 477 2020, citizensadvice.org.uk).
- Your local Age Cymru (08000 223 444, ageuk.org.uk/cymru).

3 Being in hospital

The Equality Act 2010

The Equality Act 2010 means that you must not be treated differently by hospital staff because of your age, sexual orientation, gender or any disabilities. If you think this has happened, you can raise these concerns informally with the NHS staff involved in your care or make a formal complaint to the hospital (see chapter 8). You may also wish to contact the Equality Advisory Support Service (EASS) (0808 800 0082, equalityadvisoryservice.com) who can advise you on how to take your issue further. They are unable to represent you in any legal or court action, though.

Food

The hospital provides all your meals during your stay and you can choose them in advance. There will be special food available if you have a medical, cultural or religious need for it (for example, if you need a gluten-free diet, you are a vegetarian or do not eat pork). There will also be other choices, such as reduced fat and reduced salt meal options, as well as small portions, which is helpful if you have a small appetite.

If you require a special diet and you know you are being admitted to hospital, you may prefer to contact the hospital before you are admitted to check that they can provide you with the food you need. If it is an unplanned admission, ask the person who comes around the ward with the menu cards or the charge nurse to help you.

A dietician or an occupational therapist will be able to advise if you need a special diet or any help to eat and drink. A red tray system is used in some hospitals to indicate which patients need help or encouragement to eat and drink.

It is important to ask for assistance if you need help filling in the menu cards (for example, if you have a visual impairment, or cannot hold a pen) or if you are having any physical problems eating (for example, you are finding it hard to sit up, hold cutlery, or chew or swallow food). The staff on the ward may be busy, but do not let this stop you from asking for help.

If you would prefer any additional food or drink - for example, your favourite brand of biscuit or a bottle of soft drink - it's fine to bring it to the hospital with you, or ask a friend or relative to bring it. Be aware, though, that you may not be allowed to consume it if, for example, you have to abstain from food before an operation.

Hospital facilities

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

Some larger hospitals may also have a small bank branch where you can withdraw money and manage your finances. Otherwise, there may be a cash machine where you can withdraw money. You should check this before you go into hospital if you will be staying for a significant period of time, especially if you will not have family or friends visiting you in hospital.

Most hospital beds are now equipped with a service that provides a personal radio, TV, telephone and answering machine. The radio and answering service is free but you have to pay to use the TV and telephone. Cards for this can usually be purchased from vending machines outside the ward or in the hospital shop.

Mobile phones

There should be clear signs in the hospital showing where you and your visitors may use their mobile phones. If you are in doubt, ask a nurse.

Visiting hours

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

Hospital infections

Most people will not pick up infections such as MRSA in hospital. However, if you want to read about what MRSA is or how it can affect people, there is more information available from MRSA Action UK (01337 841098, mrsaactionuk.net).

4 Assessment in hospital

Needs assessments

If it appears that you will need help and support at home after you have been discharged from hospital, you should have a needs assessment arranged by a hospital or community social worker, which includes the opinions of any other health professionals involved in your care, ie the occupational therapist or physiotherapist. You may want to ask the NHS staff involved in your care to refer you to the hospital social worker if this does not happen before hospital discharge is discussed.

All Local Health Boards, NHS trusts and social services have to follow the 'Unified Assessment process' described in the Creating a Unified and Fair System for Assessing and Managing Care guidance [1].

There are different types of need assessment depending on your level of care needs, including:

- contact assessment – given if your needs have not changed a great deal following your hospital treatment and will identify if a further assessment of your situation is needed
- overview assessment - which examines different areas of your life, such as personal care and physical wellbeing, to find out if you need support in these areas
- specialist assessment – given if the contact or overview assessment shows that further examination by a suitably trained professional is needed to establish the risks.
- Comprehensive assessment - which should involve you, all the health and social services professionals involved in your care and anyone who is caring for you (if you are happy for them to be involved).

The needs assessment will show what your care needs are and if they meet the local council's eligibility criteria to receive council services (see chapter 6). You should also be provided with a care plan. This is a written statement describing your individual assessed care needs, who will meet these needs and how and where they will be met. This information should also be available in another language or format if you need it, for example, Braille.

Please also see our guide: Assessment and services from your local council in Wales (Guide 70).

Rehabilitation

Once you are ready to leave hospital, you may receive ongoing rehabilitative treatment. Rehabilitation is a health service provided to enable you to recover to the best of your ability so that you can continue to live at home and keep a level of independence. Services can include:

- physiotherapy to improve your mobility
- speech therapy to address any communication or swallowing difficulties
- occupational therapy to manage the risk involved in daily activities.

Physiotherapy

Physiotherapy is used to help restore your mobility following an injury or illness, or manage long-term disability. Your consultant may recommend physiotherapy in hospital and/or when you have returned home.

There is no charge for physiotherapy on the NHS. If you feel you need more physiotherapy than the NHS will offer

you, go back to your GP or consultant and ask to be referred for more sessions. If you would prefer to see a physiotherapist privately, you can find a qualified physiotherapist from the Chartered Society of Physiotherapy (020 7306 6666, 20 7306 666620 7306 6666 csp.org.uk).

Intermediate care

Intermediate care is a range of services aimed at:

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

If you would like to find out more about intermediate care, you may find it helpful to read the Welsh Health Circular (2002) 128 [2].

If you have not been offered a period of intermediate care to support you to go home you may want to make a complaint (see chapter 8).

Re-ablement

Re-ablement is similar to intermediate care as it aims to support people to retain or regain skills that support independent living at home. The services provided will depend on the care needs you have. Services can be a mixture of services from both social and health care, or provided solely by either.

Whether this support can be charged for will depend on the type of service provided. If re-ablement falls within the definition of intermediate care given above, then it should be provided free of charge for the first six weeks, or longer if you are found to need further rehabilitation.

The new Social Services and Wellbeing (Wales) Bill, introduced in January 2013, looks set to introduce a duty to provide "preventive" services, such as re-ablement, and to set a national eligibility criteria so that local decisions will be more consistent across councils in Wales.

There is a Rapid Response Adaptations Programme (RRAP) which can provide up to £350 worth of repairs and/or adaptations to your home. The RRAP is being run by Care & Repair Cymru (029 20 674 830, careandrepair.org.uk) and is aimed at those in hospital or who have recently left hospital.

NHS Continuing Healthcare

NHS Continuing Healthcare is a package of care arranged and funded solely by the NHS. If your primary care need is a health need, and if the health need is of a particular nature and complexity, you may be eligible to have all your care paid for by the NHS. This can involve a stay in a care home, although it is more often that such care needs may have to be met in a hospital setting. The assessment is distinct from the needs assessment mentioned earlier, although the continuing healthcare assessment may involve looking at the same care needs as part of the health assessment. If you have a terminal illness, your application for Continuing Healthcare will be 'fast-tracked', which

means that the decision about whether or not you qualify for Continuing Healthcare will be made much more quickly.

For more information about NHS Continuing Healthcare, see our guide, *Continuing Care: should the NHS be paying for your care* (Guide 27). The NHS Continuing Healthcare eligibility criteria in this guide is similar to that used in Wales, but primarily applies to England.

Leaving hospital

5 The discharge process

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

You should not be pressured into accepting a move to somewhere you do not want to go to, for example, a care home. If this happens you are entitled to make a complaint.

For more information about being discharged from hospital, you may want to see the government's 'Hospital Discharge Planning Guidance' [3].

Important issues related to leaving hospital

It is quite common to be concerned about various aspects of leaving hospital, such as:

- whether the care that you have been assessed as needing will be in place when you get home
- who provides the care when you leave hospital and go home
- how you can contact the care provider
- what date and time will you be discharged and how you will get home
- what medicine you need and whether you will be provided with some until you can see your GP when you get home
- whether the hospital staff will contact your GP to let them know what treatment you have had, the outcome of it and what follow-up appointments you require at the hospital or GP surgery.

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

Leaving hospital

If you need transport to return home from hospital, the hospital should make sure that your relative, friend or the hospital transport service is able to take you. If you have a medical need for transport, and have no other means of getting home, you may have access to the Patient Transport Services (PTS). Talk to the consultant in charge of your care, the hospital social worker/care manager or the ward manager if you feel this applies to you.

You may be able to get help with travel costs for NHS appointments through the NHS low income scheme, if you are on a low income or are in receipt of benefits such as Pension Guarantee Credit. You can ask about the NHS low income scheme and get the application form (HC1W) at the hospital, or at your GP surgery, optician or pharmacist when you return home.

Independent sector or private hospitals

If your care has been provided by a private hospital, there may be differences with the hospital discharge process. You may want to contact the hospital before you are admitted to ask if they have an arrangement with the local social services department to notify them of your requirement for a needs assessment before you go back home. If they do not, you may want to contact your local social services department before you are admitted to hospital to inform

them that you require a needs assessment after your treatment and while you are still in hospital.

Complaints about an 'unsafe discharge'

You are entitled to make a complaint if:

- you are being discharged from hospital before you feel you are well enough to go home
- you feel you will not be able to cope at home, especially if not enough support has been organised for you at home
- you are going to be discharged on a Friday or during a weekend, which means you are unable to contact care workers or other health professionals over the weekend
- you are being pressured to accept a place in a care home, for example, that you do not want
- the discharge process has not been followed (ie you have not received a needs assessment and care plan).

If this is happening to you, you can raise your concerns or make a complaint to the social worker and/or consultant. This can be hard to do, so you may want help from an independent advocate or your local Community Health Council (see chapter 8). You may also want to see our guides, Independent advocacy (Guide 25) and Complaints about community care and NHS services in Wales (Guide 74).

6 Going back home – what help is available?

Help from your local council

Your local council social services department may be able to provide you with support services to help you after you have returned home from hospital, either temporarily or on a long-term basis. For example, arranging for care workers to visit you at home to help you get dressed or washed, organising for you to attend a day centre or receive 'meals on wheels', or installing aids and adaptations (such as a shower seat or hand rails) in your home to make it easier and safer for you to get about. The services available from your local council can vary considerably in different parts of the country. You will need to find out from your local council what services are available in your area. The council may publish information about their services on the council website.

Each council sets its own eligibility criteria to receive support services which should be based on the government guidance 'Health and Social Care for Adults: Creating a Unified and Fair System for Assessing and Managing Care' [4].

Support services provided by the local council are not usually free. After the needs assessment (see chapter 4) has been completed and it has been agreed your care needs meet the council's eligibility criteria, social services will carry out a financial assessment which will look at your income and savings to determine how much you are able to contribute towards your care costs. Charges for home care and day centre services are currently capped at £50 a

week. This cap does not include services that have a flat rate charge, such as 'meals on wheels'.

If you have capital or savings below £23,750 you will be eligible for council funding towards any support services you are assessed as needing. If you have capital or savings above £23,750 you will have to pay for your own care services privately, or pay the capped rate of £50 a week to receive council services (which could be cheaper).

Direct payments or personal budgets

If you are assessed by social services as being eligible to receive services from the council, you can ask to receive support in the form of a 'direct payment' or a personal budget. Direct payments and personal budgets are provided to allow people to have more choice, control and flexibility over any care assistance and support services they receive. This can enable you to organise your own care, instead of the council organising it for you.

Social services should provide you with information and advice about the services available to enable you to purchase services to meet your needs. They should also provide you with details of a local support scheme which can help with managing direct payments. Alternatively, Disability Wales (029 2088 7325, disabilitywales.org) may be able to provide details of your nearest Centre for Independent Living.

For more information about direct payments, see our guide, Home care: using Direct Payments and Personal Budgets (Guide 23).

Private care arrangements

If you wish to make your own arrangements for care, rather than go through social services, either because you have direct payments or your care needs are not eligible for social services support and you are able to pay privately for home care, you may want to consider contacting the United Kingdom Home Care Association (020 8288 1551, ukhca.co.uk). They can direct you to local private home care agencies. Please also see our guide: Home Care Agencies: what to look for (Guide 15).

If you have a complaint relating to the standard of care provided by a private care agency, you can complain using the care agency's complaints procedure. If the local council was involved in commissioning the care agency to care for you or the complaint involves the safety of a vulnerable adult, you can complain using the local council's complaints procedure. If you are unhappy with the outcome of your complaint to the council, you can ask the Public Services Ombudsman to investigate your complaint (see chapter 8).

Voluntary organisations

Some voluntary organisations provide home support services at little or no cost. This may be an option if your care needs are not eligible for social services support. You can use these services in addition to any care provided by social services or private care agencies, for example, 'that little bit of extra help' that councils may not provide. However, if the service offered to you by a voluntary organisation is similar to a service social services provide you with, social services may reduce the services they are

offering you. This is because some of your care needs are 'being met' by another agency. Your local Age Cymru (08000 223 444, ageuk.org.uk/cymru) may provide support services or know of other local organisations that provide such support. This support might include a home help, shopping, handy person or gardening service or a benefits check.

Other voluntary schemes that may be of interest to you may include:

- the Independent Age advice service, which can register you for our social inclusion projects, such as face-to-face befriending or our telephone befriending services - Telephone Buddies and TalkTime book and discussion groups. We can also provide you with the details for other national and local befriending schemes and social groups (0845 262 1863, advice@independentage.org)
- Welcome Home, whereby someone from a local organisation, such as an Age Cymru (08000 223 444, ageuk.org.uk/cymru) visits you at home on the day you are discharged from hospital and helps with shopping, collecting pensions and prescriptions etc. They may also provide help with small household tasks
- Escorted Discharge, which offers help in the form of transport home if you do not already have transport arranged.

Benefits

If you have been discharged from hospital and you now find you have difficulty with carrying out daily living tasks and/or your mobility, you may qualify for a disability benefit

such as Attendance Allowance (AA) or Personal Independence Allowance (PIP). To qualify, you must have been experiencing the difficulties for the past three months (for PIP) or six months (for AA). But do not delay in making a claim. For more information see our Guides to Disability benefits: Attendance Allowance (Guide 3a), and Disability Living Allowance and Personal Independence Payment (Guide 3b).

Alternatively, if you had already been claiming a disability benefit, such as Attendance Allowance, before you went into hospital it will stop four weeks after being admitted. You will need to inform the relevant benefit helpline as soon as you are discharged from hospital so that your benefit can be restarted (see chapter 2: what happens to your benefits when you are in hospital).

Your local Age Cymru (08000 223 444, ageuk.org.uk/cymru) or Citizens Advice Bureau (020 7833 2181, citizensadvice.org.uk) can give advice to check you are claiming all the benefits you are entitled to and help you to contact the relevant service or refer you to local benefits advisers to help you to fill in any claim forms.

7 Moving to another home

The assessment in hospital (see chapter 4) will look at whether:

- you will be able to stay in your own home, with or without extra help
- you need to move to sheltered accommodation or extra-care housing
- you need to move into a care home.

Your views, wishes and rights should be taken into account in that decision. You cannot be forced to move from your home if you do not want to, as long as you have the mental capacity to make that decision. The assessment in hospital will only make a recommendation about where you should live; it is your choice on whether or not to act on it. More often than not, the assessment will simply recommend that you need help in your own home, either on a temporary or ongoing basis. It is less common that the assessment will suggest it may be in your interests to move out of your current home.

You may decide that being admitted to hospital, particularly if this is not the first time, is the 'wake-up call' that your current home is no longer suitable for your needs. You may want to investigate alternative housing options, such as getting a bungalow or housing with care provided.

Sheltered accommodation or extra care housing

This is purpose built accommodation, usually in the form of a group of bungalows or self contained flats, specially designed for older people. Sheltered accommodation will

usually have a community alarm system and a warden who visits daily to oversee the general maintenance of the building and can help with any housing issues. An extra care housing scheme will have this, as well as care staff on site 24 hours a day to attend to residents' care needs. If you would like to move into sheltered or extra-care housing it is important to have a needs assessment (see chapter 4). This is for two reasons:

- to make sure that the sheltered or extra care housing can meet your care needs
- because a lot of sheltered or extra-care housing is only available through the council (through a points-based allocation system, depending on your assessed care needs), except where you are buying it privately.

FirstStop Care Advice (020 7820 1343, [housingcare.org](https://www.housingcare.org)) can provide you with a list of sheltered accommodation and extra care housing schemes in your area, though there may be waiting lists for such accommodation.

For more information on the different types of sheltered and extra care housing schemes, who provides them and how to find, access and pay for them, please see our guides, Housing decisions and options in later life (Guide 7) and Extra care housing (Guide 30).

Moving into a care home

If, following the needs assessment, you and the social worker have agreed that you should move into a care home, you can get a list of care homes from the social services department of the area you want to move to. Alternatively, FirstStop Care Advice (0207 820 1343,

housingcare.org), or the Care and Social Services Inspectorate for Wales (CSSIW) (0300 062 8888, cssiw.org.uk) can provide a list.

If you have been assessed as needing a care home but have capital and/or savings above £23,750, you will be expected to pay the full cost of your care home fees. You may be entitled to receive Attendance Allowance and/or a NHS Funded Nursing Care Contribution from the LHB, depending on your care needs.

If you have been assessed as needing a care home and have capital and/or savings under £23,750, you will be entitled to financial help from the council towards your care home fees. If the council contributes to your care home fees you will still have to contribute towards the cost from your weekly income. Being council funded may mean you have less choice in which care home you can move to. For more information about care homes, see our guides Care homes: what to look for (Guide 19) and Care home fees: paying them in Wales (Guide 72).

If you have the mental capacity to make your own welfare decisions, you have the right to refuse a care home placement and cannot be forced to move into a care home. However, there may be limits upon your right to refuse as, by law, the council can take their resources (or finances) into account in deciding what level of services to provide. It may be that you need more care at home than they are willing to provide. The guidance says that the council should negotiate with you about where and how the care will be provided.

8 Making a complaint

Although you may not enjoy being in hospital, for most people their stay in hospital goes well and they are happy with the care and treatment they receive. Unfortunately, sometimes this doesn't happen. Making a complaint can seem daunting but it is an essential step in order for the hospital to be made aware of the problem and for the service to improve.

If you are unhappy with the service that the NHS or your local council has provided, depending on the seriousness of the complaint, you can either raise a complaint informally with the staff that provided the service and/or raise a formal complaint using the council or NHS complaints procedure. For more information about the complaints process, please see our guide *Complaints about community care and NHS services in Wales (Guide 74)*.

You may benefit from the help of an independent advocate who can support you to voice your concerns or represent your concerns on your behalf to the professionals involved. For more information about advocacy, see our guide *Independent advocacy (Guide 25)*.

Community Health Council

Community Health Councils (CHCs) are independent organisations that voice the concerns of the public in regards to health issues. Every Local Health Board area has a CHC representing the same area.

Each CHC has a complaints advocacy service which can help you to make a complaint using the NHS complaints

procedure. They may be able to explain your options and offer advice, write letters for you and represent you at meetings. They can also support you to obtain information from your local health board or NHS trust, such as copies of your health and community care plan.

Initially, your complaint should be dealt with informally by the staff who is involved in your care. If you do not feel able to raise the issues with the health professionals you can ask an advocate from your local CHC to assist you. The telephone number for your local CHC can be found by calling NHS Direct Wales (0845 46 47) or the Board of Community Health Councils in Wales (0845 644 7814, communityhealthcouncils.org.uk).

If you have made a complaint to your local NHS organisation, but you remain dissatisfied with the outcome, you can go to the Public Services Ombudsman for Wales (PSO) (0845 601 0987, ombudsman-wales.org.uk). The Ombudsman is completely independent of the NHS.

9 Points to consider

Upon leaving hospital, you should seek further help in any of the following situations:

- You are being discharged from hospital before you feel you are well enough to go home.
- You feel you will not be able to cope at home, especially if not enough support has been organised for you.
- You are going to be discharged on a Friday or during a weekend. This might mean you may be unable to contact care workers or other health professionals over the weekend.
- You are being pressured to accept a placement (for example, a care home) that you do not want.
- You have not received a needs assessment and care plan.

If any of these issues are happening to you, you can contact Independent Age for advice on 0800 319 6789 or advice@independentage.org

[1] It is available from:

<http://wales.gov.uk/publications/circular/circulars2002/NAFWC09a2002?lang=en>

[2] It is available from:

<http://wales.gov.uk/docrepos/40371/4038231/403821111/403821111/NAFWC43-02F-w.rtf>;

[3]

<http://wales.gov.uk/pubs/circulars/2005/english/NAFWC17-05-e.pdf?lang=en>

[4] This guidance can be viewed at:

<http://wales.gov.uk/publications/circular/circulars2002/NAFWC09a2002?lang=en>

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

If you need any of this information in another format (such as large-print or Braille), please contact our Information Manager on 020 7605 4294 or email comms@independentage.org

If you have found our advice useful, please consider supporting us by raising money, volunteering or making a donation. We receive no state funding and rely on support from individuals, trusts and other sources to continue providing our services to hundreds of thousands of people in need.

For further information on how to support us, please see our website independentage.org or call 020 7605 4288.

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