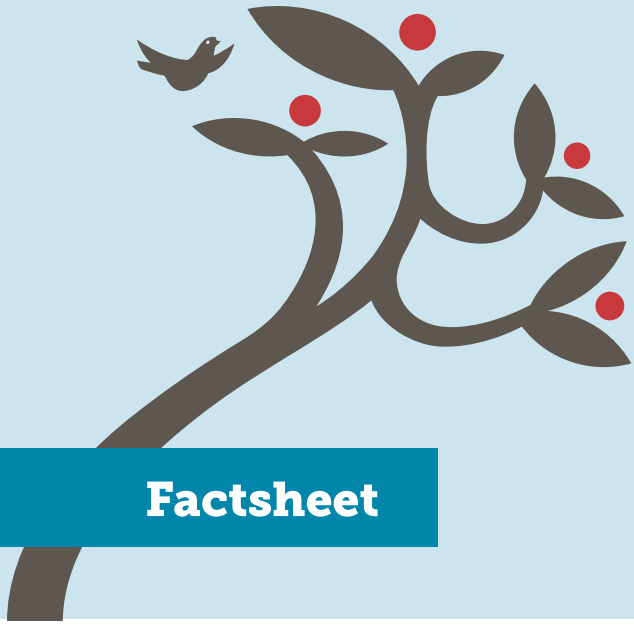

Factsheet

advice and support for older age
Independent Age

# Hospital stays

This factsheet covers what should happen before, during and after your hospital stay, and how you can prepare for it. Information about processes and your rights refers to NHS hospitals, unless otherwise stated.



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## About Independent Age

Whatever happens as we get older, we all want to remain independent and live life on our own terms. That's why, as well as offering regular friendly contact and a strong campaigning voice, Independent Age can provide you and your family with clear, free and impartial advice on the issues that matter: care and support, money and benefits, health and mobility.

A charity founded over 150 years ago,
we're independent so you can be.

The information in this factsheet applies to England only.

If you're in Wales, contact Age Cymru (0800 022 3444, agecymru.org.uk) for information and advice.

In Scotland, contact Age Scotland (0800 12 44 222, agescotland.org.uk).

In Northern Ireland, contact Age NI (0808 808 7575, ageni.org).

In this factsheet, you'll find reference to our other publications. You can order them by calling 0800 319 6789, or by visiting independentage.org/information

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# 1. Preparing for a hospital stay

There can be a lot to consider before a hospital stay. One simple thing you might want to think about is what you will take with you. Here is a checklist to get you started:

- your appointment letter
- your current medication
- glasses or contact lenses

*We'd recommend glasses are kept on a chain. They can go missing at mealtimes. They get put on the tray and then the tray is taken away.*
*NHS Trust staff member*

- your hearing aid
- any mobility aids you use
- small change and a credit or debit card. If you'll have visitors who can make larger purchases on your behalf, it may be worth only taking small change and leaving cards at home, as things can go missing.
- a mobile phone and charger, or a list of useful phone numbers
- something to keep you occupied, like a book, or music player with headphones
- a notebook and pen
- pyjamas or nightdresses and a dressing gown
- spare underwear
- slippers or other comfortable footwear
- toiletries

- shaving equipment
- a small mirror
- a comb or hairbrush
- anything personal you might want, such as a photograph.

Avoid taking jewellery, in case it goes missing.

## My hospital checklist

### Clothes

Pyjamas ✓

### Toiletries

## Entertainment

## Other

You will also need to consider any practical issues you need to take care of before leaving home. For example, you may want to think about the following, especially if you live alone:

- ensure your home is safe – turn off electrical appliances, turn off water at the mains and turn your central heating down/off
- secure your property – check windows and doors are locked and consider installing timer switches on lights and radios
- leave valuables/keys with family or neighbours. Make sure that whoever looks after your key will be available to let you in when you leave hospital.
- ask family or neighbours to collect your mail, or if this isn't possible, consider paying for Royal Mail's Keepsafe service where they hold your mail for up to two months and deliver it when you are home. For more information on charges, contact Royal Mail (03457 777 888, royalmail.com/personal/receiving-mail/keepsafe) or ask at your Post Office
- arrange help with looking after your property (eg watering plants)
- cancel any deliveries, like milk or newspapers.

If you have a relative, friend or carer, you may find it helpful to talk to them about what you need to do before, during or after your hospital stay. If you get any support from visiting carers at home, tell the carer or agency that you'll be going into hospital and, if possible, when you think you'll return home.

If your hospital stay is planned, you should receive an admission letter containing information such as:

- the time and date of your appointment
- where to go on the day
- whether you can eat or drink before your appointment

- contact details of the relevant hospital department or ward.

Make sure you have read and understood your letter, and contact the hospital in advance if there's anything you're unsure about.

Sometimes you may be asked to attend a pre-admissions assessment, where you will be asked questions about your health and medical history, and given advice about your hospital admission. This might be a good opportunity to ask any questions you have.

## If you're a carer

If a person you care for will need replacement care while you're in hospital and recovering afterwards, contact your council's adult social services department to arrange a care needs assessment for them. The council may provide replacement care either in their home or in a care home – the person you care for might be charged for this if they can afford it. You may also want to request a carer's assessment for yourself if you have not already done so. This looks at what support you need in your role as a carer.

If your hospital stay is unplanned, contact your local council's adult social services team as soon as possible, to let them know that the person you care for is in urgent need of support. Adult social services may then arrange a temporary care package for the person you care for until a full care needs assessment can be arranged. They should also have a phone number for if you need to contact them in an emergency or outside office hours.

For more information, see our factsheet **Support for carers**.

**Good to know**

Carers UK (0808 808 7777, carersuk.org) or Carers Direct (0300 123 1053, nhs.uk/carersdirect) can offer advice and information to help you make sure that the person you care for is supported while you are in hospital and recovering.

## If you own a pet

If no one else can look after your pet while you're in hospital, you could pay for a pet-sitter. The Cinnamon Trust (01736 757 900, cinnamon.org.uk) offers practical help and advice about caring for pets during your hospital stay.

# 2. Emergency (unplanned) admissions

Although you can't usually plan for emergency admissions to hospital, you can still get help once you're there. If you're worried about anything at home, don't hesitate to ask the staff on your ward. If they can't help directly, they should be able to put you in touch with someone who can, such as your family, friends or neighbours, and any organisations you need to contact.

## Questions about the treatment you'll receive

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

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

For more information on these issues, you can speak to the following people or offices:

- hospital discharge coordinator or hospital discharge team
- admissions office
- ward or nurse liaison officer (not all hospitals have these, or they may have a different job title)
- hospital-based social worker
- Patient Advice and Liaison Service (PALS).

# 3. Managing your finances in hospital

It is a good idea to consider this before you go into hospital, as it may be harder to make arrangements once you're there. If you don't 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 – to receive your benefits (including the State Pension) on your behalf
- a third-party mandate – gives your bank instructions that you want someone else to be able to deal with your account for you while you're unable to. Check whether your bank offers this service
- a power of attorney (POA) or lasting power of attorney (LPA) for property and financial affairs – you appoint someone to help you make decisions about money and property

For more information, see our factsheet **Managing my affairs if I become ill**.

# 4. What happens to your benefits when you're in hospital?

Some benefits stop after you've been in an NHS hospital for a certain period. If you get any benefits, you must inform the appropriate benefit office when you're admitted to hospital and when you're discharged, to avoid being overpaid.

## Disability benefits

| **Benefit** | **What happens?** | **Contact** |
|---|---|---|
| Attendance Allowance (AA) | Stops after 28 days* | AA helpline 0345 605 6055 |
| Disability Living Allowance (DLA) | Stops after 28 days*<br><br>If you have a Motability arrangement, contact the scheme after 28 days to discuss arrangements | DLA helpline if you were born on or before 8 April 1948: 0345 712 3456<br><br>if you were born after 8 April 1948: 0345 712 3456<br><br>Motability customer services 0300 456 4566 |

| Benefit | What happens? | Contact |
|---|---|---|
| Personal Independence Payment (PIP) | Stops after 28 days*<br><br>If you have a Motability arrangement, contact the scheme after 28 days to discuss arrangements | PIP helpline 0345 850 3322<br><br>Motability customer services 0300 456 4566 |

* either in one stay, or several stays added together, where the gaps between stays are no more than 28 days each time

## Special rules for people who are terminally ill

AA, DLA and PIP should still be paid if you're in a hospice and the benefit has been awarded under the special rules for terminal illness. The benefit won't stop after 28 days. You'll need to have informed the DWP that you're terminally ill.

Normally, you must have had your illness or disability for three months before you can qualify for PIP, or six months to qualify for AA. However, if you're diagnosed with a terminal illness and aren't expected to live longer than six months, you can claim the highest rate of AA or the enhanced rate of the daily living component of PIP straight away.

For more information, contact the relevant office at the DWP (see table earlier in this chapter). DLA is no longer available to new claimants: you should claim AA if you're 65 or over, or PIP if you're under 65.

## Other benefits

| Benefit | What happens? | Contact |
|---|---|---|
| State Pension | Is not affected | |
| Carer's Allowance | Stops after 12 weeks if the carer is in hospital (may stop sooner if there has been a break in caring in the preceding six months)<br><br>Stops when the disability benefit stops if the cared-for person is in hospital | Carer's Allowance Unit<br>0345 608 4321 |
| Council Tax Support (Council Tax Reduction) | Usually stops after 52 weeks, but check with your local council for local rules | Contact your council:<br>gov.uk/find-your-local-council |
| Housing Benefit | Usually stops after 52 weeks<br><br>If you're in an independent non-NHS hospital, Housing Benefit can be paid for up to 13 weeks<br><br>Any Severe Disability Premium will stop | Contact your council:<br>gov.uk/find-your-local-council |

| Benefit | What happens? | Contact |
|---|---|---|
| | when your disability benefit stops<br><br>Any Carer Premium will stop eight weeks after your Carer's Allowance stops | |
| Pension Credit | Can still be paid, but:<br><br>Any Severe Disability Addition will stop when your disability benefit stops<br><br>Any Carer Addition will stop eight weeks after your entitlement to Carer's Allowance stops<br><br>Pension Credit housing costs stop after 52 weeks. If someone else lives in the property, they may be able to claim housing costs instead if they're liable to pay them themselves | Pension Service helpline<br>0345 606 0265 |

## If you're a couple

If you're claiming Council Tax Support, Housing Benefit or Pension Credit housing costs, and have been in hospital for 52 weeks, you and your partner will be treated as separate claimants. This should revert back to a joint claim after you return home.

For more information about benefits, contact Independent Age.

# 5. Your hospital stay

## Hospital glossary

Here a few terms you might hear used.

**discharge** – when a patient leaves hospital. This shouldn't happen until a doctor decides the patient is medically fit to leave.

**minimal discharge** – a discharge where an assessment finds that the patient will need no, or very little, further care when they leave hospital

**complex discharge** – a discharge where an assessment finds that the patient will need more specialised care when they leave hospital

**delayed transfer of care** – when a patient is ready to leave hospital but is prevented from doing so and has to remain in the hospital bed, eg because the care they will need when they leave has not been arranged

**acute care** – intensive, short-term medical treatment provided under the supervision of a consultant, usually in hospital, for patients with any kind of illness or injury

**social care** – help and support services provided to people who need them, for example because of illness, disability or old age. Social care helps people to carry out everyday tasks, like washing, dressing and eating or drinking – it doesn't include healthcare. It might be provided at home or in a care home.

# Your legal rights in hospital

Your rights as an NHS patient are set out in the NHS Constitution (nhs.uk/nhsconstitution). This covers things like how you access health services, how you're treated by NHS staff, quality of care, and how to make a complaint if something goes wrong.

The Equality Act 2010 states that you mustn't be discriminated against by hospital staff because of your age, sexual orientation, gender, race, religious belief, marital status or disabilities. If you think this has happened, you can raise these concerns informally with the NHS staff involved in your care, make a formal complaint to the hospital (see chapter 11), or seek legal advice. You can find a legal specialist through the Law Society (solicitors.lawsociety.org.uk, 020 7320 5650). You may also wish to contact the Equality Advisory and Support Service (0808 800 0082, equalityadvisoryservice.com) who can advise you on how to take the issue further. They won't be able to represent you in any legal or court action.

## Operation cancellations

Operations may sometimes be cancelled. If this happens for non-medical reasons (eg no available beds) on the day you're due to arrive in hospital or after you are in hospital, you should be offered a new operation date within 28 days of your original date. If the date isn't suitable you can choose another date.

If you're not offered another appointment within 28 days, speak to the hospital's Patient Advice and Liaison Service (PALS) or contact your local Clinical Commissioning Group (CCG). You can stay on the waiting list for your original hospital or choose to be treated at another time and hospital of your choice.

If your operation is cancelled before the day you were due to go into hospital, you don't have a right to be offered a new date within 28 days.

### Single-sex wards

Hospitals should no longer have mixed-sex general wards. However, in specialist wards where the priority is saving your life – such as an intensive care unit – there may be mixed-sex accommodation. If you're placed in a mixed-sex ward other than in these circumstances, tell the staff to move you immediately.

## Getting information and advice in hospital

*The patient should ask and be told who their consultant is and who their named nurse is. They should also ask the name of the nurse manager responsible for the ward and the person in charge. It is always good to know who is in charge. The patient should be seen by a doctor every day, including at weekends. If this doesn't happen, ask why.*
*NHS Trust staff member*

You should be able to ask the staff caring for you in hospital if you have questions or concerns about your treatment. You should also be given the name of the senior doctor who is responsible for overseeing your care.

Every day, you can ask the following questions:

- What will happen to me today?
- How will it help me get home?
- What day will I go home?
- Has the planning started for this already?

- What can I do to help myself get ready to go home?

If you don't think you're getting the answers you need, you can speak to the hospital's Patient Advice and Liaison Service (PALS).

If you find it difficult to ask questions or understand information and you don't have a relative or friend who can help you, you may be able to get an independent advocate to assist you. For more information, see our factsheet **Independent advocacy**.

## Food

The hospital will provide you with all your meals on the ward and you may be able to choose them in advance. If you're vegetarian or vegan, have a medical need for a special diet (eg a gluten-free diet) or follow a restricted diet for cultural or religious reasons (eg if you don't eat pork), this will be made available. There may be other choices, such as reduced fat and reduced salt options or small portions, helpful if you have a small appetite.

You may want to contact the hospital before you are admitted to check that they can provide the food you need. If your admission was unplanned, ask the nurse in charge of the ward what to do. If someone comes round with menu cards that you fill in to order your food, you could also ask them.

It's also important to ask for assistance if you:

- need help choosing your meals or filling in the menu cards (eg if you have a visual impairment or can't hold a pen)
- have any physical problems eating (eg if you're finding it hard to sit up, hold cutlery, or chew or swallow food)
- think you're losing weight.

The staff on the ward may seem busy, but this shouldn't stop you from asking for help when you need it. Ask to be referred

to a dietician or an occupational therapist if you need a special diet or any help to eat and drink.

Hospitals won't always want you to bring your own food into hospital. They won't know where it has come from and it could be an infection control risk. It could also be unsuitable for you, for example if you would be unable to swallow it. If you're hungry, ask the staff on the ward and something will be arranged for you.

Gifts like fruit or flowers also shouldn't be brought into the hospital because of the need for infection control.

## Hospital facilities

In larger hospitals, there is usually a shop selling newspapers and groceries and/or a cafe that can be used by staff and patients. Some hospitals also have a small bank branch or cash machine. You may want to check this before you go into hospital if you will be staying for a while, especially if you won't have many visitors during your stay.

Many hospital beds are now equipped with a service that provides a personal radio, TV, telephone and answering machine. You will usually have to pay to use the TV and telephone. You can usually buy cards for this from vending machines in the hospital. It's a good idea to bring your mobile, if you have one, as telephone charges can be expensive. The hospital may limit use of mobile phones on wards if they affect the privacy or safety of patients, or if they interfere with medical equipment. Ask the staff on the ward for a copy of their use of mobile phones policy.

Your hospital may also provide wireless internet access (Wi-Fi) for free or for a small charge. You will need to bring your own device, such as a tablet or laptop, to access the internet.

## Visiting hours

Visiting hours vary from ward to ward, so you may want to ask about this on the ward if you haven't already been told.

## MRSA

Most patients won't get infections such as MRSA in hospital, but if you want to find out more about what MRSA is and how it can affect people, contact MRSA Action UK (01337 841098, mrsaactionuk.net).

### Good to know

When you're admitted to hospital, you'll usually be asked for personal details and information including your next of kin. The person you nominate as next of kin would be contacted in an emergency and can be kept informed about the care you're given. They don't have to be a relative – you could nominate a friend, for example.

# 6. NHS Continuing Healthcare

NHS Continuing Healthcare is a package of care arranged and paid for by the NHS. If it seems you may need this, you must be given an assessment to find out if you qualify for it.

If you have a high level of health and care needs, you may be assessed as eligible for NHS Continuing Healthcare. If you qualify, you will have all the care you are assessed as needing paid for by the NHS no matter what your income or savings are.

A health professional will decide whether you qualify by looking at the nature, intensity, complexity and unpredictability of your needs.

If you have a rapidly deteriorating condition and are approaching the end of your life, you might have a fast-tracked NHS Continuing Healthcare assessment. If you are assessed as eligible via this fast track, a care package should be in place within 48 hours.

If you think you may be eligible for NHS Continuing Healthcare, request an assessment is carried out while you're still in hospital.

### Good to know

The assessment for NHS Continuing Healthcare is separate to a discharge assessment or care needs assessment. For more information, see our factsheet **Continuing Healthcare – should the NHS be paying for your care?**

# 7. Leaving hospital - how it should work

Each hospital will have its own discharge policy, which will set out how you or family members will be involved in the discharge process. Ask your hospital discharge coordinator, ward manager or the hospital Patient Advice and Liaison Service (PALS) for a copy.

Plans for your discharge should start from the day you're admitted, and you should be fully engaged in this process. See p. 19 for a list of questions you should ask about your discharge throughout your hospital stay.

You might have various questions and concerns about leaving hospital, such as:

- What date and time will you be discharged and how will you get home?
- What medicine do you need? Will you be provided with some until you can see your GP when you get home?
- Will the hospital staff contact your GP to let them know what treatment you have had, the outcome of it and what follow-up appointments you need at the hospital or GP surgery?

Ask the person in charge of your discharge about anything you're unsure of.

You shouldn't be discharged until:

- a doctor decides you're well enough
- you've been given an assessment if it looks like you'll need care or support when you leave hospital. This may happen before or after you leave hospital, but if it happens afterwards, any support you need should still be provided by the NHS in the meantime.

- if you will need care and support in order for it to be safe for you to be discharged, this has been put in place.

Make sure you know who will provide your care and how you can contact them. If you have any concerns or queries, discuss them with the hospital social worker, consultant or ward manager.

Ask for further assistance in any of the following situations:

- you're being discharged from hospital before you think you're well enough to go home
- you haven't had a discharge assessment or care needs assessment but think you will need some help when you return home
- you don't think you'll be able to cope at home, even with support that has been organised for you at home
- you're ready to leave hospital but your discharge is being delayed, eg because care, equipment or adaptations you need have not been organised
- you're being pressured to move somewhere you don't want to, such as a care home.

Contact Independent Age for advice (0800 319 6789, advice@independentage.org).

## Assessments of your ongoing care needs

If you're in hospital receiving acute care (see p. 17) and it looks like you will need ongoing care and support when you leave in order for your discharge to be safe, the hospital must notify your local council. The council's adult social services team must then carry out a care needs assessment. They should inform the hospital if you need care and support, if you are eligible for support from the council and, if so, how the council plans to meet your needs.

Before the hospital staff notify the council, they must consult you and any carers you have. They must also consider whether you should get NHS Continuing Healthcare (see Chapter 6).

The hospital or the person who carries out the assessment may also decide that you need some specialist services such as rehabilitation, physiotherapy, intermediate care or reablement, as part of your post-hospital care package – see chapter 8 for details.

The hospital must tell the council when you will be leaving, giving them as much notice as possible. You shouldn't be discharged from hospital until the support you need has been put in place, so you are safe from the moment you leave.

### What happens at the care needs assessment?

The care needs assessment looks at whether you are able to carry out certain tasks (referred to as 'achieving care outcomes') – including being able to wash and dress yourself, get enough food and drink, and get around your home safely. If you need help to achieve tasks like these you should be seen as being unable to achieve those outcomes.

If you can achieve some outcomes without help, but it causes you pain or anxiety, puts your or someone else's safety at risk, or it takes you a lot longer than it would normally take, you should also be assessed as unable to achieve those outcomes.

You must be involved throughout the assessment, and your views, wishes and beliefs must be taken into account as well as your needs.

For more information about care needs assessments, see our factsheet **Assessment and care services from your local council**.

## Do you qualify for council support?

The care needs assessment must record what your needs are and if these meet the national eligibility criteria for access to support. You will qualify if the council thinks you meet three conditions:

- you need support because of a physical or mental impairment or illness
- you're unable to achieve two or more of the outcomes that councils assess against, and
- your inability to achieve these outcomes has or is likely to have, a 'significant impact' on your overall wellbeing.

## After the care needs assessment

You must be given a copy of the assessment, explaining what your needs are and which needs qualify for support. Ask if you don't get one.

If your needs meet the eligibility criteria, the council must consider how to meet them. Councils can sometimes use their discretion to meet needs that don't qualify under the criteria. You'll then be given a separate financial assessment to see whether you will have to pay for some or all of this support.

Even if the council isn't meeting any of your needs, they must still give you information and advice to help you, for example, about other services in the community that may be able to provide support.

## Good to know

If you weren't given a care needs assessment before you left hospital and think you should have been, you can ask your council to arrange one. Contact their adult social services department as soon as possible. If your needs are urgent, let social services know. They may then

arrange a temporary care package for you until a full assessment can be arranged.

## Independent sector or private hospitals

If you're paying for your care privately in a private or independent hospital, the hospital discharge process might be different.

Contact the hospital before you're admitted to ask if they have an arrangement with the local council to carry out a care needs assessment before you return home. If they don't, you may want to arrange this yourself before you are admitted to hospital. Contact the social services department of your council. For more information, call Independent Age to arrange to speak to an adviser (0800 319 6789).

## Transport to get you home

Talk to the person coordinating your discharge if you think you might need help arranging transport to get you home. If you have a medical need for transport, for example if you use a wheelchair and have no other way of getting to hospital, you may be able to use non-emergency Patient Transport Services.

### Help paying travel costs

If you're on a low income or get benefits such as Guarantee Pension Credit, you may be able to get help with travel costs for follow-up and future appointments through the NHS Low Income Scheme. Get further information and an application form (HC1) from the hospital or your GP or pharmacist, or download the form from nhs.uk/NHSEngland/Healthcosts/Pages/nhs-low-income-scheme.aspx.

## Help from charities

Some charities can offer escorted transport home from hospital. To find out if there is a volunteer transport scheme in your local area, contact the British Red Cross (0344 871 11 11, redcross.org.uk) or the Royal Voluntary Service (0845 608 0122, royalvoluntaryservice.org.uk).

# 8. Free short-term help when you leave hospital

You might be entitled to some free short-term care to help you regain independence when you leave hospital. The type of support you're given will depend on your health and care needs. You could be offered rehabilitation, intermediate care or reablement services.

## Rehabilitation

Rehabilitation services aim to help you regain or re-learn skills and abilities after an illness or operation. They should be free of charge if an assessment finds you need them. Services can include:

- physiotherapy to improve your movement and mobility. If you feel you need more treatment than the NHS will offer you, go to your GP or consultant and ask to be referred for more sessions. If you would prefer to see a physiotherapist privately, search for one through the Chartered Society of Physiotherapy (020 7306 6666, csp.org.uk).
- speech and language therapy for any communication or swallowing difficulties
- occupational therapy to help you manage daily activities that become difficult because of illness or disability.

## Intermediate care or reablement

Intermediate care (also called reablement) is a programme of care and support, designed to help you:

- retain or regain skills to help you live independently at home
- stay out of hospital in the future

- stay in your own home for longer, delaying or preventing the need to move into residential care.

If you need them, intermediate care or reablement services must be provided free of charge for up to six weeks. Although many intermediate care and reablement services are provided to people in their own home, it's sometimes possible to receive these services in a care home or community hospital.

## Equipment and adaptations

You may need specialist equipment or to make changes to your home before you can be safely discharged from hospital. Any aids and minor adaptations (those that cost up to £1,000 to install) you are assessed as needing must be provided free of charge. For more information, see our factsheets **Adapting your home to stay independent** and **Choosing disability equipment**.

All of these things should be considered before you are discharged from hospital.

### To do

While you're still in hospital, ask the person managing your discharge whether you are being considered for intermediate care or a reablement package after hospital discharge.

If this is not offered to you and you think it should have been, call Independent Age to arrange to speak to an adviser (0800 319 6789).

# 9. Going back home - what help is available?

## Welcome Home service

Some local organisations, such as Age UK (0800 169 6565, ageuk.org.uk), British Red Cross (0344 871 1111, redcross.org.uk) or the Royal Voluntary Service (0845 608 0122, royalvoluntaryservice.org.uk) provide a Welcome Home or Home from Hospital service. This might involve someone visiting you at home for a short time after you're discharged from hospital to help with things like shopping, collecting pensions or picking up prescriptions.

## Other support from voluntary organisations

Your local Age UK (0800 169 6565, ageuk.org.uk) or Royal Voluntary Service (0845 608 0122, royalvoluntaryservice.org.uk) may provide you with support to stay independent at home when you return from hospital. For example, a cleaning service, gardening scheme, or shopping assistance. Your local council should also be able to give you details of other local organisations that provide such support. They may charge for some of the services they provide.

For information on the types of services that are available in most areas, see our guide **Getting help at home**.

## Benefits

If you have been discharged from hospital and now have difficulties with your personal care, carrying out daily living tasks or getting around, you may qualify for a disability benefit:

- Attendance Allowance (AA) if you're 65 or over

- Personal Independence Payment (PIP) if you're under 65.

For more information about who qualifies and how to claim, see our factsheets: **Disability benefits: Attendance Allowance** and **Disability benefits: Personal Independence Payment and Disability Living Allowance**.

If you already receive any benefits, tell the relevant benefits office as soon as you're discharged from hospital so your benefit payments restart if they were suspended during your hospital stay (see chapter 4).

**To do**

Call us for a benefits check to see what you could claim (0800 319 6789, independentage.org).

## For more information about help at home

You may have received some short-term support from the NHS when you left hospital, such as intermediate care and reablement services. If you need help in the longer term, this will usually be arranged by your council's adult social services department following a care needs assessment (see chapter 7).

You can find a wide range of information in our advice guide **Getting help at home**.

# 10. Moving to another home

Your care needs assessment will look at how suitable your home and accommodation is for you. This could include considering whether:

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

Your views, wishes and rights must be taken into account. 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 the decision to refuse specific services. If you don't want to move to a care home, talk to social services. They can help you to explore whether other options might be appropriate. If you feel under pressure to accept a care package you don't agree with, contact Independent Age on 0800 319 6789.

If you think you'd like to move somewhere that better suits your needs, mention this at the assessment.

For more information on housing options, see our guide **Choosing where to live**.

If you're moving home, make sure someone contacts the hospital with your new address, so they can contact you about follow-up appointments.

# 11. Making a complaint about hospital care

*Making a complaint should not and will not impact on the care and treatment you receive in hospital.*
*NHS Trust staff member*

If you don't think you have received the right quality or type of care in hospital, you may wish to make a complaint. The complaints process can help you find out what went wrong, get an explanation and apology or make sure the problem doesn't happen again.

Sometimes it's enough just to have an informal conversation with the staff providing your care to resolve the problem quickly. However, if you're not happy with the response or the problem continues, you may want to make a formal complaint.

You can get support from your local Patient Advice and Liaison Services (PALS) if your complaint is about an NHS hospital.

You must receive acknowledgement of any formal complaint within three working days and be offered the opportunity to discuss the complaint. The NHS should also tell you:

- what will happen next
- how long the initial investigation will take
- who will contact you.

For more information, see our factsheet **Complaints about care and health services**. This factsheet also explains how you can get support to make your complaint.

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## Thank you

Independent Age would like to thank those who shared their experiences as this information was being developed, and those who reviewed the information for us.

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