

# Factsheet

## 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.



Call free on **0800 319 6789**

Visit **[www.independentage.org](http://www.independentage.org)**

## 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, [ageuk.org.uk/cymru](https://ageuk.org.uk/cymru))  
for information and advice.**

**In Scotland, contact Age Scotland  
(0800 12 44 222, [ageuk.org.uk/scotland](https://ageuk.org.uk/scotland)).**

**In Northern Ireland, contact Age NI  
(0808 808 7575, [ageuk.org.uk/northern-ireland](https://ageuk.org.uk/northern-ireland)).**

In this factsheet, you'll find reference to our other free publications. You can order them by calling **0800 319 6789** or by visiting [www.independentage.org/publications](https://www.independentage.org/publications)

# Contents

---

1. Preparing for a hospital stay	4
2. If you're a carer	9
3. Emergency (unplanned) admissions	10
4. Managing your finances in hospital	11
5. What happens to your benefits when you're in hospital?	12
6. Your hospital stay	15
7. NHS Continuing Healthcare	22
8. Leaving hospital – how it should work	24
9. Free short-term help when you leave hospital	32
10. Going back home – what other help is available?	34
11. Making a complaint about hospital care	36

# 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
- close-fitting slippers or other comfortable non-slip footwear
- toiletries

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

Avoid taking valuable items, such as jewellery, in case it goes missing.

## My hospital checklist

Use this checklist to write down everything you need to bring, and to keep track of your belongings when you leave hospital.

### 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 a trusted relative or neighbour. 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 using Royal Mail's Keepsafe service where they hold your mail and deliver it when you return. You'll need to pay a fee and give five days' notice. For more information, contact Royal Mail (**03457 777 888**, [royalmail.com/keepsafe](https://royalmail.com/keepsafe)) or ask at your Post Office
- arrange help with looking after your property (for example, watering plants)
- cancel any deliveries, like milk or newspapers
- if you own a pet and no one can look after them while you're in hospital, you could pay for a pet-sitter. The Cinnamon Trust (**01736 757 900**, [cinnamon.org.uk](https://cinnamon.org.uk)) offers practical help and advice about caring for pets during your hospital stay.

## Your admission letter

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
- the name of the consultant-led team in charge of your care.

Make sure you've read and understood your letter, and contact the hospital in advance if there's anything you're unsure about. Let them know if you have any special needs or require a translator.

Sometimes you may be asked to attend a pre-admissions assessment with a nurse or doctor, where you'll 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.



### **Good to know**

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 care workers at home, tell the care worker or agency that you'll be going into hospital and, if possible, when you think you'll return home.

## 2. If you're a carer

---

If the person you care for will need replacement care (known as respite care) during your hospital stay and recovery, contact your council's adult social services department to arrange a care needs assessment for them. This will look at how much help they need with day-to-day activities, and whether they might be able to get support from the council. You may also want to request a carer's assessment for yourself if you haven't already had one. This looks at the support you need as a carer.

If the person you care for is going to receive respite care, either in their home or in a care home, they will be given a financial assessment and may be charged for any care they receive. See our factsheet **Getting a financial assessment for care at home**.

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 urgently needs support. Adult social services can arrange a temporary care package for them until a full care needs assessment can be arranged. They should also have an emergency phone number if you need to contact them outside office hours.

If the person you care for already receives help from the council, emergency plans should be included in their care and support plan. You might also have an emergency plan as a carer, so replacement care can be arranged quickly if necessary. Check these plans are still up to date and relevant.

For more information, see our guide **Caring for someone** and our factsheet **Getting help from the council as a carer**.



### Good to know

Contact Independent Age (**0800 319 6789**, [advice@independentage.org](mailto:advice@independentage.org)) to arrange to speak to an adviser if you have any concerns about a hospital stay.

## 3. Emergency (unplanned) admissions

---

If you've been admitted to hospital in an emergency, 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 questions about your care, 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:

- consultant or clinician who is responsible for your care
- 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).

## 4. Managing your finances in hospital

---

It's 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 for your bills
- a third-party mandate – gives your bank instructions that you want someone else to deal with your account for you while you're unable to. Check whether your bank offers this service
- a general 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.

Some of these options may take some time to set up. For more information, see our factsheet **Managing my affairs if I become ill**.



### Good to know

If you're unable to manage your finances because of disability or mental incapacity, a friend or relative can apply to be an appointee to receive your benefits (including the State Pension) on your behalf. Visit [gov.uk/become-appointee-for-someone-claiming-benefits](https://www.gov.uk/become-appointee-for-someone-claiming-benefits) to find out more.

## 5. 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*	<b>AA helpline</b> <b>0800 731 0122</b>
Disability Living Allowance (DLA)	Stops after 28 days*  If you have a Motability arrangement, contact the scheme after 28 days to discuss arrangements	<b>DLA helpline</b> if you were born on or before 8 April 1948: <b>0800 731 0122</b>  if you were born after 8 April 1948: <b>0800 121 4600</b>  <b>Motability customer services</b> <b>0300 456 4566</b>
Personal Independence Payment (PIP)	Stops after 28 days*  If you have a Motability arrangement, contact the scheme after 28 days to discuss arrangements	<b>PIP helpline</b> <b>0800 121 4433</b>  <b>Motability customer services</b> <b>0300 456 4566</b>

\* either in one stay, or several stays added together, where the gaps between stays are no more than 28 days each time. This can include stays in a care home as well as hospital stays. When you're working out the number of days you've been in hospital, don't include the day you go in and the day you come out.

## Other benefits

Benefit	What happens?	Contact
State Pension	Is not affected	
Carer's Allowance	<p>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)</p> <p>Stops when the disability benefit stops if the cared-for person is in hospital</p>	<p><b>Carer's Allowance Unit</b> <b>0800 731 0297</b></p>
Council Tax Support (Council Tax Reduction)	Usually stops after 52 weeks, but check with your council for local rules	<b>Contact your council</b> <b>gov.uk/find-your-local-council</b>
Housing Benefit	<p>Usually stops after 52 weeks. If someone else lives in the property, they may be able to claim instead if they're liable for the rent</p> <p>If you're in an independent non-NHS hospital, Housing Benefit can be paid for up to 13 weeks</p> <p>Any Severe Disability Premium will stop when your disability benefit stops</p> <p>Any Carer Premium will stop eight weeks after your Carer's Allowance stops</p>	<b>Contact your council</b> <b>gov.uk/find-your-local-council</b>

Benefit	What happens?	Contact
Support for Mortgage Interest	Usually stops after 52 weeks	
Pension Credit	<p>Can still be paid, but:</p> <p>Any Severe Disability Addition will stop when your disability benefit stops</p> <p>Any Carer Addition will stop eight weeks after your entitlement to Carer's Allowance stops</p> <p>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.</p>	<p><b>Pension Service helpline</b> <b>0800 731 0469</b></p>

## If you're a couple

If you're claiming Council Tax Support, Housing Benefit or Pension Credit, and have been in hospital for 52 weeks, you and your partner will normally be treated as separate claimants. This should revert to a joint claim once you return home and let your council or the Pension Service Helpline know you're back.

For more information about benefits, contact Independent Age (**0800 319 6789**, [advice@independentage.org](mailto:advice@independentage.org)).

## 6. Your hospital stay

---

### Hospital glossary

Here are a few terms you might hear being 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, for example, because the care they will need when they leave has not been arranged
- **acute care** – intensive, short-term medical treatment provided by or under the supervision of a consultant, usually in hospital, for patients with any kind of illness or injury. Acute care doesn't cover mental health care, palliative care or most rehabilitation services
- **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](https://www.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 protects you from discrimination by hospital staff. It applies to discrimination based on your age, sex, sexual orientation, gender reassignment, race, religious belief, marital status, disabilities and pregnancy or maternity. If you think you have been discriminated against, 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 (**020 7320 5650**, [solicitors.lawsociety.org.uk](https://www.solicitors.lawsociety.org.uk)). You may also wish to contact the Equality Advisory and Support Service (**0808 800 0082**, [equalityadvisoryservice.com](https://www.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.

## Giving consent for treatment

You'll be asked for verbal consent before any treatments, tests or examinations. For some treatments, including operations, you'll be asked to sign a consent form. You should be given as much information as possible before you sign so you can make an informed decision. If you think you've been given treatment you didn't consent to, you can make a complaint. See chapter 11 for more information on how to make a complaint.

Sometimes a situation may arise when you're unable to give consent. If this happens, a decision will be made in your best interests. This must follow a procedure and take into account your past views and wishes. The decision-maker must also consider options that are less restrictive of your rights.

You may want to plan ahead to ensure that your wishes are known if you're unable to give consent. You can do this by making an advance statement or advance decision. If you are setting up a lasting power of attorney for health and welfare, you can also leave instructions and preferences in your application. For more information, see our factsheet **Managing my affairs if I become ill**.

If you're detained under the Mental Health Act 1983, you can be treated against your will. However, there are rules about when this can happen.

## **Operation cancellations**

Operations may sometimes be cancelled. If this happens for non-medical reasons (for example, no available beds) on the day you're due to arrive in hospital or after you're 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. You can find details of your local CCG at [nhs.uk/service-search/other-services/Clinical-Commissioning-Group/LocationSearch/1](https://www.nhs.uk/service-search/other-services/Clinical-Commissioning-Group/LocationSearch/1).

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. However, your right to start consultant-led treatment within a maximum waiting time of 18 weeks still stands. If the cancellation means you have to wait longer, you can ask to be treated at a different hospital.

## **Operations during the coronavirus (COVID-19) pandemic**

At the start of the coronavirus outbreak, many routine (non-urgent) operations were cancelled. The NHS is working hard to restore planned routine hospital care to near normal levels.

However, it's likely that some people may experience delays with having non-essential appointments rescheduled. Non-urgent planned care may also be temporarily paused if hospitals are under a lot of pressure.

## 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, ask 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 consultant or 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 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 (for example, a gluten-free diet) or follow a restricted diet for cultural or religious reasons (for example, 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 if you have a small appetite.

You may want to contact the hospital before you are admitted to check 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 around 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 (for example, if you have a visual impairment or can't hold a pen)
- have any physical problems eating (for example, 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. If you need a special diet or any help to eat and drink, or if you're finding it more difficult to swallow or speak, you can ask to be referred to a dietician, an occupational therapist or a speech and language therapist.

Hospitals won't always allow you to bring your own food into hospital. They may be concerned that they don't know where it has come from or that it could be an infection control risk. It could also be unsuitable for you, for example, if you would be unable to swallow it. Check what the hospital's policy on bringing food is. If you're hungry, ask the staff on the ward and something will be arranged for you.

Flowers also shouldn't be brought into hospital because of the need to control infection.

## **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 now come with a service that provides a personal radio, TV, telephone and answering machine. You'll 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 smartphone, tablet or laptop, to access the internet.

## Visiting hours

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

## MRSA

Most patients won't get infections such as MRSA in hospital. If you want to find out what MRSA is and how it can affect people, contact MRSA Action UK ([mrsaactionuk.net](https://www.mrsaactionuk.net)). You may have a simple screening test to check your skin for MRSA before you're admitted to hospital. This is normally done at a pre-admission clinic or your GP surgery.



### 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, if you wish. They don't have to be a relative – you could nominate a friend, for example.



### Good to know

Your next of kin doesn't have any legal rights to make decisions about your care. If you wish, you can appoint someone to make decisions for you if you're unable to make them yourself by setting up a lasting power of attorney for health and welfare. See our factsheet [Managing my affairs if I become ill](#) for more information.

## 7. NHS Continuing Healthcare

---

NHS Continuing Healthcare is a package of care arranged and paid for by the NHS for people with a high level of health and care needs. If it seems you may need this, you must be assessed to find out if you qualify for it.

If you qualify, all the care you're assessed as needing will be paid for by the NHS, no matter what your income or savings are.

A multi-disciplinary team (usually made up of one health professional and one social care 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 qualify 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, speak to the discharge coordinator while you're still in hospital to request that an assessment is carried out. The assessment could take place in hospital but may happen later, when your ongoing needs should be clearer. The hospital should make sure that any NHS services or care you need – such as rehabilitation, physiotherapy or intermediate care – are put in place in the meantime.



### 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?**

## Getting an assessment during the coronavirus (COVID-19) pandemic

You may find that it takes longer than usual to get an assessment for NHS Continuing Healthcare. However, you should be offered NHS funded care for a limited time if you:

- are admitted to hospital or would have been admitted to hospital, and
- have care and support needs, and
- don't have an existing care package that can continue to meet your needs.

If your condition means you might need to be fast-tracked, you still can be.

See chapter 8 for more information on who should fund care and support after leaving hospital during the coronavirus period.

## 8. Leaving hospital – how it should work

---

### **Leaving hospital during the coronavirus (COVID-19) pandemic**

You might find that your stay in hospital is shorter than usual during the coronavirus outbreak. Until the emergency period has ended, hospitals are following a new process to quickly and safely discharge patients who no longer need a hospital bed. This helps make more beds available for those with acute care needs or who need urgent medical attention because of coronavirus. Before you leave hospital, you must still be assessed as medically fit and have any support you need for the discharge to be safely put in place.

If a doctor responsible for your care decides you're well enough to be discharged, you'll be sent home or to another appropriate place on the same day. In hospital, you will only be assessed to see what (if any) short-term support you need to safely leave hospital. Any longer-term care and support needs will be assessed after you leave hospital instead of before. This assessment must happen before any short-term support you're getting comes to an end.

You won't have a choice about whether you are discharged. This means you won't be allowed to stay in hospital if you're medically fit and refuse the care offered to you.

### **What happens when you need to leave hospital**

Once you're assessed as medically fit, you will be discharged as soon as possible, usually within a few hours. What happens next depends on how much care or support you might need. If you need ongoing support after you leave, you'll be given a case manager who will help you through the process.

- **If you need little or no support**, you will be sent home and hospital staff will manage your discharge. They should discuss your needs and tell you about the next steps. You should be given information about how to manage your recovery at home and who you can contact if your condition changes.
- **If you need more care or support at home**, you are likely to be sent home whenever possible and community health staff will manage your discharge. You'll receive a home visit on the day you return home, or the next day, to work out what support you'll need. The visit will be with at least one health or care professional (for example, a social worker or nurse) who will quickly put this support in place. If you need immediate support, your case manager will arrange it before you leave hospital.
- **If you aren't able to return home** because your needs are more complex, you'll be discharged to a rehabilitation bed or place in a care home. If you need to move into a care home, you may not be able to move to the care home of your choice straightaway. You'll need to stay in an alternative care home until a place is available, rather than wait in hospital. This means you may need to move more than once until the right place is available.

Before you are discharged into a care home, supported housing or temporary accommodation, you must be tested for coronavirus. You will only be able to move into a care home if you've been tested within 48 hours before your admission and have the results of your test. Your case manager should make sure this happens.

If you test positive, you will move to a setting which meets certain infection prevention control standards put in place by the Care Quality Commission. This would be for the usual 10 day isolation period, and may be a different location to the care home you are moving to.

- **If you're approaching the end of your life**, community palliative care teams will arrange the support you need either at home or in a hospice.

Even with these changes, your needs must be considered and you should still receive high quality care. Talk to your case manager or discharge team as soon as possible if you have any concerns or questions about your discharge or follow up support. You can do this even if you've already left the hospital – for example, if you feel the temporary support put in place is not meeting your needs.

### **Who pays for extra care out of hospital**

The NHS should use emergency government funding to pay for any new or extended health or social care you receive out of hospital for up to six weeks. However, you may be asked to pay towards the cost of your ongoing care once you've been assessed for your long-term needs. This should be discussed with you when your discharge plans are made.

If you have an existing care plan that will continue to meet your needs, you should stay on it – whoever pays for it should continue to do so.

If you are likely to need longer-term support, a care needs assessment (or an NHS Continuing Healthcare assessment if this is appropriate for you) should be arranged for you within the first six weeks after discharge. If this is delayed, you should not be asked to pay for any care until the right assessments are carried out. When you leave hospital, it's a good idea to ask your case manager when you can expect to have an assessment of your longer-term care needs.

### **Leaving hospital in normal situations**

When the coronavirus emergency period has ended, discharge processes may return to normal. Usually, plans for your discharge should start from the day you're admitted to hospital, and you should be fully engaged in this process. 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.

You might have concerns about leaving hospital. Page 18 has a list of questions you can ask about your discharge throughout your hospital stay. Make sure you know the answers to the following questions before you're discharged:

- What date and time will I be discharged?
- How will I get home?
- What medicine do I need? Will I be provided with some until I can see my GP?
- What follow-up appointments will I need?
- What help and support will I receive after my discharge?
- Will the hospital staff contact my GP to let them know what treatment I've had, the outcome and what follow-up appointments I need at the hospital or GP surgery?
- Who should I contact in an emergency?

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

You must not be discharged until:

- a doctor decides you're well enough
- any care and support you need to be discharged safely 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, ward manager or discharge coordinator.

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
- 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 go, such as a care home.

Contact Independent Age for advice (**0800 319 6789**, [advice@independentage.org](mailto:advice@independentage.org)).

## **Assessments of your ongoing care needs**

If you're in hospital receiving acute care (see page 15), and it looks like you will need ongoing care and support when you leave 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 qualify 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, and share their decision with the council (see chapter 7).

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

The hospital must tell the council when you will be leaving, giving them as much notice as possible. You must not be discharged from hospital until the support you need to be safe after you leave hospital has been put in place.

For more information about care needs assessments, see our factsheet **First steps in getting help with your care needs**. Our guides **Getting help at home** and **Choosing the right care home** may also be useful.



### Good to know

If you weren't given a care needs assessment before you left hospital and think you should have been, 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.

## Leaving hospital after a period of mental ill-health

The charity Mind has a useful guide which explains your rights to care and support after leaving hospital if you've been detained under the Mental Health Act (**0300 123 3393**, [mind.org.uk/information-support/legal-rights/leaving-hospital/overview](https://www.mind.org.uk/information-support/legal-rights/leaving-hospital/overview)).

## Section 117 aftercare

If you've been receiving treatment in hospital for a mental health condition under certain sections of the Mental Health Act, you may qualify for free aftercare. This could include healthcare, social care and supported housing. Speak to a nurse, social worker or other NHS or social services professional for more information. Rethink has a factsheet on section 117 aftercare – contact them for a copy or download it from their website (**0300 5000 927**, [rethink.org](https://www.rethink.org)).

Section 117 aftercare services may not cover all your needs, so you may want to ask for a care needs assessment as well. To find out more, contact our Helpline to arrange to speak to an adviser (**0800 319 6789**).

## **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 adult social services department of your council. For more information, call our Helpline 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. This can be arranged by the ward staff.

## **Help paying travel costs**

If you or your partner are 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 more 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](https://www.nhs.uk/NHSEngland/Healthcosts/Pages/nhs-low-income-scheme.aspx).

To check if you're eligible for Pension Credit, contact Independent Age (**0800 319 6789**, [advice@independentage.org](mailto:advice@independentage.org)).

## 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 1111**, [redcross.org.uk](https://www.redcross.org.uk)) or Royal Voluntary Service (**0330 555 0310**, [royalvoluntaryservice.org.uk](https://www.royalvoluntaryservice.org.uk)).

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

---

You might be entitled to some free short-term care to help you recover and regain independence when you leave hospital. The type of support you're given will depend on your health and care needs. It may be provided by the NHS or your local council. 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 for as long as you're assessed as needing 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](http://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 and reablement

Intermediate care, including reablement, is an intensive programme of care and support, designed to help you:

- recover more quickly
- 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 intermediate care or reablement services, they must be provided free of charge for up to six weeks. You may be charged if you need the service for longer than this. Although many intermediate care and reablement services are provided to people in their own home, you may 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**).

## 10. Going back home – what other help is available?

---

### Welcome Home service

Some local organisations, such as Age UK (**0800 169 6565**, [ageuk.org.uk](https://www.ageuk.org.uk)), British Red Cross (**0344 871 1111**, [redcross.org.uk](https://www.redcross.org.uk)) or the Royal Voluntary Service (**0330 555 0310**, [royalvoluntaryservice.org.uk](https://www.royalvoluntaryservice.org.uk)) provide a Welcome Home or Home from Hospital service. This might involve someone checking that everything is ready for your safe arrival home and visiting you 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](https://www.ageuk.org.uk)) or Royal Voluntary Service (**0330 555 0310**, [royalvoluntaryservice.org.uk](https://www.royalvoluntaryservice.org.uk)) may provide you with support to stay independent at home when you return from hospital. For example, they may offer 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've 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 over State Pension age. You can check this by using the calculator on [gov.uk/state-pension-age](https://www.gov.uk/state-pension-age).

- Personal Independence Payment (PIP) if you're under State Pension age.

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. Your benefit payments will restart if they were suspended during your hospital stay (see chapter 4).



### To do

Call us to arrange a benefits check to see what you could claim (**0800 319 6789**, [independentage.org](https://www.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**.

## 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 Service (PALS) if your complaint is about an NHS hospital. You could also contact a local NHS complaints advocacy service. Speak to your local Healthwatch (**03000 683 000**, [healthwatch.co.uk](https://www.healthwatch.co.uk)) to see what's available in your area.

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

- how your complaint will be handled
- how long the initial investigation is likely to 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.

Our publications cover England only. While we make every reasonable effort to ensure that our information is accurate at the time of publication, information can change over time. Our information should not be used as a substitute for professional advice. Independent Age does not accept any liability for any loss however caused arising from the use of the information within this publication. Please note that the inclusion of other organisations does not constitute an endorsement from us.

The sources used to create this publication are available on request. Contact us using the details below.

### **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.

### **How did we do?**

To tell us what you think of our information, contact us using the details below. We will use your feedback to help us plan future changes to our publications.

If you would like to be involved in helping us to develop our information products, you can join our Readers' Panel. For more information visit [www.independentage.org/readers-panel](http://www.independentage.org/readers-panel) or call us.

### **Other formats**

If you need this information in a different format (such as large print or audio CD), please contact us.

## **Contact us**

---

Call us 0800 319 6789

Email [advice@independentage.org](mailto:advice@independentage.org)

Visit [www.independentage.org](http://www.independentage.org)