

# *Your hospital stay*

What to expect when going into hospital  
and when you're discharged



# Information and advice you need to help you love later life.

**We're Age UK and our goal is to enable older people to love later life.**

We are passionate about affirming that your later years can be fulfilling years. Whether you're enjoying your later life or going through tough times, we're here to help you make the best of your life.

**Our network includes Age Cymru, Age NI, Age Scotland, Age International and more than 160 local partners.**

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# What this guide is about

A hospital stay can be a difficult time for both you and those close to you.

This guide aims to make preparations for your admission and discharge a little easier. It explains what to expect when going into hospital, what should happen while you're in hospital, and the steps that should be taken to prepare for your discharge. It also examines the process that should be followed to ensure you have appropriate care and support after leaving hospital.

To find out more about the different healthcare systems across the country, in Wales contact NHS Direct Wales (see page 44), in Northern Ireland contact NI Direct (see page 44) and in Scotland contact NHS Inform (see page 45).

As far as possible, the information given in this guide is applicable across the UK.

When we refer to social services, this term includes Health and Social Care Trusts in Northern Ireland and the Social Work Department in Scotland.

## Key



This symbol indicates where information differs for Scotland, Wales and Northern Ireland.



This symbol indicates who to contact for the next steps you need to take.



**A hospital stay** can be a difficult time for both you and **those close to you.**

# Arranging a hospital appointment

You and your doctor (GP) may decide that you should see a specialist at a hospital. In England and Scotland you have the right to start any treatment you need within 18 weeks from the date you were referred by your GP. If you can't be seen within the maximum waiting time, your hospital must do what it can to offer alternatives. In Wales, you shouldn't wait for a hospital appointment for more than 26 weeks after being referred by your GP.



If you live in England, you can usually choose the hospital you would prefer to go to and which consultant team you would like to treat you. Your GP can explain how to book your first appointment or, if you don't want to make the decision yourself, choose for you. To make an appointment in England you can call the NHS e-referral service (see page 45) or book online.

Thinking about answers to the following questions may help you decide which hospital to choose.

- Do you know someone who has been treated there? What did they think?
- How quickly can you be seen?
- How easy is it to get there by public transport or car?
- Would the location and visiting times be convenient for visitors?
- Is there adequate, affordable car parking?



Visit NHS Choices at [www.nhs.uk](http://www.nhs.uk) to compare the quality of care at hospitals across England. For information about hospitals in Scotland, visit [www.nhsinform.co.uk](http://www.nhsinform.co.uk); in Wales, visit [www.nhsdirect.wales.nhs.uk](http://www.nhsdirect.wales.nhs.uk). You can also look at [www.patientopinion.org.uk](http://www.patientopinion.org.uk) to see what people think about hospitals across the UK.

If you need inpatient hospital treatment following an outpatient appointment, you'll often be invited for a pre-admissions assessment. This gives you an opportunity to ask questions. You may also be given advice or a booklet telling you what to expect, how long your stay is likely to be, and how to help your recovery.

If you are diagnosed with cancer, you will be referred to a specialist centre that can treat the type of cancer you have. You should start cancer treatment within two months of an urgent GP referral.

# Help with travel

If your condition or disability makes it difficult to use public transport or get in and out of a car, you may be eligible for free non-emergency NHS transport. If you are, your GP can arrange this for your first outpatient appointment.

If you receive certain benefits, such as the Guarantee Credit part of Pension Credit, you can claim a refund for travel costs, including parking. Ask the hospital outpatients department for details. If you don't receive any qualifying benefits but you have a low income, you may be able to get help through the NHS Low Income Scheme. Call Help with Health Costs to find out more (see page 43).

There may also be a local voluntary car scheme that can take people to hospital appointments for a reasonable charge. Ask your local Age UK if they are aware of any schemes in your area.

Cancer charities such as Macmillan Cancer Support (see page 44) may be able to help if travel costs for frequent treatment cause financial difficulties.

Ask the hospital whether there are any special parking rates or concessions for people receiving frequent treatment.

- i** Parking at NHS hospitals is free in much of Scotland, and parking fees are being phased out entirely at NHS hospitals in Wales.

## what next?

For more information, see our free factsheet *Help with health costs*. In Wales, see Age Cymru's version of this factsheet.

If you're regularly visiting a close relative or friend in hospital and have a low income, ask your local authority if it offers any help with travel costs.



# Getting ready to go into hospital

If you know you're going into hospital, it's worth making a few preparations in advance. Alternatively, if you're admitted in an emergency, this list might come in handy for your family and friends.

## Packing for a hospital stay

As well as nightwear and toiletries, remember to pack:

- your appointment card or admission letter
- money for phone calls or items from the hospital shop
- your mobile phone, if you have one. Ask to see a copy of the hospital policy as you may only be able to use your mobile phone in certain areas of the hospital
- all the medicines you take, in their original boxes if possible. If you have a card giving details of your current treatment, take this as well
- a notebook and pen to write down any questions
- the name and telephone number of your GP
- items to pass the time, such as books, magazines or puzzles.

Before you go into hospital, have a bath or shower, wash your hair, cut your nails and put on clean clothes.

## Practical considerations

As well as packing for your stay, there are some practical issues to think about before going into hospital.

- Check your home insurance to see whether the terms change if the house is unoccupied for a certain period of time.
- If you get on well with your neighbours, tell them that you're going into hospital. This will stop them worrying about you and means that they'll be able to keep an eye on your home.
- If you have pets and don't know anyone who can look after them while you are in hospital contact the Cinnamon Trust (see page 42) who offer a fostering service for pets while their owners are in hospital.
- Think about which rooms you'll be spending most of your time in when you come out of hospital and put items you use frequently, such as your TV remote control, radio or box of tissues, in easy reach.

Stock up on drinks and foods that are easy to prepare, such as frozen ready meals. Check you have other essential items including basic painkillers ready for when you return.

Age UK produces *LifeBook*, a simple way to keep financial and other useful information in one place. Call 0345 685 1061 for more information and to order your free copy.

# Emergency admission to hospital

If you have a medical emergency, such as a suspected heart attack or a stroke, you will be taken to a hospital A&E department. The hospital will assess you and decide how best to treat you. The staff should take account of other health conditions you have, as well as the issue you came in with. If you arrived following a fall, it is important that staff know whether you've had falls before. Once you've been assessed, the doctor will decide if you should be:

- treated but not admitted if on-going support can be provided at home
- moved to a unit where you'll be monitored or undergo tests before a decision is made whether to admit you
- admitted to a ward.

If you are admitted, don't be afraid to ask what will happen next. For example, ask when you are likely to see a consultant, what your treatment options are, and if you're likely to be moved to a different ward in the next 24 hours. Asking questions can reassure you, and should help you relax in the knowledge that progress is being made.

Although you may have been admitted for a particular reason, staff should also consider your wider health needs. Perhaps you've noticed that walking or completing everyday tasks has become more difficult or tiring. Maybe you've experienced unintended weight loss or your memory and thinking skills are causing problems. If this is the case, the doctor could involve a specialist older people's team in deciding your diagnosis and treatment. Their findings can inform the development of your care plan once you're ready to leave hospital (see page 28–29).

If you live alone and will be in hospital for some time, ask someone to check that your home is secure.

If you care for someone who has been admitted in an emergency, it might be useful to look at the section on 'Getting ready to go into hospital' (see pages 7–8). This will help you make sure the person you care for has everything they need for their hospital stay, and reassure them that everything at home is safe and secure.

You might also find it useful to look at our information about welfare benefits while in hospital (see page 20).

### what next?

If you don't need to be admitted but have had several falls, ask A&E staff or your GP about a referral to your local falls prevention service. Our free guide *Staying steady* has more information on preventing falls and what to expect from a falls prevention service.



**If you are admitted**, don't be afraid to ask what will happen next. Asking questions can reassure you, and **should help you relax** in the knowledge that progress is being made.

# Quality care in hospital

Hospitals must meet fundamental standards of care that everyone has a right to expect. In England, the Care Quality Commission (CQC) inspects hospitals to see how well they meet these standards and rates them accordingly.

To ensure a hospital meets the required standards, the CQC inspection will look at whether the hospital is:

**Safe** – its processes should protect you from avoidable harm.

**Effective** – you should be offered effective treatment that is supported by good evidence and helps you maintain a good quality of life.

**Caring** – staff should involve you and treat you with kindness, dignity and respect.

**Responsive** – services should be organised to meet the needs of the local population and should show that they learn from patient feedback and complaints.

**Well led** – the management, process and culture in the hospital should enable staff to develop and deliver high quality person-centred care.

If you have any comments on the quality of care you receive in hospital, you can let the CQC know (see page 41).



Many of these fundamental standards echo the rights of patients in England as set out in the NHS Constitution. In Wales, there is no direct equivalent to the NHS Constitution, but the rights of patients will generally be the same. In Northern Ireland, the Northern Ireland Health Service sets out patient rights and in Scotland, rights can be found in the Charter of Patient Rights and Responsibilities.

## what next?



To find an inspection report for the hospital you're staying in, visit the CQC website (see page 41). In Scotland, contact Healthcare Improvement Scotland (see page 43). In Wales, contact the Healthcare Inspectorate Wales (see page 43). In Northern Ireland, contact the Regulation and Quality Improvement Authority (see page 46).

Staff should involve you and **treat you with kindness,** dignity and respect.

# Your rights in hospital

The NHS Constitution sets out the guiding principles of the NHS and your rights and responsibilities as an NHS patient.

If you have a stay in hospital, it's useful to know what you can expect. You have a right to:

- receive NHS services – you can't be refused access or discriminated against because of your age, gender, race, religion or belief, sexual orientation or disability
- receive NHS services within a maximum waiting time (see page 4)
- be treated by appropriately qualified and experienced staff, in a clean, safe, secure and suitable environment
- receive drugs and treatments approved by the National Institute for Health and Care Excellence (NICE) that your doctor says are right for you
- be treated with dignity and respect in accordance with your human rights (see page 15)
- receive suitable and nutritious food and drink to sustain good health and wellbeing (see page 16)
- accept or refuse treatment you're offered (see pages 17 and 18)
- expect the NHS to keep your confidential information safe and secure
- have access to your own health records
- expect the hospital to take complaints seriously (see page 21).



## Dignity and respect

While you're in hospital, you have a right to be treated with dignity and respect. For example, this means you can expect:

- to be given a named nurse as your main contact for any questions
- to be spoken to in a polite and friendly way and asked how you would like to be addressed
- staff to be aware and respond sensitively if you have hearing or visual difficulties or memory problems
- staff to treat you as an individual and not as though you are 'invisible' when you are visited on a ward round
- to have all tasks and procedures explained to you before you agree to them
- to have your privacy respected. For example, when staff discuss medical matters with you it should be out of the hearing of other people, and they should ensure the curtains around the bed are secure when you're being examined or using a commode
- to be involved in discussions about your treatment and care in a way you can understand
- to be told the pros and cons of various possible treatments
- any requests you make for help to go to the toilet to be responded to promptly and courteously
- to be allowed to carry out tasks you can manage for yourself, for example, putting on your dressing gown without help.

Hospitals should no longer have mixed-sex general wards. However, specialist wards may be mixed-sex so that you can be treated by appropriate specialist staff. If this is the case, staff should make sure that your privacy is respected at all times.

## Eating and drinking

Eating and drinking enough is a vital part of your recovery, so it is an important right under the NHS Constitution.

Staff should help you with eating and drinking if you need it. Some wards have protected mealtimes, when other activities stop so that nurses and trained volunteers are on hand to help you.

Speak to the nurse in charge of the ward as soon as possible if you:

- need help filling in your menu choices
- find menu choices unsuitable because of allergies, cultural or personal preferences
- find it hard to reach your meal or drink
- have difficulty cutting your food or opening cartons
- prefer small meals with between-meal snacks
- have trouble chewing or swallowing.

Anyone who needs help may be given a different coloured tray to flag this up to hospital staff.

It's not unusual for patients to be weighed on arrival at hospital and regularly afterwards. This allows staff to adjust your diet if there are any concerns about your weight.

If you care for someone with dementia who is going into hospital and needs help to choose their meals, it's a good idea to note down their food and drink preferences for ward staff. See page 19 for more information.

## Consent to treatment

Doctors must seek and obtain your consent to carry out a test or treatment before it takes place. So you can make an informed decision, they should clearly explain any proposed examination, treatment or investigation, including the risks and benefits.

It might be useful to ask the following questions.


- What is the treatment and what will it involve?
- What will the treatment achieve?
- What are the risks and benefits of the treatment?
- What are the likely side effects?
- What will happen if I don't have the treatment?
- What alternatives are there?
- What support might I need when I leave hospital?


Make sure you ask as many questions as you need to make your mind up, and take your time to consider your options before coming to a final decision.


You have the right to refuse treatment, even if others consider your decision unwise, as long as you understand the consequences of your decision.

It's important to be aware that if you're unable to consent to or refuse treatment (for example, if you're unconscious or have advanced dementia) your family and friends will not be able to give consent for you. In such a situation the doctor responsible for your care will talk to your family and friends to find out your likely wishes, but the final decision on treatment will rest with medical staff who must make a 'best interests' decision on your behalf.

The only exceptions to this are if you have made a power of attorney for health and care decisions naming someone you trust as your attorney, or if you have made an advance decision to refuse the proposed treatment.

 To find out more about powers of attorney, see our free information guide *Powers of attorney*. In Scotland, see Age Scotland's free guide on powers of attorney.

 To find out more about advance decisions, see our free information guide *Before you go* and our factsheet *Advance statements, advance decisions and living wills*. In Scotland, see Age Scotland's free guide *Advance directives*.

 Powers of attorney for health and care decisions and advance decisions are not available in Northern Ireland.

If you need serious medical treatment, such as major surgery, and have no family or friends to support you, medical staff must appoint an Independent Mental Capacity Advocate (IMCA) to represent your interests. There are no IMCAs in Scotland but people with a mental illness have an automatic right to independent advocacy. Contact the Office of the Public Guardian (Scotland) to find out more (see page 45).

## what next?

If you feel that any of your rights are being disregarded during your hospital stay, you should raise this with the doctor or nurse in charge of the ward as soon as possible. If you're still not happy with the way you're being treated, see page 21 to find out how to make a formal complaint.

# Staying in hospital for people with dementia

Hospital wards can be frightening and disorientating for someone with dementia. Many hospitals now have Dementia Champions to advise ward staff on how best to care for someone with dementia. If you care for someone with dementia, there are also things you can do to help and reassure them when they go into hospital.

- Ask for the nurse in charge of the person's care to be your main contact. Ask what dementia care initiatives are in place at the hospital and tell them you would like to be included in any decisions about treatment and care.
- Talk to the staff about flexible visiting times for families of people with dementia. Ask whether the hospital supports John's Campaign, which promotes the right to stay with people with dementia in hospital.
- Write down your relative's likes and preferences. Explain what you know may agitate them and what would calm and reassure them. You could also fill out the Alzheimer's Society's leaflet *This is me*. Download it from [www.alzheimers.org.uk/thisisme](http://www.alzheimers.org.uk/thisisme) or call 0300 303 5933.
- If the person has difficulties eating or drinking, ask if staff can help. Or, if you can, ask whether you can help at mealtimes, or when picking menu choices.
- Place familiar objects, such as a photograph of family members or pets, on the bedside table.

## what next?

See our free guide *Caring for someone with dementia*. Contact the Alzheimer's Society for more information and their free factsheet *Care on a hospital ward* (see page 41).



In Scotland, contact Alzheimer Scotland (see page 41).

# Welfare benefits while in hospital

Your State Pension doesn't change, no matter how long you are in hospital. If you receive Attendance Allowance (AA), Disability Living Allowance (DLA) or Personal Independence Payment (PIP), you should notify the Department for Work and Pensions as these benefits will be suspended after you have spent 28 days in hospital. Other benefits such as Pension Credit can be affected if you lose AA, DLA or PIP.

If you have a motability vehicle, you will need to contact the motability scheme if your PIP or DLA is suspended.

If the person you care for has gone into hospital, you should contact the office that pays their disability benefit to let them know when the person was admitted and discharged. The details will be on their award letter. Remember that AA, DLA or PIP will be suspended after anyone claiming them has been in hospital for 28 days.


It's also important to be aware that Carer's Allowance can be affected if you or the person you care for goes into hospital. For more information, see our free guide *Carer's Allowance*.

# Compliments and complaints during your hospital stay

Whether it's good or bad, feedback allows hospitals to evaluate and improve the quality of their care.


If you have any problems, it's important to raise them at the time. Speak first to the doctor or nurse in charge of the ward or seek the help of the hospital Patient Advice and Liaison Service (PALS). If the problem isn't resolved, hospital or PALS staff can tell you how to make a formal complaint.

There are different ways to get support when making a complaint, depending on where you live. In England, contact your local independent NHS Complaints Advocacy service.

-  Ask your hospital PALS for contact details. In Wales, ask your Community Health Council about its Complaints Advocacy Service (see page 42). In Scotland, contact your local Citizens Advice (see page 42) to access the Patient Advice and Support Service (PASS). In Northern Ireland, contact the Patient and Client Council (see page 45).

In England, you'll be asked to complete the Friends and Family Test. This asks whether you would recommend the hospital to your friends and family. You don't have to complete the Friends and Family Test, but any feedback you give will be anonymous and will help the hospital maintain high standards or know where improvements are needed.

## what next?

-  For information about making a complaint, see our free factsheet *Resolving problems and making a complaint about NHS care*. In Wales, see Age Cymru's version of this factsheet. In Scotland, read the factsheet *Feedback and complaints on the NHS Inform website* (see page 45).

# Practical issues when leaving hospital

If your hospital stay was planned, staff should discuss your likely needs on discharge when you agree to treatment and review them before you leave hospital. If you've been admitted in an emergency, preparations for your discharge should ideally begin once staff have agreed a treatment plan and estimated the likely date you can leave.

You should not be sent home until agreed support is in place, services are ready to start, any adaptations have been made, and any appropriate equipment has been delivered and installed. A family member, friend, carer or your care home should also be told in advance when you'll be discharged.

## Basic considerations

The person responsible for your discharge should ensure:

- you have clothes to go home in and front-door keys
- you have enough money for your short-term needs
- there is someone collecting you, or that a taxi or hospital transport is booked
- a supply of incontinence products has been arranged if necessary.



## Long-term considerations

If you will need to continue medication or treatment at home, the person responsible for your discharge should also ensure:

- you and/or your carer understand any new medications you've been given and have a supply to take home
- you and/or your carer understand and can use any new equipment or aids with confidence
- you and/or your carer know who to contact about your care plan or services (see pages 28–29).

If you are not comfortable with the discharge process, or if you feel that all the practical issues have not been considered, make sure you raise this immediately with hospital staff.

After discharge, your GP will be responsible for your day-to-day care although you may have follow up appointments at the hospital.

There are various charities that offer practical advice and emotional support for those who have been newly diagnosed with a condition or illness while in hospital. For example, Macmillan Cancer Support (see page 44) has a cancer support helpline, the British Lung Foundation (see page 41) has a specialist helpline for people with chronic obstructive pulmonary disease (COPD) and Alzheimer's Society and Dementia UK (see pages 41 and 42) have helplines for those living with dementia.

# Preparing to leave hospital

Ideally, you should be told your expected date of discharge within 24 to 48 hours of being admitted. This date should be regularly reviewed, and if it's likely to change, you should be informed. You should also be told who will be responsible for arranging your discharge. If you're not given this information, make sure you ask for it.

The discharge process will differ slightly from person to person as it depends on how much help and support you'll need once you leave hospital. However, there are some common situations, which are discussed below.

## Your needs assessment

Everyone will have a needs assessment that is proportionate to their situation. For more information see pages 25–26.

## A little help at home

You may only need help with domestic tasks for a few weeks after you leave hospital. If this is the case, see page 30.

## Specialist support in the short term

If staff believe you would benefit from help to regain your independence and confidence, you might need support for a few weeks. If this is the case, see page 31.

## More help in the longer term

If it's likely that you'll need a lot of help when leaving hospital, a discharge co-ordinator, hospital social worker and relevant hospital staff should be involved in your discharge. See pages 34 and 35 for more information.

**what  
next?**

See our free factsheet *Hospital discharge arrangements* to find out more. In Northern Ireland, contact Age NI, and in Scotland, contact Age Scotland.

# Assessing your needs while in hospital

Before you leave hospital, health and social care professionals will carry out a needs assessment with a view to agreeing a care plan (see pages 28–29). This will ensure you have appropriate support when you return home. The assessment will be proportionate to your situation.

Staff will talk to you about your overall wellbeing, including your emotional and social needs, and should ask what you would like to achieve in your day-to-day life. For example, they will look at:

- your health and what you can and can't do, or struggle to do by yourself
- your current living arrangements
- how you would like to be supported.

Staff will consider what support you need and whether your needs are great enough for social services to help you, or if they should direct you to other sources of help. They should not only consider what support you need right now, but also what would prevent you needing more significant help in the future.

You should be fully involved in the assessment process. Ask a friend or carer to be there for your assessment if you can. If there is no appropriate person who can help you and you have difficulty understanding others or can't express yourself, you must be provided with an advocate. This is someone who can help you say what you want to if you're unable to do so or have difficulty expressing yourself. In



Wales, contact Age Cymru for more information about the support you should receive and in Scotland, contact Age Scotland.

If you have significant or complex physical or mental health needs as well as personal care needs, you may be eligible for NHS continuing healthcare. This is a free package of care arranged and funded by the NHS, which can be provided in a care home, your own home or at another suitable location. For more information ask staff responsible for your discharge or see our free factsheet *NHS continuing healthcare and NHS-funded nursing care*. In Wales, see Age Cymru's version of this factsheet. In Northern Ireland, contact Age NI for more information about continuing healthcare. NHS continuing healthcare does not apply in Scotland.



For more information see our free guide *Getting help at home* and our factsheet *Social care assessment, eligibility and care planning*. In Wales and Scotland, see Age Cymru and Age Scotland's versions of this factsheet.

**what next?**



## Assessing the needs of your carer

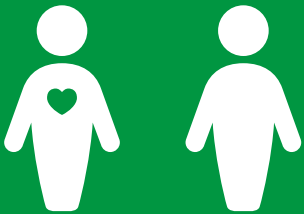
If you have a carer who will be looking after you when you leave hospital, they can be involved in your assessment, but they are also entitled to their own separate care assessment.

The assessor should not assume the type of care your carer will be able to provide. They should look at the impact caring is having on your carer's overall wellbeing and should also consider your carer's likely needs in the future, not just their situation at the time of the assessment.

Your carer may be eligible for support, such as help to carry out their caring role, useful equipment, a break from caring and information on local carers support groups.

**what next?**

For more information see our free guide *Advice for carers*.



The discharge process will differ slightly from person to person as **it depends on how much help and support you'll need** once you leave hospital.

# Drawing up a care plan

Whether or not you're eligible for support from social services depends on your needs which will be compared against national criteria. You will receive written confirmation outlining whether your needs are great enough for social services to support you or if they should direct you to other sources of information and advice. In Wales, contact Age Cymru and in Scotland, contact Age Scotland.



If the assessment finds that you are eligible for support, you should discuss and agree a written care plan with staff and a copy should be given to you. A care plan is important as it shows what support will help you. It should also mention any goals you want to work towards, such as getting out the house or being able to continue with a hobby.

The support could include:

- adaptations or equipment to make your home safer and easier to live in
- help from home carers or a personal assistant
- a personal alarm so that you can call for help if necessary
- reablement services or intermediate care which help you to regain your independence and confidence after an illness or injury, and stay living at home (see page 31)
- an opportunity to meet people and socialise, such as at a day centre
- a permanent place in a care home (see page 34).

Take time to read over your care plan. If there's anything you're not happy with, talk to the person responsible for your discharge. You should also be given a named person you can contact if you have any problems or questions. If you're still unhappy, you can make a complaint (see pages 36–37).

## Reviewing your care plan


If social services have arranged support for you, they must review it within a reasonable time frame. After this, your care plan should be reviewed at least once a year or more often if needed.

If at any time you feel your care plan doesn't support your needs, you should contact social services to ask for a review.

### what next?

For more information on paying for care, see page 35.

See our free guide *Getting help at home* and free factsheet *Finding help at home*. In Wales, see Age Cymru's version

 of this factsheet. In Northern Ireland, see Age NI's free guide *Care at home* and in Scotland, see Age Scotland's free factsheet *Council assessments for care and support at home*.

Contact your local council social services department for information about its services or complaints procedure. See page 35 for information on who should pay for care services.

# If you only need a little help at home

If the outcome of your assessment finds that you'll only need a little help with domestic tasks for a few weeks when you leave hospital, you may not require a care plan but staff should give you information and advice about local organisations that can help.

Your local Age UK and other voluntary organisations may offer 'home from hospital support'. These services may help to get your home ready for your return and continue for several weeks by assisting with non-medical tasks such as shopping, light housework, collecting prescriptions and helping you deal with a backlog of post. You can also pay home care agencies for help with domestic tasks.

If you need district nursing support, the person responsible for your discharge should arrange this for you. District nurses can provide help and support with the practical issues of nursing care, such as dressing wounds and taking out stitches.

## what next?



Contact your local Age UK to see what support is available. Ask the person responsible for your discharge or your local social services department for a list of registered care agencies. In Scotland, contact the Care Inspectorate (see page 41) or Shared Care Scotland (see page 46) to find out what is available.




# Supporting you to return home


Even if you are medically fit to leave hospital, staff may believe you would benefit from additional help to further support your recovery. This could take the form of reablement or intermediate care services.

## Reablement services

Reablement services are normally provided in your own home for a fixed period. They aim to encourage and support you to learn or re-learn skills necessary for daily living. For example, specially trained care workers will be able to give you advice and techniques to build your confidence when moving around your home or using the stairs, or with tasks such as washing, dressing and preparing meals. At the end of this period of care, your needs should be reassessed to see whether you require any longer term support at home.

-  Reablement services should be provided free of charge for up to six weeks (four weeks in Scotland where this service may simply be known as a period of rehabilitation).

## Intermediate care

-  Intermediate care can last for up to six weeks (four weeks in Scotland) and is provided free in England, Wales and Northern Ireland. You can receive care at home, in a day hospital, community hospital or care home. Services may include nursing care, support from a physiotherapist or occupational therapist as well as help with personal care. When intermediate care finishes, you should be assessed to see whether you need on-going care or health services.

**what next?**

See our free factsheet *Intermediate care and reablement* for more information. In Wales, see Age Cymru's version of this factsheet.

# Staff helped Karen's dad to feel comfortable on the ward.

### **When Karen's dad was admitted to hospital she was worried about how he would cope.**

'My dad's still fairly fit so it was a shock when I heard he'd been taken to hospital. His carer had been worried about him as he seemed disorientated and thought he had a temperature. She alerted his GP and dad was admitted to hospital. When I got the call I rushed straight to the hospital. They ran some tests and it turned out it was a urinary infection. They gave him antibiotics and kept him in for a few days to monitor his health and ensure the infection was clearing up.

'Dad was so bewildered that I was concerned how he'd cope being in hospital. He's always been very set in his ways and likes to follow a routine. And he's a fussy eater so I was worried about whether he'd get enough to eat.

'Luckily the staff were great. I had a chat to the nurse in charge of the ward and told her my concerns and she was happy to chat with me and my dad about his likes and dislikes and the foods he likes to eat.

'After a few days dad was discharged and his GP was notified he was home. It turned out the urinary infection was linked to his prostate problem. He needs to drink plenty so his carers try to make sure he does and always leave a full glass of squash next to his chair before they leave.

'It's going to take a while for my dad to fully recover but we're so pleased to see the progress he's making.'

‘The staff were great. **They had a chat with dad about his likes and dislikes** and the foods he likes to eat.’



# If you need to move into a care home

If you are going to need a lot of help when you leave hospital, staff may propose a permanent place in a care home.

You should never feel pressurised to move into a care home. Consider all the other options first. Could you manage with some extra support, could your home be adapted, or would sheltered accommodation be a better option? Staff should also consider whether reablement or intermediate care might enable you to continue living in your own home (see page 31).

However, there are benefits to moving to a care home. Trained staff are always on hand and there may be specialist equipment that would not be practical to install in your home.

There are different types of care homes and you will need to choose one that can cater for all your needs. If there are no vacancies in your preferred home, you may need to consider another home in the meantime. If you need a permanent place in a nursing home, staff should consider whether you're eligible for NHS continuing healthcare. This is a free package of care arranged and funded by the NHS for people who have significant on-going healthcare needs. It can be provided in a care home, your own home or other suitable location. NHS continuing healthcare is not available in Scotland.



## what next?





For more information see our free guides *Care homes* and *Care home checklist*, and our free factsheets *Choice of accommodation – care homes* and *NHS continuing healthcare and NHS-funded nursing care*. In Wales, see Age Cymru's version of these factsheets. In Northern Ireland, see Age NI's free guide *Care homes*.

# Paying for your care

If the care assessment (see pages 25–26) shows you qualify for support, you will have a financial assessment to see whether you will need to contribute towards the cost of the support you'll receive. This is also known as a means test and it will look at your income and savings.

There's one system for charging for care in your own home and a different system if you are in a care home. See our free guides *Getting help at home* and *Care homes* for more information.

In England, if you're eligible for financial support you will be given a personal budget. This is a sum of money you can use to meet your needs. If you are being discharged back to your home, you can choose for your personal budget to be paid to you in the form of direct payments. Direct payments are cash payments you can use to pay for a carer, or anything else that helps you meet your needs. Direct payments are not available in care homes. See our free factsheet *Personal budgets and direct payments in adult social care* to find out more.

-  In Wales, personal budgets are not available but you may be able to get a direct payment. See Age Cymru's free factsheet *Direct payments for community care services in Wales* for more information.
-  In Northern Ireland, contact Age NI, and in Scotland, contact Age Scotland for more information.

## what next?

Contact your local social services to ask about its charging policy. See our free factsheets *Paying for care and support at home* and *Paying for permanent residential care* for more detailed information.

# Problems and complaints after you've left hospital

If you're not happy with the social care support you receive after you've left hospital, first discuss it with the agency providing the service. If you need to make a formal complaint, ask the agency for a copy of its complaints procedure. If you're not happy with their response, then either:

- raise your complaint with social services if you're receiving care arranged by them. Ask your social worker what you need to do, or
- contact the Local Government Ombudsman (see page 44) if you're paying for your own care services and have a contract directly with the care agency. In Scotland, contact the Care Inspectorate (see page 41). In Wales, contact the Public Services Ombudsman for Wales (see page 45).

If you're receiving help or assistance from NHS staff and you have a complaint, first raise it directly with the staff concerned or their manager. If you are dissatisfied with their response, you can make a formal complaint. In England, contact your local Healthwatch (see page 43) for details of your local independent NHS Complaints Advocacy service, whose staff can support you when making a complaint. In Wales, contact your local Community Health Council (CHC) (see page 42). In Scotland, contact your local Citizens Advice (see page 42) to access the Patient Advice and Support Service (PASS). In Northern Ireland, contact the Patient and Client Council (see page 45).

If your complaint is about both NHS and social services, you need only make one complaint covering all your issues to either the NHS or your local council social services.

**what  
next?**



For information about making a complaint in England, see our free factsheets *How to resolve problems and make a complaint about social care* and *Resolving problems and making a complaint about NHS care*. In Wales, see Age Cymru's free factsheet *Local authority assessment for community care services in Wales* and *Resolving problems and making a complaint about NHS care in Wales*. In Scotland, see Age Scotland's free factsheet *Council assessments for care and support at home*.

# Financial considerations after you've left hospital

If you're unwell or have a disability, costs can quickly mount up. You may find you're spending more on heating or care costs, or can no longer continue to work, for example. But you may well qualify for financial help.

Many people who need long-term help with care will qualify for a disability benefit, either Personal Independence Payment or Attendance Allowance, depending on their age. Find out what you could be entitled to by contacting your local Age UK for a free benefits check, or using our online benefits calculator at [www.ageuk.org.uk/benefitscheck](http://www.ageuk.org.uk/benefitscheck).



See our free guide *More money in your pocket* for more information. In Wales, contact Age Cymru, and in Northern Ireland, contact Age NI for their versions of this guide.

You may also be able to get financial help in the form of a one-off grant from charities that specialise in your health condition, or from unions or professional organisations that you belong (or used to belong) to. Turn2us can help you search and apply for grants (see page 46). If you've been diagnosed with cancer, contact the Macmillan Support Line for free on 0808 808 00 00 or download the booklet *Help with the cost of cancer* to find out what support they can offer.

If you will be caring for someone when they leave hospital, make sure you check whether you're entitled to Carer's Allowance. See our free guide *Carer's Allowance* for more information.



# Notes

A series of 20 horizontal dotted lines for writing notes.

# Useful organisations

## Age UK

We provide advice and information for people in later life through our Age UK Advice line, publications and online.

Age UK Advice: 0800 169 65 65

Lines are open seven days a week from 8am to 7pm.

[www.ageuk.org.uk](http://www.ageuk.org.uk)

Call Age UK Advice to find out whether there is a local Age UK near you, and to order free copies of our information guides and factsheets.

In Wales, contact

**Age Cymru:** 0800 022 3444

[www.agecymru.org.uk](http://www.agecymru.org.uk)

In Northern Ireland, contact

**Age NI:** 0808 808 7575

[www.ageni.org](http://www.ageni.org)

In Scotland, contact **Age Scotland** by calling Silver Line Scotland: 0800 470 8090 (This is a partnership between The Silver Line and Age Scotland)

[www.agescotland.org.uk](http://www.agescotland.org.uk)

The evidence sources used to create this guide are available on request. Contact [resources@ageuk.org.uk](mailto:resources@ageuk.org.uk)

### **Alzheimer's Society**

Offers advice, information and support to people with dementia, their families and carers.

Tel: 0300 222 1122

Email: [enquiries@alzheimers.org.uk](mailto:enquiries@alzheimers.org.uk)

[www.alzheimers.org.uk](http://www.alzheimers.org.uk)

In Scotland, contact **Alzheimer Scotland**

Tel: 0808 808 3000

Email: [helpline@alzscot.org](mailto:helpline@alzscot.org)

[www.alzscot.org](http://www.alzscot.org)

### **British Lung Foundation**

Offers advice, information and support to people affected by lung disease, their families and carers.

Tel: 03000 030 555

[www.blf.org.uk](http://www.blf.org.uk)

### **Care Inspectorate**

National independent regulator of social care and social work services in Scotland.

Tel: 0345 600 9527

Email: [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

[www.careinspectorate.com](http://www.careinspectorate.com)

### **Care Quality Commission (CQC)**

National independent regulator of all health and social care services in England.

Tel: 03000 61 61 61

Publications orderline: 03003 230 200

Email: [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

[www.cqc.org.uk](http://www.cqc.org.uk)

## **Cinnamon Trust**

Charity for older people and their pets

Tel: 01736 757 900

[www.cinnamon.org.uk](http://www.cinnamon.org.uk)

## **Citizens Advice**

National network of advice centres offering free, confidential and independent advice, face-to-face or by telephone.

In Wales, there is a national phone advice service on 0344 477 2020. It is available in some parts of England on 0344 411 1444. In Scotland, there is a national phone advice service on 0808 800 9060.

Find details of your nearest Citizens Advice in:  
England or Wales: [www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)  
Northern Ireland: [www.citizensadvice.co.uk](http://www.citizensadvice.co.uk)  
Scotland: [www.cas.org.uk](http://www.cas.org.uk)

## **Community Health Councils (CHCs)**

Statutory and independent voice for health services in Wales. Provides advice and support if you wish to make a complaint about NHS services. To find the CHC for your area contact:

Tel: 029 2023 5558

Email: [enquiries@waleschc.org.uk](mailto:enquiries@waleschc.org.uk)

[www.communityhealthcouncils.org.uk](http://www.communityhealthcouncils.org.uk)

## **Dementia UK**

Provides information for those affected by dementia, their family, friends and carers. They have a helpline staffed by Admiral Nurses who can offer advice and support.

Tel: 020 7697 4160

Tel: 0800 888 6678 (Admiral Nurse helpline)

[www.dementiauk.org](http://www.dementiauk.org)

### **Healthcare Improvement Scotland**

Inspects healthcare services and supports healthcare providers in Scotland.

Tel: 0131 623 4300

[www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

### **Healthcare Inspectorate Wales**

Independent inspectorate and regulator of NHS healthcare and independent healthcare organisations in Wales.

Tel: 0300 062 8163

Email: [hiw@wales.gsi.gov.uk](mailto:hiw@wales.gsi.gov.uk)

[www.hiw.org.uk](http://www.hiw.org.uk)

### **Healthwatch**

A local Healthwatch provides information, advice and support to users of health services in your area. It can also put you in contact with your local NHS Complaints Advocacy service. To find your local Healthwatch contact:

Tel: 03000 683 000

[www.healthwatch.co.uk](http://www.healthwatch.co.uk)

### **Help with Health Costs**

Contact to request an application form (HC1) if you think you might be eligible for help with health costs through the NHS Low Income Scheme. Information is available in different formats.

Tel: 0300 330 1343

[www.nhsbsa.nhs.uk/HealthCosts/1136.aspx](http://www.nhsbsa.nhs.uk/HealthCosts/1136.aspx)

### **Local Government Ombudsman**

Investigates complaints about adult social care providers in England.

Tel: 0300 061 0614

[www.lgo.org.uk](http://www.lgo.org.uk)

### **Macmillan Cancer Support**

Provides practical, medical and financial support for people affected by cancer. It can provide financial support for travel costs to hospital in some circumstances.

Tel: 0808 808 0000

Textphone: 18001 0808 808 00 00

[www.macmillan.org.uk](http://www.macmillan.org.uk)

### **NHS Choices**

A comprehensive information service to help you take control of your healthcare; website includes an A-Z health dictionary, a symptom checker, a list of common health questions and useful contacts.

[www.nhs.uk](http://www.nhs.uk)

In Wales contact **NHS Direct Wales**

Tel: 0845 4647

[www.nhsdirect.wales.nhs.uk](http://www.nhsdirect.wales.nhs.uk)

In Northern Ireland contact **NI Direct**

[www.nidirect.gov.uk](http://www.nidirect.gov.uk)

In Scotland, if your doctor's surgery is closed then contact **NHS 24** on 111 or visit [www.nhs24.com](http://www.nhs24.com)

### **NHS e-referral service**

Previously called Choose and Book.

Allows you to choose your hospital or clinic and book an appointment with a specialist if your GP refers you.

You can make your appointment through the NHS Appointments Line. (This service is only available in England.)

Tel: 0345 608 8888  
[www.ebs.ncrs.nhs.uk](http://www.ebs.ncrs.nhs.uk)

### **NHS Inform**

Health information and advice for people in Scotland.

Tel: 0800 22 44 88  
[www.nhsinform.co.uk](http://www.nhsinform.co.uk)

### **Office of the Public Guardian Scotland**

Provides information on the Adults with Incapacity (Scotland) Act 2000 (as amended) and provides guidance and advice on powers of attorney and guardianship orders in Scotland.

Tel: 01324 678 300  
[www.publicguardian-scotland.gov.uk](http://www.publicguardian-scotland.gov.uk)

### **Patient and Client Council**

Provides support and advice when making a complaint relating to health and social care in Northern Ireland.

Tel: 0800 917 0222  
[www.patientclientcouncil.hscni.net](http://www.patientclientcouncil.hscni.net)

### **Public Services Ombudsman for Wales**

Investigates complaints about the NHS and social care services.

Tel: 0300 790 0203  
[www.ombudsman-wales.org.uk](http://www.ombudsman-wales.org.uk)

## **Regulation and Quality Improvement Authority**

Independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland.

Tel: 028 9051 7500

[www.rqia.org.uk](http://www.rqia.org.uk)

## **Shared Care Scotland**

National charity providing advice and information on short break and respite services.

Tel: 01383 622462

Email: [office@sharedcarescotland.com](mailto:office@sharedcarescotland.com)

[www.sharedcarescotland.org.uk](http://www.sharedcarescotland.org.uk)

## **Turn2us**

Helps people access the money available to them through welfare benefits, grants and other help.

Tel: 0808 802 2000

[www.turn2us.org.uk](http://www.turn2us.org.uk)



# Can you help Age UK?

Please complete the donation form below with a gift of whatever you can afford and return to: Age UK, Tavis House, 1-6 Tavistock Square, LONDON WC1H 9NA. Alternatively, you can phone 0800 169 87 87 or visit [www.ageuk.org.uk/donate](http://www.ageuk.org.uk/donate). If you prefer, you can donate directly to one of our national or local partners. Thank you.

## Personal details

Title:	Initials:	Surname:
Address:		
Postcode:		
Tel:	Email:	

By providing your email address and/or mobile number you are agreeing to us contacting you in these ways. You may contact us at any time to unsubscribe from our communications.

## Your gift

I would like to make a gift of: £

I enclose a cheque/postal order made payable to Age UK

## Card payment

I wish to pay by (please tick)  MasterCard  Visa  CAF CharityCard  
 Maestro  American Express

(Maestro only)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Signature <b>X</b>
Expiry date	<input type="text"/>	/	<input type="text"/>	Issue no. (Maestro only)	<input type="text"/>	

## Gift aid declaration

(please tick) Yes, I want Age UK and its partner organisations\* to treat all donations I have made for the four years prior to this year, and all donations I make from the date of this declaration until I notify you otherwise, as gift aid donations. I confirm I pay an amount of income tax and/or capital gains tax at least equal to the tax that the charity will reclaim on my donations in the tax year. Date: \_\_\_/\_\_\_/\_\_\_ (please complete). \*Age Cymru, Age Scotland and Age NI



The Age UK Group may use the information you have supplied to tell you about our other charitable services or to ask you to support our work. Age UK (registered charity no 1128267) comprises the Charity, its group of companies and national partners (Age Cymru, Age Scotland & Age NI). If you would prefer not to hear from us do let us know by phoning 0800 107 8977 or by writing to us at our registered address. The registered address is Tavis House, 1-6 Tavistock Square, London WC1H 9NA.



# Supporting the work of Age UK

Age UK aims to enable all older people to love later life. We provide vital services, support, information and advice to thousands of older people across the UK.

In order to offer free information guides like this one, Age UK relies on the generosity of its supporters. If you would like to help us, here are a few ways you could get involved:

**1 Make a donation**  
To make a donation to Age UK, simply complete the enclosed donation form, call us on **0800 169 8787** or visit **[www.ageuk.org.uk/get-involved](http://www.ageuk.org.uk/get-involved)**

**2 Donate items to our shops**  
By donating an unwanted item to one of our shops, you can help generate vital funds to support our work. To find your nearest Age UK shop, visit **[www.ageuk.org.uk](http://www.ageuk.org.uk)** and enter your postcode into the ‘What does Age UK do in your area?’ search function. Alternatively, call us on **0800 169 8787**

**3 Leave a gift in your will**  
Nearly half the money we receive from supporters come from gifts left in wills. To find out more about how you could help in this way, please call the Age UK legacy team on **020 3033 1421** or email **[legacies@ageuk.org.uk](mailto:legacies@ageuk.org.uk)**

**Thank  
you!**

# What should I do now?

For more information on the issues covered in this guide, or to order any of our publications, please call Age UK Advice free on **0800 169 65 65** or visit [www.ageuk.org.uk/healthandwellbeing](http://www.ageuk.org.uk/healthandwellbeing)

Our publications are also available in large print and audio formats.



The Age UK Group offers a wide range of products and services specially designed for people in later life. For more information, please call **0800 169 18 19**.

If contact details for your local Age UK are not in the box below, call Age UK Advice free on **0800 169 15 15**.

