

Advice on hospital admissions and discharges

About this factsheet and who it is for

The aim of this factsheet is to help guide older people and their relatives through their hospital journey, with particular emphasis on planning for discharge and arranging any necessary care and support.



The artwork on the front of this factsheet was done by an older artist for EAC's over 60s Art Awards.



Contents

Section 1	Planned admissions to hospital	Page 2
Section 2	Non-planned admissions to hospital	Page 3
Section 3	Support after discharge	Page 3
	i) Returning home without support	Page 3
	ii) Reviewing your housing options	Page 4
	iii) Care and support at home	Page 6
	iv) Care homes	Page 6
	v) Other alternatives	Page 9
Section 4	Conclusion	Page 10
Section 5	Glossary	Page 10
Section 6	About FirstStop Advice	Page 12
Section 7	Checklist for your hospital stay	Page 13

Planned admissions to hospital

If your admission to hospital is planned you will need think about all the preparations required before you go into hospital but also consider how you will manage when you return home and are recovering from investigations or surgery. You are likely to have a pre-assessment appointment at which you will meet with a nurse who will explain what will happen when you go into hospital. They may provide you with a written explanation of your procedure and information about what you need to take with you and how long you are likely to be in hospital. You are advised to ask any questions that are concerning you but also remember to ask about any preparations you need to make for your return home. For example, how quickly will you be able to resume your normal daily tasks such as driving, going to the shops, heavy and lighter housework etc? You can then put in place some help in advance and your return home will be less stressful.

If you are a carer for someone, you may need to make alternative arrangements for their care. You may wish to consider ordering the delivery of meals in your absence, for example, or you may want to plan for a volunteer visitor to call or more detailed care may have to be arranged.

Sometimes respite care may need to be considered. Your local council adult social care department or your local carers' organisation will be able to help you and will advise on services that are available. Try to give them as much notice as possible if a service is required as this may offer you more choice. If you are unable to do this, do stress how important it is for you to keep your appointment.

To research services yourself, search the FirstStop "Home Services Directory" on our website or telephone our Advice Line.

It is important that you are confident in the arrangements that you have made so that you can feel more relaxed, receive the treatment you need and allow yourself time to fully recuperate. Let the hospital staff know if you are worrying about someone at home as they may be able to help with communication and provide support to put your mind at rest.

You do not need to worry about your benefits if you are only spending a short time in hospital as your state pension is unaffected throughout your stay. However Attendance Allowance, Personal Independence Payments and Disability Living Allowance are suspended after 4 weeks, so the Department for Work and Pensions (DWP) should be informed of

your hospital stay in this instance. If you receive other means-tested benefits such as pension credit (DWP) or housing benefit (local council), we advise informing the appropriate departments of your admission, as these benefits could also be affected.

Non-planned admissions to hospital

Some hospital admissions result from an emergency and it is not always possible to plan ahead. There are some contingency plans that you can consider, for example, if you care for someone and they are reliant on your assistance, it may be possible to register with an “Emergency Carers Scheme”. Ask your local council if such a scheme exists in your area. This allows information to be shared about the “cared for” person and services are provided promptly in the event of an emergency. With this information a full care package might be provided, thus preventing an emergency admission to a respite care home.

Once you have been admitted to hospital and investigations and treatment have begun, the hospital staff will also start planning for your return home. There is a multi-disciplinary team who, depending on your treatment, may be involved in your care (consultant, doctors, nurses,

physiotherapist, occupational therapist, social worker or care manager, speech and language therapist, dietician etc). They will be assessing how you are progressing and looking at whether you will need further rehabilitation or support services when you leave hospital. You should be involved in the process and it is very important that you or your family identify, as early as possible, any potential problems that need to be addressed before you leave hospital. This will allow for services to be set up in time for your discharge.

Regaining physical activity is an important part of recovering from an accident or illness and may commence very quickly after your hospital admission. The aim is to gradually build up your strength, abilities and independence. Your friend or relative may be asked to bring in day clothing and footwear for you to wear. This is important as your ability to wash and dress and mobilise independently will be assessed and this will influence how much help may be needed on your return home.

Support after discharge

Once you are considered fit for discharge, there are several options that may be available to you with regards to care and support services.

Returning home without additional support

Most people leaving hospital do not need long term support. Depending on their illness or the procedure that they have undergone, they will need to take time to recover in their own surroundings. It is a good thing in these circumstances to accept offers of help from friends, relatives or neighbours as your confidence begins to return.

You may want to consider having some private help with cleaning, shopping or other domestic tasks perhaps just for a few weeks.

A list of all private registered domiciliary care agencies can be found at www.cqc.org.uk. There may be local services that provide support on discharge from hospital, you can find out about these by asking the social worker or care manager at the hospital, contacting your local council adult care department or looking at the FirstStop Home Services Directory for your area on our website. Alternatively telephone our Advice Line.

If, after returning home, you feel that you are not recovering or managing as well as expected, then get in touch with your GP, or the Adult Social Care department of your local authority, who will discuss your

situation and may want to arrange for you to have an assessment by the intermediate care/re-ablement team. They are a multi disciplinary team who can provide a range of services in your own home to help you to work towards greater independence and also aim to prevent a possible further admission to hospital. This is a free service but is only available for up to six weeks.

Reviewing your housing options

It is sometimes the case that following a period of ill health, hospital admission or other crisis, you may decide to review your housing needs. FirstStop has several advice booklets that may help you to look at the options that are available. Many people prefer to “stay put” and this is also fully covered in our literature with advice about the range of services and measures that can be taken to improve the safety and suitability of your home for your changing needs.

You can download the following factsheets from our website, or alternatively telephone us for your free copy:

- Housing and care options for older people guide
- Live Safely and Well at Home

Care and support at home

The services that can be provided on discharge from hospital are very wide ranging and depend on your assessed needs and your ability to benefit from them. Many of these services may only be required for a limited time. Some typical services are listed here.

- Loan of equipment such as walking aids, dressing and bathing aids, commode, hoist etc
- Intermediate Care/Re-ablement/Rehabilitation
- Small adaptations often installed by a home improvement agency prior to discharge. For example: extra stair rails, grab rails or ramps.
- Telecare aids such as falls detectors, smoke or flood detectors, medication dispenser etc
- Carer assistance for tasks that you are unable to manage independently eg bathing, dressing, meal preparation, help with mobilising to the toilet, help with continence management etc
- Meals on wheels
- Attendance at falls group

Your needs will have been assessed by the multi-disciplinary team and you should have been involved in the identification of any services that are

recommended and informed of whether you will have to pay for them. Any essential services should be in place before you are discharged from hospital.

Many of the services provided by the NHS are free, but the services provided by the local council such as assistance with personal care, day centre attendance or larger adaptations to your home will require a financial assessment to determine how much you will have to contribute towards the cost. A check will be made at the same time to ensure that you are receiving your full entitlement to benefits.

If you require services from the local authority, a social worker/care manager will coordinate your care plan and should provide you with a written copy of how your needs will be met. If you need help from a carer for example, this may be provided by the local authority, by a registered domiciliary care agency or you may be given a sum of money (direct payment) to arrange your own care. Usually your care needs will be reviewed after a few weeks to check whether you still need the help or if the care plan needs to be altered.

Some people prefer to manage their own care arrangements with trusted friends or relatives or have a private arrangement

with a domiciliary care agency but you do have a right to assistance from the local adult social care department if you meet your local authority's eligibility criteria and financial criteria. Remember also that you may be entitled to the Attendance Allowance, a benefit that is available to people who need help with their personal care, it is non-means tested and non-taxable. There are two levels of benefit, the lower rate (£59.70pw) for people who need care during the day or night and the higher rate (£89.15pw) for people who need care during the day and night.

If you require follow up assistance from a district nurse, for example with changing dressings, the hospital team will arrange this before you go home. If you have any continence problems you are advised to check that you have been referred to the community continence team before you are discharged. This enables follow up to occur promptly especially if you are going to require pads or other continence products. Medications should be available for you to take home with you.

Further information on the assessment and funding can be found in our factsheets: 'Care and support at home' and 'Funding care and support at home'

Care homes

Only a relatively small proportion of older people live in care homes but sometimes if your care or nursing needs become very high this may be your preferred option. Once your medical needs have become stable and you no longer require the facilities of a hospital, the decision about your longer term care needs will have to be made quite quickly. This can be a difficult decision for you and your family. It may be useful for you to request a meeting with the social worker/care manager and some of the wider team where your family or representative can also attend. Talking through the detail of your needs can be very helpful for both you, and those close to you, as it is easy for relatives to be unaware of your need for help in certain vital tasks. If your needs are high and a care home is being considered, a detailed assessment (sometimes called a specialist assessment) will be completed by the hospital team and you are advised to read this and comment on it. The assessment will identify what type of care home you require and will influence what level of funding may be available.

Choosing a care home

There are many things to consider when choosing a care home in addition to the

issues around funding. These are covered in our factsheet “Choosing and Paying for a Care Home”.

If you are in hospital you will not have a lot of time to deliberate over options and choices because your hospital bed will be needed for someone who is acutely ill. You should be allowed reasonable time to make appropriate arrangements for your care. You are advised to ask your relatives or friends to keep the hospital staff regularly updated with what they are doing and to keep in close contact with the social worker/care manager. Sometimes delays occur because funding from the local authority is not yet available or assessments have not been completed, these are things that the social worker/care manager will manage.

You may have to rely on your relatives to visit homes on your behalf so let them know what things are important to you, perhaps giving them a list of questions you would like to ask. Once you have made your preference it is usual for someone from the care home to come and see you to be certain that they can meet your needs, this will be a further opportunity for you to ask any questions that are worrying you. You and your relative should have been advised about what type of care home is suitable for your assessed needs. This may be a home

that provides just personal care, nursing care or specialist care such as dementia. The social worker will be able to provide information on care homes in your area or these can be found on our website www.housingcare.org. By clicking on “Accommodation directory” and following the instructions, you will find registered care homes in your area together with links to the latest inspection reports.

Funding Care Home fees

The cost of care homes can be expensive and the eligibility rules for care funding are quite complex. You should seek guidance from the social worker/care manager attached to the hospital but also you are strongly advised to read the FirstStop guide to “Choosing and Paying for a Care Home” to ensure that you understand the rules about property, third party top up, twelve week disregard on property, deprivation of assets etc. This can be downloaded from our website or you can telephone our Advice Line and ask for a free copy.

The following sources of funding are the most common when meeting the cost of care and support.

Local Authority Funding

May be available to people who have had their needs assessed as meeting the council's eligibility criteria and they have less than £23,250 in savings. For the rules regarding property and more detail about capital limits see our booklet "Choosing and Paying for a Care Home". If you are funded by the Local Authority you will have to choose a home that accepts the council's standard rate unless you have someone who can provide a "third-party top up"

Attendance Allowance

People who are funding their own care can claim Attendance Allowance, it is a non-means tested, non taxable allowance paid to people needing care. There are two rates available depending on your needs. Most people living in a care home will qualify for the higher rate and if you are already in receipt of Attendance Allowance at the lower rate before you go into a care home, ask to be reassessed for the higher rate. Attendance Allowance is not payable if the local authority is funding your care.

NHS Funding

If your assessment has identified that you have nursing needs (these are needs that require the support of a trained nurse)

you may qualify for the NHS funded nursing care contribution (£183.92 p/w). This will be assessed by your local Clinical Commissioning Group (CCG). The care home you choose would have to be registered for "nursing" care.

Some people, irrespective of their capital and savings, qualify for **NHS Continuing HealthCare Funding** where the full cost of care is paid by the NHS. To be eligible for NHS funding, your primary care need has to be a "health need" and it is determined by the type and level of nursing care that is required. Considerations will include things like the complexity of your nursing needs, the intensity of your needs, unpredictable of your condition and whether your condition is rapidly deteriorating. Assessments to determine your eligibility are carried out by the local Clinical Commissioning Group (CCG) using a national 'Decision Support Tool' that ranks your level of need over 12 different 'care domains' eg mobility, nutrition, cognition etc. There is a useful information booklet available from FirstStop that explains eligibility and the assessment procedure in more detail "NHS funding for care and support". This can be downloaded from our website or telephone our Advice Line for a free copy. NHS Continuing Care Funding is reviewed regularly and therefore may not be available for the whole time that you

are living in a care home. There may also be some homes that the NHS will not fund.

Since October 2014 **Personal Health Budgets** are available for people who qualify for Continuing Health Care, offering greater choice and flexibility in meeting their needs

For more information on NHS funding please see our factsheet 'NHS funding for care and support'

Points to consider

Apart from your immediate funding requirements you will want to consider the longer term. Once your capital reduces to £23,250 you can apply for help from your local council but if your care home costs more than the standard local authority rate you need to be sure that the care home will continue to provide your care. You may be able to obtain an agreement from the care home in advance especially if your resources are going to last for a reasonable period. If you prefer, there are many financial products available that enable you to plan your care costs, some enabling you to use up only part of your capital. You are strongly advised to take specialist financial advice on this subject.

Other alternatives

If you do not want to move to a care home, you cannot be forced to move against your will (the only exception to this is if you are deemed to lack mental capacity or have been detained under the Mental Health Act). You should take some time to consider the reasons why your needs may not be successfully met at home and how this might impact on your future health but the multi-disciplinary team must explore other possible options with you.

These may include:

Going home against advice with a care package in place and where risks have been minimised as far as possible. You may be asked to confirm that you accept you are taking risks.

Live-In care is another option. Registered Domiciliary Care Agencies may be able to provide live-in care or a night sitting service. These services tend to be quite expensive, often costing more than care home fees. You need to consider whether you have adequate living and sleeping space in your home for a live-in carer, whether you or the agency can provide back-up care to enable the carer to have holidays, breaks etc. You need to be clear about what level of care you need, sometimes 2 carers are required

to meet health and safety requirements when moving and handling a patient. Speak to the social worker to see if the local authority may make some contribution to the cost of a live-in carer. If you own a property, you might consider releasing equity to enable you to pay for a live-in carer but these are matters that require very careful consideration and expert financial advice.

A trial or temporary period in a care home:

You may agree to have a temporary period in a care home, perhaps whilst arrangements are being made for you to return home. Speak to the social worker and find out what financial help may be available from the local authority. If you are self funding, be clear with the care home about your wishes and have a discussion about the notice requirements. It is common for care homes to require a month's notice once an initial trial period has expired.

Going to live with relatives or having relatives moving to live with you.

FirstStop publishes a factsheet on points to consider that you can access on our website, alternatively telephone our Advice Line to request your free copy.

Conclusion

Good communication with the hospital team is very important and this can usually resolve most problems. For information on the medical treatment that you are receiving ask for an appointment to speak to the consultant or, in his or her absence, the ward manager. The PALS (Patient Advice and Liaison Service) team is available to help resolve and manage any queries or concerns regarding treatment in the NHS. The ward manager will give you contact details.

From the information provided you will recognise that hospital discharge can range from being a very simple process to a very complex one. This leaflet is only intended as a guide and cannot cover every circumstance; it has not been possible to cover all the various pieces of legislation that apply to the situations discussed.

Glossary

Rehabilitation - This is the process that assists people to return to their former independence or enables them to reach their optimum level of independence. The hospital team will be concerned to promote independence by motivating, encouraging and helping patients to do as

much for themselves as possible.

Intermediate Care - This is a free service provided by the NHS for up to six weeks. It includes a range of rehabilitation services designed to promote independence. It also aims to reduce the length of time you might be in hospital unnecessarily or aims to avoid an inappropriate admission to hospital.

Telecare - This service helps people, especially older and vulnerable people, to live independently in their own home. It is a way of enabling you to call for assistance day or night. There is also an increasing range of equipment to address various problems, for instance: sensors to summon help automatically in the event of falls; sensors to alert a carer to a wet bed; equipment to remind people to take their medication as prescribed; flood, carbon monoxide and gas detectors.

Care Plan - A care plan is a written statement of your assessed needs and proposed outcomes; these will have been identified during a Community Care Assessment. It sets out what support you require, why, when and how it will be arranged. You should have contributed to your care plan.

Direct Payment - If your local council has assessed you as meeting the criteria for care and support in your own home, they

must now offer you the option of a direct payment. This is a cash sum to allow you wider choice and flexibility in arranging and paying for your own care rather than receiving a service that is set up by the local authority.

Eligibility Criteria - Under government legislation, local councils must assess your needs to determine what daily tasks you are unable to achieve. Since April 2015 a national minimal threshold for eligible care and support needs has been introduced under the Care Act 2014.

Financial Criteria - Many services provided by local councils are subject to a means-test. Councils must follow the *Care Act's Care and Support Statutory Guidance*. Generally if you have more than £23,250 in capital you will be charged the full cost of your care.

Mental Capacity - The Mental Capacity Act 2005 provides the legal framework for anyone who is helping a person who cannot make all their own decisions. It sets out who can act on their behalf and under what circumstances they can do so.

About FirstStop Advice

FirstStop is a free information and advice service designed to help older people decide how best to meet their needs for support, care and suitable housing. It is provided jointly by a growing number of national and local organisations and it is led by the charity, Elderly Accommodation Counsel (EAC).

Contact us

- Visit us online: www.housingcare.org
- Use our self-help tool at hoop.eac.org.uk

The information contained in this factsheet is intended to be, and should be regarded as, a brief summary and is based on our understanding of present legislation, regulations and guidance. No responsibility can be accepted for action based on this information.

May 2020

12

CHECKLIST FOR YOUR HOSPITAL STAY

List any questions that you would like to ask about your procedure/treatment

- 1
- 2
- 3
- 4
- 5

What to take with you?

(Remember you won't have much storage space. Avoid taking anything of value with you. If you are going to be in hospital for more than a few days do you have someone who can help with laundry?)

- 1
- 2
- 3
- 4
- 5

Lists of preparations I need to make before going into hospital?

- 1
- 2
- 3
- 4
- 5

Are there any questions or worries about going home?

(eg Will I be able to drive? Will I need to make any preparations for returning home?)

- 1
- 2
- 3

Benefits

1 Remember to inform the Benefits agency **if you are in hospital for 4 weeks or more** as some benefits are affected.

2 Remember to inform the Benefits Agency **when you go home** if any of your benefits were temporarily suspended.