

Going into hospital



Things to consider before,
during and after your stay

*Health &
wellbeing*



*Age UK is the new force combining
Age Concern and Help the Aged.*

*With almost 120 years of combined
history to draw on, we are bringing
together our talents, services and
solutions to do more to enrich
the lives of people in later life.*

The new force combining

AGE
Concern

HELPTHEAGED WE WILL

This information leaflet has been prepared by Age UK and contains general advice only, which we hope will be useful. Nothing in this leaflet should be construed as specific advice and it should not be relied on as a basis for any decision or action. Age UK does not accept any liability arising from its use. We aim to ensure that the information is as up to date and accurate as possible, but please be warned that certain areas are subject to change from time to time.

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Introduction

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

This guide aims to help make preparations a little easier. It explains the steps that lead up to planned and emergency admissions to hospital, the quality of care you should expect and what should happen when it is time for you to leave.

You will also find suggestions for organisations that can give further information and advice: for contact details see 'Useful organisations' (pages 22–26). Contact details for organisations near you can usually be found in your local phone book, and your local Age UK/Age Concern* should be able to help (see page 22).

The information given in this guide applies to England, Wales and Northern Ireland. Different arrangements apply in Scotland. Readers in those countries are advised to contact their national organisation for further information (see the 'Useful organisations' section).

Key



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



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

*Many Age Concerns are changing their name to Age UK

Arranging a hospital appointment

You and your doctor (GP) may decide you should see a specialist at a hospital. Your GP can refer you to a suitable hospital. However, if you live in England, you have the right to choose a hospital offering suitable treatment under the Choose and Book system.

This means that you can choose where you book your first appointment, either locally or at another location in England, and choose the date and time. Your GP should be able to help explain the choices available to you.

The following may help you decide which hospital to choose:

- Do you know someone who has been treated there? What was their opinion?
- 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?

To book an appointment, you can call the Appointment Line, book one online or, in some cases, contact the hospital directly.

You should start your treatment within 18 weeks of the date you were referred by your GP, though there may be exceptions, such as not being medically fit to be treated.



If your GP is considering a referral, ask about 'Choose and Book'. Your GP should be able to help you find a suitable hospital for you offering the treatment you need: for example, informing you of hospitals within ten miles of your home. You can also visit NHS Choices at www.nhs.uk

Tests and treatment as a day patient

Not all tests and treatments require a stay in hospital. Some are offered on a day-patient basis, including scans, bladder, bowel or digestive system tests, and operations to remove cataracts. However, there may be things you must or must not do in the 24 hours before and afterwards. You may also need someone with you, at least for the first night.

what next?

Hospitals usually provide an information pack: check that this will arrive in plenty of time to allow you to make arrangements.

Emergency admission to hospital

If you have a fall or suspected heart attack, you could be taken to a hospital A&E department. Once you have been assessed you may be:

- treated but not admitted if immediate support can be provided at home
- offered intermediate care services (see page 16)
- moved to a Medical Admissions Unit (MAU) for your condition to be monitored or tests completed before treatment is decided
- admitted to a medical or surgical ward.

what next?

If you live alone and will be in hospital for some time, ask someone to check that your home is secure and to cancel daily deliveries such as milk.

If you, or a family member, have had several falls recently, ask A&E staff or your GP about intermediate care services.

Standards of care

There are certain standards that hospitals in England and Wales must meet. These cover not only the quality of medical care but also hospital food, the safety and cleanliness of hospital premises, and how well privacy and dignity are respected.

what next?



To find out how well each hospital in England meets the standards, look at the performance rating on the Care Quality Commission website. In Wales, standards are monitored by Healthcare Inspectorate Wales. Contact details are in the 'Useful organisations' section.

Standards of cleanliness

You may be worried about the possibility of contracting MRSA or *C. difficile* while in hospital. Hospitals are bound by the Government's code of practice which lists 11 compulsory duties to prevent and manage these infections. Isolating patients who have an infection and encouraging staff and visitors to wash their hands thoroughly are important ways to stop infection spreading between patients.

what next?

In England, you can check the performance rating of hospitals local to you to see whether they are managing the rate of infection by visiting NHS Choices at www.nhs.uk

Food and nutrition

Maintaining a proper diet when you're in hospital can be an important part of your recuperation, not to mention comfort. So you should let staff know if you:

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

As part of an admission assessment, you may be weighed on arrival and regularly afterwards. If there are concerns, a dietician may visit you.

what next?

Speak to a doctor or nurse in charge of the ward as soon as possible if you, or a relative staying in hospital, have special requirements, or problems accessing the menu. Find out more about our 'Hungry to be heard' campaign on our website (see page 22).

'I can't see very well and often wasn't sure what I'd ordered to eat. Since I told them, someone helps me fill in the menu. The assistant who brings my meals makes sure I can reach it. If I ask her, she'll tell me what I ordered and where different foods are on the plate.'

Dignity and respect

You have a right to feel respected when you are in hospital. Staff can and should show dignity and respect by:

- asking how you would like to be addressed and speaking in a courteous and friendly way
- ensuring that all staff are aware and respond sensitively if you have hearing or visual difficulties or memory problems
- not treating you as ‘invisible’ when your bed is visited on a ward round
- ensuring that medical matters are discussed with you so that other people cannot hear
- responding promptly to requests for help to go to the toilet and when you need help to return to bed
- ensuring that curtains round the bed are secure when you are being examined or using a commode.

The Government also wants all hospitals to remove mixed-sex wards by 2010–11 unless there is a medical reason why they cannot. If you are treated on a mixed-sex ward, staff should make sure that your privacy is respected at all times.

what next?

If you have any worries about the way you are being treated, raise them with the nurse in charge of the ward. If you live in England and want more information on making a complaint, see our free factsheet *Resolving problems and making a complaint about NHS care*. If you live in Northern Ireland, call the Patient and Client Council on 0800 917 0222. If you live in Wales, call the Board of Community Health Councils for details of your nearest NHS Complaints Advocacy Service on 0845 644 7814.



Consent and right to refuse treatment

You have the right to a clear explanation of any proposed treatment, including the risks and benefits, before you agree to it. If treatment involves an anaesthetic you will be asked to sign a consent form.

Even if others consider it unwise, you have the right to refuse treatment as long as you understand what the consequences might be.

If you are unable to consent to proposed treatment, for example if you are unconscious or have dementia, a doctor must act in your best interests. It is not possible for a relative to give consent on your behalf, but the doctor acting in your best interests would be expected to consult relatives about your wishes.

If you lack the mental capacity to make a decision about serious medical treatment and have no family or friends to support you or represent your views, medical staff are required to appoint an Independent Mental Capacity Advocate (IMCA) to represent your interests.

You can, as a result of the Mental Capacity Act, make an ‘advance decision’ indicating your wishes about treatments should you lose mental capacity in the future.

Alternatively, you could set up a personal welfare Lasting Power of Attorney (LPA) to give someone authority to make health and welfare decisions on your behalf should you become incapable.



NB The Mental Capacity Act 2005 applies only in England and Wales.

what next?

Contact the Office of the Public Guardian for information about arrangements you can make for decisions to be made on your behalf (contact details are in the 'Useful organisations' section).

Travel to hospital

If your condition or disability makes using public transport or getting in and out of a car difficult, you may be eligible for non-emergency NHS transport. There may also be a voluntary driver scheme that can help.

Parking can be expensive, but some hospital car parks offer special rates for people receiving regular treatment. Also certain cancer charities can help if travel costs for frequent treatment cause financial difficulties.

If you receive the Guarantee Credit part of Pension Credit you can get help with reasonable travel costs to hospital, including parking. Ask for details about how to claim back travel costs before your appointment. Otherwise, you may be eligible for help towards travel costs through the NHS low-income scheme. For more details see page 25.

If you are on a low income and visiting a close relative or friend you may be eligible for help from the Social Fund. There is no other government scheme to help hospital visitors with travel costs.

what next?

For information on the NHS low-income scheme call its helpline on 0845 850 11 66. To find out about the Social Fund, contact your local Jobcentre Plus office.

Being discharged from hospital

All hospitals should be able to provide information on their discharge process. Most importantly, you should be told who is responsible. A hospital social worker and possibly a discharge co-ordination team are likely to be involved.

If you are having planned treatment, you may be invited for a pre-admission check. This provides an ideal opportunity to find out about any support you are likely to need later. If you do not have such a check or you are admitted in an emergency, planning for your discharge should begin as soon as possible after admission. Arrangements will vary depending on your needs and whether you can go home, or should consider alternative accommodation.

You are entitled to an assessment to decide what help you may need on leaving hospital, regardless of who will be paying for this help. The key steps are:

- deciding if the NHS should remain responsible for your care
- assessing what help you might need when you leave
- assessing the needs of your carer (if you have one)
- deciding whether intermediate care would help
- drawing up a care plan
- deciding who will be paying for your care
- practical issues on leaving hospital
- reviewing your care plan.

If you are only likely to need help for a week or two, perhaps with shopping and light housework and visits from a district nurse or your GP, see page 19 for more information.

***‘I was so bewildered after my fall,
I can’t believe I’ve come so far.
I felt really low but the staff gave
me so much confidence’***

**Mrs Patterson, an active
83-year-old, tripped and
fell while out shopping.**

‘When I fell, an ambulance was called and I was taken to the A&E department at the local hospital. It turned out I’d broken my hip. They kept me in and I had a hip replacement operation. The operation went well and I was out of bed the next day and taking a few steps.

‘After a week, I moved to the community hospital for intermediate care. The occupational therapist wanted to see if I could move from walking with crutches to using

a frame and then a stick, in three weeks. The care assistants took me home to see how I’d cope – particularly with the stairs, as my flat is on the first floor. I reached my targets and was ready to go home at the end of the three weeks.

‘I was so bewildered after my fall, I can’t believe I’ve come so far. I felt really low but the staff gave me so much confidence. They’ve given me a trolley on wheels so I can move things safely. I wouldn’t carry hot drinks myself otherwise and I’ve no one to carry things for me. I’ve got a commode in my bedroom for night-time. I don’t want to stumble on my way to the bathroom.’



Who should arrange care services for you?

The people responsible for your hospital discharge should arrange for the relevant staff to assess your needs before you leave hospital. The arrangements made will depend on your health and social care needs. You may need help from the local authority with things like personal care or meals on wheels. Or you may need NHS help, such as services provided by a district nurse.

If you meet eligibility criteria that show your need for care is primarily due to a health need and you live in England or Wales, you will be eligible for NHS continuing healthcare (a complete package of ongoing care arranged and paid for by the NHS).

For more information about help your local authority may be able to provide, see the section 'Drawing up a care plan', page 16.

If you are assessed as needing the services of a district nurse, the NHS will arrange this for you in your own home or a residential home.


If you are assessed as needing nursing care in a nursing home the NHS will pay the nursing home for this care. This is known as NHS-funded nursing care.

If you do qualify for NHS continuing healthcare, your local primary care trust (in England) or local health board (in Wales) will discuss options with you as to how your needs and care will be managed. The choice about where the care is provided is up to the primary care trust, although it does have to take your views into account. The care can be provided in a care home or your own home.

-  You cannot get NHS continuing healthcare in Northern Ireland.

what next?

If you live in England, call Age UK Advice free on 0800 169 65 65 and ask for our free factsheet *NHS continuing healthcare and NHS-funded nursing care* and our factsheet supplement *Community care in Wales*, which explains the main differences in Wales. You could also call the Department of Health order line on 0300 123 1002 and ask for a copy of its publication for patients *NHS continuing healthcare and NHS-funded nursing care*.

-  You could also call the Department of Health order line on 0300 123 1002 and ask for a copy of its publication for patients *NHS continuing healthcare and NHS-funded nursing care*.

Assessing the needs of carers

Patients and carers may have different needs, so as well as contributing (with your permission) to your assessment, your carer can ask for a separate assessment. Hospital staff should not take any support from your carer for granted.

what next?

Call our advice line and ask for our free guide *Help with care in your own home*. You could also contact Carers UK for more information (contact details are in the 'Useful organisations' section).

Intermediate care

Intermediate care may be offered following a stay in hospital to help your recovery once you return home or to find out if, with support in place, you can manage at home. Intermediate care can last for up to six weeks and can include health and social care support. Intermediate care is provided free in England and Wales.

Intermediate care can also be offered if providing prompt support could mean avoiding admission to hospital. You can receive intermediate care services at home, in a day hospital, community hospital or care home.

When your intermediate care finishes, you should have an assessment to see whether you need any ongoing care or health services.

what next?

If you think you, or a friend or family member, could benefit from intermediate care, speak to the person responsible for your discharge.

Drawing up a care plan

To decide what help you could receive on leaving hospital, the needs identified during your assessment are compared against your local authority's eligibility criteria. A care plan is then agreed with you that shows how your eligible needs, and any other needs, will be met.

The assessment might also show that your home needs adapting, or that a move to a more manageable property, sheltered housing, extra-care sheltered housing or a care home is necessary.

Your care plan may include one or more of the following services from your local authority:

- help with personal care – getting up and dressed, bathing
- meals on wheels
- aids and adaptations to your home to make basic tasks easier and safer
- a community alarm so you can call for help if you need it
- a place at a day centre offering activities, meals and a chance to socialise
- a place in a care home.

If you disagree with your proposed care plan, discuss your concerns with the person responsible for your discharge. If you remain unhappy, you can make a complaint.

If you cannot contribute to your assessment, perhaps because of a stroke or dementia, your local authority and the NHS have to make an informed decision in your best interests. Involving your carers as much as possible will help them discover what your wishes would be. If you live in England or Wales and you do not have a family who can represent your interests and a change of accommodation is proposed, an Independent Mental Capacity Advocate should be appointed to carry out this role (see page 9).

what next?

Contact your local authority social services department or information about its services. For more information see our free factsheets *Finding help at home* and *Finding care home accommodation*. See page 18 for information on who should pay for care services.

Benefits while in hospital

Your State Pension does not change no matter how long you are in hospital but Attendance Allowance (AA) and Disability Living Allowance (DLA) are suspended after 28 days. Pension Credit, Housing Benefit and Council Tax Benefit can be affected if you lose AA or DLA. Carer's Allowance can be affected if the person you care for goes into hospital or you go into hospital. You will need to let the office that pays your benefits know when you go into hospital and when you are discharged.

what next?

Call the office that pays your Attendance Allowance; details will be on your award letter.

Deciding who should pay for your care

Local authorities can charge for services they provide. There is one system for charging for care in your own home and a different system if you need care in a care home. You may be able to get financial assistance from the local authority depending on the savings, property, investments and income that you have.

what next?

Call Age UK Advice free on 0800 169 65 65 for our free factsheets *Paying for care and support at home* and *Paying for permanent residential care*.

Arranging practical help at home after a hospital stay

You may only need help with domestic tasks for a few weeks while you recover, particularly if you live alone. The person responsible for your discharge should identify what you need and help you make arrangements.

Your local Age UK/Age Concern may have a representative based at the hospital who can help explain what services it can offer you when you go home, such as 'home from hospital support'. The service will help get your home ready for your return and help with non-medical tasks such as shopping and light housework. Also, home care agencies can help with domestic tasks.

what next?

Contact your local Age UK/Age Concern to see whether it offers 'home from hospital' support. Your local authority or the regulatory authority for your country has details of agencies that provide home care. Contact details are in the 'Useful organisations' section.

Practical issues on leaving hospital

If the hospital believes you are ready for discharge, it is entitled to discharge you. However, you should not be sent home until the agreed support is in place – services are ready to start, adaptations have been made to your home and equipment has been delivered. Your carers should also be given adequate notice of the date and time of your discharge.

These are the things the person responsible for your discharge should ensure that:

- 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 a taxi or hospital transport booked
- if your medicines have been changed, you and/or your carer understand the changes and you have a supply of medicines to take home
- you and/or your carer have been shown how to use any new equipment or aids and can use them confidently
- if you need continence products, a supply has been arranged
- your GP has been informed of your discharge and any help you need from a district nurse has been arranged
- you know who to contact about your care plan or services.

If you are moving to a care home, the home should have the date and time of your discharge and a copy of your care plan. If the care home of your choice does not have a vacancy, you could be asked to make a temporary move if this will not be too disruptive for you.

Reviewing your care plan

If you go home and social services have arranged support for you, they must check to make sure that it still suits your needs within 14 days of your arriving home. After this, your care plan should be reviewed at least once a year or more often as appropriate.

If at any time you find that the services are not suitable or adequate, you should contact social services and ask for a review of your care plan.

Problems and complaints

If you have problems during your discharge, try to raise them at the time. If this does not resolve them, you can make a formal complaint.

Both the NHS and local authority must make sure that they have a complaints procedure. If your complaint is about the NHS or social services, you need to complain directly to the provider of the service you're having an issue with. In England, 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 local authority.

what next?

i For information about making a complaint in England, see our free factsheets *Resolving problems and making a complaint about NHS care* and *How to resolve problems and make a complaint about the local authority*. In Wales, contact the Board of Community Health Councils for details of your nearest Complaints Advocacy Service on 0845 644 7814.

Useful organisations

Age UK

Age UK is the new force combining Age Concern and Help the Aged. 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
www.ageuk.org.uk

In Wales, contact

Age Cymru: 0800 169 65 65
www.agecymru.org.uk

In Scotland, contact

Age Scotland: 0845 125 9732
www.agescotland.org.uk

In Northern Ireland, contact

Age NI: 0808 808 7575
www.ageni.org.uk

Care and Social Services Inspectorate Wales

The national regulatory body of care homes in Wales, which can provide inspection reports and care standards for care homes.

4–5 Charnwood Court
Heol Billingsley
Parc Nantgarw
Nantgarw CF15 7QZ

Tel: 01443 848 450
Email: cssiw@wales.gsi.gov.uk
Website: www.cssiw.org.uk

Care Quality Commission (CQC)

Responsible for the registration and inspection of social care services in England. You can read online or request copies of their inspection reports on care homes and domestic care agencies.

Citygate
Gallowgate
Newcastle upon Tyne NE1 4PA

Tel: 03000 61 61 61
Email: enquiries@cqc.org.uk
www.cqc.org.uk

Carers UK

A membership organisation of carers.

30 Great Dover Street
London SE1 4LX

Tel: 0808 808 7777 (free call from landlines)
www.carersuk.org

Choose and Book

The website www.nhs.uk provides information and encourages you to comment on your treatment as an NHS patient in England. You can compare hospitals to help you choose where you would like to go to for treatment and book an outpatient appointment online.

You can also:

- find a GP or dentist
- find out more about illnesses and treatments
- find guides, tips and video clips on health and lifestyle choices.

The website www.chooseandbook.nhs.uk may also be useful.

Elderly Accommodation Counsel

Provides free advice to older people on their housing options and maintains a comprehensive database of UK care homes.

3rd Floor
89 Albert Embankment
London SE1 7TP

Tel: 020 7820 1343
Email: enquiries@eac.org.uk
www.housingcare.org

Healthcare Inspectorate Wales

Independent inspectorate and regulator of all healthcare in Wales.

Bevan House
Caerphilly Business Park
Van Road
Caerphilly CF83 3ED

Tel: 029 2092 8850
Email: hiw@wales.gsi.gov.uk
www.hiw.org.uk

Help with Health Costs

Contact to request an application form (HC1) if you think you might be eligible for help with travel costs through the NHS low-income scheme. Information is available in different formats.

Helpline: 0845 850 11 66

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.nhschoices.nhs.uk

NHS Direct

Call or look on the website for information on a particular medical condition, contact details for support groups, a list of local GPs or details of your local PALS.

Tel: 0845 4647
www.nhsdirect.nhs.uk

Office of the Public Guardian

Provides information on the Mental Capacity Act 2005 and produces two booklets called *Making Decisions*, one for individuals (code OPG601) and another for families and carers (code OPG602). Order by telephone or download a copy from the website.

Tel: 0300 456 0300
www.publicguardian.gov.uk

Patient Advice and Liaison Service (PALS)

PALS provide information, advice and support to users of health services in England. They can also put you in contact with your local Independent Complaints Advocacy Service (ICAS) who can help you make a complaint about the NHS. In Wales, the NHS has set up an Independent Complaints Advocacy Service (ICAS). To find your nearest PALS or Complaints Advocacy Service contact NHS Direct via:

Tel: 0845 4647
www.nhsdirect.nhs.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, FREEPOST LON13041, PO Box 203, London N1 9BR. Alternatively, you can phone 0800 169 80 80 or visit www.ageuk.org.uk/donate. 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 X
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



We will use the information you have supplied to communicate with you in line with Data Protection guidelines. Age UK (registered charity no 1128267) comprises the Charity, its group of companies and national partners (Age Cymru, Age Scotland and Age NI). If you would prefer not to hear from them or carefully selected third parties, let us know by phoning 0800 107 8977.

Age UK publishes a range of books on issues relevant to people as they get older. Browse our online bookshop at www.ageuk.org.uk/bookshop

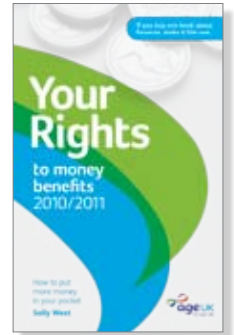
Your Rights to money benefits 2010/11

Sally West

Updated each year after the Budget, this book contains comprehensive details on the benefits you may be entitled to in retirement, including:

- pensions and retirement
- financial help for those on low incomes
- benefits and financial support for disabled people and their carers
- other types of financial support.

Paperback £5.99

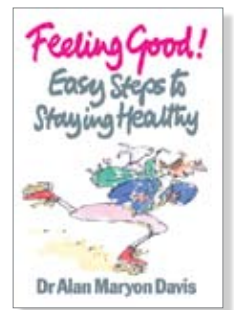


Feeling good

Dr Alan Maryon Davis,
illustrated by Quentin Blake

Written by well-known media medic, Dr Alan Maryon Davis, and illustrated by Quentin Blake, this is a must-have self-help guide that provides a light hearted yet serious approach to the secrets of keeping fit and healthy for longer.

Paperback £9.99



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**

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

The following Age UK information guides may be useful:

- *Health services*
- *What can you claim?*
- *Help in your home*

Age UK 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/Age Concern* are not in the box below, call Age UK Advice free on **0800 169 65 65**.



*Many Age Concerns are changing their name to Age UK

Age UK is a registered charity (number 1128267) and company limited by guarantee (number 6825798). The registered address is 207-221 Pentonville Road, London N1 9UZ. VAT number: 564559800. Age Concern England (charity number 261794) and Help the Aged (charity number 272786) and their trading and other associated companies merged on 1 April 2009. Together they have formed Age UK, a single charity dedicated to improving the lives of people in later life. Age Concern and Help the Aged are brands of Age UK. The three national Age Concerns in Scotland, Northern Ireland and Wales have also merged with Help the Aged in these nations to form three registered charities: Age Scotland, Age NI, Age Cymru. ID8673