Hospital discharge arrangements in Wales

About this factsheet

This factsheet explains how your discharge from hospital should be managed following NHS treatment so that you receive the help you need in the most appropriate location.

You could find it helpful to also read the following Age Cymru factsheets:

10w Paying for permanent residential care in Wales
20w NHS continuing healthcare and NHS-funded nursing care in Wales
24w Self directed support: direct payments in Wales
29w Finding care home accommodation in Wales
38w Treatment of property in the means test for permanent care home provision in Wales
39w Paying for care in a care home if you have a partner in Wales
41w Local authority assessment for community care services in Wales
46w Paying for care and support at home in Wales
76w Intermediate care in Wales

Age UK produce the following which may also be helpful:

22 Arranging for others to make decisions about your finances and welfare
**Note:** The Age UK family works nationally and locally as Age UK, Age Cymru, Age NI and Age Scotland.

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1 Recent developments

- The Welsh Government issued supplementary guidance to WHC (2004) 066/NAFW 46/2004 *Procedures when discharging patients from hospital to a care setting* in March 2011. It states, that ‘as a general rule, people should not be discharged directly from an acute episode of hospital care to a permanent placement in a care home, and following active treatment, the aim must always be to assist the person to recover and to reach his/her full potential.’ See section 15 for the link to the guidance.

- **National audit of dementia care: dementia care in general hospitals.** All hospitals in England and Wales were invited to take part in the audit and 99% acute Trusts in England and Wales registered one or more sites. The audit looks at policies, care processes and procedures that affect the care of people with dementia – including the discharge process. It also examines case notes of a proportion of patients diagnosed with dementia for evidence of compliance with key practice standards. A full report was published in December 2011 which can be viewed via this link: http://www.rcpsych.ac.uk/quality/nationalclinicalaudits/dementia/nationalauditofdementia.aspx

2 Introduction

This factsheet applies to NHS-funded treatment in an NHS or private hospital in Wales. See section 4.3 if the NHS does not fund your hospital treatment.

It explains what should happen to ensure you get the right care, in the right place, at the right time following a stay in hospital. It looks at:

- finding out about the discharge process
- how your future needs are identified as you approach the time for discharge
- your carer’s right to an assessment
- support that could be considered in the short or longer term
- how your eligibility for support is decided
- whether you may have to pay towards the cost of any services provided
- help available from voluntary sector organisations and from private agencies
what you can do if you are dissatisfied with decisions about the support you are offered or how your discharge is managed.

If you would like to know more about the legislation and guidance that hospitals should follow when patients are discharged from hospital or references for the documents mentioned in this factsheet, see section 15.

3 Hospital discharge – key steps in the process

A smooth and effective discharge process ensures:

• you do not stay on a busy acute hospital ward longer than necessary
• you are helped to understand your options and agree a care package that supports you to live as independently as possible.

Deciding when you are clinically ready for discharge

You cannot be formally discharged from hospital until your condition is stable and you can be safely moved. Until then a consultant is usually responsible for your care. If you are in a community hospital, this doctor could be a GP.

The following steps are important for a timely, effective discharge:

1 Providing information about how your discharge will be managed.
2 Deciding if you may be eligible for NHS continuing healthcare.
3 Identifying your needs and ability to manage on leaving hospital.
4 Identifying the role and needs of your carer, if they are to provide support.
5 Agreeing with you how best to meet your needs and drawing up a care plan.
6 Assessing your ability to pay for any social care services you receive.
7 Delivering and monitoring your care plan.
4 Providing information about your care and discharge

4.1 Planned admissions

When you attend an outpatient appointment to discuss and agree to hospital investigations and/or treatment, it can be helpful to discuss your hospital stay, its likely length, what to expect if you are to be an in-patient or day patient and how your ability to go about life as usual might be affected once you are back home.

A short time before your admission, you are likely to be invited for a pre-admission assessment to check that you are fit for the planned treatment. It is also a time for staff to provide written information about how your discharge will be managed and answer your questions. Staff can also begin to understand your situation and home environment and identify potential problems that could influence the type of support you may need afterwards.

4.2 Unplanned admissions

Following an emergency admission, it is important to start planning for your discharge as soon as your condition is understood and a treatment plan is agreed. You, or if appropriate a relative or carer, should be involved from the outset in helping staff understand your circumstances and any support you had previously, so that planning for the future can begin. This helps identify whether your discharge is likely to be straightforward or more complex and means timely action can be taken to ensure a smooth discharge. An expected date of discharge (EDD) should be identified and discussed with you and your family as soon as possible.

Note: If you or a relative has multiple health conditions, memory problems or dementia, a stay on a busy hospital ward can be a frightening and confusing time. Ward staff can help make your stay more comfortable if they know more about you, your routines, likes and dislikes. The Alzheimer’s Society produces a leaflet ‘This is me’. It can be filled in and given to staff so they have a snapshot of you. For contact details see section 16.
4.3 If your hospital treatment is not funded by the NHS

You or an insurance plan may fund a planned operation in a private hospital. The hospital will have its own discharge procedure and the consultant should be able to provide information or ensure you receive it.

When you discuss and agree treatment options, ask if you are likely to be able to manage personal care or other daily tasks on returning home. Also ask if you might benefit from aids to help with mobility or ensure your safety.

You have a right to an assessment by your home local authority if it seems you may have needs that it should meet under its eligibility criteria. This right applies regardless of who funds your hospital treatment. As social services staff will not be based in the private hospital, having an assessment can present practical problems.

It is therefore helpful to contact your local authority social services department as soon as your admission date is confirmed. The more notice and background information you can give, the easier it will be to identify the kind of support you might need and whether you could meet local eligibility criteria. Social services may ask you to contact them again once you are admitted. You may be required to pay towards the cost of any services arranged. See section 11.

If a relative plans to stay and to provide basic support once you first come home, you may be able to have an assessment at home. If you are found eligible for services, there should be time to make arrangements for them to start when your relative leaves.

If you are not eligible for support from social services, you could contact a private care agency. Your local Age Cymru may offer practical support to people newly discharged from hospital or have details of other voluntary sector organisations that can provide support. See section 7.5.

**Note:** If you receive Attendance Allowance or Disability Living Allowance, you should let the Department of Work and Pensions (DWP) know if you are admitted to hospital and then contact them again when you come home. The relevant phone number is on your award letter. A hospital stay of more than 28 days affects payment of these benefits.
Would you be eligible for NHS continuing healthcare?

Most patients have relatively simple needs following discharge but some have more complex needs. Due to the nature, complexity, intensity or unpredictability of their needs, some patients may be eligible for NHS continuing healthcare. This package of care is funded solely by the NHS when it is established that their primary need for care is a health need.

Staff should follow the procedure described in the 2010 National Framework for NHS continuing healthcare and NHS-funded nursing care and seek your permission to use the Framework’s ‘decision support tool’ if they think you may be eligible. The multi-disciplinary team uses evidence from the completed decision support tool, along with relevant risk assessments and their experience and expertise to make a recommendation to the Local Health Board as to whether or not you are eligible for NHS continuing healthcare.

NHS staff must then ensure a full assessment for NHS continuing healthcare is carried out before they ask if you would like them to alert social services that you may need services from them. See section 7.4.

**Note:** You may benefit from a period of rehabilitation or intermediate care once your acute hospital treatment is over, before a full assessment for NHS continuing healthcare is undertaken. Talk to the staff at the hospital about your care plan.

If you have a rapidly deteriorating condition with an increasing level of dependency and appear to be reaching the end of your life, the Framework has a ‘fast-track tool’ that can be completed by the doctor responsible for your care, who can recommend you move quickly onto NHS continuing healthcare.

Staff responsible for your discharge should be able to provide further information about NHS continuing healthcare, along with a copy of the Welsh Government’s patient leaflet. Age Cymru’s Factsheet 20w **NHS continuing healthcare and NHS-funded nursing care in Wales** explains how eligibility decisions are reached and your options should you disagree with a decision.
You can receive NHS continuing healthcare in a range of settings including your own home and a care home. If provided in a care home, the NHS arranges and pays for your care home place. If provided in your home, the NHS arranges and funds services to meet your health and social care needs.

6 Identifying your needs (and those of your carer)

6.1 Admission assessment and expected date of discharge

Once you have had an admission assessment, staff should tell you and where appropriate your family or carer, about the tests or treatment proposed and how quickly you might expect to make progress. They should tell you when you are likely to be ready for discharge – known as your expected date of discharge (EDD). Your progress should be reviewed regularly and any effect on your EDD shared with you.

Discussions of your goals and what you hope to be able to do when ready to leave hospital, as well as what you can do to promote your recovery, should be explored early on. This allows any misunderstandings to be addressed at the outset. Staff should also discuss how they will involve you in decisions about your hospital care and the process for agreeing any support you will need on discharge.

6.2 Making decisions and giving your consent

The NHS has a statutory responsibility, under the **Community Care (Delayed Discharges etc) Act 2003**, to alert social services if you are likely to need services when you no longer need to be in an acute hospital bed. See section 15.1. However you must be made aware of this and give your permission before a referral is made.

Staff should seek your permission to carry out an assessment of your needs and to share this information with relevant professionals. See section 6.3.

If you are unable to make these decisions when necessary, staff should ask family members if you usually need help to make certain decisions or whether under the **Mental Capacity Act 2005**, you have made a Lasting Power of Attorney (LPA) (health and welfare) or have a Welfare Deputy appointed by the Court of Protection to act on your behalf.
If you lack capacity to make these kinds of decisions and no one has been appointed to act on your behalf, staff must act in your ‘best interests’ having consulted with people who have a genuine interest in your welfare. This will usually include family and friends.

If NHS or local authority staff must make a ‘best interests’ decision on your behalf that involves serious medical treatment, a permanent change of residence or a temporary one that will last more than eight weeks, and you do not have any family or friends other than paid staff with whom it would be appropriate to consult about such decisions, then staff have a duty under the Act to appoint an Independent Mental Capacity Advocate (IMCA).

The Mental Capacity Act 2005 aims to protect people who cannot make certain decisions for themselves and empower them to make these decisions where possible. It also allows you to make arrangements for someone else to make decisions on your behalf should you, at some time in the future, no longer be able to make them for yourself. Age UK’s Factsheet 22 Arranging for others to make decisions about your finances and welfare explains more about making such arrangements and the protection this Act offers people who lack mental capacity.

6.3 The assessment to identify your needs

You have a right to an assessment of your needs before leaving hospital regardless of whether you or your local authority will fund any future services.

Assessment means collecting and recording information to help understand more about your needs and circumstances, how they might affect your daily living and quality of life. This could include your personal care needs, health needs including emotional and psychological needs, your need for nursing care or care from other healthcare professionals. It can identify whether providing aids or adaptations will make life easier and safer.

The assessment forms the basis for making decisions about your eligibility to receive services from your local authority. If social services are not involved in arranging or funding services, it provides valuable information if you are to arrange and fund your own services at home or in a care home.
Depending on the complexity of your needs, the assessment may involve one or more of the following professionals – a social worker, an occupational therapist (OT), a physiotherapist, speech therapist, mental health nurse or dietician.

If you are to return home, an OT may visit your home with you either before or soon after your discharge. An OT can identify how your home can be made safer and easier for you to manage daily living tasks and whether aids and equipment are necessary on a temporary or permanent basis.

Social care staff should be involved if you are likely to need support from social services or if a previous social care package needs to be re-introduced or revised when you leave hospital.

Taking time to talk to you and listen to your views and wishes and where appropriate those of your carer should be a central part of this process. If you do not have relatives or close friends to support you, you may like an independent person (advocate) to help you and ensure your views are clearly expressed. Your local Age Cymru may offer advocacy or know of a local service. Call Age UK Advice for contact details for your local Age Cymru. See section 17.

If English is not your first language you may want an interpreter involved.

It is important to let staff know if you have sight or hearing problems. They will then be able to make sure you can take part fully in any discussions and that any associated needs are recognised during your assessment.

**Ward based co-ordination of your care and discharge**

You should know who is responsible for co-ordinating the various professionals involved in your assessment and for ensuring agreed timescales are met. This is unlikely to be the same person every day but it is essential that someone takes on this role on a daily basis.

6.4 **You carer’s role and carer’s assessment**

With your permission, your carer and/or relatives can be invited to contribute to your assessment. Your carer may already be involved in your care or this may be the first time a partner or relative must consider taking on this role.
You carer can ask for a separate carer’s assessment to identify any services they need to support them in their caring role. As a carer, you should be told you have a right to an assessment if you are over 16 and are or will be providing regular and substantial care to someone over 18.

If you are a carer, staff should not assume your ability and/or willingness to continue with, or take on a new caring role. You can find out more about carer’s rights to an assessment by contacting Carers Wales. See section 16.

7 Support services

This section describes the type of help available on a short or long term basis through:

- intermediate care
- re-ablement services
- NHS services
- the local authority social services
- voluntary sector agencies
- private domiciliary care agencies.

7.1 Intermediate care

The Welsh Government defines intermediate care as services that ‘are targeted at people who would otherwise face unnecessary prolonged hospital stays or inappropriate admission to acute in-patient care, long term residential care or continuing NHS in-patient care; has a planned outcome and is usually no longer than six weeks’.

Intermediate care includes a range of services that aim to:

- support timely discharge from hospital following acute hospital treatment
- prevent unnecessary admission to permanent long term residential care
- help you, if you are approaching the end of your life, to establish a routine or to help your carer to learn new skills so that you can remain at home
- prevent inappropriate admission to hospital by devising a suitable alternative.
Services may vary across the country but there is likely to be a preference to provide services in a community setting rather than in residential care.

Intermediate care aims to be a short-term intervention and usually lasts no longer than six weeks. In some instances, patients may need intermediate care for longer than six weeks. Extensions beyond six weeks are subject to a full re-assessment.

Staff will discuss with you, and where appropriate your family, what they hope you can achieve within an agreed time frame and then draw up a care plan.

Intermediate care services might include:

- a programme of support that allows for rehabilitation and further recovery at home. This might be support from a community nurse or other specialist health professionals, personal care and involve the provision of community equipment where necessary.

- support at home with personal care tasks along with attendance at a day hospital or day centre for physiotherapy or other rehabilitation services.

- a short period in a community hospital or care home if you need rehabilitation services such as frequent input from a physiotherapist but do not need 24 hour access to consultant-led medical care.

When your initial period of intermediate care is over, your needs should be reviewed to see if you have achieved your goals or whether more could be achieved if further time is allowed.

Once it is agreed that further improvement is unlikely, you and where appropriate your family and carer, must discuss potential options in the light of your needs and then agree a care plan. This might mean providing services that allow you to return or remain at home or considering a permanent place in residential care.

**Note:** Services arranged as part of an intermediate care package are free for up to six weeks.

See Age Cymru’s Factsheet 76w Intermediate care in Wales for more information.
7.2 **Re-ablement services**

Re-ablement is a time-limited package of care that is co-ordinated by social services. It is most frequently delivered in your own home with support from specially trained carers whose aim is to support and encourage you to learn or re-learn skills necessary for daily living and help you discover what you are capable of doing for yourself.

The ultimate aim is for you to become more confident when moving around your home and with tasks such as washing and dressing and preparing meals and so regain as much independence as possible.

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**Note:** If your re-ablement package meets the definition of intermediate care, found in section 7.1, you should not be charged for up to six weeks of such care.

At the end of the agreed period, your ability to manage daily living tasks is reviewed. If a re-assessment identifies a need for continued support from social services, appropriate steps can be taken to meet those needs.

See Age Cymru’s Factsheet 76w *Intermediate care in Wales* for more information about intermediate care and re-ablement and Age Cymru’s Factsheet 41w *Local authority assessment for community care services in Wales*.

7.3 **NHS Services**

**Rehabilitation and recovery services**

Rehabilitation services aim to promote your recovery and maximise your independence if, for example, you have had a heart attack or stroke or an acute attack of a chronic illness such as Parkinson’s or multiple sclerosis.

Services often begin while you are in hospital and continue for weeks or months once you leave. You may receive support from a range of health professionals on an individual basis or in a group setting. Staff involved include physiotherapists, occupational therapists or speech therapists who can help with both speech and swallowing difficulties.
Coronary and stroke rehabilitation starts in hospital and is offered on an individual basis or a group setting following discharge. Following a heart attack, you should be told about local rehabilitation services and encouraged to attend. If you have had a stroke, your rehabilitation needs on discharge should be identified and a programme agreed.

**Self-management support**

NHS staff should help and encourage people with long-term conditions to be more involved in their care, to feel confident to take decisions about its day-to-day management and recognise changes that need to be reported promptly to their GP. On-going support can be offered as part of hospital follow-up care or consultations with your GP, practice or specialist nurse.

Self management courses, running over several weeks, are arranged in many areas of the country. These are designed to give you the confidence, skills and knowledge you need to manage your condition and provide an opportunity for participants to learn from and support each other. Your consultant, specialist nurse, GP or Health in Wales website may have information about Expert Patient and other courses in your area.

**Palliative care**

Palliative care describes the holistic care offered when you have been diagnosed with a progressive illness that cannot be cured.

A range of services can be available to you at the point of diagnosis and then be on hand as and when you need them. The aim being to keep you comfortable and ensure the best quality of life at all stages of your illness.

They can offer emotional support to you and your family during and following your illness as well as offering help to control and manage pain and other physical symptoms. Throughout your illness services may be available to you in your own home, in the local hospice or hospital and might include the support of nurses, hospice staff or ‘hospice at home' teams, Marie Curie nurses and other professionals in posts supported by Macmillan.

You may wish to discuss how you would like to be cared for as you approach the end of your life with health professionals caring for you, your family or friends. This is known as ‘advance care planning’ and means all those caring for you will be aware of your wishes. **Planning your future care** is a booklet produced by the National Council for Palliative Care and it explains more about this. See section 16.
Other NHS services

You are eligible to receive and should not be charged for:

- support from your GP and other community-based staff such as district nurses, continence nurses, dieticians and community mental health nurses
- continence pads and related products identified as necessary during your assessment
- specialist nursing and other medical equipment
- respite health care. You are eligible for Local Health Board (LHB) funded respite health care if you have intensive or complex health care needs, requiring specialised or intense nursing attention or a period of active rehabilitation during a period of respite.

**Note:** Respite care is a LHB responsibility if you meet the requirements described above. In most cases, respite care is to enable you and your carer, who is providing a substantial amount of care on a regular basis, to have a break. It is then usually viewed as a social care rather than an NHS responsibility. However when a need for respite care is identified, health and social services must agree who funds the care needed. If it is a social services responsibility, you may be asked to contribute towards the cost.

‘Home From Hospital’ medicines service

A new NHS Wales initiative ‘Home from hospital’ medicines service is designed to ensure that people returning home after a stay in hospital or other care setting continue to receive their correct medicine. This service will enable hospitals, nursing and care homes and patients themselves to take or send a copy of the Discharge Advice Letter to their local pharmacy. Previously this letter was only sent to the GP. This will enable pharmacists to check that future prescriptions issued by the surgery include all the medication the patient needs to treat their various conditions.
7.4 **Social care services**

Social care services may be arranged by your local social services department but delivered by a private care agency or voluntary sector organisation. If following a financial assessment (see section 10) you will be living at home and qualify for financial help from the local authority, you can choose to have a direct payment rather than have the local authority arrange services for you. This means you can arrange services yourself that meet eligible needs identified during your assessment. For further information see Age Cymru’s Factsheet 24w **Self directed support: direct payments in Wales**.

Social care services aim to meet personal care, nutritional, social and emotional needs and to ensure your safety.

This might be help meeting personal care needs such as getting washed and dressed or ready for bed or using the toilet; your nutritional needs may be met by having meals delivered to your home with or without help to re-heat them or by attending a day centre or luncheon club, which could also help meet your social and emotional needs. Social care services also include respite care or a temporary or permanent place in a care home.

Social services may also arrange aids or equipment that make tasks easier and safer such as grab rails or other bathing aids, lever taps, a raised toilet seat, a commode or rails on both sides of a staircase or steps.

They may also arrange for you to have a community alarm so you can summon help in an emergency or suggest fitting ‘telecare’ equipment. ‘Telecare’ equipment allows you to live independently for longer and examples include falls detectors and bed occupancy sensors. For further information see Age Cymru’s Factsheet 42w **Disability equipment and how to get it in Wales**.
7.5 **Voluntary sector organisations**

Local voluntary sector organisations such as Age Cymru, WRVS and the British Red Cross offer a range of services. They may offer home visiting and befriending, advocacy, the loan of equipment such as wheelchairs and commodes, handyperson schemes and information and advice. They may provide meals-on-wheels, run day centres and luncheon clubs or offer non-residential respite care. You may need a referral from social services to attend a day centre or luncheon club.

In some areas, the local hospital arranges for a voluntary sector organisation to offer a **home from hospital** service during your first few weeks back home. This could be someone who can settle you back in at home, do general tasks such as light housework and shopping or help you to sort out paperwork that accumulated while you were in hospital. As well as doing specific tasks, your support worker will aim to keep in touch, have a chat and check you are managing on your own.

Call Age UK Advice for contact details of your local Age Cymru. Call them to find out the range of services they offer. See section 17.

7.6 **Private care agencies**

Private care agencies offer help with a range of personal care tasks, domestic tasks and meal preparation. Some can also provide registered nurse care. They must register with and are inspected by the Care and Social Services Inspectorate Wales (CSSIW). You can read care agency inspection reports on the CSSIW website or request a copy by phone, or visit one of their offices. See section 16 for contact details.

You may want to buy your services from a private agency if you choose to receive direct payments from social services. Your local authority can provide a list of agencies that provide services locally. The UK Home Care Association offers a list of their member care agencies, including those that provide live-in carers. See section 16 for contact details.

8 **Options when drawing up your care plan**

Once the assessments are complete you, and where appropriate your family or main carer, should meet with the person responsible for your discharge.
At this meeting you should discuss needs that meet the local authority’s eligibility criteria and explore options for meeting these and other identified during your assessment. The discussion should take account of the following:

- your views on what you hope to achieve and where you would like to live
- would you benefit from a period of re-ablement, intermediate care or additional NHS or social care support before making a decision about your long term care?
- the support your carer is willing and able to offer
- any concerns you or your carer may have
- the results of any risk assessment undertaken for any of the options that may be considered.

8.1 **Options if you have simple needs**

**Returning home with help for a week or two with light shopping and housework.** This may be accompanied by regular visits from the district nurse. Domestic tasks are likely to be outside the scope of local authority eligibility criteria but some local Age Cymru groups and other voluntary organisations offer ‘Home from Hospital’ support with these and other general tasks. You could also approach a private care agency. See sections 7.5 and 7.6.

8.2 **Options if you have potential to improve in the short term**

**Do you need support to re-build your confidence and maximise your ability to live independently?** In this case you should be offered a period of intermediate care or re-ablement if staff believe you might benefit from it. This is likely to be in your own home, but could be in a rehabilitation or 'step down' ward in the acute hospital, in a community hospital or a care home. See sections 7.1 and 7.2. It is particularly important to seriously consider this option, if your current needs suggest you may need a permanent place in a care home.

**Rehabilitation and recovery services** at home. See section 7.3.
8.3 **Options for the long term**

**Social care services and/or equipment from social services and/or home adaptations** that help you live independently in your current home. If adaptations are needed, you may need to agree a temporary care package in alternative accommodation until the adaptations are complete. For further information see Age Cymru’s Factsheet 41w **Local authority assessment for community care services in Wales** and Age Cymru’s Factsheet 46w **Paying for care at home in Wales**.

**A move to sheltered or extra care sheltered housing.** This could mean agreeing to a temporary care package while this option is explored. For more information on sheltered housing see Age UK’s Factsheet 64 **Retirement (sheltered) housing**.

**A permanent place in either a residential or nursing home**

The Welsh Government issued supplementary guidance to Welsh Health Circular 2004(066) and National Assembly for Wales Circular 46/2004 on procedures when discharging patients from hospital to a care setting. This guidance advises that:

“As a general rule, people should not be discharged directly from an acute episode of hospital care to a permanent placement in a care home. Following active treatment the aim must always be to assist the person to recover and to reach his/her full potential. Prior to any decision that a care home placement is necessary, it is essential that other care options are considered and excluded. In addition to the requirement to consider Continuing NHS Health Care eligibility as part of the assessment process, this might also include consideration of the potential for re-ablement, community based support within own home, alternative housing options, use of telecare and supported living options.”

The supplementary guidance can be viewed here: http://wales.gov.uk/docs/dhss/publications/110614whc06604supplementaryen .pdf

If a place in a nursing or residential home might be the option for you, you may want to read Age Cymru’s Factsheet 29w **Finding care home accommodation in Wales** and Age Cymru’s Factsheet 10w **Paying for permanent residential care in Wales**.
Note: If a move to a nursing home is proposed, staff must decide whether it is appropriate to consider your eligibility for NHS continuing healthcare, before any assessment of your nursing needs is made.

8.4 Moving from an acute ward straight to a care home

When all options have been explored and in the light of your current needs, a move to a care home may be the most appropriate option. See section 8.3.

The local authority has a duty to meet your eligible needs when arranging care for you. Sometimes it will propose a move to a care home because it is the only option. However if it is to make a financial contribution to the cost of your care, it could recommend residential care as it is the cheaper option.

When your needs can be met equally well through different service options, the local authority can legitimately offer the option that is the cheapest to arrange or provide. Often there will be financial limits as to how much care is provided in your own home. For information about negotiating over care, see Age Cymru’s Factsheet 41w Local authority assessment for community care services in Wales.

If you do not want to go into a care home

You cannot be forced to go into a care home. However, if you unreasonably refuse to accept a place in a care home after a thorough discussion, social services is entitled to consider it has fulfilled its duty to assess and offer services. It may then inform you that you need to make your own arrangements. To fulfil its statutory duty, social services must show that you are refusing a care package and have persistently and unequivocally refused services on more than one occasion.

You may wish to challenge social services by arguing and providing evidence that a care home would not meet your needs, including psychological needs.

Right to refuse discharge to a care home?

While a local authority does not have the right to insist you move into a care home against your will, you do not have the right to occupy an acute hospital bed indefinitely and need to move to a more appropriate care location when clinically ready.
Waiting for a place in the care home of your choice

A preference to remain in hospital can arise when there is no vacancy at the care home of your choice, you wish to go on their waiting list and so need an interim place in another care home.

Government guidance supporting your right to a choice of accommodation (see section 12.3) explains that the local authority should take all reasonable steps to take account of your wishes when arranging interim care and accommodation to meet your assessed needs. Under circumstances outlined earlier in this section, the local authority is entitled to consider it has fulfilled its duty to assess and offer services.

Waiting for an NHS continuing healthcare decision

A preference to remain in hospital may also arise while you are awaiting the outcome of an NHS continuing healthcare decision, when challenging an NHS continuing healthcare decision or when challenging the care package proposed by social services.

In the cases described above, you or your relatives may be concerned that a temporary move to a care home, which may soon be followed by another move, would not be beneficial to your physical or mental wellbeing.

However a prolonged stay on a busy acute hospital ward may not be in your best interests. It often leads to depression, low mood and boredom. It can also increase your risk of infection and reduce your ability to maintain your mobility, sense of autonomy and independence.

The question arises what happens next? Health and social care staff should carry out a risk assessment associated with a move and work with you and your family to explore possible alternatives.

Note: In 2009, the Welsh Government issued guidance on new arrangements for dealing with certain retrospective continuing NHS healthcare claims. You can now only claim back fees from April 2003 onwards.

9 Agreeing a care plan to meet short or long term needs

Having considered the options, staff will either
Discuss and agree a care plan to meet short term goals of intermediate care or re-ablement. See section 7.1 and 7.2.

Discuss and agree with you a longer term care plan in the light of your local authority’s eligibility criteria for social care services and other needs identified during your assessment and your need for NHS services.

**Note:** You can find out more about eligibility criteria and what you can do if you disagree with decisions about your eligibility for services in Age Cymru’s Factsheet 41w *Local authority assessment for community care services in Wales*. Contact your local authority social services department to find out about their eligibility criteria.

The details of your care plan should be in proportion to your needs and the complexity of the services to be provided. It could include:

- what NHS and social care support you will receive and its purpose
- who will provide the support, how often and when
- details of what your carer is willing to do, their needs and how they will be supported in their role
- who is co-ordinating your care plan and who to contact in an emergency or if the services are not meeting your needs
- how much if anything you have to pay towards social care services (see section 11)
- monitoring arrangements and when your care package will be reviewed.

10 **Assessing your ability to pay for non-NHS services**

10.1 **Paying for care at home**

Each local authority can decide whether it wishes to charge for services it arranges or provides to help you stay in your own home and, if so, how much. In setting its charging policy it must follow Welsh Government guidance.
If you are found eligible for financial support from the local authority, you can choose to have a **direct payment**, instead of asking the local authority to arrange services for you. The direct payment reflects the amount you have been calculated as able to pay towards the cost of services. Your carer can also choose to receive a direct payment in their own right if they too are eligible for services.

**Note:** Changes introduced in April 2011 extend the direct payment scheme to include persons who lack capacity to consent to having a direct payment. Local authorities can appoint a ‘suitable person’ who is willing to receive and manage the direct payment on behalf of the person who lacks capacity. This could be a family member or friend.

For further information on charging see Age Cymru’s Factsheet 46w *Paying for care and support at home in Wales* and Age Cymru’s Factsheet 24w *Self-directed support: direct payments in Wales*.

### 10.2 Paying for care in a care home

You can seek financial help from the local authority once your capital falls below the capital limit of £23,250 (this is the amount for the financial year starting April 2012).

Staff must carry out a financial assessment – looking at both your income and capital (including investments and savings). They follow national guidance known as CRAG (Charging for Residential Accommodation Guide). The details of this financial assessment are explained in Age Cymru’s Factsheets 10w, 38w and 39w listed on the front page.

### 11 Practical considerations for effective discharge

As well as having an agreed care plan and ensuring services are ready to start on the day you leave hospital, there are practical points that are vital to a safe and smooth discharge:

- Has your carer been given sufficient notice of the date/time of your discharge?
- Do you have suitable clothes to wear on the journey home?
Is a relative collecting you or is hospital transport required?

Do you have house keys and money if travelling home alone?

Will medication be ready on time? Have changes been made to the medication you were taking on admission and explained to you and where appropriate your carer? Are some items to be taken in the short term only?

Have you and/or your carer received training, so that new aids/equipment can be safely and effectively used? Are aids available to take with you or already in place at home?

Do you have a supply of continence products as agreed and know how to get further supplies?

Are your GP and other community health staff aware of your discharge date and support you will need from them? Has a discharge summary with details of any medication changes been forwarded to the practice?

If you are to move into a care home are they aware of the date and likely time of your arrival, along with your care plan and medication needs?

12 Leaving hospital

12.1 Discharge to your own home

You should only be discharged when you are medically fit, your care package services are ready to start and all equipment is in place and ready for use.

If you are ready to be discharged but your home needs minor adaptations, you may have agreed to an interim care package in alternative accommodation until the adaptations are complete.

If your local authority arranges your care package, you should know who to contact if you have any questions or problems once it is in place. In line with the Community Care (Delayed Discharges etc) Act 2003 guidance, social services should check that your care package is adequate within at most two weeks after your discharge. If you live alone, this should ideally be within a few days of discharge.

Your needs should then be reviewed as agreed or at least annually.
12.2 **Discharge to a care home – key issues**

More detailed information about finding and paying for care in a care home is available in:

- Factsheet 10w *Paying for permanent residential care in Wales*
- Factsheet 29w *Finding care home accommodation in Wales*
- Factsheet 38w *Treatment of property in the means test for permanent care home provision in Wales*
- Factsheet 39w *Paying for care in a care home if you have a partner in Wales*
- Factsheet 60w *Choice of accommodation – care homes in Wales*

These factsheets are relevant if your local authority is arranging and contributing towards the cost of your care or if you are arranging and paying your care home fees in full.

Some of the key issues to consider are outlined in the following sections.

**If you move into a nursing home**, the Local Health Board, in whose area the nursing home is located, pays the home directly for nursing care you receive from, or under the supervision of, registered nurses employed by the home. This is known as NHS-funded nursing care. There is a single band payment, reviewed annually in April. The payment is currently £120.56 per week.

If you had a full assessment of your eligibility for NHS continuing healthcare and the NHS now provides any part of your care, a case review should be held no later than three months after reaching the initial eligibility decision. This ensures your care package is adequate. You should then have a review at least annually or should request one if your condition changes significantly.

12.3 **Choosing a care home**

In most cases, even though aware of the outcome of your needs assessment, a care home manager may want to visit you in hospital before agreeing to offer you a place.
If your local authority's social services department is arranging and paying towards your care home place, you can, under the ‘Choice of Accommodation’ guidance, choose your care home as long as the following conditions are met:

- the home is assessed as being suitable for your assessed needs
- the home is willing to enter into a contract with the local authority, subject to the local authority’s usual terms and conditions
- the home costs no more than the local authority would normally pay to meet the needs of someone with your assessed needs
- there is a vacancy.

You can choose a home that costs more than the local authority normally pays as long as there is someone, such as a relative, willing and able to pay a ‘third party top up’ in the long term to cover the difference.

However the local authority should not request a ‘top up’ unless you choose to enter a more expensive home when care that meets your assessed needs is available at the local authority’s ‘usual’ rate. If there are no suitable places available at the ‘usual’ rate at any given time, the local authority should arrange a placement in a more expensive home and meet the extra cost.

A ‘third party top up’ must be paid for as long as you live in the care home under that contract. Any increase in the care home’s fees is not necessarily apportioned equally between the local authority and the third party. If fees increase more quickly than the authority’s usual amount, a larger ‘top up’ may be required.

You can pay your own ‘top up’ in very limited circumstances such as when, as a self-funder, you enter into a ‘deferred payment agreement’ with your local authority. ‘Top ups’ are explained fully in Age Cymru’s Factsheet 60w and ‘deferred payments’ explained in Age Cymru’s Factsheet 38w.

If there isn’t a vacancy at the home of your choice – see section 8.4.

If you are funding your own care home place you or your family can decide how much you are willing to pay. Each home should produce a statement of purpose, its aims and objectives, the range of facilities and services it offers and the terms and conditions on which it does so in its contract of occupancy. This together with recent inspection reports and the findings from your care assessment can help you make a decision.
The Office of Fair Trading produces a publication ‘Fair terms for care’ which can help you check that the terms in the care home contract you are asked to sign are fair. See section 16 for contact details.

The **National Minimum Standards for Care Homes for Older People** requires that the care home specifies the overall care and services covered by the fee, what the fee is and to whom it is payable and any additional services that need to be paid for, that are not included in the fee.

The Welsh Government’s **Care Homes (Wales) (amendment no.2) Regulations 2003** provide that a ‘person registered in respect of a care home must provide a service user with a statement as to the home’s fees for accommodation, nursing and personal care and shall notify the service user at least one month in advance of any increase in the fees’.

**If you are eligible for NHS continuing healthcare and your care is to be provided in a care home, your care and accommodation is fully funded by the NHS.** However, providing the care the NHS is offering is clinically suitable, you do not have the right to choose the location i.e. the town or actual care home. You can express, and they should consider, your preferences but the final decision rests with the Local Health Board (LHB). The LHB may have a contract with one or more nursing homes but your assessed needs will determine whether the care they can offer is suitable. Eligibility for NHS continuing healthcare is regularly reviewed and may change if your condition improves. See Age Cymru’s Factsheet 20w **NHS continuing healthcare and NHS-funded nursing care in Wales**.

**You were funding your own care home place prior to your hospital stay and you are now eligible for NHS continuing healthcare.** If your current care home can continue to meet your needs but is more expensive than the NHS would normally pay for someone with your needs, you would need to ask the LHB if you could remain there. Before any decision is taken to move you to a cheaper home, the LHB would need to consider and take account of the effect of a move on your physical and mental health.
If you are funding your own care home place and based on your current capital, you may need to approach the local authority within the next year or two for help with paying the fees. Before choosing a care home, it may be helpful to know your local authority’s ‘usual rate’ for someone with your care needs and bear this in mind when choosing your care home. You may find the local authority does not wish to pay substantially more than this, should you approach them for financial help in the future.

Note: Try to give the local authority several months notice when your savings are approaching the capital limit (for the financial year from April 2012 this is £23,250) to allow time for a care and financial assessment to take place.

12.4 Benefits while in a care home

Local authority staff should check you are claiming all the benefits you are entitled to when assessing your ability to pay towards the cost of your care. Your local Age Cymru may also offer a benefits check.

State pension

Your state pension is paid in full when you are in a care home but is taken into account during your financial assessment.

Pension credit

Pension credit payments are taken into account during your financial assessment but there is a small disregard that is uprated annually. This is explained more fully in Age UK’s Factsheet 48 Pension credit.

Attendance Allowance and Disability Living Allowance

If you fully fund your place in a care home, you can continue to receive or make a claim for Attendance allowance (AA).

You can continue to receive Disability Living Allowance (DLA) when you move into a care home. However, you can only put in a new claim for DLA if you have not reached your 65th birthday. If you are 65 or over, any new claim must be for AA rather than DLA.
If the local authority is to contribute to the cost of your care home place and you were receiving AA or DLA before you moved permanently into a care home, payment of AA and the care component of DLA ceases on the 29th day after your admission. However, if you were in hospital prior to this, your time in hospital is included when counting up to the 29th day. This is explained more fully in Age UK’s Factsheet 34 Attendance Allowance and Age UK’s Factsheet 52 Disability Living Allowance.

13 If your care needs change

If your health deteriorates significantly, you should ask for a new assessment of your needs. It could mean you need additional care at home, may need to be considered for NHS continuing healthcare, may need a revised care home package or may need to move from a residential to a nursing home.

14 Disputes and complaints

If you have problems during the time leading up to your discharge, try to raise them at the time with the staff concerned. If this does not resolve them you can approach your local Community Health Council. Each Community Health Council runs a Complaints Advocacy Service. See section 16 for contact details.

If your complaint is about NHS or social services, you need only complain to the provider of the services.

If your complaint involves services provided by more than one organisation, for example services provided by a hospital and a local authority, the organisations involved have a duty to co-operate. This means the organisation that receives your complaint must approach the other organisation and they must agree between them who will take the lead in handling your complaint.

Age Cymru’s Factsheet 41w Local authority assessment for community care services in Wales has further information on the local authority’s complaints procedure and Age Cymru’s Factsheet 66w Resolving problems and making a complaint about NHS care in Wales has information on how to complain about NHS services.
Note: The Public Services Ombudsman for Wales can only look into complaints about residential or non-residential social care where social services have organised these services for someone. Adults who fund their own care can complain to the provider of those services or to the CCSIW if they have a problem.

15 Hospital discharge – the legal framework

15.1 Legislation addressing hospital discharge

The Community Care (Delayed Discharges etc) Act 2003 describes the process that must be followed before adults are discharged from an ‘acute hospital bed’. Not all hospital patients are covered by this Act. See below.

Note: A patient in an ‘acute hospital bed’ is likely to have had planned treatment or surgery or been admitted as an emergency.

The Act requires the hospital to follow a 2 step process:

- With your permission, it must alert social services if it believes you are likely to need support when you leave hospital. This might be services in your own home or a place in a care home.
- It must contact social services again, once your discharge date is confirmed. This is to give social services fair warning and have services ready to start on your discharge date. If social services do not meet the timescales laid down in the Act, they must reimburse the NHS for each day’s delay.

The Act does not apply to the following types of care:
- mental health care where the person primarily responsible for your care is a consultant psychiatrist or psychogeriatrician (such care is usually provided in a psychiatric hospital or unit)
- palliative care (see section 7.3)
- intermediate care (see section 7.1)
- non-acute care in a community hospital or step down bed
● treatment in an English hospital if you live in Wales, Scotland or Northern Ireland.

The legislation can be found by following the link below:

**The Community Care (Delayed Discharges etc) Act 2003**

15.2 **Good practice guidance**

Good practice guidance does not have the mandatory status of legislation but NHS organisations and local authorities should take it into account when planning services.

**Hospital Discharge planning guidance:**

This guidance requires that Local Health Boards ensure NHS trusts have clear procedures to be followed to discharge patients from hospital to the next stage of care.

**The 2002 Welsh Health Circular on Intermediate Care guidance:**

This provides guidance on the development of intermediate care services commissioned by the NHS and local authorities.

Supplementary guidance to Welsh Health Circular 2004 (066) **Procedures when discharging patients from hospital to a care setting:**

This supplementary guidance is specific to the procedures which are to be applied when discharging patients to a care setting.

16 **Useful organisations**

The following national organisations may be able to offer further support and assistance.
Alzheimer’s Society

A national charity offering information and support to individuals who have all types of dementia, their families and carers.

Helpline: 0845 300 0336
Website: www.alzheimers.org.uk

Board of Community Health Councils

Community Health Councils (CHCs) in Wales were restructured in April 2010. For information on the CHC covering your area and their Complaints Advocacy Service, contact

Tel: 0845 644 7814 or 029 2023 5558
Website: www.wales.nhs.uk/sitesplus/899/home

British Red Cross

Offers services provided mainly by volunteers working through local centres that include equipment and wheelchair loans, domiciliary care, home from hospital support, transport and escort services

Tel: 0844 412 2804
Website: www.redcross.org.uk

Care and Social Services Inspectorate Wales (CSSIW)

The CSSIW oversees the inspection and regulation of care and social services in Wales.

Tel: 0300 062 8800
Email: cssiw@wales.gsi.gov.uk
Website: www.cssiw.org.uk

Carers Wales

A charity working on behalf of carers. Offers wide range of information on carers’ rights and sources of help and contact details for local carers’ support groups.

Tel: 029 2081 1370
CarersLine: 0808808 7777
Email: info@carerswales.org
Website: www.carerswales.org
Macmillan Cancer Support
Provides information, advice and support for people with cancer, their families and carers.
Helpline: 0808 808 00 00
Website: www.macmillan.org.uk

NHS Direct Wales
NHS Direct Wales has contact details for Complaints Advocacy Services run by the Community Health Councils in Wales, as well as local services such as GP practices and dentists. It can also give you information on a range of health topics and on looking after your health.
Tel: 0845 46 47
Website: www.nhsdirect.wales.nhs.uk

National Council for Palliative Care
The umbrella charity for all involved in palliative, end of life and hospice care in Wales, England and Northern Ireland.
Tel: 020 7697 1520
Website: www.ncpc.org.uk

Public Services Ombudsman for Wales
The Ombudsman looks to see whether people have been treated unfairly or inconsiderately, or have received a bad service through some fault on the part of the public body providing it.
Tel: 0845 601 0987
E-mail: ask@ombudsman-wales.org.uk
Website: www.ombudsman-wales.org.uk

UK Home Care Association
The professional association of home care providers from the independent, voluntary, not-for-profit and statutory sectors.
Tel: 020 8288 5391
Website: www.ukhca.org.uk
17 Further information about Age Cymru and local Age Cymru partners

Age Cymru is the new force combining Age Concern Cymru and Help the Aged in Wales. For information visit the Age Cymru website at www.agecymru.org.uk or call Age UK Advice on 0800 169 65 65. Age UK and Age Cymru are working together to provide Age UK Advice. Age Cymru is working in partnership with local Age Cymru partners across Wales.

Call Age UK Advice on 0800 169 65 65 if you would like:

- to order copies of any of the Age Cymru and Age UK information materials mentioned in this factsheet
- to request information in large print
- further information about our full range of information products
- contact details for your nearest local Age Cymru/Age Concern organisation.

Along with Age UK, Age Scotland and Age NI, Age Cymru is a member of the Age UK family.

Contacts

Age Cymru
Age UK Advice: 0800 169 65 65
Website: www.agecymru.org.uk

Age UK
Age UK Advice: 0800 169 65 65
Website: www.ageuk.org.uk

Age NI
Age NI Advice: 0808 808 7575
Website: www.ageni.org

Age Scotland
Tel: 0845 125 9732
Websites:
www.olderpeoplescotland.org.uk
www.agescotland.org.uk
Support Age Cymru

Age Cymru needs your support to enable us to remain the best informed and most influential national charity for older people in Wales.

If you would like to support our work in Wales to enable us to continue distributing our free information and advice, please call 029 2043 1555 to make a donation (national call rate, Monday to Friday, 9.15 am–5 pm) or donate online at www.agecymru.org.uk/donate

Legal statement

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