Your hospital stay

What to expect when going into hospital, while you’re there and when you’re discharged
Information written with you in mind.

This information guide has been produced with the help of older people and carers as well as expert peer reviewers.

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Contents

What this guide is about 4

Going into hospital
Planned admissions 7
Organising your transport 8
Things to bring with you to hospital 10
Emergency admission to hospital 12

While you’re in hospital
How you should be looked after in hospital 15
Eating and drinking 16
Consenting to treatment 20
Dealing with worry in hospital 22
If you have dementia and are going into hospital 23
Welfare benefits while in hospital 24
Visiting hours 25
Compliments and complaints during your hospital stay 26

Leaving hospital
Being discharged from hospital 28
Discharge assessment 29
Drawing up a care plan 30
Reviewing your care plan 31
Assessing the needs of your carer 32
If you only need a little help at home 33
Supporting you to return home 34
If you need to move into a care home 35
Paying for your care 36
Thinking about your finances after you’ve left hospital 37
Problems and complaints after you’ve left hospital 38

Useful organisations 39
What this guide is about

No one likes going into hospital but, unfortunately, most of us will have to at some point. Being in an unfamiliar environment while having to cope with illness or the uncertainty of diagnosis can be both distressing and unsettling.

This guide aims to put you at ease. It will help you:

• prepare for going into hospital
• understand your rights in hospital
• understand the discharge process
• be more informed about care afterwards.

This guide may also be useful for your relatives and friends, as it can be a difficult time for them too.

This symbol indicates where information differs for Wales and Northern Ireland.
As far as possible, the information given in this guide is applicable across the UK.

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

To find out more about the different healthcare systems across the country, in Wales contact NHS Direct Wales (see page 43), in Northern Ireland contact NI Direct (see page 43) and in Scotland contact NHS Inform (see page 43).

Next steps

It’s a good idea to find out the number for your local council. They’ll be able to provide a lot of the support and information mentioned in this guide.

My local council number is:
Going into hospital

Depending on your circumstances, you could go into hospital as:

• **an outpatient**, where you’ll be seen at hospital for an appointment to discuss your condition and possible diagnosis and treatment, but you won’t stay overnight

• **a day patient**, where you’ll be given a hospital bed for tests or surgery but will not stay overnight

• **an inpatient**, where you’ll stay in hospital for one night or more for tests, medical treatment or surgery.

Whatever the reason for going into hospital, no one wants to be there longer than they have to be – so it’s worth giving some thought to it even before you need to.

Next steps

Visit the Care Quality Commission website to compare the quality of care at hospitals across England. For information about hospitals in Scotland, visit [www.nhsinform.co.uk](http://www.nhsinform.co.uk). In Wales, visit [www.nhsdirect.wales.nhs.uk](http://www.nhsdirect.wales.nhs.uk).

You can also look at [www.patientopinion.org.uk](http://www.patientopinion.org.uk) to see what people think about hospitals across the UK.
Planned admissions

Outpatient appointments are arranged by referral, when you need further tests or more specialised care than is available through your GP.

Once you’ve been referred, your GP can explain how to book your first appointment. You can choose the hospital you would prefer to go to and which consultant team you would like to treat you.

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

- Do you know someone who has been treated there? What did they think?
- How quickly can you be seen?
- How easy is it to get there? Is there adequate, affordable car parking?
- Are the location and visiting times convenient for your loved ones?

Waiting lists can be an issue, but in England and Scotland you have the right to start any treatment you need within 18 weeks from the date you were referred by your doctor. This is 26 weeks in Wales. If you can’t be seen within the maximum waiting time, your hospital must do what it can to offer alternatives.

You should expect shorter waiting times if you have been referred for cancer investigations or treatment.
Preparing for your appointment

Organising your transport
If it’s your first hospital visit or you’re not going to the hospital you usually go to, it’s best to try and plan it in advance. Hospital parking is often limited and costly, so taking public transport may be better if you can, or get a lift from someone you know. If you need any help or advice with getting to the hospital, discuss it with your GP or the hospital, who may be able to arrange transport for you.

You may be eligible for help with transport, so it’s worth considering the following:

• Do you have a medical condition or disability that makes it difficult to use public transport or get in and out of a car? If so, you might be able to get free non-emergency NHS transport. Your doctor can arrange this for your first outpatient appointment.

• Do you receive certain benefits, such as the Guarantee Credit part of Pension Credit? If so, your travel costs can be refunded, including parking. Ask the hospital outpatients department for details.

• Are you on a low income but not receiving any qualifying benefits? If so, you may be able to get help through the NHS Low Income Scheme. Call Help with Health Costs to find out more (see page 42).
• Check if you have a local voluntary car scheme. These can take people to hospital appointments for a reasonable charge. Ask your local Age UK if they are aware of any schemes in your area.

• Make enquiries with charities related to your condition to see if they can help you with travel costs. Macmillan Cancer Support (see page 42) may be able to help if travel costs for frequent cancer treatment cause financial difficulties.

• Check with your hospital whether there are any special parking rates or concessions for people receiving frequent treatment.

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

“It’s difficult getting my dad to appointments, but our local Age UK helped us organise a taxi service for him, so it’s much easier now.”
Sally, 60

Next steps
For more information, see our factsheet Help with health costs. Age Cymru have their own version of this factsheet.
Things to bring with you to hospital

If you know you’re going into hospital for some time, it’s worth making a few preparations in advance. Some of it might seem obvious but it can be easy to miss something. If you’re admitted in an emergency, this list of things to take with you might come in handy for your family and friends:

- Your admission letter.
- The name and contact details of the doctor who referred you.
- All the medicines you take, in their original boxes if possible. If you have a card giving details of your current treatment, take this too.
- A change of clothes and underwear.
- Nightwear and slippers.
- Toiletries such as soap, shampoo, toothbrush, shaving kit, ear plugs etc.
- Money for phone calls or items from the hospital shop.
- Your mobile phone and charger.
- A notebook and pen to write down any questions.
- Glasses, any walking or hearing aids.
- Items to pass the time, such as books, magazines or puzzles.

Good to know

It’s best not to take valuables, such as jewellery, into hospital with you as there are not always secure places to store them.
Practical considerations

As well as packing for your stay, there are some practical issues to think about before going into hospital. Again, some of it may seem obvious but you wouldn’t be the first person to get the day of their appointment wrong!

• Check the date and time of your appointment, how you’ll get to the hospital and where to go once you’re there.

• Make sure you follow any specific instructions you’ve been given, such as drinking plenty of water, taking medication, or not eating or drinking at all.

• Check your home insurance to see what’s covered if your home is unoccupied for a certain period of time. Let them know if you might be in hospital for a while.

• If you get on well with your neighbours, tell them you’re going into hospital so they can keep an eye on your home.

• If you have pets, contact the Cinnamon Trust (see page 41). They offer a fostering service for pets while their owners are in hospital.

• Cancel any regular deliveries such as newspapers or milk, or any home help you receive.

• Think about which rooms you’ll be spending most of your time in when you come out of hospital and put items you use frequently, such as your TV remote control, box of tissues and basic painkillers within easy reach.

• Stock up on drinks and foods that are easy to prepare, such as frozen ready meals for when you’re home.

• If you have dentures, mark them with your name before going into hospital so they don’t get lost.

• On the day, before leaving home, shower or bathe, wash your hair, cut your nails and put on fresh clothes.
Emergency admission to hospital

It’s unlikely you’d read this section at the time but it’s good to know about beforehand in case you ever have to be admitted to hospital at short notice.

An unexpected trip to the hospital can be worrying. If you have a medical emergency, such as a suspected heart attack or a stroke, you’ll be taken to a hospital A&E department. Emergency situations can be extremely stressful but the paramedics and staff in A&E are there to help you through it.

Hospital staff will assess you and then decide the next steps. As well as the obvious reason for your arrival at A&E, staff should take other health conditions you have into account too. If you can, provide a full history to the hospital staff of your symptoms and condition leading up to this incident. If you arrived following a fall, it’s important that staff know whether you’ve fallen before and if you’ve hit your head. Once you’ve been assessed, the doctor will decide if you should be:

- treated but not admitted, if ongoing support can be provided at home
- moved to a unit where you’ll be monitored or undergo tests before they decide whether to admit you
- admitted to a ward.

“I was admitted to hospital after I fell and fractured my elbow. I didn’t know when I would see the consultant, but the nurse was very helpful and answered all my questions.”
 Jimmy, 72
If you’re admitted, don’t be afraid to ask questions, such as:

• When am I likely to see a consultant?

• Will I need further tests to decide what my treatment options are?

• Am I likely to be moved to a different ward in the next 24 hours?

Asking questions can be reassuring, as it can provide you with a better understanding of what’s happening.

If you’re going to have to stay in hospital for some time and are concerned about the security of your home, raise this with staff and arrangements can be made for someone to make the necessary checks.

Let someone know

No one likes to think about going into hospital, especially unexpectedly. But it can happen. So it might be useful to share this information with someone you know. That way, they’ll know what to do if needs be. Hopefully they’ll never need it but it doesn’t do any harm to know, just in case.

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

If you’re kept in hospital overnight, you’ll become an inpatient on a ward. Whether planned or unplanned, being on a ward can be unsettling and take some time getting used to. But it can also be the best thing for you, particularly if you need rest and a bit of looking after.

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

Toilets and shower facilities are generally shared with other patients and are single gender. You’ll be shown where they are when you’re settled.

There should be a button by your bedside to press if you need help. This will alert one of the nurses to check on you.
How you should be looked after

When you’re in hospital, it’s useful to know what you can expect. You should:

• not be discriminated against because of your age, gender, race, religion or belief, sexual orientation or disability

• receive NHS services within a maximum waiting time

• be treated by qualified and experienced staff in a clean, safe, secure and suitable environment

• receive medication and treatments approved by the National Institute for Health and Care Excellence (NICE)

• receive suitable and nutritious food (see page 16)

• be involved in discussions about your treatment in a way you can understand and asked whether you want to accept or reject the treatment you’re offered (see page 20)

• expect the NHS to keep your confidential information safe and secure and to respect your privacy

• have access to your own health records

• expect the hospital to take complaints seriously (see page 26).

To make sure you’re treated correctly, you should be given a named nurse as your contact for any questions. You should also make staff aware of any difficulties you have with your sight, hearing or memory.

It should go without saying, but when you’re in hospital staff should be polite, understanding and treat you as an individual, responding to any questions or requests you have, such as going to the loo. If you feel you’re not being treated properly, let someone know. And if things don’t change, there’s usually an official complaints procedure in place (see page 26).
Eating and drinking

Eating and drinking regularly is as important to your health and wellbeing as taking medication when you’re recovering in hospital.

Speak to the nurse in charge of the ward if you:

• need help filling in your menu choices or if you find the menu choices unsuitable because of allergies, cultural or personal preferences

• find it hard to reach your meal or drink or have trouble chewing or swallowing

• have difficulty cutting your food or opening cartons

• prefer small meals with between-meal snacks.

It’s not unusual for patients to be weighed when they first go into hospital and during their stay. This is so that staff can keep an eye on your weight and change your diet if there are any concerns.
For someone with dementia
If you’ve been diagnosed with dementia but don’t usually need help making decisions, you might still want to consider granting a trusted friend or family member a Lasting Power of Attorney (LPA) for health and care decisions. This just means that if anything changes and you’re not able to make decisions in the future, they can decide things like your medical care, what you should eat and where you should live.

If you care for someone with dementia who is going into hospital and needs help choosing their meals, it’s a good idea to note down their food and drink preferences for ward staff. See page 22 for more information.

Next steps
For more information on this see our guide Powers of attorney.
Staff helped Karen’s dad to feel comfortable on the ward.

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

‘My dad’s still fairly fit so it was a shock when I heard he’d been taken to hospital. His carer had been worried about him as he seemed disorientated and thought he had a temperature. She alerted his GP and dad was admitted to hospital. When I got the call I rushed straight to the hospital.

‘They ran some tests and it turned out it was a urinary infection. They gave him antibiotics and kept him in for a few days to monitor his health and ensure the infection was clearing up.

‘Dad was so bewildered that I was concerned how he’d cope being in hospital. He’s always been very set in his ways and likes to follow a routine. And he’s a fussy eater so I was worried about whether he’d get enough to eat.
“The staff were great. I had a chat with the nurse in charge and she was happy to chat with me and dad.”
Karen, 60

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

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

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

Nothing should be done without your say-so. Doctors must get your consent to carry out a test or treatment before it takes place. You should ask the staff to talk you through any potential examination, treatment or investigation, including the risks and benefits, so you can make an informed decision.

Some questions you might want to ask:

• What is the treatment and what will it involve?
• What will the treatment do for me?
• What are the risks and benefits of the treatment?
• What are the likely side effects?
• What will happen if I don’t have the treatment?
• What alternatives are there?
• What support might I need when I leave hospital?

Make sure you ask as many questions as you need, to help you make up your mind. Take your time to consider your options if you’re not sure. It may be worth discussing it with someone else to get their thoughts too.

You can refuse treatment, even if others think you’re making the wrong decision, as long as you understand the consequences of doing so.

It’s important to be aware that if you’re unable to consent to or refuse treatment (for example, if you’re unconscious or have lost mental capacity) your family and friends can’t give consent on your behalf. In a situation like this, the doctor responsible for your care will talk to your family and friends to find out your likely wishes, but the final decision on treatment will rest with medical staff who must make a ‘best interests’ decision on your behalf.
The only exceptions to this are if you have entrusted someone else to make such a decision for you by granting them a Lasting Power of Attorney (LPA) for health and welfare, or made an advance decision to refuse certain treatments.

To find out more about powers of attorney and advance decisions, see our information guides **Powers of attorney** and **Thinking about end of life**.

If you’re not able to make a decision about a serious medical treatment, such as major surgery, and have no family or friends to support you, the medical staff must appoint an Independent Mental Capacity Advocate (IMCA). Their role is to find out about your views and beliefs and represent your interests to the doctor, who must make a ‘best interests’ decision on your behalf.

There are no IMCAs in Scotland, but people with a mental illness have an automatic right to independent advocacy. Contact the Office of the Public Guardian (Scotland) to find out more (see page 43).
If you have dementia and are going into hospital

Hospital wards can be frightening and disorientating places for someone with dementia. It’s a good idea to give this to a loved one to read too as they can help and reassure you.

• Ask for the nurse in charge of the person’s care to be your main contact.

• Talk to the staff about flexible visiting times for families of people with dementia. Ask whether the hospital supports John’s Campaign, which promotes unrestricted access for families outside normal visiting hours.

• Write down the person’s likes and preferences. Explain what you know may agitate them and what would calm and reassure them.

• If the person has difficulties eating or drinking, ask if staff can help them. Or, if you can, ask whether you can help at mealtimes or when picking menu choices.

• Place familiar objects, such as a photograph of family members or pets, on the bedside table.

Next steps

See our guide Caring for someone with dementia. Age Scotland have their own version of this guide. Contact Alzheimer’s Society for more information and their factsheet Care on a hospital ward (see page 40). You can also contact Alzheimer Scotland (see page 40).
Dealing with worry in hospital

It’s common to feel stressed and anxious while in hospital. But there are things you can do to make it easier:

• Bring in things to remind you of home, such as photographs.

• Don’t be afraid to ask for things to make you feel more comfortable, such as an extra blanket if you’re cold.

• Ask not to be disturbed if you need a rest.

• If you’re in any doubt about what treatment you’re going to have and what it will involve, ask one of the nurses to explain what will happen.

• Don’t be reluctant to ask someone you trust to provide support and take care of your responsibilities during your stay in hospital.

• Tell staff if you’re worried about something. They’re there to help you.
Welfare benefits while in hospital

It’s important to check your benefit entitlement while you’re in hospital, as it might change during your stay.

Nothing changes if you’re in hospital for fewer than 28 days. However, if you stay longer some things do change, so it’s best to check.

No matter how long you’re in hospital, you’ll still be entitled to your State Pension. If you receive Attendance Allowance (AA), Disability Living Allowance (DLA) or Personal Independence Payment (PIP), you should notify the Department for Work and Pensions when you go into hospital. These benefits are suspended after 28 days in hospital. Other benefits such as Pension Credit can be affected if AA, DLA or PIP are suspended.

If you have a Motability vehicle, contact the Motability scheme to discuss your circumstances if your PIP or DLA is suspended.

For the carer

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

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

Having visitors can help keep your spirits up, give you moral support and help you keep in touch with family and local news.

Things to be aware of:

• Most hospitals have times at which your friends or relatives can visit. Check when these visiting hours are.

• Hospitals encourage visitors but may restrict the number of people round the bed, as this can disturb other patients and you may get tired quickly.

• It’s important your visitors don’t have a cough, cold, stomach bug or any other infections before visiting you.

• Visitors should always use anti-bacterial gel to clean their hands before and after entering your room or ward to limit the spread of germs. It’s available on hospital corridors or as you enter most wards.

If you don’t have people who are able to visit, try and make as much use of those people around you in hospital as you can. Other patients can be a source of comfort and may fancy a chat too.

“My husband’s been in hospital for the past two weeks. I go and visit him every day. It really cheers him up.”

Helen, 79
Compliments and complaints during your hospital stay

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

If you have any problems, let someone know. Speak first to the doctor or nurse in charge of the ward or seek the help of the hospital Patient Advice and Liaison Service (PALS). If the problem isn’t sorted, hospital or PALS staff can tell you how to make a formal complaint.

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

In Wales, contact your Community Health Council’s Complaints Advocacy Service (see page 41). In Scotland, contact the Patient Advice and Support service (PASS) directly or through your local Citizens Advice Bureau (see page 41) and in Northern Ireland, contact the Patient and Client Council (see page 44).

Next steps

For information about making a complaint, see our factsheet Resolving problems and making a complaint about NHS care. In Wales, see Age Cymru’s version of this factsheet. In Scotland, read the factsheet Feedback and complaints on the NHS Inform website (see page 43).
Leaving hospital

As soon as you go into hospital, you’ll probably be thinking about when you’ll be out again. If you’re admitted in an emergency, staff should tell you when they think you’ll be able to go home – ideally they’ll let you know within the first few days of your stay. However, this should be reviewed regularly and any changes should be shared with you. You should also be told who will be arranging your discharge, so if you’re not given this information, ask for it.
Being discharged from hospital

You should not be sent home until staff have assessed your needs, any agreed support services you need on discharge are ready to start, adaptations have been made and any necessary equipment has been delivered and installed at home. A family member, friend, carer or your care home should also be told when you’ll be discharged.

Your discharge plan will be prepared in consultation with you, your doctor and where appropriate your family/carers. Should you disagree with the plan, discuss it with the doctors and nurses to iron out any differences.

**Basic considerations**
The person responsible for your discharge should ensure:

- you have clothes to go home in and house keys
- you have enough money for your short-term needs
- there is someone collecting you, or that a taxi or hospital transport is booked
- you have all the medication you’ll need
- a supply of incontinence products has been arranged, if necessary.
Discharge assessment
Before you leave hospital, staff will carry out an assessment to make sure you have support when you get home.

To assess you properly, they will look at:

• your overall wellbeing – including how you’re feeling and your social needs

• your health and what you can and can’t do, or may struggle to do by yourself

• your current living arrangements

• what you would like to be able to do

• how you would like to be supported.

Staff will consider what support you need and whether you’re eligible for help from social services, or if you’ll need other sources of support. They should consider what help you need now but also what support would mean you’ll need less help in the future.

You should be involved in the assessment process. Ask a friend, relative or carer to be there for your assessment, if you can. If you have difficulty understanding others or expressing yourself and there’s no one who can help, you must be provided with an advocate to help you understand the process and communicate your views.

If you’re not comfortable with the discharge process, or feel some issues have not been considered, raise this immediately with hospital staff.

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

Your recovery will continue after you’ve left hospital. Be gentle with yourself and try to take it easy for a few weeks. Additional services may be provided to support you as you recover.

Whether or not you’re eligible for support from social services depends on your needs – these will be compared against certain criteria set up by your local council. You’ll receive written confirmation outlining whether your needs mean social services will support you or if they should direct you to other sources of help.

If the assessment finds that you’re eligible for support, you should discuss and agree a written care plan with staff. This is important, as it outlines what support will be provided to help you.

Take time to read over your care plan. It’s always worth going over it with someone else too, if you can. If there’s anything you’re not happy with, talk to the person responsible for your discharge. You should also be given a named person you can contact if you have any problems or questions. If after chatting to them you’re still unhappy, you can make a complaint (see page 38).

“My local Age UK told me about meals on wheels. Now I have most of my meals delivered, it’s a lot easier than having to cook myself.”
Samantha, 92
Your care plan should include:

• what your needs are and how you qualify for support
• the support you’ll get when discharged and who will be responsible for it
• how often you’ll receive this support
• how much will be spent on your care
• any goals you want to work towards, such as getting out of the house or continuing a hobby
• who to contact if there’s an emergency.

Examples of support that are common in care plans include:

• adaptations or equipment to make your home safer and easier to live in
• home carers or a personal assistant to help you at home
• a personal alarm so you can easily call for help if necessary
• reablement services or intermediate care to help you regain your independence and confidence after an illness or injury, and remain living at home (see page 34)
• an opportunity to meet people and socialise, such as at a day centre
• a permanent place in a care home (see page 35).
Assessing the needs of your carer

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

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

Your carer may be eligible for support, such as help to carry out their caring role, useful equipment, a respite from caring and information on local carers’ support groups. For more information see our guide *Advice for carers*.

Reviewing your care plan

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

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

Next steps

For more information on paying for care, see page 36. See our guide *Getting help at home* and factsheet *Finding help at home*. Age Cymru have their own version of this factsheet. See Age NI’s guide *Care at home* and Age Scotland’s guide *Care and support at home: assessment and funding*.

Contact your local council social services department for information about its services or complaints procedure. See page 36 for information on who should pay for care services.
If you only need a little help at home

If the outcome of your assessment finds that you’ll only need a little help at home for a few weeks after leaving hospital, you may not require a care plan but staff should still give you information and advice about local organisations that can help.

Your local Age UK and other voluntary organisations may offer ‘home from hospital support’. These services can help get your home ready for your return and continue for several weeks by assisting with tasks such as shopping, light housework, collecting prescriptions and helping you sort through your post. You can also pay homecare agencies for help with domestic tasks.

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

Contact your local Age UK to see what support is available.

Ask the person responsible for your discharge or your local social services department for a list of registered care agencies.

In Scotland, contact the Care Inspectorate (see page 40) or Shared Care Scotland (see page 44) to find out what’s available.

“At first I wasn’t happy with my mum’s care plan. So I asked the local council to review it to ensure all her needs were identified.”

Mark, 56
Supporting you to return home

Sometimes hospital staff might think you’d benefit from short-term support once you’re ready to go home. You agree on goals that would help you live more independently, and staff sort out the support you need to do this. This could be in the form of reablement or intermediate care services.

They can last for up to six weeks (four weeks in Scotland) and are provided free in England, Wales and Northern Ireland.

Intermediate care
You can receive intermediate care at home, in a care home or a community hospital. This could include support from a physiotherapist or occupational therapist, as well as nursing care. When intermediate care finishes, staff assess your needs again to see if you need ongoing social or NHS services.

Reablement services
Reablement, or a period of rehabilitation as it’s known in Scotland, is offered in your own home. Reablement staff offer suggestions to make tasks easier and rebuild your skills and confidence. Towards the end of the agreed period, staff reassess your needs to see if you need long-term support.

Next steps
See our factsheet Intermediate care and reablement.
Age Cymru have their own version of this factsheet.

For more information see our guide Care homes and our factsheets Choice of accommodation - care homes.
If you need to move into a care home

If you’re going to need a lot of help when you leave hospital, staff may suggest you move to a care home.

You shouldn’t feel pressured to move into a care home. Have a look at all your options first. Could you manage with some extra support, could your home be adapted or would sheltered accommodation be a better option? Staff should also consider what support might enable you to continue living in your own home (see page 34).

There are benefits to moving to a care home, such as having trained staff always on hand and specialist equipment that wouldn’t be practical to install in your home. Plus, if you live alone you might find you enjoy having more company.

There are different types of care homes and you’ll need to choose one that can cater for all your needs. If you need a permanent place in a nursing home, staff should consider whether you’re eligible for NHS continuing healthcare. This is a free package of care arranged and funded by the NHS for people who have significant ongoing healthcare needs. It can be provided in a care home, your own home or other suitable location.

For more information, ask staff responsible for your discharge or see our factsheet NHS continuing healthcare and NHS-funded nursing care. Age Cymru have their own versions of this factsheet. Contact Age NI for more information about continuing healthcare in Northern Ireland.

NHS continuing healthcare does not apply in Scotland, but you may qualify for free personal and nursing care towards your costs.
Paying for your care

Are you worried about how you’d pay for the care you might need? Well, the good news is you might be able to get a bit of help with the costs.

If the care assessment (see pages 30–34) shows you qualify for support, you’ll have a financial assessment to see whether you’ll need to contribute towards the cost of the support you’ll receive. This is also known as a means test and it will look at how much money you have and your savings.

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

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

In Wales, personal budgets aren’t available but you may be able to get a direct payment. See Age Cymru’s factsheet Direct payments for community care services in Wales for more information. Contact Age NI and Age Scotland for more information.

Contact your local social services to ask about its charging policy. See our factsheets Paying for care and support at home and Paying for permanent residential care for more detailed information.
Thinking about your finances after you’ve left hospital

When you leave hospital, you may find yourself in a different situation to when you went in. Changes to your health can mean you’re not able to work, you’re spending more on care costs or you can’t get out and about as much so your energy bills go up. But you may well qualify for financial help.

If you need long-term help, you’ll likely qualify for a disability benefit – either Personal Independence Payment or Attendance Allowance, depending on your age. Use our online benefits calculator at www.ageuk.org.uk/benefitscheck to find out what you could be entitled to, or get in touch with your local Age UK. There’s more information in our guide More money in your pocket. Contact Age Cymru, Age Scotland or Age NI for their versions of this guide.

You may also be able to get a one-off grant from charities that specialise in your health condition, or from unions or professional organisations that you belong to (or used to belong to). Turn2us can help you search and apply for grants (see page 44). If you’ve been diagnosed with cancer, contact the Macmillan Support Line free on 0808 808 00 00 or download their booklet Help with the cost of cancer to find out what support they can offer.

For the carer
If you’ll be caring for someone when they leave hospital, make sure you check whether you’re entitled to Carer’s Allowance. See our guide Carer’s Allowance for more information.
Problems and complaints after you’ve left hospital

If you’re unhappy with the support you received after you’ve left hospital, discuss it with the people providing the service, or make a formal complaint:

• raise your complaint with social services, if you’re receiving care arranged by them

• ask your social worker what you need to do

• contact the Local Government Ombudsman (see page 42) if you’re paying for your own care services and have a contract directly with the care agency.

   In Scotland, contact the Care Inspectorate (see page 40). In Wales, contact the Public Services Ombudsman for Wales (see page 44).

If you’re receiving help or assistance from NHS staff, raise your complaint directly with them. If you’re unhappy with their response, you can make a formal complaint.

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

Next steps

For information about making a complaint in England, see our factsheets How to resolve problems and complain about social care and Resolving problems and making a complaint about NHS care.
Useful organisations

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

**Age UK Advice: 0800 169 65 65**
Lines are open seven days a week from 8am to 7pm.
[www.ageuk.org.uk](http://www.ageuk.org.uk)

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

In Wales, contact Age Cymru: **0800 022 3444**
[www.agecymru.org.uk](http://www.agecymru.org.uk)

In Northern Ireland, contact Age NI: **0808 808 7575**
[www.ageni.org](http://www.ageni.org)

In Scotland, contact Age Scotland: **0800 12 442 22**
[www.agescotland.org.uk](http://www.agescotland.org.uk)


**Alzheimer’s Society**
Offers advice, information and support to people with dementia, their families and carers.
Tel: **0300 222 1122**
Email: enquiries@alzheimers.org.uk
www.alzheimers.org.uk

In Scotland, contact **Alzheimer Scotland**
Tel: **0808 808 3000**
Email: helpline@alzscot.org
www.alzscot.org

**British Lung Foundation**
Offers advice, information and support to people affected by lung disease, their families and carers.
Tel: **03000 030 555**
www.blf.org.uk

**Care Inspectorate**
National independent regulator of social care and social work services in Scotland.
Tel: **0345 600 9527**
Email: enquiries@careinspectorate.com
www.careinspectorate.com

**Care Inspectorate Wales (CIW)**
CIW inspects and regulates care and social services in Wales.
Tel: **0300 7900 126**
www.careinspectorate.wales

**Care Quality Commission (CQC)**
National independent regulator of all health and social care services in England.
Tel: **03000 61 61 61**
Publications orderline: **03003 230 200**
Email: enquiries@cqc.org.uk
www.cqc.org.uk
**Cinnamon Trust**
Charity for older people and their pets.
Tel: 01736 757 900
www.cinnamon.org.uk

**Citizens Advice**
National network of advice centres offering free, confidential and independent advice, face-to-face or by telephone.
In Wales, there is a national phone advice service on 0344 477 2020. It’s available in some parts of England on 0344 411 1444. In Scotland, there is a national phone advice service on 0808 800 9060.
Find details of your nearest Citizens Advice in:
England or Wales: www.citizensadvice.org.uk
Northern Ireland: www.citizensadvice.co.uk/nireland
Scotland: www.cas.org.uk

**Community Health Councils (CHCs)**
Statutory and independent voice for health services in Wales. Provides advice and support if you wish to make a complaint about NHS services. To find the CHC for your area contact:
Tel: 029 2023 5558
Email: enquiries@waleschc.org.uk
www.communityhealthcouncils.org.uk

**Dementia UK**
Provides information for those affected by dementia, their family, friends and carers. They have a helpline staffed by Admiral Nurses who can offer advice and support.
Tel: 020 8036 5400
Tel: 0800 888 6678 (Admiral Nurse helpline)
www.dementiauk.org

**Healthcare Improvement Scotland**
Inspects healthcare services and supports healthcare providers in Scotland.
Tel: 0131 623 4300
www.healthcareimprovementscotland.org
Healthcare Inspectorate Wales
Independent inspectorate and regulator of NHS healthcare and independent healthcare organisations in Wales.
Tel: 0300 062 8163
Email: hiw@gov.wales
www.hiw.org.uk

Healthwatch
A local Healthwatch provides information, advice and support to users of health services in your area. It can also put you in contact with your local NHS Complaints Advocacy service. To find your local Healthwatch contact:
Tel: 03000 683 000
www.healthwatch.co.uk

Help with Health Costs
Contact to request an application form (HC1) if you think you might be eligible for help with health costs through the NHS Low Income Scheme. Information is available in different formats.
Tel: 0300 330 1343

Local Government Ombudsman
Investigates complaints about adult social care providers in England.
Tel: 0300 061 0614
www.lgo.org.uk

Macmillan Cancer Support
Provides practical, medical and financial support for people affected by cancer. It can provide financial support for travel costs to hospital in some circumstances.
Tel: 0808 808 0000
Textphone: 18001 0808 808 00 00
www.macmillan.org.uk
NHS
A comprehensive information service to help you take control of your healthcare; website includes an A–Z health dictionary, a symptom checker, a list of common health questions and useful contacts.

www.nhs.uk
In Wales contact NHS Direct Wales
Tel: 0845 4647
www.nhsdirect.wales.nhs.uk
In Northern Ireland contact NI Direct
www.nidirect.gov.uk
In Scotland, if your doctor’s surgery is closed then contact NHS 24 on 111
or visit www.nhs24.scot

NHS e-referral service
Previously called Choose and Book. Allows you to choose your hospital or clinic and book an appointment with a specialist if your GP refers you.
You can make your appointment through the NHS Appointments Line. (This service is only available in England.)
Tel: 0345 608 8888
www.nhs.uk/referral

NHS Inform
Health information and advice for people in Scotland.
Tel: 0800 22 44 88
www.nhsinform.scot

Office of the Public Guardian Scotland
Provides information on the Adults with Incapacity (Scotland) Act 2000 (as amended) and provides guidance and advice on powers of attorney and guardianship orders in Scotland.
Tel: 01324 678 300
www.publicguardian-scotland.gov.uk
**Patient and Client Council**
Provides support and advice when making a complaint relating to health and social care in Northern Ireland.
Tel: 0800 917 0222
www.patientclientcouncil.hscni.net

**Public Services Ombudsman for Wales**
Investigates complaints about the NHS and social care services.
Tel: 0300 790 0203
www.ombudsman-wales.org.uk

**Regulation and Quality Improvement Authority**
Independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland.
Tel: 028 9536 1111
www.rqia.org.uk

**Shared Care Scotland**
National charity providing advice and information on short break and respite services.
Tel: 01383 622462
Email: office@sharedcarescotland.com
www.sharedcarescotland.org.uk

**Turn2us**
Helps people access the money available to them through welfare benefits, grants and other help.
Tel: 0808 802 2000
www.turn2us.org.uk
Can you help Age UK?

If you would like to, please complete the donation form below with a gift and return to: Freepost Age UK REPLY. Alternatively, you can phone 0800 169 87 87 or visit www.ageuk.org.uk/donate. If you prefer, you can donate directly to one of our national or local partners. Thank you.

Your details
Title: [ ] Forename: [ ] Surname: [ ]

Home address: [ ] Postcode: [ ]

We’d† like to let you know about the vital work we do for older people, our fundraising appeals and opportunities to support us, as well as the Age UK products and services you can buy. We will never sell your data and we promise to keep your details safe and secure.

☐ I do not wish to receive communications by post.

You can change your mind at any time by phoning 0800 169 87 87 or writing to Supporter Services at the registered address below. For further details on how your data is used and stored: www.ageuk.org.uk/help/privacy-policy

Your gift
I would like to make a gift of £:

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

Card payment I wish to pay by (please tick):
☐ MasterCard ☐ Visa ☐ CAF CharityCard ☐ Maestro

Card number [ ] Expire date [ ]

Signature [ ]

Gift Aid declaration ☐ 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 am a UK tax payer and understand that if I pay less income tax and/or capital gains tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. Today’s date [ ] * Age Cymru, Age Scotland and Age NI. Please ensure you provide your full name and address, and let us know if you wish to cancel your declaration, or if your tax status, name or address changes.

† We, includes the charity, its charitable and trading subsidiaries, and national charities (Age Cymru, Age Scotland and Age NI). Age UK is a charitable company limited by guarantee and registered in England (registered charity number 1128267 and registered company number 6825798). The registered address is Tavis House, 1–6 Tavistock Square, London WC1H 9NA. Age UK provides a range of services and your gift will go wherever the need is the greatest.
Help us be there for someone else

We hope you found this guide helpful. When times are tough, it’s so important to get some support. Did you know you could help us reach someone else who needs a little help? Here’s how:

1. **Give your views on guides like this**
   Our Readers’ Panel helps make sure the information we produce is right for older people and their families. We’d love you to join. Go to [www.ageuk.org.uk/readers-panel](http://www.ageuk.org.uk/readers-panel).

2. **Donate to us**
   Every donation we receive helps us be there for someone when they need us. To make a donation, call us on [0800 169 8787](tel:08001698787) or go to [www.ageuk.org.uk/donate](http://www.ageuk.org.uk/donate).

3. **Volunteer with us**
   Our volunteers make an incredible difference to people’s lives. Get involved by contacting your local Age UK or at [www.ageuk.org.uk/volunteer](http://www.ageuk.org.uk/volunteer).

4. **Campaign with us**
   We campaign to make life better for older people, and rely on the help of our strong network of campaigners. Add your voice to our latest campaigns at [www.ageuk.org.uk/campaigns](http://www.ageuk.org.uk/campaigns).

5. **Remember us in your will**
   A gift to Age UK in your will is a very special way of helping older people get expert support in the years to come. Find out more by calling [020 3033 1421](tel:02030331421) or visit [www.ageuk.org.uk/legacy](http://www.ageuk.org.uk/legacy).
What should I do now?

You may want to read some of our other relevant guides, such as:

- Housing options
- Getting help at home
- Advice for carers

You can order any of our guides or factsheets by giving our Advice Line a ring for free on **0800 169 65 65** (8am-7pm, 365 days a year).

Our friendly advisers will also be able to help answer any questions you have about anything you’ve read.

All of our publications are available in large print and audio formats.

There’s plenty of really useful information on our website, too. Visit [www.ageuk.org.uk/wellbeing](http://www.ageuk.org.uk/wellbeing) to get started.