

MOORE BLATCH

FACTSHEET

Hospital Discharge

When you leave hospital, it is imperative that arrangements are in place to ensure that you are medically fit for discharge and have adequate support in place. This factsheet explains what to expect when you are discharged from hospital as well as your entitlement to an assessment and continuing care and support.

Leaving hospital

You should not be discharged from hospital unless:

- You are medically fit for discharge as determined by the clinical team
- An assessment has taken place to determine the level of support you may need to discharge you safely and to establish whether you might qualify for NHS continuing healthcare
- You have been given a written care plan which sets out the support you will receive to meet your assessed needs and this support has been put in place
- There is a system for monitoring and if necessary adjusting the care plan to meet any change in your needs.

Each hospital will have a formal written discharge policy which it must adhere to and a named person responsible for co-ordinating discharge arrangements. They are often simply called 'discharge co-ordinators'. You can request a copy of the discharge policy from the ward manager or through PALS – the Patient Advice and Liaison Service.

Discharge assessment

A discharge assessment is intended to look at the needs you are likely to have when you leave hospital.

Depending upon the level of your needs the assessment may involve a number of different professionals drawn from both the health and social care sector and could include clinicians, physiotherapists, occupational therapists, speech therapists, dieticians, mental health practitioners or social workers.

You should be fully involved in the assessment process. If you need support because you find it difficult to communicate your views you should consider seeking the support of an advocate.

Care plan

Once your needs have been assessed a formal written care plan will be prepared. This should be comprehensive and personalised and should include and detail:

1. All community care services to be provided by your local authority. Where there is a need for ongoing care it will be subject to a means test.
2. **Reablement services** – this is where short term care is required by individuals who no longer need to be in hospital but still need additional support during their recovery period or to help you adapt to life after an illness or acquired disability. This type of care can be provided either at home or in a residential setting. Reablement lasts for up to six weeks and is free of charge.

3. **NHS Continuing Care** – this is care fully funded by the NHS at home or in a residential setting where you have been assessed as having a primary health need.
4. **NHS funded nursing care** – if you have a health need but are not eligible for NHS Continuing Care you may still be entitled to a financial contribution made by the NHS where you have been assessed as requiring care from a registered nurse and have decided to live in a nursing home setting.
5. **Rehabilitation/palliative care** – you may have a need or entitlement to rehabilitation after your hospital discharge or in certain cases, palliative care. This should be detailed in your care plan.
6. **Aids and equipment** – often there will be a need for aids and equipment to help you manage at home or in a residential setting. Whether it is a wheelchair, specialist bed, hoists or simple aids this should be included in your care plan. If a local authority has decided you need this equipment it should be provided free of charge.
7. **Disabled facilities grant** – It may be that adaptations will be needed to your home to make it accessible. Minor adaptations can be made up to £1,000 free of charge. In other cases, your housing department may award a disabled facilities grant.

Carers' assessments

If you are going to be cared for at home by a friend or family member they may be entitled to support from the local authority. Local authorities have a legal obligation to assess any carer who requests an assessment, or who appears to need support.

Follow up

If you have been discharged home with the benefit of local authority support and community care services and you live alone, your local authority should review the adequacy of your care within the first few days. If you don't live alone, or have been discharged elsewhere, a review should take place within the first two weeks.

Resolving disputes

Hospital discharge is a complex process and it is essential that you are fully involved in the assessment and planning process to ensure your needs are met following discharge and that all appropriate arrangements have been made.

Sadly, in some cases all does not go to plan and individuals may feel that they have been let down or that their care and support has been inadequate.

Each hospital will have a formal complaints procedure. The NHS constitution provides that you have the right to have a complaint dealt with efficiently and to be properly investigated. Generally, most complaints can be resolved at a local level. If not, complaints can be escalated and referred to the Parliamentary and Health Service Ombudsman.

Where it is felt that an NHS body has acted unlawfully then it is possible in certain circumstances to bring a claim for Judicial Review.

Independent advocacy

In complex cases it may sometimes be beneficial to seek the support of an independent advocate or legal representative in the assessment and planning process to ensure all necessary arrangements are put in place. We help individuals and their families through the discharge process, providing advice on policies and guidance on the next steps.

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