

Supporting you to leave hospital when you may need ongoing care

Information for Patients

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This leaflet is for you and your family. It will help you understand what happens when you leave hospital. Please keep it with you so you can look at it when you need to.

If you need help to read this leaflet, please ask a member of staff.

Name:

Estimated date of discharge:

This is the day we think you will be ready to go home or move to another place for the next part of your care and recovery.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals.
To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

Introduction

When you come into hospital, the team looking after you will help you get well enough to leave:

- We will talk to you about leaving hospital. This is called 'discharge'.
- Planning for discharge usually starts within 24 hours of you arriving.
- We will give you an **estimated date of discharge (EDD)**. This is the day we think you will be ready to leave hospital.
- This date is only a guide. It may change if you need to stay longer.
- Having a date helps the team plan your care and avoid delays.

Before you leave, you will talk with the team about the best place for you to go. This could be:

- Your own home (with care or equipment if needed)
- A short stay in a care bed in one of our community settings.

The team will advise you based on your health and care needs. We always try to get you **home** first if possible.

Talking and planning

- Talk to your family, carers, and the hospital team about leaving hospital.
- Do not be afraid to ask questions. The team understands how important it is to get you home.
- Tell us about any help you already have, such as carers or special equipment.
- We will include you in every step of planning your discharge.
- We will also involve people who are important to you, such as family, carers, or friends.
- If you or your family have any worries, or anything that might affect your discharge, please tell a member of staff as soon as you can. This includes:
 - Problems getting into or around your home
 - Any other home or access issues

Leaving hospital

- You cannot stay in hospital once you are well enough to leave and a place has been arranged for you.
- Staying in hospital for too long can slow down your recovery.
- The hospital also needs beds for people who are very ill.

This leaflet explains what will happen.

You can help by getting ready to leave hospital. Use the checklist on **page 9** to make sure you are prepared.

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Section 1 - While you are in the Leicester's Hospitals

As soon as you arrive, the team will start planning to help you get well enough to leave hospital. This section explains:

- When you can leave hospital and why it's best to go home as soon as you can.
- How the team will work with you to set a date to leave.
- Understanding your condition and what questions to ask.

When can I leave hospital?

You can leave hospital as soon as you no longer need care here. Going home as soon as you are well enough is safest and best because it:

- Helps you recover faster. Staying too long can make you lose muscle strength and confidence.
- Reduces the risk of catching infections or having a fall in hospital.
- Gives you and your family time to make decisions in a more comfortable place.
- Frees the bed for someone who needs urgent care.

Home is usually the best place to get better and feel independent. If you cannot go home, the team will find the best place for your next stage of care.

Setting a date to leave hospital

While you are in hospital, a team will look after you. This team may include:

- Physiotherapist
- Occupational therapist
- Adult Social Care staff
- Nurses, doctors, and pharmacy staff

They will give you an **estimated discharge date**. This is the day they think you can go home. This date may change if your health changes, but it helps everyone plan.

Your care will be checked often, and your care plan updated. You and your family will be involved in decisions where possible. It helps to choose **1 person** to speak to hospital staff for updates. If your family disagrees about your discharge plans, tell the ward staff early so they can help.

When you are well enough to go home, the team will tell you and explain what happens next.

Understanding your condition

Here are some good questions to ask while you are in hospital. They can help you understand your treatment and when you might go home. If you do not know the answers, ask a doctor during ward rounds or a nurse on your ward:

- **What's wrong with me?** (Example: "You have a chest infection.")
- **What will happen next?** (Example: "We'll take some blood.")
- **What needs to happen so I can go home?** (Example: "Your X-ray needs to show you're getting better.")
- **When can I go home?** (Example: "We're aiming for Saturday morning.")

What happens when I'm ready to leave?

When you're ready to leave hospital, you might still need some extra help to get better. Here's what could happen:

- **Going home:** Most people go home after their hospital stay. If you need more help than before, you might get extra support at home. If there is a good chance you can become more independent again, you will usually be offered **reablement** to help you build your confidence and skills.
- **If you cannot go home yet:** If you are not ready to manage at home, you might go to a **community hospital** or another place for recovery, reablement or rehabilitation or assessment. This is called **intermediate care** or **discharge to assess**. It means you do not need hospital care anymore, but you need more help than you would get at home.

While you are in a community bed, you will get the care and treatment you need. This gives you and your family time to make important decisions about the future, like whether you will go home or need a care home.

Reablement is a short-term service. It aims to help you walk, move, and do daily tasks again after being in hospital. It's all about building your strength, confidence, and independence.

The team looking after you will decide which place is best for you.

Section 2 - When you are well enough to leave hospital

You may be discharged from hospital but still need time and support for further recovery. This section covers:

- What happens when you are ready to leave and who will support you.
- Going to an intermediate care bed on a 'discharge to assess' pathway, when you don't need hospital care, but need more help than can be provided in your home or usual place of residence.

Getting help from Community Health Services:

If you have an ongoing need for nursing or therapy care this can often be managed within your own home. The team currently caring for you will advise you about this. A referral will be made to the Community Health Services team to visit you once you get home.

When you are not able to go straight home (Discharge to Assess)

If you are not able to go straight home, but you are well enough to leave hospital, you may be offered a place at a community care setting. This could be

- a community hospital or
- residential/ nursing care home

This stay will be for a short time while you

- recover
- have rehabilitation and /or
- have an assessment into your longer term care and support needs

A senior member of the ward team and a named social worker will talk to you about this.

Who pays for services on my 'discharge to assess' pathway?

You should expect to pay towards the cost of your care. The amount you pay depends on your level of need and the value of your income, savings and assets. A financial assessment will be done after discharge. We will tell you the amount you will have to pay depending on your own needs.

Can I choose where I go for this short - term stay?

The hospital will choose a care home or community hospital based on what spaces are available and what suits your needs.

You might not get your first choice, but this is only for a short time. It helps you keep getting better and gives time to plan for the future.

Can I say no to going to a care home or community hospital?

The NHS must offer safe care and the right services.

If you do not want to go to the place offered, you can say no. But if the hospital team says you no longer need hospital care, you cannot stay in a hospital bed.

If you refuse the place offered, you will need to make your own plans to leave hospital.

Getting help from Adult Social Care:

If you need help from Adult Social Care, the hospital team will ask them to get in touch with you. They will do an assessment with you and tell you what help you might need.

If you have a carer (like a family member) who gives you lots of help, they can also have a "carer's assessment". This checks what support they need. They might get financial help or benefits.

These assessments are usually completed after you have been discharged from hospital.

What happens in a care home or community hospital setting (intermediate care setting)?

- When you move, you will get therapy to help you walk and move better.
- Staff will also check what care you need in the future. They will work with you and your family to plan your next steps.
- Your support will be checked and changed if needed. If you need long-term help, staff will talk to you about your options and any costs.
- As your support progresses, it will be reviewed and tailored to suit your needs. If you need further long term help, staff will discuss the options for this with you including the financial implications.

What if I need help to make decisions?

If you or your family are worried you cannot make decisions about leaving hospital, staff will do a **Mental Capacity Assessment**.

If this shows you cannot make these decisions, staff will check if someone close to you has **Power of Attorney** (legal permission to decide for you).

If no one has this, the hospital will make a **Best Interest Decision** with your family about where you go next.

Section 3 - Getting ready to leave hospital / other care setting

Leaving hospital can feel busy, so it is good to be prepared. We try to arrange discharges in the morning. This section explains:

- Your medicines and how to get more.
- How to arrange transport home.
- A checklist so you don't forget anything.

Your medicines

When you leave hospital:

- Staff will explain the medicines you need.
- You will get a small supply in a **green bag**.
- You will also get a **discharge letter** that lists:
 - Medicines you are taking home.
 - Any medicines that have changed, been added, or stopped.
 - Your GP will get a copy of this letter.

Important:

When you get home, make an appointment with your GP before your medicine runs out. They will give you more and talk about your health needs

Going home

You will need to arrange your own transport. You can:

- Ask someone to collect you.
- Go home by taxi (staff can give you taxi numbers).
- Travel with someone else.

If you meet strict medical criteria, you may need an ambulance or hospital transport. The hospital team will decide this and arrange it with your consent.

The team will update the below information for you:

Your Care Provider is:

Or

Your Intermediate Care placement is at:

Getting ready to go home- checklist

If you are leaving the hospital, use this checklist to make sure you are ready.
 If you need help with anything, please ask the ward staff.

	Tick ✓
Do you know the date you will go home? (it should be written on the front of this leaflet).	
Have you told your family or carers when you are going home?	
Have you arranged how you will get home? Do you have someone to take you home? Name: _____ Phone Number: _____	
Will your home be warm enough? Ask someone to turn the heating on before you get there so that it is at least 18°C.	
Do you have clothes to wear for the journey home ?	
Do you have your house keys or another way to get in?	
Will you have food and drink at home? Ask someone to buy enough for the first few days.(For example milk, bread, coffee, tea.)	
Do you have all the personal items and valuables (for example your glasses)?	
Do you have the number for your GP surgery? so you can make an appointment to discuss ongoing medicines you might need. Write it down here so you have it to hand: GP surgery telephone number: _____	
Do you have all the equipment and dressings you need?	
Do you have your medicines (old or new) that you may need?	
Do you have your discharge letter and any other papers? (For example outpatient appointments or patient information leaflets)	

If you have worries or questions after leaving hospital

- **Call NHS 111**

If you need medical help or advice quickly, but it is **not an emergency**. You can also call if you are **not sure which NHS service you need**.

- **Speak to your GP**

GP appointments are now available at **weekends and evenings**.

- **Only go to the Emergency Department or call 999 if it is an emergency.**
- **SPA (Single Point of Access for Community Health Services) Tel: 0300 300 7777**
- **Social Services:**
 - City Council Tel: 0116 454 1004
 - County Council Tel: 0116 305 0013
 - Rutland Council Tel: 01572 722 577

Help and support

You can find lots of health advice at: :

- www.nhs.uk
- www.yourhealth.leicestershospitals.nhs.uk/library

There is help and advice online about **community groups and support**. Having support at home or not spending too much time alone can help you stay well.

These websites offer support for older people:

www.ageuk.org.uk

www.thesilverline.org.uk

www.royalvoluntaryservice.org.uk Tel: 0116 266 7706

Raising any concerns

All our staff aim to provide the best possible care and service.

Sometimes things can go wrong. You might feel unhappy or concerned about the care or treatment you, or someone you care for, has got.

The first thing you should do is talk to a member of staff at the place the care or service was provided to try to resolve things. If this does not resolve your concerns, you can contact the relevant patient liaison service. They can help you to decide what steps to take next:

- If you have concerns about the care received at Leicester Royal Infirmary, Glenfield Hospital or Leicester General Hospital, please contact the Patient Advice and Liaison Service (PALS) at University Hospitals of Leicester NHS Trust (UHL):
Freephone: 0808 178 8337 (call between 10am –2.30pm)
Email: uhl-tr.pals@nhs.net
Online contact form: www.uhleicester.nhs.uk/patients-visitors/support/feedback-complaints/pals/
- If you have concerns about the care received in any other NHS community hospital in Leicester, Leicestershire or Rutland, please contact the Patient Advice and Liaison Service (PALS) at Leicestershire Partnership NHS Trust (LPT):
Telephone: 0116 295 0830
Email: lpt.pals@nhs.net
Post: Freepost LPT Patient Experience

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿੱਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email uhl-tr.equalitymailbox@nhs.net