

Supporting you to leave hospital when you may need ongoing care

Information for Patients

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This leaflet aims to guide you through the process of leaving hospital. Please make sure you keep it with you so you can check it whenever you need to.

If you need help to understand this leaflet, or would like it in a different language or format such as large print or Braille, please ask a member of staff.

Name:

Estimated date of discharge:

This is the date we think you will be able to go home or transfer to another place of care for the next stage of your ongoing care and recovery.

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

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

Introduction

From the time you are admitted to hospital the hospital team around you is focused on supporting you to recover enough to leave.

The hospital team will talk to you about your 'discharge' from hospital. It is good practice to start planning your discharge from hospital within 24 hours of your admission. An 'estimated date of discharge' (EDD) will be assigned. This date is a guideline of how long the healthcare professionals looking after you (doctors/ multi-disciplinary team) expect you to stay in hospital based on your illness and recovery. However, this date can be changed if there are any problems and we need to keep you in hospital for longer. Setting a date for discharge helps the team working around you plan for your needs and work to prevent any unnecessary waits or delays.

Before you are ready to leave hospital you will be able to talk to the hospital team about the best place for you to go to recover once you are well enough to leave. This may be to your own home (with care or additional equipment, if needed), a rehabilitation ward at a local community hospital, or to a residential or nursing care home on one of our 'discharge to assess' pathways. The team will be able to advise you about the best place for you based on your health and care needs. We always try to aim to get you home first if at all possible.

You will not be able to stay in hospital once you are medically well enough to leave and a discharge place has been arranged for you. This is because we know it is not good for patients to remain in hospital for too long and it can make your recovery slower. The hospital also needs to be able to look after people that need hospital care.

This leaflet will help you to understand what will happen.

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Section 1 - While you are in hospital

The process of helping you to get well enough to leave hospital begins as soon as you arrive. This section covers:

- When you will be able to leave hospital and why it's best for you to be discharged as soon as possible.
- Working with the team looking after you to set a date to leave hospital.
- Understanding your condition and the questions to ask.

When can I leave hospital?

You will be supported to leave hospital as soon as you no longer need medical care in this setting. Leaving hospital as soon as you are well enough to do so will:

- help you recover more quickly. Some people find it harder to return home the longer they stay in hospital because they lose muscle tone and confidence.
- reduce the risk of catching viruses and infections in the hospital or of falling over in hospital.
- give you and your family time to make important decisions about your future in a more comfortable setting.
- allow another person who needs urgent treatment to use the bed.

Home is usually the best environment for you to recover, regain your independence and to understand your ongoing needs. If going home isn't possible, the team caring for you will agree the most appropriate environment for the next stage of your ongoing care and recovery.

Setting a date to leave hospital

While you are in hospital you will be looked after by a "multi-disciplinary team". This team includes a physiotherapist, an occupational therapist and representatives from Adult Social Care, as well as a nurse and the medical team.

The team will tell you the date when they think you can go home (your estimated date of discharge). This may change if your needs change but it will give the team, as well as you and your family, a date to work towards when planning your discharge from hospital.

The hospital team caring for you will review your care regularly and make sure that your care plan is updated. Where possible, you and your family, friends or carers will be involved in these reviews and decision making process. It's helpful to nominate just 1 person to talk to hospital staff, even if more people are involved in decisions. If you think there may be a difference of opinion between your family members/ carers about your discharge timing and plans, please let ward staff know as soon as possible so we can help facilitate further discussions as needed.

When you are well enough to leave hospital the team will let you know and explain what the next steps will be.

Understanding your condition

The following questions might be helpful to ask during your hospital stay. They will help you to understand more about your treatment and when you are expected to be able to go home. Please ask a doctor at the ward round or a nurse on your ward if you don't know the answer to these questions:

What is the matter with me? (e.g. you are being treated for a chest infection)

What is going to happen today? (e.g. you will have some blood taken)

What is needed to get me home? (e.g. an X-ray needs to show your condition is improving)

When am I going home? (e.g. aiming for Saturday morning)

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 a community hospital or residential/ nursing care home on a 'discharge to assess' pathway, when you don't need hospital care, but can't recover/ reable in your home or usual place of residence.

What happens when I'm ready to leave?

Most patients can return home after their hospital stay, however if you need more support on discharge than when you were admitted or more time is needed to assess your longer term needs, you may be offered additional support at home for "reablement" or you may be transferred to a bed within a non-hospital setting for recovery, reablement or rehabilitation.

Reablement is a service that helps you to regain mobility and daily living skills after a hospital stay. It will help build your stamina, confidence and ability to remain independent in your own home.

The team who are looking after you will consider which environment would be best for you.

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 and a referral will be made to the Community Health Services team to visit you once you get home.

When you aren't able to go straight home

It might take a while to make arrangements for you to receive care and support at home, to provide specialist equipment for you or find a suitable new home. We will try to make sure this is in place for when you are ready to leave, but this is not always possible.

When it's not possible for you to go straight home, but you are medically well enough to leave hospital, you may be offered a place at a community hospital or residential/ nursing care home until sufficient care/ equipment is ready for you at home. Your placement will be for a period of time while you recover, reable or rehabilitate and receive an assessment into your longer term care and support needs. This will be discussed with you by a senior member of the ward team and an allocated social worker.

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 undertaken after discharge and we will inform you of the amount you will have to pay depending on your individual needs.

Can I refuse to go to a non-hospital setting?

The duty of the NHS is to offer suitable services and safe care to patients. If you do not want to go to a placement at a community hospital or residential/ nursing care home, you have the right to refuse it. However, once it has been confirmed by the hospital team that you no longer need hospital care, you will not be able to remain in a hospital bed.

If you choose not to accept the place offered to you, you will need to make your own alternative arrangements to leave hospital, because you will not be able to stay where you are.

Getting help from Adult Social Care:

If you need help from local Adult Social Care, a member of the team will make a referral on your behalf. They will need to complete an assessment with you and advise you on what help you might need initially when you leave hospital. Longer term assessments will be completed out of the hospital setting.

If you have a carer (usually a close relative) who provides a significant support to you, they may also be entitled to a "carer's assessment". This is an assessment of their own needs. If they provide a significant amount of support or care for you, they may be eligible for financial benefits and allowances.

Section 3 - Getting prepared to leave hospital

On the day you leave there may be a lot happening and it's important that you are prepared, and have everything you need. We try and aim for discharges to take place in the morning. This section covers:

- Medications that you will take with you and how to get more if you need it.
- Arranging your transport home.
- A check-list to make sure you've not forgotten anything.

Making sure you have the medication you need

When you are ready to leave hospital, the medications which you still need will be explained to you and you will be given a small supply before leaving the ward. We will give you a green bag with your medications in and also a discharge letter detailing the medicines that you are going home with. Your GP will also receive a copy of this letter.

When you are back home you will need to make an appointment with your GP to get any further medication you will need and talk about your ongoing health needs. It's important to do this before your supply of medication runs out.

Arranging your transport home

When you are ready to leave the hospital you will need to arrange your own transport home. You can arrange for someone to collect you, or travel home either on your own or with someone else in a taxi. Hospital staff can give you contact details of local taxi companies.

Some people will need to leave hospital in an ambulance or "hospital transport". The hospital team will decide if this is needed and will make the arrangements for you.

Getting ready to go - checklist

If you are going home from the hospital, please use the checklist below to make sure you have everything ready for when you leave.

If you are having trouble arranging anything on this list, please speak to the ward staff who will be able to assist you.

	Tick ✓
Do you know your discharge date? (it should be written on the front of this leaflet).	
If you have family or carers, do they know when you are going home?	
Have you arranged how you will be getting home? Do you have someone who can take you home? Name: _____ 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 outdoor clothing suitable to travel home in?	
Do you have your house keys or other way to access your home?	
Will you have food and drink available for you at home? Ask someone to buy you enough to get you through the first few days.	
Do you have all the personal items/ valuables you came in with (e.g. your glasses)?	
Do you have the number of 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 discharge letter and any other relevant paper work (outpatient appointments/ patient information leaflets)?	

Raising any concerns

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

However, occasionally things can go wrong and you might feel unhappy or concerned about the care or treatment you or someone you care for has received.

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 and 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 Information and Liaison Service (PILS) at University Hospitals of Leicester NHS Trust (UHL):

Freephone: 0808 178 8337

Email: pils@uhl-tr.nhs.uk

Online contact form: www.leicestershospitals.nhs.uk/patients/patient-welfare/patient-information-and-liaison-service/contact-form/

- 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

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 بلغة 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

જે તુમીં ઇચ જાજવાની વિમે હેર જામ્ના વિચિ ચાહુંદે હે, ઝાં વિરખા વરવે હેઠાં હિંઝે ગાષ્ટે નંબર 'ਤੇ ટેલીફોન વરે।
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 equality@uhl-tr.nhs.uk