

Planning your Discharge from Hospital

The Lister Hospital, Stevenage, Herts.

The Queen Elizabeth II Hospital, Welwyn Garden City, Herts.

The Mount Vernon Cancer Centre, Northwood, Middlesex

Your Details
Your Date of Birth
Your Doctor's Name
The Date You Left Hospital
The Name of the Person who told You about Your Discharge
Ward Name
Ward Telephone

Please do contact the ward if you have questions or queries after your discharge



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Planning your discharge from hospital

You may wonder why you have been given this booklet at the beginning of your hospital stay or even before it has begun. Admission to and discharge from hospital can be a distressing and anxious time for patients, their families or carers, friends or relatives. The aim of this booklet is to provide you with information that will help you think about what you need when you are ready to leave hospital or to enable you to leave hospital with adequate support services.

Discharge Planning begins as early as possible and often before your planned admission. If your admission has been as an emergency it would not have been possible and the planning for your discharge will start at the point of your hospital admission. The medical and nursing staff will tell you the estimated date of your discharge.

In most cases the length of stay in hospital is defined by the type of procedure or treatment that you receive and you can plan how and when you will leave hospital. Most often your hospital stay would be for no more than a few days.

All patients can be given an expected date of discharge, though in some situations the expected discharge date may need to be revised dependent on the progress of your treatment or your recovery. Medical and nursing staff will discuss this with you. If this has not happened by the second day of your hospital stay please do ask the doctor or nurses who are looking after you for information about how long you are expected to be in hospital.

One of our key roles is to return you home and most people will return home to their usual way of life after their hospital admission. Some people may need additional help to enable them to fully recover or manage their long term health needs or in some instances to support end of life care. Each person's needs differ and may be complex which sometimes means that their health or care needs may not be met by the NHS alone.

The information in this booklet is to help you understand some of the services that are provided or available, it is not possible to cover every subject and may need to be supplemented with additional information from health or social care teams who will support you whilst you are in hospital.

You will find some useful contact details for Trust services and other organisations at the end of the booklet. Additional patient information leaflets can be obtained in the hospital or downloaded from the East and North Hertfordshire NHS Trust website.

Patients and Carers Discharge Standards

Patients being discharged from hospital have the right:

1. To full information on their diagnosis and the assessment of their health and social needs in preparation for discharge
2. To be fully involved in planning their own discharge, together with a relative, carer or friend as appropriate
3. For the discharge plan to start on or before admission
4. To full information on the services available in the community relevant to their care
5. To full information on short or long-term nursing or residential care, including financial implications
6. To be given appropriate contact numbers where they can get help or advice on discharge
7. To be given a clear, legible discharge letter detailing the support services provided for them
8. To full information on health authority eligibility criteria for Continuing Health Care
9. For the Discharge Team to be available as a point of contact to offer support and advice to patients, carers, statutory and voluntary agencies
10. For information on advocacy support
11. To have access to the trust complaints procedure and for any complaint regarding their discharge arrangements to be investigated and a full explanation given.

What you should have when you leave hospital

Please ask the nurse to complete this checklist with you

- All of your property and valuables
- Medication to "take home" has been supplied
- The purpose and how to take your medications has been explained
- The potential side effects of your medications has been explained
- Specific written instructions about your medications (discharge letter) have been supplied
- Leaving hospital card with ward details
- Copy of your discharge summary
- Any dressings you may require
- Letter from nursing staff for your district nurse or care home if required
- Adequate clothing to go home in
- House keys
- Any equipment you may require
- A fit note if required (formally sickness certificate). Please ask the nurse or doctor looking after you to provide one
- Details of any Outpatient appointment that have been made.
- Information leaflets and advice as required

Before you leave the hospital also check that you have:

Been told who to contact if you are worried about your condition or recovery after you leave hospital

If you need more advice about your medication you can contact the medication helpline on 01438 286150 Monday to Friday between 2 and 4 pm or email medinfo.enhtr@nhs.net

Departure Lounge (Lister & QEII)

We appreciate that it is sometimes difficult for relatives or friends to collect you on the morning of your discharge day. The Departure Lounge is a dedicated area in the hospital where you can wait for your transport and/or medication. There are qualified staff there to care for you. The ward nurse will arrange your transfer to the Departure Lounge if your discharge requirements have not been met by 09:00 am on the day of your discharge.

Transport

We expect all patients to arrange transport to collect them from hospital on the morning of their discharge day. There will be occasions when, because of your medical condition, you will be unable to go home alone in which case hospital transport will need to be arranged. If you require transport, there are several options available to you.

Medical Services (ambulance service)

The NHS Travellink Booking Centre will deal with all transport requests. Each caller is taken through a series of questions to build up a profile. This will determine whether a non-emergency ambulance is offered or not.

Health Shuttle

A subsidised door-to-door service for staff, patients and visitors from Stevenage, Hitchin, Letchworth, Baldock, Weston, Wymondley, Arlesey, Clifton, Henlow, Shillington, Stotfold & Stondon. Also available between the Lister and the QEII hospitals. There is a small charge for this service. This service is currently not available at MVCC.

Voluntary Car Services (VCS)

VCS is run by volunteers. Their aim is to provide transport for people who cannot use public transport and are not eligible for ambulance transport.

Passengers are charged at a set rate per mile. People in receipt of certain benefits are entitled to claim the cost of the journey. This service is not currently available at MVCC.

If you require any of the above transport please inform a member of staff as soon as possible.

Discharge Home

If you are to be discharged home, it is important to us that you will be safe and able to manage. Although some people require no support there are a variety of services we are able to access. Your nurse will discuss your discharge plans with you and it is important for you to highlight any concerns or problems you may anticipate as early as possible so that they may be addressed at an early stage.

It is a good idea to have food and basic supplies at home. Ask a carer or relative if they can help

It may be that you will only need the Age UK Hospital Discharge service to check on you a couple of times, or perhaps do some shopping for you.

Sometimes your needs may be greater and you may require several visits a day and some provision of care. This can be arranged through our on-site Social Work Department where you will be allocated a named Social Care Worker

You will be expected to have your discharge arrangements in place by 09.00am on your day of discharge. If you anticipate a delay with this, please discuss with your ward nurse.

Please ensure you have adequate clothing and keys with which to return home.

What if I can't return directly to my home?

The vast majority of patients will return home. Once the Medical Team involved in your care decide that you will soon be ready for discharge from hospital, the nursing staff will finalise any ongoing care requirements with you and your family. We will work with you to consider the best options available, as it is not suitable for you to occupy an acute hospital bed if you no longer require this level of treatment.

Rehabilitation

There are occasions when your medical condition has become stable but your physical recovery is not complete. If this is the case, you might be transferred to a facility that will meet your needs more appropriately and you can be discharged home from there. In addition, there may be the option of receiving rehabilitation within your own home. A multidisciplinary assessment of your well-being and needs will take place to determine which option would be most beneficial to you. You and your family will be involved in this decision making process.

There are several rehabilitation units available that the Trust use, if you require a period of rehabilitation before you return home you will be allocated a bed dependent on your level of need, vacancy and location of your home address.

Social care support from hospital

Either during your stay in hospital, or following your illness, it may become apparent that you will be unable to return to your own home. If this is the case, you will be referred to the Social Care Team. The Social Care worker allocated to you will undertake an assessment of your needs, which will include your financial status. A social care assessment in accordance with fair access to care services can help you identify the support you can receive. The range of supportive services we can offer include:

Enablement package of care – Trained care worker can help you over a short period to regain confidence and independence in order for you to remain in your own home with support.

Enablement bed – To be sourced outside of the acute hospital setting, to help optimise your potential and regain confidence so that you can be supported and regain confidence before returning to your own home with appropriate support.

A range of telecare and other equipment may also be of benefit to you so that you can be safe to return home.

How will my social care be paid for?

The Social Care Team will undertake a financial assessment. This needs to take place, as you will be expected to contribute to the cost of your care, based on your financial means. If you are deemed “self-funding” then payment will be made directly by you or your family on your behalf, to the service provider. Please speak to your allocated social care worker to discuss this further.

Continuing Health Care

Continuing health care may become necessary when a patient no longer needs treatment in hospital for an acute illness but has a long standing illness, a severe disability or a complex physical or mental health problem which requires further care. NHS continuing healthcare means a package of care/placement that is arranged and funded solely by the NHS. Access to both assessment and provision will be fair and consistent. Eligibility is based on an individual's assessed health needs which will involve a multi-disciplinary assessment by the people involved in your care. If you are referred for a full continuing health care assessment, it is the Primary Care Trust that makes the decision regarding funding. The assessment will involve you and if you wish your carer and/or family

There are no continuing health care places within East & North Herts NHS Trust so such care will be provided elsewhere.

If you would like further information on this process, please ask to speak to a member of the Discharge Team.

People you may come across in the discharge process:

Nurses – will provide your care and discuss discharge arrangements with you and your family/carer

Doctors – will prescribe the care that you need and will identify when you are medically fit to be discharged from the acute hospital

Occupational Therapist – will assess your ability to carry out your everyday activities. They may come to the ward and observe you washing and dressing but may also take you to the therapy department to assess your safety in the kitchen. Occupational Therapists may arrange home visits to see if there are adaptations or equipment you require at home in order meeting your discharge needs

Physiotherapist – will work with you on the ward to improve your mobility and movement. You may also be taken to the hospital gym as part of your treatment plan. The physiotherapist will advise you on use of aids you may need to ensure your safety. The physiotherapist will assess your potential to improve and advise if you need rehabilitation.

Discharge Team – will ensure that the patient journey through their stay in hospital is made as smooth and problem free as possible. If a patient has complex needs i.e. intermediate care, package of care, placement, the discharge team will co-ordinate this. The discharge team are responsible for continuing health care assessments. The discharge team have an overview of discharge issues and form the link to both internal and external agencies. The team are also an advisory service and are contactable should you have any questions or concerns. See page 20 for contact details.

Specialist Nurses – may be asked to see you and make assessments according to their specialist knowledge and experience. They can offer expert advice to staff, patients, relatives and carers. Their assessments may be required in order to access specialist beds.

Learning Disabilities Liaison Nurses – may be asked to come and see you if you have a known learning disability. They can offer expert advice to staff, patients and relatives on a range of issues. They can assist in the assessment of discharge needs and link to community services.

Social Care Worker – Health and Community Services offer assessments of need to all adult in-patients plus those who attend the A & E Department. You will be allocated a named social care worker who works closely with the hospital staff involved in your treatment. Where necessary, services will be arranged to support you on discharge. This service will be regularly reviewed to ensure they continue to meet your needs.

If you are likely to have social care needs on discharge, the ward staff, with your consent will make a referral to the social work department. Your needs will then be assessed and you will be given advice/information about what services are available to help meet your needs.

Community Liaison Nurses (Lister & QEII) – will have an overview of discharge issues and be the link to the Intermediate care and community nursing services. The nurses may also assess patient's suitability for intermediate care services or nursing home placements. The liaison service acts as a valuable resource for ward staff and other health and social care professionals in enabling effective discharge planning.

Intermediate Care Team (Lister & QEII) – will assess patients for either home based or bed based services to provide rehabilitation for a time-limited period. Referral is made by the wards multidisciplinary team. The team links closely with the community liaison team.

Pharmacist – whilst you are in hospital the doctors and pharmacists will review your medication to ensure it is appropriate for you. As a result, your medication may change during your stay. On discharge the pharmacist will ensure that you have been prescribed the correct

medicines and that they are compatible. You will be given a supply of new and existing medicines to “take home” with you. If you usually have a dosset box or blister pack filled by your local chemist, please inform a member of staff as soon as possible as the pharmacy team will need to arrange for these to be supplied by your chemist.

Written information will be supplied about your medications in your discharge letter. Please ask the pharmacist if you have any questions about your medications, especially if you are unsure of their purpose, how to take them or you would like information about side effects; so they can resolve any problems you may have prior to you being discharged.

Dietician - will, if necessary, give you advice on your diet during your stay in hospital and as an outpatient after your discharge. They work closely with the multidisciplinary team to ensure your daily dietary needs are being met.

Speech & Language Therapists – will offer assessment, treatment, and advice and support if you have speech and/or swallowing difficulties. They work closely with other members of the hospital team. Where appropriate, outpatient therapy for patients with communication difficulties can be arranged.

Patient Advice and Liaison Service (PALS) – The Trust has a PALS service, which can assist in resolving any concerns you may have. They can provide information and advice and will liaise with other departments to ensure you receive the “right information from the right people”. Offices are based within the hospital. Please ask a member of the hospital team if you wish to contact PALS.

Age UK – this is a service that provides short-term practical and emotional support to help you maintain your independence. They provide help with shopping, collection of prescriptions, accompany you to shops/appointments or outings.

NHS foundation Trust status - your chance to have a voice in the running of your local hospitals

We care about our local hospitals, do you?

Yes – then you can support us by becoming a public member as we prepare to become an NHS Foundation Trust, giving you more say in health care locally.

You don't have to wear a uniform to make a difference to the way health care is provided. As a public member, you can benefit by getting involved. You can get involved in several ways:

Just receive the quarterly newsletter:

To keep up to date with what is happening at our hospitals.

Occasionally:

By taking part in surveys on hospital services and developments and being invited to member events.

Often:

As well as all of the above, you can also be invited to participate in workshops and working groups and help us to recruit and engage with more members.

Become a Governor:

You can even think about standing for election as a public governor to represent members who live in the same area as you.

So why are we becoming an NHS Foundation Trust?

By becoming an NHS Foundation Trust we will have flexibilities and freedoms to innovate and in the way we deliver care and run our hospitals in future.

We will still be committed to “being amongst the best” and meeting NHS quality and performance targets but we will also be making ourselves more accountable to the community we serve by involving you in the decisions we make about the care we provide. We believe becoming a Foundation Trust will mean real benefits for local people, patients and staff.

How do I become a public member?

To register your interest to become a member, please contact the Membership Team: Call: 01438 781846

Email: ftmembership.enh-tr@nhs.net Visit: www.enherts-tr.nhs.net

Membership is free and you can change the way you would like to be involved at any time.

Patient and carer experience

We regularly ask patients to provide feedback to us about their experiences of using our hospital services. Your views of our services are very important to us to help us make improvements in patient care.

If you did not have the opportunity to complete a survey when you left hospital we ask that you complete one on-line within 48 hours of leaving hospital. The website address is www.tellusmore.org. The survey can also be assessed via the Trusts main website.

If it is more than 48 hours since you left hospital and would like to complete a survey please do so at your convenience.

You can also send your suggestions, compliments or concerns to:

The Chief Executive, East and North Hertfordshire NHS Trust,
Lister Hospital, Corey's Mill Lane, Stevenage SG1 4AB

Friends you may have made in hospital

During your stay, you may meet new people who very often can become friends. This section can be used to record their contact details.

Name

Address

Tel. No.

Name

Address

Tel. No.

Name

Address

Tel. No.

Name

Address

Tel. No.

Name

Address

Tel. No.

Useful Contacts

<i>Organisation</i>	<i>Telephone</i>	<i>Website & email</i>
East and North Hertfordshire NHS Trust Lister	01438 314333	www.enherts-tr.nhs.uk
QEII Hospital site (alternative)	01707 328111	www.enherts-tr.nhs.uk
Mount Vernon Cancer Centre	01923 826111	www.enherts-tr.nhs.uk
Patient Advice Liaison Service		
Lister Hospital	01438 284678	www.enherts-tr.nhs.uk pals.enh-tr@nhs.net
QEII Hospital	01707 224321	www.enherts-tr.nhs.uk pals.enh-tr@nhs.net
Mount Vernon Cancer Centre	01707 224321	www.enherts-tr.nhs.uk pals.enh-tr@nhs.net
Medicines Helpline	01438 286150	Medinfo.enh-tr@nhs.net
For any queries or questions about your medicines Monday to Friday 2pm-4pm Response by next working day		
Discharge Team		
Lister Hospital	01438 781511	dischargeteam.enh-tr@nhs.net
QEII Hospital	01707 369259	dischargeteam.enh-tr@nhs.net
Patient and family support team		
Mount Vernon Cancer Centre	01923 826111	
Social Care team		
Lister Hospital	01438 781034	lister.hospital@hertscg.gov.uk
QEII Hospital	01707 365144	qe2.hospital@hertscg.gov.uk
NHS Direct	0845 46 47	www.nhsdirect.nhs.uk
NHS choices and information		www.nhs.uk

My Useful Numbers

Age UK

QEII 01707 323272 www.ageuk.org.uk/hertfordshire

Lister 01438 781560 www.ageuk.org.uk/hertfordshire

The Health Shuttle 01438 726219 www.hertsdirect.org

Travellink 01438 737252 Www.hertsdirect.org

Voluntary Car Services

QEII 01707 365462

Lister 01438 284238

Continence Advisory Service

Hertfordshire 01462 492502

Bedfordshire 01582 528821

HertsHelp 0300 123 4044 www.hertsdirect.org/hertshelp

POhWER 0845 223 0436 pohwer@pohwer.net

Alzheimer Association 0845 3000336 www.alzheimers.org.uk

NHS Smoking Helpline 0800 169 0169 Smokefree.nhs.uk

[You can request this information in a different format or another language.](#)

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