

# Planning together to leave hospital

## Returning home or moving to another place of care

This leaflet contains information to help plan your discharge from hospital. Please ask the ward staff about anything you do not understand or if you have any questions.

This leaflet contains important information about your discharge from hospital and it may be helpful to share this with those closest to you.

### What can you expect?

Our priority is to support your safe recovery so you can be discharged as soon as you are medically well and able. It is important that, together, we plan for your discharge right away.

We will discuss and plan with you what will be required for you to leave the hospital. We will focus on what matters to you and involve your carers, family and/or friends in conversations if you would like them to be included. We will let you know your expected date of discharge to allow you to plan accordingly to ensure everything is in place.

If you have been receiving care services before coming into hospital, please speak to the ward staff as soon as possible. In most cases, you will return home with support from your family, friends and community. If you live in a care home, you will most likely return there when it is safe to do so. If you are likely to require more complex care and support, this could be provided in another community setting.

### What can I do to prepare for leaving hospital?

**Stay active!** When you are in a hospital environment you are likely to spend a lot of time in bed or sitting in a chair. It is important to keep your mind and body as active as possible to prevent deconditioning. Deconditioning is where your mind and body become less able to do the things you used to - this can make your recovery period longer.

Speak to your hospital care team about what you can do to stay active and prevent deconditioning while you are in hospital.

Make sure you have outdoor clothes and your house keys available when you do go home. Please let a member of the care team know if there is anything else that we can help you with to ensure a speedy return home.

Author:

Date:

Review:



## Why am I leaving hospital?

The team caring for you has agreed that you no longer need hospital care and it is safe for you to continue your recovery either at home or at another place of care.

## Why can't I stay in hospital?

It's much better for your physical and mental wellbeing to leave hospital as soon as you are medically fit for discharge. Long stays in hospital can result in:

- physical deconditioning
- greater risk of falls and exposure to infection
- an increase in long term care needs
- a reduction in mental wellbeing

## On the day you leave hospital

We will always aim to get you home early on your day of discharge; we will aim for you to be home by lunchtime.

When you are discharged, we will send a letter to your GP explaining the reason why you were in hospital. This will tell your GP everything they need to know about your stay in hospital, your medication and your discharge location. You will also have a copy of this for your information.

Before you are discharged from hospital, you will be transferred to the Discharge Lounge to ensure everything is prepared ready for when you leave.

## Transport home

When you know the day you will be discharged, please arrange for a relative or friend to collect you, or let the staff know if they need to make other transport arrangements for you.

## Medication

If you have started new medication, you will be given a supply to take home. Your GP will then prescribe more if required.

We will explain your medication to you. You will also find written instructions on the packaging which tells you how to take the medication, including frequency and time. If you have any questions about your medicines there is a Medicines Information helpline open Monday to Friday (8.30am – 5.30pm) 01432 364 017.

## Follow up

Your hospital care team will let you know if you require further follow up outpatient appointments or investigations to support your recovery once you are discharged.

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## Community hospitals

You may be moved to a community hospital if you require a longer recovery time or are awaiting support to be available and you do not need to remain in Hereford County Hospital.

We have three community hospitals across Herefordshire:

- Ross Community Hospital ☐
- Bromyard Community Hospital ☐
- Leominster Community Hospital ☐

**While we will note any location preferences, a community hospital bed will be offered in terms of availability and ability to meet your individual needs. You will not be able to remain in an acute bed if you are medically well enough to leave.**

## Care options available in Herefordshire

**Please be aware that the following information is only relevant to patients who live in Herefordshire. If you reside in another county, alternative discharge options may apply.**

### Discharging with short-term support at home ☐

If, during discharge conversations with your hospital care team, it is identified you would benefit from some day to day support, you will be referred for some short-term support at home. The aim of this is to get you back on your feet in a short space of time.

We work closely with a large number of providers who are regulated by the Care Quality Commission (CQC).

The following short term services will be the first option to support you should you require additional support at home.

- Home First
- Hospital at Home Bridging team

How are short-term services different to other health and social care support?

- It is a time limited service
- You will receive intensive support from a range of health and social care staff
- Care staff who visit you in your own home will support you to practice doing things on your own and make suggestions about techniques and equipment to support this

Should it be identified that you require longer term support, you will be assessed in your own home by someone from Adult Social Care for a longer term package of care.

Author:

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## Returning home before support is available

If you decide that you would like to leave hospital before the recommended support has been confirmed to begin, it is important that you consider how this might impact you and the people who support you.

It is important to be aware that we are unable to confirm dates or times when support may be able to start. You may wish to discuss this with your family, friends and the team looking after you in hospital. Our priority is to ensure that you receive the support that you need at the right time, in the right place.

## Care in a short-term community setting ☐

If you are not able to return home following your stay at hospital, you will be referred for care in a short-term community setting. This is likely to be in a care home.

Should you need some support to recover or rehabilitate, but your current circumstances mean that you are unable to return to your usual place of residence, then the following two short-term options may be considered.

- Ledbury Intermediate Care Unit, Market St, Ledbury HR8 2AQ
- Hillside Care Centre, Pentwyn Ave, Hereford HR2 7LB

The short-term community settings provide up to six weeks support. If you are unlikely to recover after this time you will be assessed by Adult Social Care to consider an alternative community care home setting.

There may be circumstances where the short-term community settings are not able to meet your support needs and therefore you will be considered for a longer-term community care home setting.

Short and long-term care is provided in both residential and nursing care homes. Both settings have specialist support available 24 hours a day. The type of setting recommended will be based on your individual needs and discussed with you.

**While we will note any location preferences, a short or long-term community setting will be offered in terms of availability and ability to meet your individual needs. You will not be able to remain in an acute bed if you are medically well enough to leave while waiting for support to become available.**

## Assessments and financial matters

Anyone who leaves our hospitals with support services will have their care provision funded by interim health funding for a period of up to six weeks. This allows for an assessment of your ongoing needs outside of a hospital environment.

We know that a hospital environment is not the best place to assess what longer-term support you may need, which is why we will look to complete any requested or required assessments with you once you have left hospital. This includes both Care Act Assessments and NHS Continuing Healthcare Assessments.

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You will only begin paying for services if it is assessed that you have a longer-term support need. In this event, you may have to contribute towards your care following a Care Act Assessment. As part of the assessment process you will need to take part in a financial assessment to identify how much you may need to contribute towards your ongoing care and support.

### Checklist for discharge

- ☐ Will someone pick you up or meet you at home?
- ☐ Are your ongoing care arrangements in place?
- ☐ Do you have suitable outdoor clothing and shoes to wear?
- ☐ Do you have any medical certificates you may need?
- ☐ Do you have your hospital discharge letter?
- ☐ Do you have your medication ready to take home?
- ☐ Do you understand how and when to take your medication?
- ☐ Do you have your house keys and personal belongings?

### Who can I contact?

After you have left hospital, if you need to speak to someone, please contact:

- The ward/unit you have received treatment on - you can do this via the County Hospital's switchboard: 01432 355 444
- Your GP
- Herefordshire Adult Social Care: 01432 260 101
- Community Referral Hub: 01432 808 750
- NHS 111 Service: 111



### Useful Contacts

Herefordshire Council has a range of useful contacts on its website available here:

<https://www.herefordshire.gov.uk/social-caresupport/care-providers-housing-options>

If you require this document in an alternative format, such as large print or a coloured background, please contact your hospital team

## How to provide feedback

Our aim is to provide a quality of care we would want for ourselves, our families and friends. If there was anything that we could have done please let us know via the department/ward staff or the patient experience team available on email [PALs@wvt.nhs.uk](mailto:PALs@wvt.nhs.uk) (opening times may vary).

This leaflet is available in large print, Braille, audio tape or other languages upon request. Please contact patient experience team on the above telephone number.

You may be asked to give your opinion on the service you have received. We welcome your feedback as this will help us to improve the care and treatment we provide to our patients.

Wye Valley NHS Trust [www.wyevalley.nhs.uk](http://www.wyevalley.nhs.uk)

Telephone 01432 355444