CARERS HOSPITAL DISCHARGE PACK

HOME FROM HOSPITAL

Preparing to Leave Hospital

If your wife, husband, child, relative or friend is about to leave hospital they may need support and care when they get home, and you may be about to become a 'carer' for the first time.

However, if you were caring for that person before admission to hospital, you may now face changes in your role as their carer. Either way this can feel like a confusing and difficult time.

This folder aims to help you as a carer, prepare for the person you are caring for on their discharge from hospital. You will find information relating to:

- What you can and should expect to happen when a person is discharged from hospital
- Services which can support you and the person you care for
- Contact points where you can get more detailed information and further support

CONTENTS

SECTION 1

Before Leaving Hospital
Discharge Planning

What is a Discharge plan?

As soon as people are admitted to hospital a process of planning should begin to find out what services and support they may need when they leave. By the time they leave hospital a clear discharge plan should be in place. You should advise the nursing team, that you are a carer for the person being discharged, and you should ask questions while on the ward. You should also advise them of any care support that can be provided by the family. This planning process should ensure that when people leave hospital, they and, with their permission, you as their carer know about the following:

- **Their Medical Condition**
  This should include information about their treatment, medication and future medical appointments. It should also include the names of the persons GP and consultant.

- **Services and Support**
  This should include information on the services that have been agreed and will be in place for the person returning home, for example, home care and community nursing.

How are Discharge Arrangements Planned?
If the person needs to be cared for and supported for the first time or if their care and support needs have changed, it is important that the right support and services are put in place. It is essential that the patient and, with their permission, you as their carer should be involved in decisions and choices about their care. It may be that services are already in place for the patient and for you as their carer. If this is the case the main reason for forming a discharge plan is to ensure that services and support will continue as before and that there is clear information about their medical condition and treatment.

The following key people are always involved in the discharge planning process:

- **Named Nurse**
  The Named Nurse is the main contact person while the patient is in hospital, overseeing the care provided and the plans made for leaving.

- **The Consultant**
  They decide what medical care should be provided and decide when the patient is well enough to be discharged from hospital.

Other people who may be involved in the discharge plan, when requested and as necessary:

- **Social Care Worker**
- **Occupational Therapist**:
- **Physiotherapist:**

- **Speech and Language Therapist:**
- **Dietician:**
- **Incontinence Advisors:**
- **General Practice Team**

The clinical team includes General Practitioners, Nurse Practitioners, Practice Nurses, Treatment Room Nurse, Health Care Assistants and Pharmacists. The aim of the team is to provide support during recovery and ongoing health care.

The surgery should receive a discharge summary from the hospital electronically within the first few days of discharge. The General Practice Team is, however, available should any issues arise on immediate discharge.

Post discharge actions-

- Medication review and update by pharmacist/clinical team.
- Action of recommendations made by your consultant.
- Liaison with multidisciplinary team members where appropriate.

On discharge, should the cared for person require an appointment or, if housebound, a home visit, please contact your surgery to request this.

Summing Up!

You as the carer should be informed of the intention to discharge the cared-for person as soon as is reasonably practicable. Before leaving hospital the person you care for

and, with their permission, you as their carer should receive more information about the discharge plan/arrangements which have been put in place, and which you have discussed and agreed. The cared for person will always leave the ward with a discharge letter covering any medication they are on and any follow up required in the community by the GP. It will not contain a detailed care plan. A discharge letter should also be sent to the patients GP.

SECTION 2

After Leaving Hospital - Services in your community

The person you care for and you, as their carer, should be involved in the planning of services and support. To be involved you need to know what services may be available.

Community Care
The key to receiving community care services is to have a Universal Adult Assessment carried out, usually by a member of the social work department. An Occupational Therapy and Physiotherapy assessment is normally carried out in the hospital and it will form a central part of the discharge plan.

The assessment looks at what is required to enable the person to live as independently as possible at home. Here are some of the services that may be provided.

- **Help with meals**
- **Medication prompts**
- **Day care services**
- **Short Breaks/Respite**
- **Help with personal care such as washing and dressing**
- **Equipment and adaptations**
- **Residential and supported accommodation**
- **Reablement**

Reablement *is the provision of Care at Home services in a re-abling way to maximise or regain a person's skills in daily functional tasks. It is generally time limited to 6-8 weeks, although is under constant review. It may also comprise of interventions like exercise programmes and provision of equipment to improve function or regain daily living skills*.

A home visit is sometimes included to assess the needs of the patient, home environment and if specific issues are highlighted. If a home visit is not arranged and you think it would help, you can ask for this to be arranged. If there were services in place at home before admission to hospital, the hospital staff should ensure these services restart when the person returns home. If hospital staff are unaware of existing services then you should approach one of the ward staff to let them know.

If an essential piece of equipment is required (e.g. a hospital bed, hoist or toileting equipment) this may be supplied before discharge. Anything else such as bath seat or grab rails will be assessed by the Hospital Discharge Occupational Therapist once the patient is home.

Free personal care

If the person you care for is assessed as needing personal care, they are entitled to it free of charge. Personal care can include help with washing, toileting, getting in and out of bed, assisting with medication and help with the preparation of meals. Showering and bathing visits will only be provided if there are any incontinence issues or issues with skin integrity.

Home Care
Following discharge, the person you care for will also be entitled to home care if they have been assessed as such. Home care may include day care, lunch clubs, help with shopping and housework. Eligibility for Attendance Allowance or Personal Independence Payments are not affected if you receive free personal care. Day care and lunch clubs are chargeable services. Telecare is free for the first 6 weeks after discharge (this only applies to the first discharge). It is then charged at £5.15 per week for a basic unit. Any extra equipment will be chargeable.

Who's who in Community Care?

The Hospital Discharge Team liaise directly with the ward prior to discharge to organise care package requirements. They will also organise any follow up in the community for Occupational Therapy, Telecare, prescriptive equipment and nursing input. The Social Care Worker will carry out a 4-week review of the care package and this review should include the carer with consent from the cared-for person.

- **Social Care Worker**: Will usually carry out the Universal Adult Assessment after a 4- week period at home. They will talk to the patient and you as their carer about what are the patient's needs and wants. They should also involve you as the carer; however, the assessment will focus on the needs of the person you care for rather than your needs. Your needs as a carer can be accessed through an Adult Carer Support Plan (*see section titled Being a Carer).*

- **Occupational Therapist**: Aims to help the patient be as independent as possible in everyday tasks such as bathing and dressing. They can work on building the patient's confidence and establish links to the community. They can offer support when particular equipment or adaptations are needed.

- **Physiotherapist:** works with people to help them regain lost movement, improve mobility and to maintain safe independence in such activities as walking and using stairs.

- **Speech and Language Therapist:** Works with adults and children and offers information and advice on communication, speech and language and/or eating, drinking and swallowing difficulties.

- **Dietician:** Can offer information and advice about all dietary requirements to the patient and, to you as their carer, if a special diet is required.

- **Mental Health Officers**
  These are Social Care Workers with particular experience and training in the area of mental health. They have statutory responsibilities under the Mental Health legislation.

- **General Practitioner (GP)**
  They will provide ongoing medical care and advice when the person has been discharged from hospital. They will receive information from the hospital

consultant and nursing staff about the medical needs of the person you care for; this should include a copy of the discharge letter.
With the permission of the patient they will be able to answer any questions you have on medical matters following the discharge process. They can refer the person you care for back to the hospital consultant if required, as well as any other services you may need.

- **Community Nursing Team**
  The community nursing team includes district nurses, health visitors and practice nurses. Community nurses are qualified nurses with specialist knowledge in community health. The **District Nursing** service aims to provide a wide range of support for patients and their carers based on a thorough assessment of their health care needs. The support ranges from assistance with wound management, incontinent issues, through to integrated care management for those with very complex health care requirements. The service is available 24 hours per day 7 days per week and is predominantly offered as a household service. **Practice nurses** provide care in the GP surgery or health centre such as, injections, chronic disease clinics and travel vaccinations. **Health Visitors** focus on health improvement and provide advice and information on a whole range of health-related issues. They can visit you at home and are able to refer people to other services such as social work and occupational therapists.

- **Community Psychiatric Nurse (CPN)**
  They are trained to work with people who have mental health problems. They offer support to patients, their families and carers and can be accessed through your GP.

Voluntary Sector/Third sector organisations
The voluntary or Third sector is a term used to refer to the wide range of services provided by voluntary or charitable organisations. Some of the services the person you care for receives through Community Care will be provided by the voluntary/Third sector. Examples of services offered by the sector are as follows:

- **Information and advice**
- **Support Groups**
- **Respite services**
- **Day care**
- **Counselling**
- **Advocacy**
- **Lunch clubs**
- **Specialist support/information on particular conditions**

Some services provided by the voluntary/third sector are free others are not.

Your local Carers Centre, **Helensburgh & Lomond Carers SCIO** (**HLCC**), is situated at **Lomond House, 29 Lomond Street, Helensburgh G84 7PW, 01436 673444**, and is often the best starting point offering information, advice and

signposting you to the most appropriate services available to meet your needs.

More details can be found at the Section ‘Being a Carer, Practical Help’.

SECTION 3

Finances - costs and benefits

Personal and nursing care is free at the point of delivery, although there may be financial costs for any additional services received by the person you care for. They may, however, qualify for financial assistance and benefits to help with this.

Who will pay?
As well as working out what services the person you care for is entitled to through a Universal Adult Assessment, it is also necessary to calculate how much, if anything, they will pay towards these services.

This will be done though a financial assessment, where the finances of the person you care for will be assessed. This includes any income such as pensions, benefits and savings. Amounts are taken off to cover the person's living costs and then it is determined how much they have to contribute towards the costs of the services provided.

The person you care for can choose *not* to have a financial assessment and, in this case, they will be expected to pay the full charges of the services provided.

If you need advice or someone to explain the process to you then contact your local Carers Centre (**Helensburgh & Lomond Carers Centre**), Welfare Rights Officer, or your Social Care Worker. Contact details can be found at the end of the pack.

BOTH YOU AND THE PERSON YOU CARE FOR MAY BE ENTITLED TO CLAIM BENEFITS.

Benefits for the person you care for
Here is a brief summary of some of the benefits the person you care for may be entitled to claim.

- **Personal Independence Payments (PIP)**
  A tax-free benefit for people, including children, who need help with personal care and/or getting around. You must claim Disability Living Allowance (DLA) before you reach the age of 65.
- **Attendance Allowance (AA)**
  A tax free benefit for people aged 65 and over, who need help with personal care or supervision as a result of illness or disability.
- **Constant Attendance Allowance**
  Extra money paid in addition to a war pension or pension for a disability or illness caused by an accident or disease at work.

If the person you care for is already receiving DLA /PIP and they have been in hospital for more than 4 weeks, they need to tell the Department of Works and Pensions (DWP). After 4 weeks these benefits stop. When they return home the DWP needs to be told so their benefits can be re-instated. Children can retain the benefits for longer.

Benefits for you as a carer

- **Carers Allowance (£67.25) per week**
  Carers Allowance is a benefit that is available to carers who provide at least 35 hours care a week. Other benefits may increase or decrease if you receive Carers Allowance and, in some cases, benefits for the person you look after may be affected. Carers Allowance and Carers Allowance Supplement (formally ICA) are specific benefits for Carers.

You may be entitled to Carers Allowance if you:

- Are aged over 16 years.
- Spend a minimum of 35 hours a week caring for someone
- Have been in Great Britain for at least 2 of last 3 years
- Do not earn over £128.00 per week.
- Are not in full time education.
- Care for someone who is in receipt of Disability Living Allowance (middle or highest care rate), Attendance Allowance, Personal Independence Payment (daily living component) Constant Attendance Allowance at or above the normal maximum rate with an Industrial Injuries Disablement Benefit, Constant Attendance Allowance at the basic (full day) rate with a War Disablement Pension or Armed Forces Independence Payment.

However, you will not be paid Carers Allowance as well as a Retirement Pension or Incapacity Benefit. You will be paid whichever is the highest. As a carer you may also be entitled to income support/ pension credit and a reduction in your council tax. This is not an exhaustive list of benefits available.

Carers Allowance Supplement

Is an extra payment for people in Scotland who get Carers Allowance. The supplement is paid 2 times a year and the rate will be £230.10 per payment. There is no need to apply for the supplement, you will automatically receive payments if you qualify.

SECTION 4

Being a Carer- Support for You

When you become a carer or your caring situation changes, you may find your life changes in all sorts of ways. Caring for someone can be very demanding and you may feel isolated, you may worry about money or your own health and wellbeing. It could affect your work (you may even need to give up work), social life, home life and finances. You may have to spend more and more time supporting the person you care for. You may have to learn to do new things like cooking or dealing with finances. You may have to change the way you view your life.

Carers (Scotland) 2016 Act

On 1st April 2018, the Carers (Scotland) Act 2016 came into effect. The Act extends and enhances the existing rights of carers in Scotland. This is to help improve their health and wellbeing so that they can continue to care, if they so wish, and support their ability to have a life alongside caring.

The Carers Act 2016 brings a new range of duties and powers which include:

Adult Carer Support Plans & Young Carer Statements

These plans have replaced Carers' assessments and consider a range of areas that impact on a carer. Young Carer statements must also be produced.

Carers Charter
This sets out the rights of carers under the Act

Eligibility Criteria
Eligibility criteria for access to services for carers must be published.

Carer Involvement
Carers must be involved in both the development of carers' services and in the hospital discharge processes for the people they care for.

Local Carers Strategies
Argyll and Bute Carers Strategy has been produced and will be reviewed within a set period.

Information and Advice
An information and advice service must be provided for relevant carers, with information and advice about rights, advocacy, health and wellbeing (amongst others).

Short Breaks Statements
To prepare and publish a statement on short breaks, and flexible respite options, available in Scotland for carers and cared-for persons.

What are my rights as a carer?

The most important right you have as a carer is to be listened to and to have your views considered. This means:

- You should be consulted about the services that could be provided for the person you care for.
- You should be asked if you are able and willing to provide care for that person.
- As a carer you are entitled to an Adult Carer Support Plan (ACSP).

Adult Carer Support Plan

Carers are entitled to have an Adult Carer Support Plan which is separate from the assessment offered to the person for whom they care.

The **Adult Carer Support Plan** will look at:

- How caring affects your life
- What services are available to support you in your caring role
- Services that can give you a break from caring
- The things you like to do but may have had to give up as a carer

How does it work?

A Support Plan gives a detailed account of the carer's situation. This is drawn together after you and the Carers Support Worker meet and you have the opportunity to

describe your caring responsibilities. Once you are satisfied with your Support Plan, you can discuss the best way to use it. This might be:

- Sharing it with another agency to get extra help by highlighting the pressure you are under and the need for more support
- Sharing it with hospital staff on admission
- Accessing a short break or flexible respite
- Finding support from other organisations
- Getting information and advice

You will be able to consider what is important for you and what you want from your Support plan to achieve positive outcomes. You will always be in control of the Support Plan process and all discussions are CONFIDENTIAL.

It is important to note that any services to be arranged, that might have a direct impact on the person you care for, can only be provided with their (or where appropriate, a guardian's) consent.

What Practical Help is there for me?

Carer Organisations

Your local carer support services are provided by a charity, **Helensburgh and Lomond Carers SCIO (Scottish Charitable Incorporated Organisation) (HLCC).**

It offers a range of services that can support you as a carer including:

- **Information and advice**
- **Emotional Support and a listening ear**
- **Advice on your rights and entitlements**
- **Informal advocacy**
- **Carers Training**
- **Support Groups**
- **Holistic therapies**
- **Counselling and Cognitive Behavioural Therapy (CBT)**
- **Short Breaks**
- **Adult Carer Support Plans (ACSP)**
- **Young Carers Statements (YCS)**
- **Befriending service**
- **Signposting to other support groups and organisations**
- **Social activities**
- **Peer Support**

Informal Advocacy

Being heard and having your views taken into account is your most important right as a carer. Getting your thoughts together and communicating them clearly can sometimes be difficult, particularly at times when you are facing lots of change, both practically and emotionally, in your life.

Advocacy services can support you to:

- Think through what you want and need to know
- Find out who you should be talking to and how to contact them

- Say what you think and feel, either by supporting yourself or through an advocate who can raise issues for you

Getting A Break

Breaks from caring are often referred to as ‘respite’. They may last a few hours, a few days or even a few weeks. Some of the different ways you can receive a break from caring are described below:

- **Home-Based Services (Sitter Services)**
  This involves someone coming to your home to support the person you care for while you are out. This kind of service usually covers a few hours but can be overnight and may cover several days.

- **Day Care Services**
  Are available at day care centres or day hospitals depending on a person’s illness or disability. Often transport is available and trained staff are on hand all day to care for people.

- **Residential Care**
  Can take the form of the person you care for going into hospital, a residential home or a nursing home while you have a longer break. Hospital-based respite can be arranged through your GP. The other types of breaks can be organised through Social Work. As with other services mentioned in this folder there may be costs involved using ‘respite’ services.

What if I need someone to talk to?

As well as practical support you may find that you need to be able to talk to someone about how you feel. Again support is available at your local Carers Centre. Contact Helensburgh & Lomond Carers Centre (**HLCC**)**.**

Carers Counselling and CBT

Family and friends can provide a lot of support but there are times when you may need some time and space of your own, or time to talk about your feelings with someone not directly involved. Talking to a counsellor can help.

Carers Support Groups

Carer Support groups are groups of carers who come together to offer mutual support. It can be helpful to meet other people who understand how demanding it is to be a carer. Support groups offer somewhere to talk, laugh, relax and have a break.

How do I get this practical and emotional support?

For information on all of the support outlined in this section your first stop should be your local Carers Centre, **HLCC.** As previously mentioned, trained staff can listen to what you need and direct you to the most appropriate services.

SECTION 5

Checklist – Asking Questions

This section provides a checklist summarising key questions to ask yourself before the person you care for leaves hospital. Where you don't have an answer, it identifies the person or people you can approach to get an answer.

1. **Do I and the person I care for have information about the discharge plan?**
   If not, speak to the Named Nurse or if the Social Care Worker is already involved ask to speak to them.

2. **Does the person I am caring for and, with their permission, do I, as their carer, have information about:**
   - **Medication**
   - **Medical condition**
   - **Future appointments**
   - **Primary health care contacts**

If not, speak to the Named Nurse.

3. **Does the person I am caring for and, with their permission, do I, as their carer, have information on the services they will receive when leaving hospital?**

If not, speak to the Named Nurse.

4. **The person you care for may have to pay towards the services provided. Has this been discussed?**

   If not speak to the Social Care Worker about a financial assessment. Your local Carers Centre **(HLCC)** can also provide advice and information about this.

5. **Am I clear about what benefits I and the person I care for are entitled to claim?**
   If not, speak to your Social Care Worker, your local Carers Centre **(HLCC)** or your local welfare rights officer.

6. **Can I get a Carers Support Plan?**
   Speak to your local Carers Centre and ask for a Support Plan.

7. **Do I know what services and support is available to me as a carer?**
   If not, contact your local Carers Centre **(HLCC).**

FURTHER INFORMATION FOR CARERS

If you would like to receive further information, support and newsletter from **HLCC** please contact us at:

Helensburgh and Lomond Carers SCIO
Lomond House
29 Lomond Street
Helensburgh
G84 7PW
Tel: 01436 673444/670555
E-mail: hello@hlcc.org.uk
Website: www.hlcc.org.uk

FINALLY!

Caring can be stressful as well as rewarding. Keeping an eye on your health and wellbeing can make a difference to the way you cope and how you feel, so be good to yourself. Do not ignore your own health needs, try not to miss your medical appointments and attend regular checkups/screenings when you are called. As soon as you begin caring, inform your GP. If they know you are a carer, they will find it easier to diagnose and treat you in future and offer the advice and support you need.

Keep asking questions, ask until you get the answers and information you need to help you with your caring responsibilities.

SECTION 6

USEFUL CONTACTS IN YOUR AREA

The list of contacts below is not exhaustive but will provide you with starting point.These organisations can link you to other services in your area.

Argyll Community Housing Association	**0800 0282755**
Alzheimer's Scotland Helpline	**0808 8083000**
Alcoholics anonymous	**0141 226 2214**
Asthma UK Helpline	**0300 2225800**
Autism Helpline	**0808 8004104**
Parkinson's Support Group	**0344 2259836**
Cruse Bereavement Care Support	**0845 6002227**
Breathing space	**0800 838587**
Helensburgh & Lomond Carers SCIO	**01436 673334**
Citizens Advice Bureau	**01546 605550**
Cancer Helpline	**0808 8080000**
Capability Scotland	**0131 3379876**
Chest, Heart & Stroke Advice line	**0808 8010899**
Childline	**0800 1111**
Community Psychiatric Nurse	**01436 655132**
Council Tax Enquiries	**01546 605511**
Diabetes Support Group	**0345 123 2399**
Argyll & Bute Addictions Team	**01436 655053**
Dementia Resource Centre	**01436 678050**
Dunbritton Housing Association	**01389 761486**
Enable Local Office	**01436 679711**
GP Surgery Millig Practice	**01436 673366**
GP Surgery Dr McLachlan Practice	**01436 672277**
Arrochar GP Surgery	**01301 702050**
Kilcreggan GP Surgery	**01436 842156**
Garelochhead GP Surgery	**01436 810370**

Hospital Discharge Team	**01436 658991**
Helensburgh Social Work	**01436 657634/01546 605517**
Integrated Equipment Service	**01436 633102**
JIGSAW/Cornerstone	**01436 821869**
Lomond and Argyll Advocacy Service	**01389 726543**
Lomond and Argyll Care & Repair	**01631 567780**
MacMillan Nurse	**08088 080000**
Marie Curie	**0800 716146**
Samaritans	**0141 248 4488**
Vale of Leven Hospital	**01389 754121**
Jeanie Deans Victoria Infirmary	**01436 655132**
Welfare Rights Officer	**01436 678714**
Helensburgh Civic Centre	**01436 658873**