Hospital Services & Discharge

This factsheet focuses on in-patient and carer services at Croydon University Hospital (CUH). It also looks at the process of coming out of hospital and what support can be put in place to support patients and carers post-discharge.

Hospital Services

Support for Carers

020 8401 3210 (Patient Advice and Liaison Service) www.croydonhealthservices.nhs.uk/patients-visitors

- CUH offers a range of support to carers of in-patients.
- CUH defines a carer as an individual who normally provides four or more hours of care each day for the patient in question (this care can be paid or unpaid).
- Carers should inform ward staff of their caring role as soon as possible so that the patient-carer relationship can be confirmed and documented by staff.
- Staff should then discuss with the carer what they wish to do in terms of visiting times and participation in care, and draw up a Partnership Agreement detailing this.
- Carers should then be offered a carers badge to wear which will help to identify them as a carer to staff, and entitle them to a 20% discount on purchases in the hospital canteen, free refreshments from the ward trolley, reduced parking fees (£8.50 weekly permit), and use of ward toilets and washrooms.
- Full details of available support can be found in Visitors & Carers Guidelines, a document that ward staff should give to carers, but can also be found online at www.croydonhealthservices.nhs.uk/patients-visitors. This document also has details of general visitor guidelines.

Healthcare Passport

020 8726 6500 ext 84369 (Susan Dunn) www.croydonhealthservices.nhs.uk/patients-visitors/support-for-people-with-learning-disabilities.htm

- In-patients with a learning disability are encouraged to use a Healthcare Passport to ensure hospital staff are informed of their needs and how best to support them.
- Information in the passport is arranged under three sections:
  - Red - vital facts staff need to know such as personal information, medication and allergies. Details of the person who knows the patient best are also included in this section.
  - Amber - for things that are important to the patient such as how they communicate and how they convey pain.
  - Green - for likes and dislikes such as food, physical contact and noise.
- Other Healthcare Passports:

In-Patients with a Learning Disability

020 8726 6500 ext 84369 (Susan Dunn) www.croydonhealthservices.nhs.uk/patients-visitors/support-for-people-with-learning-disabilities.htm

- The Joint Community Learning Disability Team has an Acute Liaison Nurse (Susan Dunn) who supports adults with learning disabilities and their carers through the hospital system to ensure they get the best services as both in and out patients.

Patient Buddy Scheme

020 8401 3436 (Volunteer Services Manager) www.croydonhealthservices.nhs.uk/patients-visitors/buddy-scheme.htm

- Volunteer support for out-patients who have a disability or are anxious about coming into hospital.
- Links patients with a volunteer who will meet them at the hospital, escort them to their appointment and offer help and practical advice.
- Patients who are attending an appointment with a carer are also welcome to request a buddy.
Bereavement Services
020 8401 3105
www.croydonhealthservices.nhs.uk/patients-visitors/Bereavement-Services.htm
- Support for adult relatives and friends of people who have died at CUH.
- The leaflet, Bereavement Support Service at Croydon University Hospital, can be sent to people on request.
- Chaplains can also offer help and advice with making funeral arrangements.

Car Parking
- In cases involving long term in-patient stays, the patient’s carer or relative is entitled to reduced parking rates in CUH car parks (£8.50 weekly permits).
- Blue badge holders with an appointment can park for free.

Chaplaincy & Spiritual Care
020 8401 3105
www.croydonhealthservices.nhs.uk/patients-visitors/Chaplaincy-and-Spiritual-Care.htm
- Hospital chaplains are responsible for co-ordinating religious and spiritual care for all faith communities within the hospital.
- Chaplains offer emotional and spiritual support in a crisis or following bereavement, as well as ongoing care during recovery.
- Catholic and Anglican communion is available on the ward for patients too unwell to come to Chapel.
- Support is primarily for patients, but carers are also welcome.
- St Barnabas Chapel is open daily and welcomes people from all faiths and none.
- Holy Communion is held on Sunday mornings at 10am. Chaplaincy volunteers can provide wheelchair transport to and from the Chapel.
- Mass is usually celebrated on major feast days and on Fridays during Lent.

Macmillan Cancer Information and Support Service
020 8401 3441
benny.millier@nhs.net
- Information, support, counselling, carers support group, living with cancer workshops, art group, health walks and complementary therapies for cancer patients and their carers.
- Based in Nightingale House at CUH.

Red Tray Service
- Patients at medium or high risk of malnutrition receive their meals on a red tray which helps nurses identify who needs the most encouragement or assistance with eating, and to monitor the quantities of food eaten.
- Carers who think the person they care for would benefit from the red tray service should talk to a member of nursing staff.

Translation Services
www.croydonhealthservices.nhs.uk/patients-visitors/Translation-Services.htm
- Interpreting services are available over the phone or in person in more than 50 languages (including British Sign Language).
- If patients or their carers need an interpreter they should inform ward staff who will make the necessary arrangements.
- Patients and carers can also request CUH’s written information in other languages or formats.

Croydon Cancer Counselling Service
020 8401 3000 ext 4904
- Free counselling for all inpatients, outpatients and carers affected by a diagnosis of cancer.
- Counselling sessions take place in the Cameron Lounge in the Woodcroft Wing at CUH.
Going Into Hospital

**Alternative Care**

- If a carer is unable to fulfil their usual caring role because they are going to be admitted to hospital, they should think about arranging alternative care to ensure the disabled person is cared for appropriately in their absence.
- This additional support could be from social services (if eligible) or purchased privately. For full details of how to access support see our Taking a Break factsheet, or parent carers should refer to our Caring for a Child factsheet.
- Always make alternative care arrangements as soon as possible as it can take several weeks or longer for support to be put in place, and care agencies need time to complete an assessment and find a suitable care worker.

**Benefits**

**Disability & Carer Benefits**

- Benefit claimants should inform whoever pays their benefit if they are admitted to hospital.
- Payments of Disability Living Allowance (DLA), Personal Independence Payment (PIP) and Attendance Allowance (AA) will normally stop after the person receiving them has spent 4 weeks in a hospital (12 weeks for a child).
- Once the disabled person’s disability benefit has stopped the carer loses their entitlement to Carer’s Allowance (CA).
- Payments may continue to be made if the claimant is:
  - A private patient and is not receiving support from the NHS.
  - Terminally ill and in a hospice.
- If a DLA or PIP claimant is admitted to hospital, and they have a Motability vehicle they will need to contact Motability if their DLA or PIP is suspended. Motability should not seek to recover the vehicle for up to 28 days after the benefit is suspended (56 days after hospital admission) and will look at each case individually to decide whether to defer recovery even longer. For more information on this issue contact Motability (0300 456 4566, www.motability.co.uk).
- If a carer is admitted to hospital they will continue to be paid CA for 12 weeks.

**Income-Related & Out of Work Benefits**

- Severe Disability Premium/Addition stops after 28 days in hospital.
- Carer Premium/Addition stops eight weeks after CA stops being paid.
- After 52 weeks in hospital other elements of income-related benefits may be stopped, such as help with housing costs.
- After someone has been in hospital for 52 weeks their partner will be treated as a separate claimant (no longer seen by the DWP as part of the same ‘household’).
- People in receipt of Jobseeker’s Allowance (JSA) when admitted to hospital can continue to be treated as meeting the conditions for up to two weeks. People can only do this twice in any 12-month job-seeking period. Once JSA stops people might be able to claim Employment and Support Allowance (ESA).

**Financial Help to Visit Someone in Hospital**

**Florence Nightingale Aid in Sickness Trust**

020 7605 4244
www.fnaist.org.uk
- Grants to individuals of any age who are ill or disabled to pay for medical items/services or hospital visiting expenses.

**The Heinz, Anna and Carol Kroch Foundation**

01524 263 001
hakf50@hotmail.com
- Grants to people who are older and/or have a chronic illness and are in financial hardship for a range of things, including hospital travel costs.

**React (Rapid Effective Assistance for Children with Potentially Terminal Illnesses)**

020 8940 2575
www.reactcharity.org
- Grants for a range of things, including hospital expenses such as food and travel.

**The True Colours Trust**

020 7410 0330
www.truecolourstrust.org.uk
- Small grants for young people aged 18-26 who have a disability or complex care need. Applications welcome from families (including siblings) who care for the young person. Applications can be made for help with hospital visits.

For details of other charities that may be able to help with the cost of hospital visiting expenses see our Grant-Giving Organisations factsheet, or contact Turn2us (0808 802 2000, www.turn2us.org.uk).
Queries & Complaints

Stage 1 (local resolution)
Any queries or complaints should initially be raised with a matron or senior manager, but if this does not resolve issues the following services may be able to help.

Patient Advice & Liaison Service (PALS)
020 8401 3210
pals@croydonhealth.nhs.uk
www.croydonhealthservices.nhs.uk/patients-visitors/Patient-Advice-and-Liaison-Service.htm
• Provides ‘on the spot’ information, advice and support and can help sort out problems and queries quickly and informally.
• Advises on the formal complaints process.
• Office is open Monday to Friday, 9.30am – 4pm.

Complaints Department
020 8401 3416
complaints@croydonhealth.nhs.uk
www.croydonhealthservices.nhs.uk/patients-visitors/compliments_complaints.htm
• Anyone who is receiving, or has received, NHS treatment or services can complain.
• Carers can complain on behalf of a relative or friend if they have their consent.

NHS Complaints Advocacy Service (VoiceAbility)
0300 330 5454
nhscomplaints@voiceability.org
www.nhscomplaintsadvocacy.org
• Independent service offering information, advice and advocacy to people who want to make a complaint about an NHS service.

Stage 2
People who are unhappy with the final response they have received from an NHS provider, can ask the Parliamentary and Health Service Ombudsman to review their case.

Parliamentary & Health Service Ombudsman
0345 015 4033
www.ombudsman.org.uk
• Helps resolve complaints about the NHS.
• Service is free and completely independent of the NHS or Government.
• Will only investigate complaints after the first stage (local resolution) has been completed.
• People need to request a review within 12 months of local resolution coming to an end. Exceptions apply to this rule if someone can demonstrate good reasons for the delay.

Medical Records

020 8401 3475 or 020 8401 4049 (Information Governance Office)
www.croydonhealthservices.nhs.uk/patients-visitors/Your-Medical-Record.htm
• The Data Protection Act 1998 gives patients the right to access their own records, held either electronically or on paper.
• To request copies of, or arrange an appointment to view, health records people should contact the Information Governance Office (IGO) by phone (see above) or in writing: Information Governance Office, Nightingale House, Croydon Health Services, 530 London Road, Croydon CR7 7YE. On receipt of an enquiry the IGO will send out an application form. Application forms can also be printed from the Croydon Health Services NHS Trust website (see above).
• Once the application form has been completed and returned with proof of identity and payment (if applicable) the IGO is required to grant access to medical records within 40 days.
• The Trust has a duty to make any medical or technical terms in the records understandable to patients.
• Fees for the copies of records are displayed on the application form on the Trust website.
• Parents can access their child’s records if they have legal parental responsibility and their child has understood and consented. If the child is too young to consent parents can still access records if it is considered to be in the child’s best interest.
• Children (aged 16 and under) can apply to see their own medical records. A request from a child will be considered only where it is felt that the child can fully understand the information.
• People can access the medical records of someone who has died if they can prove they are the patient’s legal personal representative or that they have a claim resulting from the death.
Coming Out of Hospital

Key Steps
Suggested good practice for hospital staff would generally follow these key steps:
1. Inform patients and carers of how discharge will be managed.
2. Assess for eligibility for NHS Continuing Healthcare (CHC) if appropriate.
3. If care needs are identified, refer the patient to the Adult Care Team for an assessment of need.
4. Discuss with the carer to what extent, if any, they wish to support the disabled person, and offer a Carer’s Assessment.
5. If the patient is assessed as having eligible care needs, draw up a care plan.
6. Deliver and monitor the care plan.

Step 1: Information
• It is important to start planning for discharge as soon as possible to ensure any support the patient requires is in place in good time.
• Ideally staff should inform people of their expected date of discharge within 48 hours of admission.
• Social workers are available at CUH, and patients and carers can ask ward staff to arrange for a social worker to visit them to discuss how they will cope after discharge.
• No one should be discharged from hospital until their treatment is complete, the medical team assess them as ready, and an appropriate care plan is in place.

Step 2: NHS Continuing Healthcare
NHS Continuing Healthcare (CHC) is a package of care which is arranged and funded solely by the NHS for individuals (not in hospital) who have ongoing health care needs.
• Can include social care services as well as health care services.
• People can receive CHC in their own home or in a care home.
• If someone receives CHC in their own home the NHS will pay for care workers to help with tasks such as personal care, food preparation and shopping, in addition to health care services.
• If someone receives CHC in a care home the NHS will pay for the care home fees, including board and accommodation, in addition to health care services.
• CHC is provided free of charge and is not means tested, unlike social care and support services provided by local authorities.

Eligibility
• CHC is not awarded on the basis of a diagnosis. It is awarded on the level of health care needs.
• To be considered for CHC a person must:
  • Be over 18.
  • Have a complex medical condition and substantial and ongoing care needs.
  • Have a primary health need – this means the main reason for needing care must be related to a health condition.
• Eligibility for CHC is reviewed annually, and people’s eligibility can shift depending on changes in their condition.
• If CHC is withdrawn it will be done in partnership with social services to ensure continuity of support.
• If someone is no longer eligible for CHC they can request a reassessment at any time if their condition has changed and they think they may be eligible again.

Assessments
• Hospital: If someone is in hospital they will be screened for CHC if appropriate. If this screening has not been pro-actively offered patients/carers can approach ward staff or the hospital social worker and request a check for CHC eligibility.
• Nursing Home: Anyone going into a nursing home will be referred by the Nursing Home Manager for an assessment for nursing care and CHC. This assessment should be carried out within three months of arrival at the home, but this is dependent on the nursing home notifying the CHC team of the patient’s admission as soon as possible.
• In the community: People can ask any health or social care professional (such as a social worker or district nurse) to check their eligibility for CHC.
• A referral for an assessment of CHC eligibility triggers the use of the NHS Continuing Healthcare Checklist: an initial tool used to determine if someone might be eligible for CHC.
• If the checklist indicates someone is not eligible, the process will end there. If it suggests someone might be eligible it triggers a full assessment.
• Full assessment is conducted by a multi-disciplinary team (usually including the CHC team, social services, families/carers and other health professionals).
• The team will make a recommendation either for or against CHC eligibility.
• If someone disagrees with the decision they can appeal – details of the appeals process are provided in the decision letter.
Step 3: 
Assessment of Care & Support Needs

• If medical professionals identify that a patient has care and support needs at the point of admission they should make a referral to the Adult Care Team for an assessment. This referral can only be made with the consent of the patient or their carer.
• The Adult Care Team can only become involved once they have received a notification of assessment from the ward.
• The Team will assess the patient to see what support they will need once they return home, or if returning home is not an option, arrange for transfer to a care home on a temporary or permanent basis.
• The Team will provide the level of care required for a safe hospital discharge, and will liaise with community care teams as appropriate.
• To be assessed as needing support after discharge a patient will need to meet the national eligibility criteria.

Step 4: 
Carer’s Assessment

• If someone is being discharged to their own home staff will ask them about any friends or family who may be able to support them during their recovery.
• By law, a carer should be given opportunity to have a Carer’s Assessment in their own right.
• Carers should be allowed to explain clearly how much, if any, caring they want to take on following the patient’s discharge from hospital.
• People are not under an obligation to take on a caring role, and existing carers should not be expected to increase their caring responsibilities following the patient’s discharge from hospital.
• Hospital staff under pressure to free up beds can sometimes be too eager to nominate someone to be a carer/increase their caring role so that a patient can be discharged, but people should resist this and insist that social workers assess the patient in accordance with the level of caring they want/are able to take on.

Step 5: 
Care Plan

• A care plan should include details of:
  • What NHS and/or social care support will be provided, including when and how often.
  • Details of support provided by a carer (if there is someone willing to take on a caring role) and how the carer will be supported.
  • Who is co-ordinating the care plan and who to contact in an emergency or if services are not meeting needs.
  • How the care package will be monitored and when it will be reviewed.
• If someone is assessed as needing support following discharge from hospital, it will usually be in the form of Community Intermediate Care, Reablement, a placement in a care home or domiciliary care.

Community Intermediate Care Service (CICS)
www.croydonhealthservices.nhs.uk

• Rehabilitation support for up to six weeks; funded by the NHS.
• To be eligible for CICS a patient needs to have support needs in two or more areas: occupational therapy, physiotherapy or nursing.
• Recipients of CICS are not financially assessed, but a patient is only entitled to a total of six weeks free CICS in a 12-month period, after that they will be financially assessed to determine if they have to pay some or all of the costs.
• If a care package is already in place only the extra support needed as a result of the hospital discharge will be funded by CICS.
• CICS is usually delivered in the home, but there are some intermediate care places available in care homes and a nursing home in the borough for up to two weeks.
• It is important people remember to cancel this package of care after six weeks if they no longer require it otherwise it might continue, but on a chargeable basis.

Reablement

• Support to help people regain their confidence and learn how to cope with daily living following a period in hospital.
• Focused on achieving goals and outcomes set by patient.
• Reablement usually lasts from one to six weeks, and support is delivered in the patient’s home or at a reablement centre.

Domiciliary Care

• Croydon has a range of care agencies offering services such as personal care, practical help with household tasks, companionship, or even a live-in care worker to provide continuous support. Some care agencies offer a specific home from hospital service.
• Croydon Council (020 8726 6500, www.croydon.gov.uk) produces a list of approved home care providers who have demonstrated that they meet Croydon’s quality standards.
• For more details see our Taking a Break factsheet.

Community Services
Home from Hospital & Reablement Service
020 8401 3590
www.ageuk.org.uk/croydon

• Short term (up to eight weeks) care and support in the home for people aged 50+ who have been discharged from CUH. Support for people aged under 50 will be considered on a case by case basis.

It is vitally important that patients and staff do not “volunteer” carers for caring responsibilities without checking with them that they are willing to take them on. Carers should never be pressured to take on a caring role they are not happy with.
• Home from Hospital Service can help with tasks such as essential shopping, collecting prescriptions or GP letters, assistance in preparing light meals/snacks, help with form filling, paying bills and letter writing. Also offers a ‘check and chat’ service.

• Reablement Service helps people to build the skills and confidence to live independently. Support is available with improving mobility, shopping, using public transport, meal preparation and pursuing hobbies or community activities.

Staying Put’s Enhanced Reablement Service
020 8760 5505 or 020 8407 1337
Hsg-stayingput@croydon.gov.uk

• Practical assistance with household tasks and repairs for people who:
  • Have recently been discharged from hospital.
  • Want to carry on living at home but are finding it difficult to manage.
  • Examples of tasks the service can help with include: decluttering, moving furniture, blitz cleans, gardening and minor repairs.
  • Free of charge to people on income-related benefits, but people with savings over a certain level may be asked to contribute to, or repay the costs after the work is complete.

**Step 6: Deliver & Monitor Care Plan**

• All care packages should be reviewed by a Care Manager in the community within six weeks (or at three and six weeks for Reablement).

• If the patient feels the care package is not meeting their needs, or that they will need support beyond the six week period, they should contact Croydon Adult Social Services on 020 8726 6500 and request a review.

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**Discharge Day**

• Patients ready for discharge will be asked to wait in the Discharge Lounge.

• Medication the patient needs to take home with them can be delivered to the lounge.

• A nurse and healthcare assistant staff the lounge during opening hours, 8am – 8pm.

• Patients should be given a copy of their discharge letter and up to four weeks supply of medication. A nurse should explain how, when and why to take the medication.

• CUH should also send a discharge letter to the patient’s GP, and issue a medical certificate for the patient’s employer if appropriate.

• Patients will be expected to make their own transport arrangements unless their medical condition makes it impossible for them to get home by any other means, in which case hospital transport will be arranged. Carers cannot accompany patients on hospital transport.

**Friends and Family Test**

www.croydonhealthservices.nhs.uk/patients-visitors/friends-and-family-test.htm

• Patients should be asked on the day they are discharged from CUH, or within two days of being discharged, ‘How likely are you to recommend our ward/A&E department to friends and family if they needed similar care or treatment?’

• Patients can choose from six options ranging from ‘extremely likely’ to ‘extremely unlikely’.

• This test is designed to highlight good and bad patient experience so that CUH can improve services where possible.

**Age UK**

0800 169 6565
www.ageuk.org.uk

• Produces a range of information guides and factsheets, including:
  • Going into hospital: Your rights when going into hospital and when you’re discharged.
  • Hospital discharge arrangements.
  • NHS continuing healthcare and NHS-funded nursing care.

• Call the advice line to request a free copy of any Age UK publications.

**Carers UK**

0808 808 7777
www.carersuk.org

• Publishes Coming out of hospital, available to download or a free copy can be requested from the advice line.

**Department of Health**

www.gov.uk

• Publishes NHS continuing healthcare and NHS-funded nursing care: Public Information Leaflet.
Croydon residents who need in-patient treatment for mental health problems will usually be admitted to Bethlem Royal Hospital, part of South London and Maudsley NHS Foundation Trust (SLaM).

When someone is sectioned, important legal rights are given to their ‘nearest relative’. The Mental Health Act (MHA) dictates who is appointed as ‘nearest relative’ but in most cases it will be the patient’s carer. In a minority of cases the ‘nearest relative’ will not be the person who the patient regards as their next of kin.

The nearest relative has legal rights which include:
- Requesting that the patient is discharged from hospital.
- Being given information about the patient’s discharge from hospital (unless the patient requests otherwise).

Before discharge from hospital, the patient, nearest relative and carer/s should be involved in creating a discharge and relapse prevention plan detailing what arrangements have been made to support the patient post-discharge.

Guidance on the MHA suggests that patients should not be discharged from hospital until arrangements have been made for their ongoing care in the community. If someone has been detained under a section 3, then MHA section 117 imposes a duty on health and social services to provide aftercare services to patients who have been detained in hospital under certain sections of the Act. These aftercare services are free of charge and recipients are not financially assessed.

Carers are entitled to a Carer’s Assessment (CA) to explore whether they wish to continue/start being a carer, and if they do, what services are available to support them. Carers can request a CA from the patient’s care coordinator.

Some patients who have been sectioned might be discharged under a community treatment order (CTO). A CTO means the patient will receive supervised treatment in the community and can be recalled to hospital if necessary.

For more information on Bethlem Royal Hospital, its services and discharge procedures, contact SLaM’s Patient Advice and Liaison Service on 0800 731 2864, or call the SLaM 24-hour information line on the same number.

Mind in Croydon
020 8668 2210
www.mindincroydon.org.uk
- Range of services for people with mental health problems.
- Infoline (020 8668 2210) and an online directory of local mental health services (www.directory.mindincroydon.org.uk).
- Advocates are available to support people with mental health problems and their carers with issues such as hospital admission and discharge.

Mind
0300 123 3393
(9am – 6pm, Monday to Friday)
www.mind.org.uk
- Advice and support for people experiencing mental health problems and their carers.

Rethink
0300 5000 927
(10am – 2pm, Monday to Friday)
www.rethink.org
- Advice and support for people experiencing mental health problems and their carers.

HOW TO
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Hospital Services & Discharge

Every effort has been made to ensure the contents of this factsheet are correct, but the Carers’ Information Service cannot accept responsibility for information that is inaccurate or for the quality of the services listed. All the How To Guide for Carers in Croydon factsheets are available at www.carersinfo.org.uk where they will be regularly updated.