Ready for discharge?
What happens next?
A guide for patients, families and carers
**What is discharge planning?**

Discharge planning is a process that helps to identify the services and support you may need when you leave hospital. Planning will start when, or soon after, you are admitted to hospital.

The planning process will help to make sure that the right support is available in the community to help you when you leave hospital.

**How are my needs assessed?**

A multi-disciplinary team of health and social care staff will assess your needs before developing a discharge plan for you. As part of the assessment process you may be moved to another NHS facility, or even your own home or a care home, for further assessment or rehabilitation. This will make sure that you are given the best opportunity to recover and return permanently to your own home, with support if needed.

The multi-disciplinary team may be made up of a range of different professionals, including the following.

- A hospital doctor
- Nurses
- A discharge co-ordinator
- A hospital pharmacist
- A Dietitian
- An occupational therapist
- A physiotherapist
- Social care staff
- A community care worker
Why can’t I stay in hospital?

You were admitted to hospital for specific medical care and treatment. These treatments are now ended and your doctor has assessed that you are fit to leave hospital. Staying in hospital any longer is not in your best interests and could be damaging to your health and independence.

Your right to appeal

If you do not think you are ready to leave hospital you have the right to appeal against this decision. You can also ask a representative, relative or carer to appeal on your behalf. It is important to understand that you are appealing against your doctor’s clinical decision to discharge you, not the outcome of your assessment.

If you want to appeal, you have 10 working days from the date you received your doctor’s decision to discharge you to write a letter of appeal to your doctor. If you need help writing the letter, please ask a nurse, your carer, a relative or the Patient Advice and Support Service (PASS) for help.

NHS complaints procedure

If you are not happy with the outcome of your appeal, you can make a complaint through the formal NHS complaints procedure. However, you should be aware that you cannot use this procedure for appeals against clinical decisions.
The complaints procedure will consider the process used to reach the decision to discharge you, and may find that the process was flawed and should re-run.

If you want to make a complaint under the NHS complaints procedure, you must do this within six months of receiving the decision, or within six months of realising you have a reason to complain (but no longer than 12 months after the event).

**Advocacy and support services**

If you find it difficult to express your views or feel that your voice is not being heard, you might need an independent advocate. An independent advocate can support you to express your choice about health treatment and your future care needs. You can find out about independent advocates in your area from social care staff, or by contacting the Scottish Independent Advocacy Alliance (see useful contacts).

The Patient Advice and Support Service (PASS) (provided by Citizens Advice) gives free independent advice on patients’ rights and responsibilities. It also advises and supports people who want to comment or complain about treatment and care provided by the NHS in Scotland.
Who pays for my care?

NHS services are provided free of charge. This includes NHS services provided by GP practices, local pharmacies, hospitals or clinics and the emergency services. Your local authority may charge you for providing some services. When you have an assessment of your care needs, you will be given details of any charges that may apply to services you are assessed as needing.

Financial assessments

The social work service will work out how much you can afford to contribute towards the costs of the care home by assessing your income, including pensions and state benefits and any savings, investments or property you have. If you disagree with the amount you are asked to pay, you can ask for a review.

If you prefer not to have a financial assessment you can refuse, but you will have to pay the full cost of any care services that are arranged for you. No matter who your care provider is, you should be told what their service will include and how much it will cost before the service begins.

Under the Self-directed Support (Scotland) Act 2013, local authorities must make sure that you are given different options for how your support is provided. You can choose to have lots of control over your care and support or you can leave most of the decisions and work to the local authority, or you can have a mix of these options. You will receive more information about this
during your assessment, along with support to help you decide which option best suits you.

**Free personal and nursing care**

Free **personal care** is available for everyone aged 65 and over in Scotland who is assessed by the local authority as needing it. Free **nursing care** is available for people of any age who are assessed as needing nursing care services. If you are assessed as needing personal and nursing care, you will receive this regardless of your income or savings and investments. However, if you need care in a care home, you will need to contribute towards any other costs involved besides the costs the care home charges for personal and nursing care (for example, accommodation costs).
Useful contacts

Scottish Independent Advocacy Alliance
Helps people express their needs and make their own decisions

www.siaa.org.uk

0131 260 5380

Patient Advice and Support Service

www.patientadvicescotland.org.uk

Your local phone book will have contact details for your local citizens advice bureau.

Care Information Scotland (CIS)
CIS is a telephone and website service providing information about care services for older people living in Scotland.

www.careinfoscotland.scot

0800 011 3200