

PATIENT INFORMATION

Planning Together and Leaving a Community Hospital

Returning Home or Moving to Another Place of Care



This leaflet contains the information you might need when you leave us. Please ask about anything you do not understand or if we have not included anything important to you.

What might I expect?

Early conversations – we will discuss and plan with you, what will be required for you to leave hospital. We will involve your carers, family and/or friends in conversations if you would like them to be included. If you have been receiving care services before coming into hospital, speak to the ward staff as soon as possible.

‘Expected date you will leave hospital’ – you will be given an ‘expected date of discharge’ (expected date you will leave hospital) which will be reviewed during your stay.

In most cases, you will return home. You might need some additional care, such as help with washing and dressing.

If you live in a care home you will most likely return when safe to do so.

If you require more complex care and support this could be in another community setting.

What matters most to you

The team caring for you will ask **‘what matters most to you?’**. Your specific needs for any ongoing support and care will be assessed and discussed with you, your family and carers, and the right support will be put together.

Why am I leaving hospital?

Our top priority is to help and support you to leave hospital when the time is right. **You will only leave when it is safe to do so.**

Why can’t I stay in hospital?

Staying in hospital when your treatment and care has finished may reduce your independence. Muscles lose strength when they are not used. You may miss your friends and family and your pets.

Leaving hospital when you are ready is not only best for you but will free-up a bed for someone else.

Our top priority is to ensure you are in the **right place at the right time** for the best care possible.

On the day you leave hospital

You will be provided a care plan summary that will also be sent to your GP. If required, we will arrange medications for you to take away. Where possible we will support you to get **home for lunch**.

Transport home

Where possible, we ask that you make your own arrangements with family, friends, carers or use a local taxi firm. Hospital transport is reserved for patients with a clinical need.

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 9am to 5pm on 01803 655304 or email sdhct.medicinesinformation@nhs.net

Follow up

If you require a follow-up, outpatient appointment or investigation, we will arrange these and send you a letter with the details.

Managing Expectations

The team who support you in hospital will talk to you about your **current health and social care needs**. They will then talk to you about the most suitable care and accommodation to support you at this time.

The discharge teams will then source provision that can meet your needs. **Whilst we will note any location preferences, care and placements will be offered in terms of availability and ability to meet your individual needs.**

We understand that you may feel apprehensive, especially if you are going to be supported somewhere that is not your own home. The team looking after you will answer any questions you may have. **Our priority is to ensure that you receive the support that you need at the right time, in the right place.**

Technology Enabled Care Services (TECS)

Telecare may help you live more independently in your own home for longer. It gives you and your family or carer extra peace of mind, knowing that someone is available for you 24 hours a day, 7 days a week, 365 days of the year.

There are products to suit all needs and situations.



Torbay Council residents
www.nrstelecare.co.uk
0300 100 0255



Devon County Council Residents
www.independentlivingcentre.org.uk
01392 380181

Community Volunteers - Hospital Discharge Support

Supporting patients and families when leaving hospital including:

Practical Support

- Transport to appointments
- Help with shopping
- Prescription collection
- Home help services

Loneliness & Isolation

- Befriending
- Lunch clubs
- Social groups
- Trips with friends

Specialist Support

- Family/friend/carer support
- Benefits & income advice
- Dementia support
- End of Life support

Family / friend support

Contact : The Advice Point on 07795 121916

tsdft.torbayhospsfamilysupport@nhs.net

Patient support

Ask ward staff to contact the Hospital Discharge Support Team.

Carers Support



Devon Carers
www.devoncarers.org.uk
03456 434 435
info@devoncarers.org.uk



Torbay Carers Service
www.torbayandsouthdevon.nhs.uk/services/carers-service/
01803 666620

Returning Home

The team caring for you will discuss transport and other arrangements with you (and your carers, family and/or friends if you wish).

Returning Home with Care

Supporting you to **recover, rehabilitate or receive end of life care in your own home.**

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

Package of care

If you are ready to return home but need some additional support, you may go home with a **package of care** commissioned with a local care provider.

Once you arrive home, the care provider will work with you to discuss your individual health and social care needs.

Once you have left hospital, you will receive a follow up phone call to see how you are settling in at home and to talk you through the assessment process. The team will also support you if you have any questions or concerns.

Community Health Services

You may be followed up by a range of different health and social care professionals depending on your presenting needs.

Short Term Services are made up by 4 teams supporting adults living in Torbay and South Devon:

- Social Care Reablement - Devon
- Reablement - Torbay
- Rapid Response - Southern
- Rapid Response - Torbay

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

- It is a free **time limited** service
- You will receive intensive support from a range of health and social care staff.
- Promoting independence
- Personalised care to meet your needs.
- Care staff will support you to practise doing things on your own and make suggestions about techniques and equipment to support this.

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 Community Setting

If you are not able to return home following your stay at Hospital, you will be referred for **care in a community 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.

If you are transferring to a care home, you will receive a follow up from the community team to see how you are settling in and to talk you through the assessment process.

Our teams will support your **recovery, rehabilitation, assessment, care planning or short-term intensive support**.

Ask ward staff supporting you about which personal items or belongings you will need to take with you. **The team will also support you if you have any questions or concerns.**

Assessments & Financial Matters



Anyone who is leaving our hospitals with support services will have their care provision funded by interim health funding for a **period of up to four 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.**

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 or from Day 29 following discharge**; whichever arrives soonest. 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 to ongoing care and support.

Who can I contact?

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

- The hospital you have received treatment on.
- Torbay Adult Social Services
 01803 219700
- South Devon Care Direct Plus
 0345 1551007
- Your GP

Get the care you need No matter what the problem



**Just Think
111 First**

For urgent, non-life-threatening
medical care, contact NHS
online at **111.nhs.uk**
or **111** by phone.

Click or
call first

help us
help you

Your discharge plan

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 TorbayAndSouthDevonFT

 @TorbaySDevonNHS

www.torbayandsouthdevon.nhs.uk/

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.

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