The Rotherham NHS Foundation Trust

Planning for leaving hospital

Information for patients & visitors

Hospital Discharge Information

patient**information**

Your health, your life, your choice, our passion

NHS

Bring your medicines when you come into hospital

Prescription medicines

Medicines you have bought

Alternative & herbal medicines

Inhalers

Hearing about your experience of our services is very important as it means we can pass compliments on to our staff and make improvements where necessary. Tell us what you think by emailing us at: yourexperience@rothgen.nhs.uk

Slovak **Slovensky**

Ak vy alebo niekto koho poznáte potrebuje pomoc pri pochopení alebo čítaní tohto dokumentu, prosím kontaktujte nás na vyššie uvedenom čísle alebo nám pošlite e-mail.

Kurdish Sorani **کوردی سۆرانی**

ئەگەر تۆ یان کەسێک کە تۆ دەیناسی پێویستی بەیارمەتی هەبێت بۆ ئەوەی لەم بەڵگەنامە یە تێبگات یان بیخوێنێتەوە، تکایە پەیوەندیمان پێوە بکە لەسەر ئەو ژمارەیەی سەرەوەدا یان بەو ئیمەیڵە.

Arabic **عربي**

إذا كنت انت أواي شخص تعرفه بحاجة إلى مساعدة لفهم أوقراءة هذه الوثيقة، الرجاء الاتصال على الرقم اعلاه، أو مراسلتنا عبر البريد الإلكتروني

Urdu **اُردو**

اگر آپ یا آپ کے جاننے والے کسی شخص کو اس دستاویز کو سمجھنے یا پڑھنے کیلئے مدد کی ضرورت ھے تو برائے مہربانی مندرجہ بالا نمبر پرھم سے رابطہ کریں یا ھمیں ای میل کریں۔

Farsi **فارسی**

اگر جناب عالی یا شخص دیگری که شما اورا می شناسید برای خواندن یا فهمیدن این مدارک نیاز به کمک دارد لطفا با ما بوسیله شماره بالا یا ایمیل تماس حاصل فرمایید.

If you require this document in another language, large print, braille, audio or easyread format, please ask our healthcare providers*

***Note to healthcare providers:**
Translated / easyread healthcare information can be sourced via the **Easyread Websites** listed at the back of this leaflet or via contacting our translation company **Big Word.**
Big Word can be accessed through the search option on InSite.

The planned discharge date for when you may leave hospital is

This is an estimate and will be continually reviewed by the team looking after you as your circumstances change.

This leaflet tells you about our process for leaving our hospital. It is not a complete guide, so if you need any further information please do not hesitate to ask.

Most patients who leave hospital are able to return home with little or no support. Others may need support for a short time or until they get back to normal. Some patients however, do require help and support on a longer term basis.

When you arrive at our hospital we will already be making plans for your discharge, this would include completing an overview of your ongoing care needs (Continuing Healthcare Checklist).

We do this because:

- Most people get better quicker at home.
- Leaving the hospital once your treatment is completed reduces the risk of you getting an infection in hospital, and it is safer for you to leave or transfer to another care setting as soon as your hospital treatment is finished.
- There are always people waiting for operations or emergency treatment who will need care only the hospital can provide.

Things we need to know

If you are cared for and have any packages of care at home, or under the care of a District Nurse, Community Matron or supported by Carers at home.

It would be helpful if you could bring any specific home care plans you may have to us as soon as possible, for example if you have a Long Term Condition Red Folder, a 'This is Me' Document, Health Action Plan or any Advanced Directives.

It is important that we work together to plan for you leaving hospital once your treatment is completed.

Discharge standards – What you can expect from us

You will be in hospital as long as you need the care and treatment that it provides. Your Doctor and Ward Team will give you a planned date when you could leave hospital, normally within 24 hours of you being admitted. This is referred to as your Planned Date of Discharge (PDD). This is an estimate and will be continually reviewed by the team looking after you, as circumstances can change.

Please note: This date may change depending on your test results and how you respond to treatment. A confirmed date of discharge will be given as soon as possible.

If you are not given a PDD or information on when you could leave, then please ask a member of staff to inform you.

This information will be recorded to ensure your discharge is appropriately planned, communicated to you and documented:

- Against your name on the wards whiteboard.
- In your hospital / nursing notes.

We will ensure that arrangements for leaving hospital are planned with you and, if appropriate, with your relatives or carer to ensure you have a safe discharge.

If required, we will involve a Physiotherapist, Occupational Therapist, Social Worker or any other appropriate professional agency in planning your discharge from hospital.

You will not be expected to leave hospital or be transferred to other care until you are medically fit to do so.

How you can help us

- By sharing any concerns you have as early as possible when you come into hospital in preparation for you leaving.
- By letting staff know straight away if there are any sudden or unexpected changes in your home circumstances or plans for leaving hospital.
- By giving us the information we need to arrange the correct level of support for you.
- By supporting the plan of care that was agreed with you and the Multi-disciplinary Team at the time of your assessment.
- By completing any forms we need you to fill in as part of your assessment process and returning them promptly. If you struggle to complete these forms please ask for assistance.
- By understanding that it is your responsibility to work with Social Services to find a suitable place to move to, if a move back to your home or to the care home of your choice is not possible.
- Advising us if you need any assistance with your medication, for example if your medication is already supplied from your Pharmacy in a designated container which includes all of your medications for the day.

If it is not possible to go back to your own home and you have chosen a care home, it may not be possible for you to access this home straight away. In this situation, to ensure you are not kept in hospital longer than is needed, a temporary placement will be organised for you.

What will happen when I am admitted to hospital?

We will start collecting information as soon as you are admitted to hospital. If you have been given a planned date to come into hospital this may have already started.

What sort of questions am I likely to be asked?

- What type of house do you live in?
- Who do you live with and do you have any long-term illness or condition?
- Did you manage to look after yourself at home before you came into hospital or have you been receiving any help from:
  - Your family or friends
  - Social Services (Social Workers, Social Care Managers, Home Carers, Day or Respite Care etc)
  - Voluntary Services
  - Private paid help
  - Dietician
  - District Nurse
  - Any other person or service

We collect this information to determine which members of the Multi-disciplinary Team will need to be involved in your care and the level of assessment needed to plan for you leaving hospital.

The Multi-disciplinary Team

This is a team of professionals who may be involved in your care and treatment whilst you are in hospital. They may also play a part in providing care and treatment after you leave hospital.

The team is made up of:

- Doctors
- Nurses
- Physiotherapists
- Occupational Therapists
- Dieticians
- Speech Therapists
- Social Workers / Social Care Managers
- Specialist Nurses
- Pharmacist

Home Assessment

We may need to assess your safety and how you manage with your independence in your own home. This can be done whilst you are still a patient with us or when you have been discharged home. Members of your family or community healthcare staff may also be asked to be present for the visit.

Help from services in the community

Professionals from the community may carry out assessments and help in identifying and arranging services for you before you leave hospital. Social Workers are available if you need them. If the hospital ward team feel an assessment would be helpful, they will discuss this with you.

Please note there may be a charge for homecare, day care or accommodation in a care home. The Social Worker will discussed this with you.

Care planning / Family meeting

If your needs are complex, a care planning meeting may be appropriate. This is where the Multi-disciplinary Team arrange to meet with you and your family or carer to agree what care you will need.

Where will I be discharged to?

Most people who come into hospital return to their own home. Some people who return home may need extra support from Social Services, a Community Nursing Team or a Therapy Team. We will talk about this with you when you are in hospital.

Some people may need rehabilitation to help them get better. Rehabilitation is an activity which helps you to recover and keep as much of your independence as possible. We will talk to you about the best place for you to do your rehabilitation if you need this.

There are 50 beds (Intermediate Care Facilities) in total across the District which provide short term specialist care to people who are medically fit to be discharged from hospital but need extra support, care and rehabilitation before they can go home (or to the place where they normally live).

You will be assessed to see whether you are eligible for these services as part of your ongoing care. An assessment will be undertaken

These Intermediate Care beds are based in Davis Court (Dinnington), Lord Hardy Court (Rawmarsh), Netherfield Court (Rotherham). Please ask for a leaflet on these facilities and their service provisions if you require further information.

For some people planning to leave the hospital takes a bit longer. If this happens to you, don't worry.

Normally you will be transferred to another care setting. This could include transfer to a 'Discharge to Assess Bed' at Waterside Grange or the Community Unit. This will only be short term until your care arrangements at home are in place. A Social Worker will help and support you when you move.

Sometimes people are not able to return to their own home because they need special care, medicines or equipment. If this happens to you we will put together a special care plan for you. We will also let you know about your rights for an assessment for NHS Continuing Healthcare. The NHS has a responsibility to arrange and fund services to meet the needs of people who require continuing healthcare in a variety of settings.

There is also a possibility that you may be referred to a step down bed facilities such as the Community Unit or Breathing Space, for patients with some Respiratory Conditions.

Your Social Worker will help and support you if you need to move into a care home. They will give you information about care homes to help you make your decision and they can help you settle into your new home. Social Workers will also talk to you about any financial costs that may be involved and will offer you good advice.

Will I have to pay for services?

Your Social Worker will talk to you about this when your Social Care Assessment takes place. If you are not sure about the costs please speak to your Social Worker. Some people have a right to welfare benefits and your Social Worker will look into this for you.

What happens on the day of discharge?

On the day of your discharge you may be transferred to our Discharge Lounge until your medication or transport is available. We expect you to arrange your own transport home and ask that this be made as early in the day as possible. If you have any problems getting home please tell us as soon as possible so we can help you to make different plans.

What about my medication to take home?

We will give you a supply of medication before you leave hospital. The Nurse will talk to you and your relatives or carer about how you take your medicines once you get home. If you have any questions or worries about this, please speak to a Nurse.

Once you are back at home you, your relative or carer will need to make sure that you get your medicines from your GP surgery before your supply runs out. If you have any health problems at home you will need to make arrangements to see your GP.

Follow up treatment and appointment

Before you leave hospital you will be given information about any follow-up treatment that you may need and this could include:

- An out-patient appointment
- Information about medication you are to continue to take
- Information about follow-up care by the District Nurse
- A summary of your stay in hospital will be forwarded to your GP
- Names and telephone numbers of who to contact should you require help or advice after you leave hospital

GP follow-up

After leaving hospital you will not automatically receive a follow-up visit from your GP. A visit will only take place if you have a medical need. Please contact your GP in the usual way if you have any health problems at home.

How to contact us

Discharge Lounge
Telephone 01709 424317
Telephone 01709 427495

Switchboard
Telephone 01709 820000

Useful contact numbers

If it's not an emergency, please consider using a Pharmacy or call NHS 111 before going to A&E.

NHS 111 Service
Telephone 111
Health Info
Telephone 01709 427190
Stop Smoking Service
Telephone 01709 422444
A&E
Telephone 01709 424455

For GP out of hours, contact your surgery

Useful websites

www.therotherhamft.nhs.uk
www.nhs.uk
www.gov.uk
www.patient.co.uk

Easyread websites

www.easyhealth.org.uk
www.friendlyresources.org.uk
www.easy-read-online.co.uk

We value your comments

If you have any comments or concerns about the services we have provided please let us know, or alternatively you can contact the Patient Experience Team.

Patient Experience Team
The Oldfield Centre
The Rotherham NHS Foundation Trust
Rotherham Hospital
Moorgate Road
Rotherham
S60 2UD

Telephone: 01709 424461
Monday to Friday
9.00am until 4.00pm
Email: yourexperience@rothgen.nhs.uk

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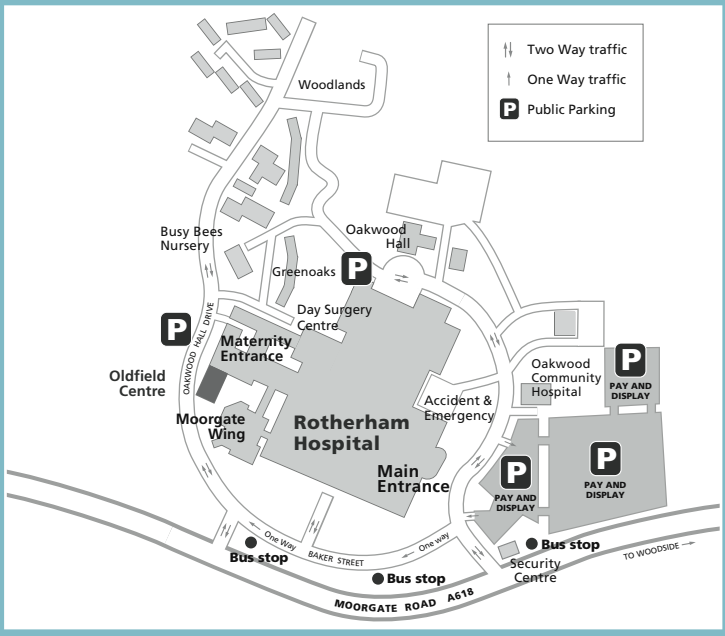
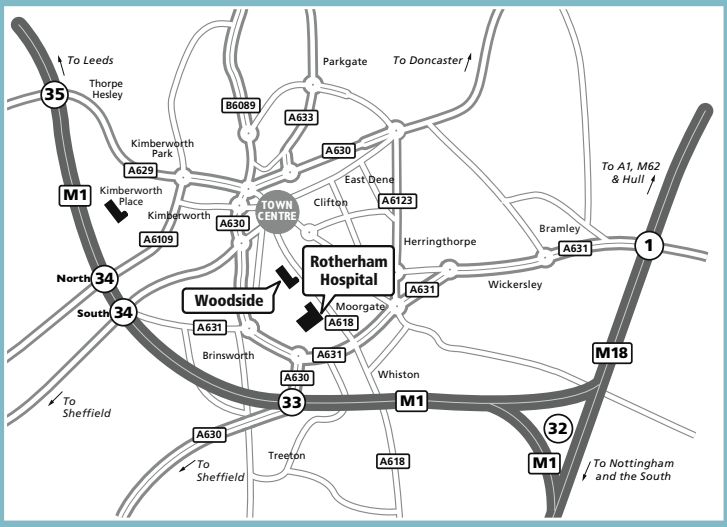
How to find us

Hospital *site plan*



Rotherham *main routes*



Sustainable Forests / Low chlorine

LS 792 01/15 V1 Jones & Brooks

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NHS Foundation Trust

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