

Deciding if you are ready to be discharged from hospital

In July 2022 'discharge to assess', or 'home first' rules were introduced about what should happen when you are discharged from hospital if you have, or may have, care and support needs once you get home. Hospitals and local authorities must follow these rules and recognise people have different needs when they are no longer in hospital. These rules recognise that staying longer than necessary in hospital is not good for recovery or wellbeing.

The rules say multi-disciplinary hospital discharge teams of professionals from all relevant services (for example, health, social care, housing, and charities), should work together so, other than in exceptional circumstances, no one should transfer permanently to a care home for the first time following a hospital admission. Wherever possible, everyone should have the opportunity to recover and rehabilitate at home before their long-term health and care needs and options are assessed and agreed.

The general rule is that your long-term care and support needs should be fully assessed once you are back at home and whenever possible, short-term intermediate care (sometimes called settle in care or reablement) should be arranged so hospital discharge is not dependant on an assessment of your long-term care and support needs being done before they discharge you home.

The hospital and local authority should work together to start planning your discharge as soon as possible during your hospital stay. They must involve you and/or your carer/advocate in discharge planning if it seems likely you will need care and support when you leave hospital.

Overall responsibility for assessing, determining, and meeting long-term care and support needs still belongs to the local authority but all relevant teams have a duty to work together to ensure you can leave hospital as soon as you are ready. Hospital staff are responsible for starting the discharge planning process for each new inpatient.

Your local authority must provide an independent advocate to support you if there is no family carer or other 'appropriate person' available. In



addition, even if you have an 'appropriate person' to support you, an independent advocate must be appointed when there is a disagreement between you and the local authority, for example you disagree you should be discharged to a care home (if you wish to have the support of an advocate).

Discharge to assess processes will usually identify four different categories of patients. Those who:

- Need minimal help on discharge.
- Would benefit from short-term support to recover further at home before assessing their long-term care and support needs.
- Would benefit from short-term support to recover in a residential setting before assessing their long-term care and support needs.
- Are unlikely to benefit from short-term support and are likely to need ongoing nursing care, most likely in a nursing home.

This is what should happen when you are in hospital. Hospital staff should:

- Tell you about their discharge process in a way you can understand including by giving you information in an accessible format.
- Start planning your discharge, with you and/or your carer or family, as soon as you have a diagnosis and treatment plan. They should tell you the criteria doctors will use to decide when you are clinically ready to go home.
- Regularly review your discharge plans with a multi-disciplinary team including the local authority and keep you/your carer/your family involved with this.
- Make sure you have medication and equipment you need to go home.
- Appoint a case manager to arrange where you will be discharged to, with immediate settle-in support if needed, if you have long term care and support needs.
- If you need more support to recover from your hospital stay, arrange a short-term recovery plan, and keep this under review.
- Give your carer/partner/family information about their right to a carer's assessment if they are providing you with care and support when you get home.

- Give you your discharge team's contact details when you leave hospital.

In exceptional circumstances your long-term care and support requirements will need to be identified at the time of discharge and this should ideally happen after a period of recovery.

You have no right to stay in hospital once your discharge planning, including any short-term support at home is complete.

Clinical decision you are ready to leave hospital

The clinical decision will be made by doctors and other medical professionals, who will consider factors like:

- Do you need treatment that can only be provided in hospital, or could you be treated at home by primary or community healthcare?
- Have you recovered enough from the episode that caused you to be admitted to hospital?
- Is your health likely to deteriorate significantly if you are discharged from hospital?

Multi-disciplinary decision you are ready to leave hospital

A multi-disciplinary team is a group of health and social care workers who are involved in your care – for example, social workers, health specialists, physiotherapists, and speech and language therapists.

The input from a multi-disciplinary team will often be 'light touch' and in rare cases will not be needed at all.

The multi-disciplinary team should consider things like:

- Will you benefit from further hospital treatment, and what are the risks of you staying in hospital?

- Can you be supported in an alternative setting, including at home?
- Have you (and any carers) been involved in the decision to discharge?

How to complain about hospital discharge

If you/your advocate/carer/family are dissatisfied with the way your discharge was handled, you can use the hospital complaints process. All hospital staff should be able to give you a copy of the complaints procedure. If in doubt, ask your hospital doctor, ward manager or the PALS team for it.

If you are not satisfied with the outcome of your complaint to the hospital, the [Parliamentary and Health Ombudsman](#) (PHSO) might be able to deal with it, but only after the NHS hospital complaints process is completed. Referrals to the PHSO must usually be submitted within 12 months of the issue you are complaining about.

In exceptional circumstances – if a complaint involves a point of law – judicial review can be considered. Judicial review is the process by which judges examine the decisions of public bodies and consider whether the law has been correctly followed. You only have 3 months to start a judicial review so you should get legal advice as soon as possible if you think your complaint involves a point of law.

If you have a complaint about intermediate care or reablement [you could use our template letter](#).