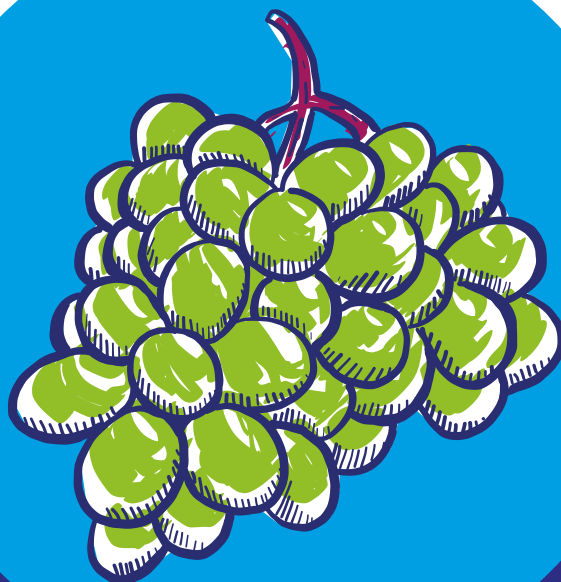


Your hospital stay

What to expect when you
go into hospital



Information written with you in mind.

Our guides are produced with the help of older people, carers and expert peer reviewers.

Published: **May 2025**



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The Readers' Panel is a group of volunteers who provide vital feedback on our guides and other resources.

Their feedback helps us ensure that our information is as useful as possible for older people and their carers, family and friends.

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What this guide is **about**

Most of us have to go into hospital at some point. This guide is here to help you during what can be an unsettling time.

It provides information about:

- going into hospital
- your rights in hospital
- the discharge process
- care after you leave hospital.



All of the information in this guide applies in England. This symbol indicates where it differs for Wales and Northern Ireland. If you're in Scotland, contact Age Scotland for advice.

Your friends or family might find this guide useful too. It can be very worrying when a loved one is in hospital – but being more informed about what’s happening is often reassuring.

Where the guide refers to ‘social services’, this includes health and social care trusts in Northern Ireland. To find out more about different healthcare systems across the country, contact NHS 111 Wales in Wales or NI Direct in Northern Ireland (page 41).

**“The NHS is fantastic,
but things are definitely
complicated sometimes.”**

John, 78



Next steps

It’s a good idea to find out the number for your local council. They’ll be able to provide a lot of the support and information mentioned in this guide.

My local council phone number is:

Going into hospital

If you know you're going into hospital, it's a good idea to plan ahead as best you can.

Depending on circumstances, you might go into hospital as:

- **an outpatient** – you visit hospital for an appointment about your condition, but you don't stay overnight
- **a day patient** – you get a hospital bed for tests, medical treatment or surgery but you don't stay overnight
- **an inpatient** – you stay in hospital for a night or more for tests, medical treatment or surgery.

Planned admissions

Hospital appointments are arranged by GP referral when you need further tests or more specialised care.

Once they've referred you, your GP can explain how to book your first hospital appointment. They should also check whether you need any accessibility adjustments – for example, large print hospital letters.

If appropriate, you might book and manage your appointment online through the secure NHS e-Referral service.



Good to know

Depending on your condition, you might be offered a video consultation rather than an in-person appointment – this can save you travel time and reduce the spread of infection. But you can have an appointment in person if you'd rather.

You can choose the hospital you'd prefer to go to and which consultant team you'd like to treat you. Thinking about the following questions can help you decide which hospital to choose:

- Do you know someone who's been treated there? What did they think? How quickly can you be seen there?
- How easy is it to get there? Is there adequate car parking?
- Are the location and visiting times convenient for your friends or family?



In England, you should be able to start non-urgent consultant-led treatment within 18 weeks from the date you were referred by your GP. This is 26 weeks in Wales.

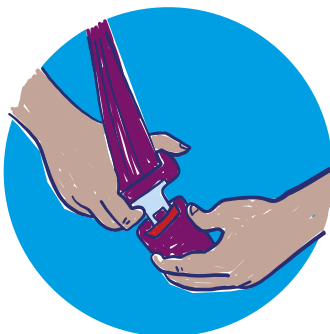
Sometimes, waiting lists can become backlogged – if you can't be seen within the maximum waiting time, your hospital must do what it can to offer alternatives. You should expect shorter waiting times if you've been referred for cancer investigations or treatment.



Next steps

Visit the Care Quality Commission website (page 39) to compare hospitals across England. You can check waiting times through the My Planned Care service at **www.myplannedcare.nhs.uk**. The website also offers advice on what you can do while you wait for your appointment.

In Wales, contact the Healthcare Inspectorate Wales (page 40) or NHS 111 Wales (page 41).



Getting to your appointment

If it's your first hospital visit, or if you're not going to the hospital you usually go to, plan how you'll get there. Hospital parking is often limited and costly, so taking public transport or getting a lift from someone you know might be best if you can.

If you need any advice about getting to your appointment, ask your GP or the hospital.

There are a number of reasons you might be eligible for help with transport:

- Do you have a medical condition or disability that makes it difficult to use public transport or get in and out of a car? If so, speak to your GP or other healthcare professional – you might be eligible for free non-emergency NHS transport.
- If you receive certain benefits, such as the Guarantee Credit part of Pension Credit, your travel costs (including parking charges) can be refunded. There's more information about this on the NHS website (page 41). You can ask the hospital outpatient department too.
- Are you on a low income but not receiving any qualifying benefits? If so, you may be eligible for help through the NHS Low Income Scheme. Contact NHS Help with Health Costs (page 41).

- Is there a voluntary car scheme in your area? A volunteer may be able to take you to hospital appointments for a reasonable charge. Ask your local Age UK if they know of any schemes in your area. In Wales, contact Age Cymru Advice.
- Make enquiries with charities related to your condition to see if they can help you with travel costs. For example, Macmillan Cancer Support (page 41) may be able to help with travel costs for frequent cancer treatment.
- Check with your hospital whether there are any special parking rates or concessions for people receiving frequent treatment. Parking at NHS hospitals in Wales should be free.



“It was difficult getting my dad to appointments, but our local Age UK helped us organise a taxi service for him. It’s much easier now.”

Sally, 60



Next steps

For more information, see our factsheet **Help with health costs**. Age Cymru has its own version of this factsheet.

Things to bring with you

If you know you're going to be in hospital for some time, it's worth making a list of what to take. If you're admitted in an emergency, this list might be handy for your family and friends to refer to.

The things below are a good start:

- your admission letter
- the name and contact details of the doctor who referred you
- any medicines you take, in their original boxes if possible (if you have a card with details of your treatment, take this too)
- a change of clothes and underwear
- nightwear and slippers
- toiletries such as soap, a toothbrush and a shaving kit
- some money
- a mobile phone and charger
- a notebook and pen to write down any questions
- your glasses, and any walking or hearing aids
- things to pass the time, such as books, magazines or puzzles.



Good to know

It's best not to take valuables such as jewellery into hospital as there isn't always a safe place to store things.

Practical considerations

As well as packing for your stay, there are some practical things to think about before going into hospital.

- Check the date and time of your appointment, how you'll get to the hospital, and where to go once you're there.
- Make sure you follow any specific instructions you've been given, such as drinking plenty of water, taking medication, or not eating or drinking for a certain period of time.
- Check your insurance to see what's covered if your home is unoccupied. Let your insurance provider know if you might be in hospital for a while.
- If you get on well with your neighbours, tell them you're going into hospital so they can keep an eye on your home.
- If you have pets, the Cinnamon Trust (page 39) offers a fostering service while owners are in hospital.
- Pause any regular deliveries such as newspapers or milk, or any home help you receive.
- Think about which rooms you'll spend most of your time in when you come out of hospital. You might want to put items you'll use frequently within easy reach – such as your TV remote control, tissues and basic painkillers.
- Stock up on easy-to-prepare food that will last until you're home, such as frozen ready meals.
- If you have dentures, check they're marked with your name so they don't get lost.
- On the day you go into hospital, you might like to shower or bathe, wash your hair, cut your nails, and put on fresh clothes.



Emergency admissions

While it's unlikely you'll read this section of the guide at the time, it's good to know about emergency procedures in case you ever have to go into hospital at short notice.

If you have a medical emergency, such as a serious fall, a suspected heart attack or a stroke, you'll be taken to a hospital Accident & Emergency (A&E) department. Emergency situations can be extremely stressful – but the paramedics and staff in A&E are there to help you through it.

Hospital staff will assess you and then decide on next steps. As well as the reason for your arrival in A&E, staff should take into account other health conditions you have. If you can, provide hospital staff with a history of your symptoms leading up to the incident – for example, if you arrive following a fall, it's important that staff know whether you've fallen before. Once you've been assessed, staff will decide if you should be:

- treated and then sent home, if ongoing support can be provided there
- moved to a unit where you'll be monitored or have tests before they decide whether to admit you to a ward
- admitted to a ward.

If you're admitted to a ward, don't be afraid to ask questions, such as:

- When am I likely to see a consultant?
- Will I need further tests?
- Am I going to be moved to a different ward?

A better understanding of what's happening can be reassuring.

If you're going to have to stay in hospital for some time and you're concerned about the security of your home, raise this with staff – they can arrange for someone to make the necessary checks.



“I was admitted to hospital after I fell and fractured my elbow. I had to wait to see the consultant, but the nurse was very helpful and answered all my questions.”

Jimmy, 78



Next steps

If you've had several falls, ask A&E staff or your doctor about getting referred to your local falls prevention service. Our guide **Staying steady** has more information on preventing falls and what to expect from a falls prevention service.



While you're in hospital

Whether your hospital stay is planned or unplanned, being on a ward can take some getting used to. It can be reassuring to remember that most people feel the same way, and that you're being looked after in the best place for you.

There should be a button by your bedside to press if you need help. This will alert one of the nurses to check on you.

Hospitals should no longer have mixed-sex general wards. However, intensive care and specialist wards may be mixed-sex so that you can be treated by appropriate specialist staff. Staff should make sure that your privacy and dignity are respected at all times.

Toilets and shower facilities are single-sex – you'll be shown where they are when you're settled.

How you should be looked after

Hospital staff should be polite and understanding. You shouldn't be discriminated against because of your age, sex, gender reassignment, race, religion or belief, sexual orientation or disability.

You should:

- be treated by qualified staff in a clean, safe and suitable environment
- be involved in discussions about your treatment options in a way you can understand, and asked whether you want to accept or reject the treatment you're offered (see page 16)
- receive medication and treatment approved by the National Institute for Health and Care Excellence (NICE)
- have access to your own health records
- have your privacy respected, and your confidential information kept secure
- be given suitable and nutritious food (see page 20)
- have any complaints taken seriously (see page 24).

It's a good idea to ask which staff member you can speak to about any concerns. You should also make staff aware of any difficulties you have with your sight, hearing or memory.

If you feel you're not being treated properly, let the nurse in charge know. And if things don't improve, there's the hospital Patient Advice and Liaison Service (PALS) and an official NHS complaints procedure (see page 25).



In Wales, you can contact Llais (page 40). In Northern Ireland, you can contact the Patient and Client Council (page 42).

Consenting to treatment

Doctors must get your consent before they carry out any examination, investigation or treatment. Ask them to talk you through what they're proposing, so you can make an informed decision.

Here are some questions you might want to ask:

- What will the treatment involve?
- What will it do for me?
- What are the risks and benefits?
- What are the likely side effects? What will happen if I don't have the treatment?
- What alternatives are there? What support might I need when I leave hospital?

Ask as many questions as you need to help you make up your mind. You can take some time to consider your options if you're not sure. It may be worth talking things through with someone else you trust to help you come to a decision.

You can refuse treatment, even if others think you're making the wrong decision – as long as you understand the consequences of doing so. However, you can't demand a particular treatment.

It's important to know that if you're unable to consent to or refuse treatment (for example, if you're unconscious or you've lost **mental capacity**) your family and friends can't give consent on your behalf.



When we talk about **mental capacity**, we mean the ability to make and understand the consequences of a particular decision.

In a situation like this, the doctor responsible for your care will talk to your family and friends to find out what your wishes would be, but the final decision about any treatment will rest with medical staff who must make a 'best interests' decision on your behalf.

The only exceptions to this are:

- if you've entrusted someone else to make such a decision for you by setting up a lasting power of attorney (LPA) for health and welfare
- if you have a court-appointed deputy for health and welfare
- if you've made a valid advance decision to refuse certain treatments.

If you're not able to make a decision about a serious medical treatment such as major surgery and you don't have family or friends to support you, the medical staff must appoint an independent mental capacity advocate for you. Their role is to find out about your views and beliefs and represent you to the staff who must decide on your treatment.



Next steps

For more information, see our information guides **Power of attorney** and **Thinking about end of life**, and our factsheets **Arranging for someone to make decisions on your behalf** and **Advance decisions, advance statements and living wills**.

If you have dementia

A hospital ward can be a disorientating place if you have dementia, but the below suggestions might help – whether you're reading this guide for yourself or someone else.

- Ask whether the nurse in charge can act as a main point of contact for any concerns or queries. Ask what support the hospital offers to patients with dementia. For instance, does it participate in national schemes like John's Campaign, which promotes unrestricted access for families outside normal visiting hours?
- Consider writing down any likes, dislikes and preferences for staff to refer to. If eating or drinking is tricky, ask if staff can assist. It might be that a loved one or carer can help at mealtimes or with picking menu choices too.
- Place familiar objects, such as a photograph of family members or pets, on the bedside table.
- Tell staff about any hearing aids or glasses – these can be vital for good communication.



Good to know

You might be reading this because you care for someone with dementia. If so, you might find our guide **Caring for someone with dementia** helpful. You can also contact Alzheimer's Society (page 38) for their factsheet **Hospital care** and their **This is me** booklet, which is for recording information about someone so health and social care professionals can understand them better and tailor their care.

If you've been diagnosed with dementia but you don't usually need help making decisions, you still might want to consider granting a trusted friend or family member an LPA for health and care decisions (see pages 16-17). This means if anything changes and you're not able to make decisions, they can decide things like what medical care you receive, what you eat and where you live.

Delirium

Delirium is a condition that commonly affects people when they're in hospital, particularly those aged 65 or over. It can be caused by lots of different things, such as an infection or having a general anaesthetic.

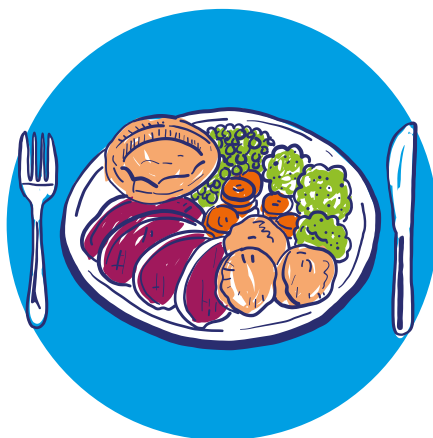
Symptoms include confusion, agitation and drowsiness – they're similar to symptoms of dementia, but come on quite suddenly rather than gradually. It's important for a patient's friends or relatives to tell hospital staff when symptoms like this aren't typical. Staff who don't know them may assume they have dementia. It's possible to have a dementia diagnosis and to experience delirium, too.

Once staff identify the cause of delirium, it usually gets better with treatment.



“My sister has dementia, so I was worried about how she'd cope when she had to go into hospital. But the staff were so kind.”

Jeanette, 70



Eating and drinking

Eating and drinking regularly is important to your recovery, particularly if you've broken a bone or had surgery.

Speak to the nurse in charge of the ward if:

- you need help filling in menu choices
- you find the menu choices unsuitable because of allergies, cultural reasons or personal preferences
- it's tricky to reach your meal or drink, or you have trouble chewing or swallowing
- you have difficulty cutting your food or opening cartons
- you prefer small meals with snacks in between.

It's not unusual for patients to be weighed when they first go into hospital and also during their stay. This is so staff can suggest diet changes if there are any concerns.



Dealing with worry

It's common to feel stressed and anxious when you're in hospital. But there are things you can do to make it a bit easier:

- Bring in items that remind you of home, such as photographs.
- Ask for things to make you feel more comfortable, such as an extra blanket if you're cold. Ask not to be disturbed if you need a rest.
- If you're in any doubt about what treatment you're going to have and what it will involve, ask one of the nurses to explain what will happen – if you have any questions, don't be afraid to ask them.
- If needed, ask someone you trust to provide support and take care of your responsibilities during your stay in hospital.
- If you're worried about something, tell staff – they're there to help you.

Welfare benefits

It's important to check your benefit entitlement when you go into hospital, as it's possible that it'll change during your stay.

Nothing changes if you're in hospital for fewer than 28 days. And no matter how long you're in hospital, you'll still be entitled to your State Pension. However, if you stay longer than 28 days, some things do change – so it's worth a check.

If you receive Attendance Allowance (AA), Disability Living Allowance (DLA) or Personal Independence Payment (PIP), you should notify the Department for Work and Pensions (page 40) when you go into hospital. These benefits are suspended after 28 days in hospital. Other benefits such as Pension Credit can be affected if AA, DLA or PIP are suspended.



In Northern Ireland, contact the Department for Communities (page 40) for more information.

If you have a Motability vehicle, contact the Motability scheme to discuss your circumstances if your DLA or PIP is suspended.

If you're a carer

Carer's Allowance can be affected if you or the person you care for go into hospital. For more information, see our guide **Carer's Allowance**.

If the person you care for goes into hospital, you should contact the office that pays their disability benefit to let them know when the person is admitted – and later when they're discharged. The details of the office will be on their award letter.



Visiting hours

Having visitors can boost your spirits and help you keep up with what's going on. But there are a couple of things it's worth being aware of.

- Most hospitals have visiting hours during which your friends or family can come and see you, so it's a good idea to check when these are.
- Hospitals encourage visitors but staff may restrict the number of people around your bed – a bigger group can disturb other patients and you may get tired quickly.
- It's important your visitors don't have a cough, cold, stomach bug or any other infection when they visit.
- Visitors should use anti-bacterial gel to clean their hands before and after entering your room or ward to limit the spread of germs. It's usually available on hospital corridors or as you enter wards.
- If you don't have visitors, you might find that other patients can be a source of company and comfort. While some might be trying to rest as much as they can, others might fancy a chat.

Compliments and complaints

Whether it's good or bad, feedback helps hospitals evaluate and improve the quality of their care.

If you have any problems, let someone know as soon as you can. Speak first to the doctor or nurse in charge of the ward or get help from the hospital PALS. If the problem doesn't get sorted, hospital or PALS staff can tell you how to make a formal complaint.

There are different ways to get support when making a complaint, depending on where you live.

If you'd like to make a complaint in England, ask PALS staff or your local Healthwatch (page 40) about how to contact your free local independent NHS complaints advocacy service.



In Wales, contact Llais (page 40). In Northern Ireland, contact the Patient and Client Council (see page 42).



Next steps

For more information about making a complaint, see our factsheet **Resolving problems and making a complaint about NHS care**. In Wales, see Age Cymru's version of this factsheet.



Leaving hospital

As soon as you go into hospital, you'll probably be thinking about when you'll be out again. How long this takes and what happens next depends on your circumstances.

If your admission was planned

Hospital staff should be able to tell you how long your stay is likely to be before you arrive. This can allow you to arrange short-term support for when you return home.

If your admission was unplanned

If you're admitted to hospital in an emergency, staff should make a diagnosis and agree a treatment plan with you.

They should tell you what criteria they'll use to decide when you can leave, how long your stay might be, and who'll arrange your discharge from hospital. They should keep you updated on progress.

Being discharged

When you no longer need to be in hospital, you'll be discharged to a more suitable location – ideally on the same day – with any immediate support you need in place. If possible, you'll go back to your own home. If needs be, you might stay for a while in a residential setting such as a community hospital or care home.

Once you're at home or in a residential setting, community-based staff will assess your needs. They'll agree a short-term recovery and support plan with you and decide whether you need assessing for long-term NHS or social care support.

Post-discharge recovery and support services can vary depending on where you live, so it's a good idea to ask the discharge team who'll pay for them and how long you'll receive them for.

After you've been discharged from hospital, your GP will usually be responsible for your day-to-day healthcare – although you may have follow-up appointments at the hospital. If you need district nursing support, the person responsible for your discharge should arrange this for you. District nurses can provide help and support with practical things such as dressing wounds and taking out stitches.



“My local Age UK told me about meals on wheels. It's a lot easier than having to cook for myself!”

Samantha, 92



You shouldn't be sent home from hospital until staff have assessed your immediate needs, any agreed support services are ready to start, and any necessary adaptations or equipment are in place. A family member, friend, carer or your care home should also be told when you'll be discharged.

Your discharge plan will be prepared in consultation with you and your doctor (and your relatives or carers, where appropriate). If you disagree with the plan, discuss this with the doctors and nurses.

Basic considerations

The person responsible for your discharge should make sure:

- you have clothes to go home in and keys to get in
- you have enough money for your short-term needs
- there's someone collecting you, or there's a taxi or hospital transport booked
- you have all the medication you need and you understand any changes to it
- a supply of incontinence products has been arranged, if needed
- any settle-in support is arranged (see page 32).

Assessment of long-term needs

If your condition is unlikely to improve further, staff will consider whether you have a longer-term need for care and support. This may be after you receive recovery and support services.

You might be eligible for social care support. To assess you, staff will look at:

- your overall wellbeing, including how you are emotionally
- your health and what you can and can't do – or may struggle to do by yourself
- your current living arrangements
- what you would like to be able to do
- how you would like to be supported.

They should also consider whether there's support that might reduce your need for help in the future.

If assessments show that you're eligible for support, the council will assess your finances to see whether you need to contribute to the cost of long-term care.

You should be involved in the assessment process. If you can, ask a friend, relative or carer to be there with you. If you have difficulty understanding others or expressing yourself and there's no one who can help, you must be provided with an advocate to help you understand the process and communicate your views.

If you're not comfortable with the discharge process, or feel some issues remain unresolved, raise your concerns with hospital staff.

Staff should also consider whether you're eligible for NHS Continuing Healthcare, which is a package of care organised and funded by the NHS. It can be provided in your own home, in a care home or at another suitable location.

Your care plan

Recovery continues even after you've left hospital. Be gentle with yourself and take it easy for as long as you need to. Additional services may be available to support you.

Whether you're eligible for long-term support from social services depends on your needs, which will be compared against your local council's criteria (or in Northern Ireland, Department of Health criteria). You'll get written confirmation of whether social services will support you or direct you to other sources of help.

If the assessment finds that you're eligible for support, you should discuss and agree a written care plan with staff.

Take time to read over your care plan. If you can, it's worth going over it with someone else too. If there's anything you're not happy with, talk to the person responsible for your discharge. If you're still unhappy after chatting to them, you can make a complaint (see page 37).



Next steps

For more information about NHS Continuing Healthcare, see our factsheet **NHS Continuing Healthcare and NHS-funded nursing care**. In Wales, see Age Cymru's version of this factsheet.

Your care plan should include details of:

- what your needs are and how you qualify for support
- what support you'll get when you're discharged and who's responsible for it
- how often you'll receive this support
- how much will be spent on your care
- any goals you want to work towards, such as getting out of the house or continuing a hobby
- who to contact if there's an emergency.

Here are some examples of support in a care plan:

- adaptations or equipment to make your home more suitable
- home carers or a personal assistant to help you
- a personal alarm you can use to call for help
- reablement services or intermediate care to help you regain your independence and remain living at home (see page 33)
- an opportunity to meet people and socialise, such as at a day centre
- a permanent place in a care home (see page 34).

Reviewing your care plan

If social services arrange support for you, they must review how things are going within a reasonable time frame. After this, your care plan should be reviewed at least once a year.

If you ever feel your care plan doesn't support your needs, contact social services to ask for a review.

Assessing your carer's needs

If a family member or friend will be looking after you when you leave hospital, they can be involved in your assessment – but they're also entitled to a separate carer's assessment.

The assessment should look at how caring affects them and what their future needs as a carer are likely to be. It shouldn't assume what kind of care they'll be able to provide.

Your carer may be eligible for support, such as help to carry out their caring role, useful equipment, respite from caring, or information about local carers' support groups.



Next steps

For more information, see our guides **Advice for carers** and **Getting help at home** and our factsheet **Finding help at home**. Age Cymru have their own version of this factsheet. In Northern Ireland, see Age NI's guide **Care at home**.

Contact your local council's social services department for information about its services or complaints procedure. See page 35 for information on who should pay for care services.

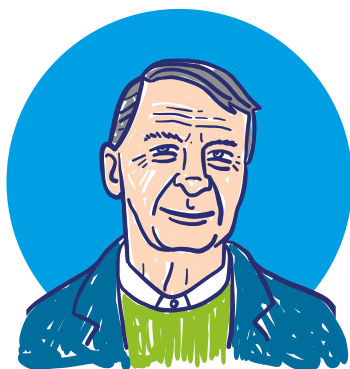
If you only need a bit of help at home

If you only require minimal help after being discharged from hospital, you may not need a care plan – but staff should still give you information and advice about local organisations that can help.

Your local Age UK or other voluntary organisations may offer ‘home from hospital’ support. These services can help get your home ready for your return and assist with things like shopping, light housework, collecting prescriptions and helping you sort through your post.

You can also pay homecare agencies for help with domestic tasks.

Contact your local Age UK to see what support is available in your area – or in Wales, contact Age Cymru Advice. The person responsible for your discharge or your local social services department can provide a list of registered care agencies too.



“I wasn’t happy with my mum’s care plan at first, so I asked the local council to review it to make sure all her needs were identified.”

Mark, 56

If you need more help at home

Hospital staff might think you'd benefit from short-term support once you're ready to go home. This might be offered in the form of **intermediate care**, which includes reablement. Support of this type can last for up to 6 weeks and is provided for free in England, Wales and Northern Ireland.

Intermediate care

You can receive intermediate care at home, in a care home, or in a community hospital. It could include support from a physiotherapist or occupational therapist, as well as nursing care. When intermediate care finishes, staff will assess your needs again to see if you require ongoing social or NHS services.

Reablement services

Reablement is offered in your own home. Reablement staff offer suggestions to make daily living tasks easier for you to manage and to rebuild your skills and confidence. Towards the end of the agreed period of reablement, staff reassess your needs to see if you need long-term support.



Next steps

See our factsheet **Intermediate care and reablement** for more information. Age Cymru have their own version of this factsheet.

If you need to move into a care home

If you're going to need a lot of help after you leave hospital, staff may suggest you move permanently into a care home.

You shouldn't feel pressured to move into a care home, so have a look at all your options first. Could you manage with some extra support? Could your home be adapted? Or would sheltered accommodation be a better option? Staff should also consider what support might enable you to continue living in your own home (see page 33).

There are benefits to moving to a care home, such as having trained staff on hand and having access to specialist equipment. Plus, you might find you enjoy having more company around.

There are different types of care home so, if you'd like to make the move, you'll need to choose one that can cater for all your needs.

If you need a permanent place in a nursing home, check staff have considered whether you're eligible for NHS Continuing Healthcare or NHS-funded nursing care.



Next steps

For more information, talk to staff responsible for your discharge or see our factsheet **NHS Continuing Healthcare and NHS-funded nursing care**. Age Cymru have their own version of this factsheet. Contact Age NI for more information about continuing healthcare in Northern Ireland.

Paying for your care

If the care assessment (see pages 28–30) shows you qualify for support, you'll have a financial assessment ('means test') to see whether you need to contribute towards the cost of the support you'll receive. This looks at your income and savings.

There are separate systems for funding care in your own home and in a care home. Our guides **Getting help at home** and **Care homes** have more information.

If you're eligible for financial support, you'll be given a personal budget. This is a sum of money you can use to meet your needs. If you're being discharged back to your own home, you can choose for your personal budget to be paid to you in the form of direct payments. Direct payments aren't available to people who live in care homes. See our factsheet **Personal budgets and direct payments in adult social care** to find out more.



Personal budgets aren't available in Wales, but you may be able to get a direct payment. See Age Cymru's factsheet **Direct payments for social care services in Wales** for more information. In Northern Ireland, there's no charge for care provided at home. Contact Age NI to find out more.



Next steps

Contact your local social services to ask about its charging policy. See our factsheets **Paying for care and support at home** and **Paying for permanent residential care** for more information. In Wales, see Age Cymru's versions of these factsheets.

Thinking about your finances

When you leave hospital, you may find yourself in a different situation from when you went in. Changes to your health can mean you're not able to work, you're spending more on care costs, or your energy bills are higher because you're not getting out and about as much. But you may qualify for financial help.

If you need long-term help, you might qualify for a disability benefit – either Personal Independence Payment or Attendance Allowance, depending on your age.

You may also be able to get a one-off grant from a charity that specialises in your health condition, or from a union or professional organisation that you belong to (or used to belong to). Turn2us (page 42) can help you search and apply for grants. If you've been diagnosed with cancer, contact Macmillan Cancer Support (page 41) to find out what help you might be able to get.

If you're a carer

If you'll be caring for someone when they leave hospital, make sure you check whether you're entitled to Carer's Allowance. See our guide **Carer's Allowance** for more information.



Next steps

Find out what you could be entitled to online at www.ageuk.org.uk/benefitscheck or get in touch with your local Age UK. There's more information in our guide **More money in your pocket** too. Contact Age Cymru and Age NI for their versions of this guide if you're in Wales or Northern Ireland.

Problems after you've been discharged

If you're unhappy with the support you receive after leaving hospital, discuss it first with the service in question.

If your care is arranged by social services, raise your complaint with them. If you're paying for your own care and have a contract with the care provider, raise it with them.

If you're unhappy with the response, contact the Local Government and Social Care Ombudsman (page 40).



In Wales, contact the Public Services Ombudsman for Wales (page 42) and in Northern Ireland, contact the Northern Ireland Public Services Ombudsman (page 41).

If you're receiving help or assistance from NHS staff, raise your complaint directly with them. If you're unhappy with their response, you can make a formal complaint to the Parliamentary and Health Service Ombudsman (page 42). In Wales, contact the Public Services Ombudsman for Wales (page 42).

If your complaint is about both NHS and social services, you only need to make one complaint to either organisation.



Next steps

For more information, see our factsheets **How to resolve problems and complain about social care** and **Resolving problems and making a complaint about NHS care**. In Wales, see Age Cymru's versions of these factsheets.

Useful organisations

Age UK

We provide information and advice for people in later life through our Age UK Advice Line, publications and website.

Age UK Advice: 0800 169 65 65.

Lines are open 7 days a week from 8am to 7pm.

www.ageuk.org.uk

In Wales, contact Age Cymru Advice: **0300 303 44 98.**

www.agecymru.wales

In Northern Ireland, contact Age NI: **0808 808 7575.**

www.ageni.org

In Scotland, contact Age Scotland: **0800 12 44 222.**

www.agescotland.org.uk

Alzheimer's Society

Offers information, advice and support to people with dementia, their families and carers.

Tel: **0333 150 3456**

www.alzheimers.org.uk

Asthma + Lung UK

Provides information, advice and support to people affected by lung disease, their families and carers.

Tel: **0300 222 5800**

www.asthmaandlung.org.uk

Care Inspectorate Wales (CIW)

Regulator of care and social services in Wales.

Tel: **0300 7900 126**

www.careinspectorate.wales

Care Opinion

Find people's experiences of UK health and care services, whether good or bad.

www.careopinion.org.uk

Care Quality Commission

Independent regulator of health and social care services in England.

Tel: **03000 616161**

www.cqc.org.uk

Cinnamon Trust

Can arrange temporary pet care during a hospital stay, or longer-term care if a time comes you can't look after them.

Tel: **01736 757 900**

www.cinnamon.org.uk

Citizens Advice

Network of centres offering free, confidential and independent advice.

In England, call Adviceline: **0800 144 8848**

In Wales, call Advicelink: **0800 702 2020**

For online information and to find details of your nearest Citizens Advice:

In England: **www.citizensadvice.org.uk**

In Wales: **www.citizensadvice.org.uk/wales**

Dementia UK

Provides support for those with dementia, their family, friends and carers. Runs a helpline staffed by Admiral Nurses who can offer advice and support.

Dementia Helpline: **0800 888 6678**

www.dementiauk.org

Department for Communities

Responsible for social security benefits and pensions in Northern Ireland. Contact them if you think your benefits might be affected by your hospital stay.

Tel: 028 9082 9000

www.communities-ni.gov.uk

Department for Work and Pensions

Responsible for welfare and pensions. Tell them when you go into hospital if you receive Attendance Allowance, Disability Living Allowance or Personal Independence Payment.

www.gov.uk/government/organisations/department-for-work-pensions

Healthcare Inspectorate Wales

Regulator of NHS healthcare and independent healthcare organisations in Wales.

Tel: 0300 062 8163

www.hiw.org.uk

Healthwatch

Network of local organisations providing information, advice and support to users of health services. They can also put you in contact with your local NHS Complaints Advocacy service.

Tel: 03000 683 000

www.healthwatch.co.uk

Local Government and Social Care Ombudsman

Investigates complaints about adult social care providers in England.

Tel: 0300 061 0614

www.lgo.org.uk

Llais

Represents people's views on health and social care in Wales. Offers support with complaints about NHS or social care services.

Tel: 02920 235 558

www.llaiswales.org

Macmillan Cancer Support

Provides practical, medical and financial support for people affected by cancer. It can provide financial support for travel costs to hospital in some circumstances.

Tel: **0808 808 00 00**

www.macmillan.org.uk

NHS

Information service to help you manage your health.

www.nhs.uk

In Wales, contact **NHS 111 Wales**

Tel: **111**

www.111.wales.nhs.uk

In Northern Ireland, contact **NI Direct**

www.nidirect.gov.uk

NHS e-Referral Service

Service to book an appointment with a specialist after a GP referral.

www.nhs.uk/referral

NHS Help with Health Costs

Contact them to request an application form (HC1) if you think you might be eligible for help with health costs through the NHS Low Income Scheme.

Tel: **0300 330 1343**

www.nhsbsa.nhs.uk/nhs-help-health-costs

In Wales, visit:

www.gov.wales/low-income-scheme-help-nhs-health-costs

Northern Ireland Public Services Ombudsman

Investigates complaints about public services in Northern Ireland.

Tel: **0800 34 34 24**

www.nipso.org.uk/nipso

Parliamentary and Health Service Ombudsman

Makes final decisions on complaints about NHS services in England.

Tel: **0345 015 4033**

www.ombudsman.org.uk

Patient and Client Council

Independent voice for patients and carers in Northern Ireland.

Provides support and advice if you're making a complaint relating to health and social care.

Tel: **0800 917 0222**

www.pcc-ni.net

Public Services Ombudsman for Wales

Investigates complaints about the NHS and social care services in Wales.

Tel: **0300 790 0203**

www.ombudsman.wales

Regulation and Quality Improvement Authority

Monitors the availability and quality of health and social care services in Northern Ireland.

Tel: **028 9536 1111**

www.rqia.org.uk

Turn2us

Helps people access welfare benefits, grants and other financial support.

www.turn2us.org.uk

Help us be there for someone else

We hope you found this guide useful. When times are tough, it's so important to get some support. You can help us reach everyone who needs us:

1

Tell us your story. If Age UK's information and advice has helped you, we'd love to hear about it. Email stories@ageuk.org.uk.

2

Donate to us. We rely on donations to support older people when they need us most. To make a donation, call us on **0800 169 8787** or go online at www.ageuk.org.uk/donate.

3

Volunteer with us. Our volunteers make an incredible difference to people's lives. Find out more at www.ageuk.org.uk/volunteer or contact your local Age UK.

4

Campaign with us. We campaign to make life better for older people, and rely on the help of our strong network of campaigners. Add your voice at www.ageuk.org.uk/campaigns.

5

Remember us in your will. A gift to Age UK in your will is a very special way of helping older people get expert support in the years to come. Find out more by calling **020 3033 1421** or visit www.ageuk.org.uk/legacy.

What should I do now?

You might want to read some of our relevant information guides and factsheets, such as:

- **Getting help at home**
- **Advice for carers**
- **Healthy living**

You can find all of our guides and factsheets on our website, along with lots more useful information. Visit **www.ageuk.org.uk** to get started.

You can order free printed copies of any guide or factsheet by emailing **orders@ageuk.org.uk** or calling our Advice Line on **0800 169 65 65**. Our friendly advisers can also help with any questions.

All of our publications are available on request in large print and audio formats.

If contact details for your local Age UK are not in the below box, call Age UK Advice free on **0800 169 65 65**.



0800 169 65 65
www.ageuk.org.uk



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