

# HEALTH'S FORGOTTEN PARTNERS?

How carers are supported through hospital discharge

## **SUMMARY**

***Based on a survey of 23 NHS Hospital Trusts this research found that hospital discharge policies acknowledge the involvement of carers but do not have practical measures in place to identify and support carers.***

### **NHS Trust hospital discharge policies : key findings**

#### **Choice about caring.**

- Only 4% specified that carers should have a choice about caring.

#### **Identification**

- Only 22% made any specific mention of identifying the carer.

#### **Planning for discharge**

- 91% stated that patients and carers should be fully involved in the process of discharge.
- 48% said carers should be involved at the pre-admission planning stage.
- 35% stated that carers should receive copies of written information about the patient's discharge plan.

#### **Carers' assessments**

- Only 13% refer to carers' rights to an assessment

#### **Support at home**

- 87% said support must be in place before discharge takes place but carers say this is not happening.
- 39% offer carers training or instructions on the use of equipment.

#### **Consultation & monitoring**

- 65% were explicitly developed in conjunction with other agencies, including Social Services Departments.
- Only 17% had involved local voluntary organisations that represent or work directly with carers.
- 70% gave no explanation of how the discharge policy would be updated and monitored.

For more information on Carers Health Matters campaign visit [www.carershealthmatters.org.uk](http://www.carershealthmatters.org.uk)

***We would like to express our thanks to NW NHS Executive for their co-operation and to all those trusts who contributed to this study.***

## INTRODUCTION

This research is part of Carers UK's health campaign, *Carers' Health Matters*. Over the course of the year, the campaign aims to:

- raise awareness of the difficulties faced by carers
- encourage the adoption of policies and practices which improve carers' health and well-being
- ensure that carers' views shape debates on health and the NHS
- encourage carers to take action which positively affects their health
- ensure that carers are integrated into the modernisation and partnership agenda of the NHS
- ensure that local policy and practice is improved and that carers are more involved in NHS consultation mechanisms.

The hospital discharge process is crucial for carers. They may be confronted for the first time with decisions about taking on a caring responsibility or their caring role may be about to change. Carers are often making important life decisions that can affect their relationship with the person needing care, other members of their family and their employment status.

The Hospital Discharge Workbook<sup>1</sup> highlights two key issues in relation to hospital discharge: efficiency - people should not be kept in their beds longer than necessary, and patient welfare - poor support leads to deterioration and re-admission. Recent research suggests that if carers are left unsupported it can result in early re-admission for the patient<sup>2</sup>. It also found that the proportion of people readmitted to hospital within two months of being discharged almost doubled since a similar survey in 1998<sup>3</sup>. Nearly half of the respondents in 2001 felt the person they cared for had been sent home too soon.

Unless carers are fully involved, have access to information and proper support in place, then the transfer from hospital to home can have significant consequences for both carers' and patients' health, well-being and quality of life.

## PURPOSE OF STUDY

This study supplements earlier research reported in *You can take him home now*, which examined over 2000 carers' experiences of hospital discharge. *You can take him home now* found that 72% of carers reported poor

experiences of hospital discharge and concluded that pressure on beds is making the situation worse.

This study looks at the discharge policies of 23 NHS Acute Hospital Trusts in North West England to examine how they identify and support carers and the extent to which they address the problems highlighted in *You can take him home now*. The study concludes with a checklist to assist Trusts and other key organisations in reviewing their discharge policies to ensure they adequately support carers.

## POLICY BACKGROUND

Staff in the NHS and Social Services, looking for good practice on hospital discharge have many sources to draw on. The main guide is the Hospital Discharge Workbook.

### Basic principles of good hospital discharge

From the different written policy and practice material on hospital discharge some clear basic principles emerge:

- patients and carers should be involved throughout the process
- carers should be valued partners in the provision of health and social care
- discharge planning begins prior to (or at the point of) admission
- patients and their carers will be given sufficient time and information to make decisions
- named person (usually a nurse) in overall charge of discharge
- there should be good multi-disciplinary assessments involving health, social care and housing
- final discharge decision should be made not just on clinical grounds but as part of multi-disciplinary team taking into account views of the patient and carer
- patients and carers should be given notice of discharge
- patients should not be discharged until the appropriate support is in place at home
- patients and carers should be given a written copy of the discharge plan
- patients and their carers will be told how to seek a review of any decisions made

### Carers and hospital discharge

At the heart of the Government's modernisation agenda for the NHS is the premise that it "will

shape services around the needs and preferences of patients, their families and carers.”<sup>4</sup> The Carers (Recognition and Services) Act 1995 gives carers the right to a separate assessment of their own needs. This right includes people who may be considering taking on a caring role following the discharge of a patient from hospital. The accompanying policy guidance states “local and health authorities will need to ensure that hospital discharge procedures take account of the provision of the Act and that carers are involved once planning for discharge starts”.<sup>5</sup>

In 1999 the Government’s National Strategy for Carers stated “at the time of hospital discharge, carers must feel fully informed and involved in the planning of future care of the patient, so that assumptions are not made about their ability or willingness to care”.<sup>6</sup>

The message from more recent policies such as the NHS Plan<sup>7</sup> and the National Service Framework (NSF) for Older People<sup>8</sup> is that carers are valued partners in the provision of health and social care. This has been backed up by new rights and legislation for carers. The Carers and Disabled Children Act 2000 enhances carers’ rights to an assessment and introduces powers to provide services and direct payments to carers. Like previous legislation, it includes people intending to take on a caring role when a patient is discharged from hospital.

In 2001 local authorities were given £296 million under the Promoting Independence Grant. Part of the intention behind the grant was to provide care closer to home, and in particular to promote new patterns of service through the “prevention of unnecessary hospital admission” and “improved discharge arrangements”<sup>9</sup>

The Government is also making available £900 million by 2003/04 for Intermediate Care. This is for the NHS and local authorities to provide short episodes of care, typically lasting no longer than six weeks. A key aim of this “supported discharge” is to enable earlier transfer of care from acute hospital settings and allow the patient to complete their recovery in a supported environment away from hospital, either in a residential or home setting.

## CHOICE ABOUT CARING

### What’s the issue?

There is no legal requirement for people to take on a caring role. Carers need to be allowed time to make choices about taking on the role of carer or whether to continue caring. They need to consider how much and what type of care they can provide, taking into consideration their existing family and caring commitments, work, education, and social activities.

### What are carers’ experiences?

*You can take him home now* paints a distressing picture of 70% of carers not being offered a choice about taking on the caring responsibility. A survey of carers in 1998<sup>10</sup> found that although they were generally given some information about choices they clearly desired more. Carers wanted clearer communication with direct questions like “Do you know what you’re taking on?” in order to prompt carers into considering more fully just what their caring role might entail.

### What do discharge policies say?

Only 4% specified that carers should have a choice about caring. Staff may assume a relative or friend is willing and able to take on the caring role or make assumptions about the level of care they can provide. Likewise the patient may not wish to be cared for by members of their family. There may be considerations about what is culturally appropriate.

Two discharge policies specifically recognised that staff should not make assumptions about people taking on a caring role. One policy advises staff carrying out assessments to ask “Will they manage with the levels of services / carers they were admitted with? Don’t make assumptions about carers’ abilities - they have needs too.”<sup>11</sup>

<b>You can take him home now</b>	<b>Health’s forgotten partners?</b>
70% of carers felt they were given no choice other than to take on the caring responsibility once the person left hospital	4% of Trusts acknowledged that carers should be given a choice about taking on a caring responsibility

## IDENTIFICATION

### What's the issue?

The vast majority of carers will not see themselves as a "carer" but rather as a relative or friend of the person they are caring for. Without identification, carers may lose out on much needed help and financial support. The new single assessment process under the NSF for Older People states that "finding out about the help that older people already receive should reveal if family or friends are acting as carers"<sup>12</sup>. Both the NSF for Mental Health and the White Paper on learning disabilities Valuing People also provide information on identifying carers. The Government has set targets for primary care staff and social services to identify carers through the National Priorities Guidance<sup>13</sup>.

### What are carers' experiences?

There are at least 6 million carers in the UK, 1.7 million care for more than 20 hours a week. It is thought that the majority of these are "hidden carers", who do not identify themselves as carers and may be missing out on valuable services. Future Census information should give more accurate figures.

### What do discharge policies say?

Whilst many discharge policies talked about the need to involve the carer, less than a quarter (22%) made any specific mention of identifying the carer. There are many reasons why carers are unlikely to identify themselves including

- They see it as a duty or family responsibility and are reluctant to accept help from outside
- They may be wary of statutory services involvement
- They may view asking for help as a reflection of failure or an inability to cope on their part
- They may not be aware that there is help available or how it might make a difference

In accordance with national policy, hospital trusts on the whole follow the model of a named nurse being responsible for co-ordinating discharge. The named nurse is therefore the most likely member of staff to be in a position to identify carers, particularly in the early stages of the discharge process. Hospital social workers will also be involved once they have received a referral from the named nurse. Other staff including consultants, physiotherapists and occupational therapists will also have an opportunity to identify carers and need to be carer aware.

Staff need not only to identify carers but also to be able to talk to carers about what is likely to be involved in caring and the impact on their lives. Relying on nursing staff to identify and support carers may need to be reviewed. It has been suggested that this model is not delivering effective discharge for patients or carers<sup>14</sup>. Some Trusts have employed specific staff to support carers through the transition from hospital to home.

Nearly all discharge policies had some mention of the need to seek patient consent before passing on medical information to family and friends. The National Strategy for Carers<sup>15</sup> emphasises that seeking consent should be explicit. However only 17% were proactive in seeking patient's consent.

Discharge policies need to address what happens if the patient refuses to give permission to pass on information to the carer. Carers should be informed that they may be eligible for an assessment under the Carers and Disabled Children Act. At the very least, carers should be informed about sources of help, such as self help groups, carers organisations and how to contact their social services.

## PLANNING FOR HOSPITAL DISCHARGE

### What's the issue?

Carers should feel fully involved at all stages of discharge including the actual decision to discharge with practical arrangements in place. Carers should be seen as partners, respected and listened to. It is likely that the carer will have considerable expertise and skill of how to care for the patient. Some carers may require specific help to be involved in discharge such as access to interpreters, translated written information or leaflets in large print.

The NHS Plan states that by 2004, "We will introduce new standards to ensure every patient has a discharge plan including an assessment of their care needs, developed from the beginning of their hospital admission"<sup>16</sup>. Carers should also be given a copy of the discharge plan. This acknowledges their involvement and is a chance to record any differences of opinion.

The importance of information to carers is summed up in the National Service Framework for Older People when it states that "Good information enables carers to become partners

in the provision of care, and supports them in best helping the person they are caring for”<sup>17</sup>.

### What are carers’ experiences?

*You can take him home now* found that families and carers were often not consulted prior to a patient being discharged. The proportion of carers who said they were consulted prior to hospital discharge had fallen from 71% in 1998 to 64% in 2001. Only one in five carers received a copy of the discharge plan and nearly half of respondents said their comments and concerns were not taken into account. This lack of involvement leaves carers feeling isolated.

### What do discharge policies say?

Discharge policies embrace the principle that carers should be involved in the discharge of patients. It is encouraging that 91% of Trusts stated that patients and carers were central to the process of discharge.

According to the Hospital Discharge Workbook discharge planning should commence before admission<sup>18</sup>. This should involve both known carers and any person who might be expected to have a caring role following the discharge. Just under half of the discharge policies (48%) specified that carers should be involved at this stage.

Planning prior to admission allows the carer time to prepare and consider all the options. There may also be practical considerations at this early stage. Entering hospital may affect benefits and home care or meals services may need to be cancelled. Carers are often left to sort these things out at this stressful time.

83% of Trust discharge policies stated that patients should receive written information about their discharge plan. However only 35% said that the carer should also get a copy. On the whole they did not always specify what this written information should include.

<i>You can take him home now</i>	<i>Health’s forgotten partners?</i>
20% of carers received a copy of the discharge plan.	35% ensure carer is given a copy of the patients discharge plan

Home visits are often made whilst the patient is still in hospital, in order to assess their likely needs on returning home. Staff including occupational therapists or housing officers should be involved in assessing the suitability of housing and whether aids and adaptations are required.<sup>19</sup> Involving the carer in these

assessments will ensure that they meet carers’ requirements as well as the patients. Yet only a quarter of discharge policies (26%) specify that carers should be involved in these visits.

<i>You can take him home now</i>	<i>Health’s forgotten partners?</i>
33% of carers surveyed had been involved in a home visit.	26% of Trusts had a policy to involve carers in home visits

*You can take him home now* revealed several cases of patients being sent home without any notice to the carer. It is common in all good practice guidance that proper notice be given of any discharge. This is especially important for carers in relation to their jobs, families and existing commitments. Guidelines suggest a minimum of 24 hours, with evenings and weekends to be avoided at short notice. Although 83% of discharge policies stated that carers and patients should be given notice, this could vary between 24-72 hours. Some did not specify a time just stating that notice must be given and it must be timely and reasonable.

Nearly all discharge policies stated that staff must inform the next-of-kin, if someone discharges themselves against medical advice. In many cases the nex-of-kin may well be the carer. However, it is important to make the distinction that carers are not necessarily next-of-kin, and therefore carers should also be informed. 17% stipulated that carers should be informed.

If carers are to be fully involved in the discharge then they must be able to communicate effectively with staff. Minority ethnic carers may face linguistic and cultural barriers to accessing support as well as assumptions by health and social care staff that “they look after their own”. The Social Services Inspectorate<sup>20</sup> found that family members were often expected to act as interpreters regardless of whether this was appropriate. *You can take him home now* found that compared to white carers, minority ethnic carers were less likely to be consulted and less likely to have their concerns listened to. Carers may also have sensory impairments and require a signer or written materials in large print. Less than half of the trusts (43%) in this study made any specific mention of how the discharge policy related to their wider equal opportunities policies.

Although most hospitals had a complaints procedure, only 26% made specific mention of carers being informed of this process or how to seek redress.

## CARERS' ASSESSMENTS

### What's the issue?

Carers who provide a substantial amount of care on a regular basis are eligible for an assessment of their needs under the Carers and Disabled Children Act 2000. The carer's assessment should be taken into account when deciding the package of care for the cared for person. Many of the services for this person will benefit carers including short term breaks and home care. From April 2001 the carer can receive services or direct payments in their own right. The guidance and practitioner's guide accompanying the Act has detailed information regarding assessments, although it lacks information relating directly to hospital discharge and health staff. The Department of Health has produced a leaflet for carers *How to get help in looking after someone - a carers guide to a carer's assessment*. The importance of offering carers' assessments has been stressed in the NSF for Older People and Mental Health as well as the White Paper on learning disabilities *Valuing People*.

### What are carers' experiences?

50% of carers surveyed for *You can take him home now* said that they had received a carer's assessment, a marginal improvement of 10% on a similar study two years earlier. Given that many of the carers responding to the survey are already in touch with carers' organisations this figure may be artificially high. In 1998 a Social Services Inspectorate report into hospital discharge stated that "An assessment in their own right of a carer's ability to care rarely took place. More needs to be done with carers and staff to highlight the value of carers assessments and the positive outcomes that can be achieved."<sup>21</sup>

### What do discharge policies say?

Carers who are or intending to provide care have had the right to an assessment since the implementation of the Carers (Recognition and Services) Act in 1996. Five years on, it is of concern that only 13% of discharge policies refer to carers' rights to an assessment. Despite the advances in policy terms, this does not seem to be translated into practice as *You can take him home now* illustrates.

**You can take him home now**  
50% of carers had been given a carers' assessment

**Health's forgotten partners?**  
13% of Trusts have a policy to ensure carers are offered an assessment

## SUPPORT AT HOME

### What's the issue?

There has been much discussion on the health and social care divide. Carers can often feel its effects - decisions to discharge a patient before the proper care is in place in the home, waiting until a decision is made about whether a service is defined as a health or social care service, whether there will be a charge for the service. Although different agencies may have lead responsibility for the various stages of hospital discharge, carers need the process to be seamless, timely and fair.

The Government has made partnership the cornerstone of its reforms of the health service. The Health Act 1999 enables local partnership arrangements between NHS and local authorities that remove some of the barriers to providing fully integrated services. The Promoting Independence Grant aims to support older people to live independent lives by providing funding towards increasing home care support and giving carers' breaks. The Carers and Disabled Children Act gives local authorities powers to provide services and direct payments to carers.

### What are carers' experiences?

Lack of co-ordination between health and social care staff presents problems once discharge has taken place. Carers surveyed for *You can take him home now* were often left to cope with unacceptable situations at home and 43% said they were not given sufficient help. Carers' comments highlight the need for health and social care staff to work closely together, both before and after a patient is discharged.

### What do discharge policies say?

The principle of ensuring the necessary support is in place before discharge takes place is central to hospital discharge policy and good practice. It is therefore not surprising that 87% of discharge policies embrace this principle. However this figure contrasts sharply with *You can take him home now* where 25% of carers felt the person they were caring for was sent home before services were in place. In reality, delays in arranging care, long waiting lists for equipment and home adaptations can mean that patients are invariably sent home before the agreed services are in place. Demand for beds adds pressure to these situations. In cases such as these it is often the carer who is

left to deal with the situation.

The Government has also acknowledged this problem and is committing large resources to intermediate care, one of the key components of the NHS Plan. Some Trusts and Social Services Departments provide home from hospital schemes for periods anywhere from a week to six weeks. These schemes enable patients to return home whilst more permanent services are found and put in place.

**You can take him home now**  
43% of carers felt they were not given sufficient help after the patient returned home

**Health's forgotten partners?**  
83% of discharge policies said support would be in place before a patient is allowed home.

Thirty nine per cent of policies drew attention to the importance of offering carers training or instructions on the use of equipment and how to care. Research has revealed that carers are often expected to carry out medical care tasks and often quite specialised post-operative care<sup>22</sup>. This may include administering medication, invasive procedures such as catheter care and general nursing tasks such as changing dressings.

**"I had never done any nursing, the first few weeks are very frightening and you are alone for most of the 24 hours"**<sup>23</sup>

Absence of training or instruction on handling and lifting can expose carers to the risks of physical injury.

Only one of the 23 trusts surveyed had any formal arrangements for following up to ensure that the care arranged in hospital was actually meeting the needs of the carer. Without proper support, especially in the crucial few weeks after discharge, re-admission is a possible consequence as was found by *You can take him home now*.

**" I was told my wife could move herself very well. After they discharged her I found it took three people to transfer her, yet she came home to me, and only me. It was left to me alone to transfer her to the toilet and bed, feed and wash her ..is this care in the community?"**<sup>24</sup>

## CONSULTATION AND MONITORING

### What's the issue?

The NHS Plan states that services should be developed around the needs of patients and

carers and that they need to have much greater influence at every level of the NHS. Trusts will be required to provide all patients leaving hospital with the opportunity to record their views about the standards of care they have received. Every NHS organisation will be required to publish a Patients Prospectus - an annual account of the views received from patients and the action taken as a result. Patients Forums will provide an opportunity to involve carers in developing policy and services which are more able to meet the needs of the local populations. Carers will need to be at the heart of these reforms.

Producing a discharge policy can all too easily be a paper exercise unless it is accompanied by staff training and monitoring to ensure effective implementation. Methods of monitoring should focus on patients and carers' experiences of the discharge.

### What are carers' experiences?

A small informal survey of 10 carer groups, each covering a local authority area in the North West of England showed that only 2 had been involved in discussions on hospital discharge. In both cases the groups themselves had made the first contact.

### What do discharge policies say?

65% of the discharge policies were explicitly developed in conjunction with other agencies, including Social Services Departments, but only 17% had involved local voluntary organisations that represent or work directly with carers. Some Trusts did actively seek carers' opinions directly by using "tell us" cards that are available on wards.

### How discharge policies monitor their success

No evidence of any monitoring	35%
It is monitored but unspecified as to how	35%
Specific mechanisms stated	30%
<b>Specific Mechanisms for Monitoring</b>	
User-Carer outcomes survey	100%
Checks that discharge documentation is present and correct	71%
Staff Training	43%
Targets on rates of re-admission	43%
Consultation with local carer groups / voluntary organisations	14%

70% of the discharge policies gave no explanation of how it would be updated and monitored to ensure that outcomes for patients and carers had been met. Of the discharge

policies only 35% had been updated within last 2 years. These low figures offer a clue as to why policy intention and carers' experiences are so different.

## CONCLUSIONS

There is a clear gap between Government policy and carers' experiences of hospital discharge. Evidence suggests that NHS Trusts are not putting policy into practice that identifies and supports carers. Whilst discharge policies recognise that carers need to be fully involved in the hospital discharge process, few seem to have put in place practical measures to support them. *You can take him home now* illustrates that this has disastrous consequences for carers.

Hospital Trusts and Social Services, in conjunction with carers, need to review their discharge policies in the light of this research and the findings of *You can take him home now*. Reshaped policies will require staff training to ensure proper implementation, backed up by effective monitoring to ensure that practice is consistent throughout the Trust and focusing on whether outcomes for carers have been met.

The Government has signalled that their policy on hospital discharge will be updated shortly. This research and *You can take him home now* illustrate that new policy must address support for carers. There is concern, however, that guidance and workbooks have not yet delivered real improvements for carers. Whilst the guidance may place a duty on Health Trusts to provide carers and patients with certain information<sup>25</sup>, the Government needs to consider whether legislation is required to deliver significant changes and provide carers with legal recourse.

In the NHS Plan the government has stated that it is anxious to cut readmission rates to hospital. Both the NHS Plan and the NSF for Older People stress that intermediate care should support timely discharge and maximise independent living. This policy is echoed in the promotion of integrated home care teams and in the Promoting Independence Grant.

Carers will want to see evidence that all these measures deliver change which will enable them to cope with caring for someone who has been discharged from hospital.

## FOOTNOTES

- 1 Hospital Discharge Workbook (1994) Department of Health
- 2 Holzhausen, E (2001) *You can take him home now: carers' experiences of hospital discharge* Carers National Association
- 3 Henwood, M. (1998) *Ignored and Invisible: Carers' experiences of the NHS*. Carers National Association
- 4 The NHS Plan (2000) Department of Health
- 5 Carers (Recognition and Services) Act 1995, policy guidance, Department of Health, July 1996, para 16
- 6 *Caring about Carers: A National Strategy for Carers* (1999) Stationery Office
- 7 The NHS Plan (2000) Department of Health
- 8 *National Service Framework for Older People* (2001) Department of Health
- 9 *Promoting Independence Grant 2001-02, policy guidance* Department of Health, 2001 para 6
- 10 *Coming Home - Carers Views and Invisible: Carers' experiences of the NHS* (1997) Arksey, Heaton, Sloper (SPRU York Uni)
- 11 *Patient Discharge Planning* (1997) Salford Royal NHS Hospitals Trusts
- 12 *NSF for Older People* (2001) Department of Health (2.37 pp33)
- 13 *Modernising Health and Social Services: National Priorities Guidance 1999/00 - 2001/2* Department of Health
- 14 *Policy and Practice in Hospital Discharge* (1997) Kesby S PSSRU
- 15 *Caring about Carers* (1999) op cit
- 16 The NHS Plan (2000) Department of Health 12.9
- 17 *National Service Framework for Older People - (2001)* Department of Health
- 18 *Hospital Discharge Workbook* (1994) Department of Health
- 19 *Hospital Discharge Workbook* (1994) op cit.
- 20 *They look after their own, don't they? Inspection of community care services for black and ethnic minority older people* (1998) Social Services Inspectorate
- 21 *Getting better? An inspection of hospital discharge arrangements for older people* (1998) SSI Report CI(98)22
- 22 *Ignored and Invisible: op cit*
- 23 *Ignored and Invisible: op cit*
- 24 *Ignored and Invisible: op cit*
- 25 *Community Care and the Law* Clements L (2000) p249 {6.126}

## RECOMMENDATIONS

### For Government

- Consider legislation to strengthen existing guidance and to achieve their 2004 target to improve discharge.
- Issue the new discharge guidance as a matter of urgency ensuring it fully accounts for the needs of carers.
- Ensure social care performance targets on carers' assessments record the number of assessments carried out at the point of discharge.
- Write to the Director of your Local Authority Social Services Department. Ask them about the Promoting Independence Grant and how they have spent the money to improve discharge arrangements and prevent unnecessary hospital admission.
- Ask them what joint work they have done with the local NHS trust to ensure consistent discharge policies.

### For Trusts and Social Services

- Review their discharge policies to ensure carers are identified, supported and allowed to make informed choices.
- Monitor policies, measured against outcomes for patients and carers and ensure they are regularly updated and reviewed
- Involve carers groups and organisations in the planning and monitoring of discharge policies
- Ensure policies place emphasis on carers' rights to assessment and choice about caring.
- Ensure staff are familiar with the Carers and Disabled Children Act
- Measure number of carers' assessments carried out at point of discharge
- Increase staff training on carer issues
- Ensure in-house patient information services e.g. PALS (Patient Advocacy and Liaison Services) provide carers with relevant information and signpost to other carer organisations.
- Ensure that local NHS implementation plans and intermediate care plans make support and recognition for carers an integral part

### For Carers Groups

- Publicise advice for carers on what they should expect when the person they care for is coming out of hospital.
- Carers need to make sure they are given a choice about whether to care, how much caring they are prepared to do and what sort of care tasks will be involved.
- Request a copy of your local Trust's discharge policy and measure how well it supports carers using our good practice checklist
- Write to your Trust Chief Executive and ask how they are involving carers in the implementation and monitoring of their discharge policy.

# Carers and hospital discharge

## - a good practice checklist

### Choice

Allow carers time to make choices about

- taking on the role of carer
- whether to continue caring
- how much and what type of care, taking into consideration family and caring commitments, work, education, social activities.

### Identification

- Throughout the hospital discharge process and at the earliest opportunity, ensure there are triggers in place to identify carers.
- Be aware that carers may not view themselves as carers but as partners, parents, sons, daughters, etc.

### Information

- Actively seek permission from patient to share information with the carer.
- Provide carers with information about
  - discharge plan in writing and verbally
  - medical condition of patient
  - carer's right to an assessment
  - what is likely to be involved in caring
  - benefits
  - financial implications of caring
  - charging for services
  - other sources of help and support organisations, such as carers organisations and self help groups
  - access to signers/interpreters to enable effective understanding and communication
  - challenging decisions and complaints procedures

### Assessment

- Inform carers about their right to an assessment and ensure carers are given information about how it may benefit them.
- Involve carers in assessments, including those carried out by occupational therapists, physiotherapists, community nurses etc.

### Planning for discharge

- Ensure carers feel fully involved at all stages of discharge including the decision to discharge the person and making sure practical arrangements are in place
- View carers as partners, respect and listen to their views - longer term carers are likely to have considerable expertise and skill of how to care for the patient
- Acknowledge carers' individual needs, consider cultural differences, age, race, disability, religious background, sexual orientation, gender assumptions, geography
- Ensure carers have been involved in drawing up, monitoring and reviewing policy and its implementation
- Develop different types of consultation procedures such as those discussed in "Involving and Consulting Carers" (available from [www.carershealthmatters.org.uk](http://www.carershealthmatters.org.uk))

### Support

- Be flexible: provide services that carers want, when they want them
- Ensure practical help is in place prior to discharge
- After discharge, check to find out if care package is actually supporting the carer
- Offer training on how to care safely; e.g. administering medicines, dealing with difficult behaviour, lifting and handling
- Improve co-ordination between Health and Social Services to ensure carers receive a seamless service

### Monitoring

- Find out whether carers' outcomes were met by the hospital discharge process. Methods of carrying this out include:
  - Patient / Carer satisfaction surveys
  - Audits of discharge documentation provided to carers
  - Measure number of carers assessments
  - Review policies regularly in consultation with carers organisations

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Published - October 2001  
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