**Healthwatch surrey- Leaving Hospital, What do I need to know?**

Use this checklist to ask questions and record information to get ready for leaving hospital.

**Leaving hospital What do I need to know?**

There are lots of things to consider when getting ready to leave, but it can be difficult to know what those things are. This checklist is yours, for you and your trusted contact or carer to use when discussing your discharge with hospital staff. It will help you gather and record the information you need before you leave hospital, and help make sure you pass important information on to the hospital staff when they are planning your discharge.

**Are you a carer?**

Please ensure staff are aware of your role as a carer as early as possible.

Name..................................................................................................................................................................................

.............................................................................................................

Ward..................................................................................................................................................................................

...............................................................................................................

**While you’re in Hospital**

1 Do you have a carer or trusted contact who should be informed about your care? If so, please give the ward staff their name and contact details.

Trusted contact or carer’s name and phone number:

..............................................................................................................................................................................................

.............................................................................................................................

2 How can I best look after myself in hospital to help me get well soon?

..............................................................................................................................................................................................

..............................................................................................................................................................................................

..............................................................................................................................................................................................

............................................................

3 What needs to happen before I can be discharged (for example a course of treatment, improved mobility, an assessment by health and social care professionals)?

..............................................................................................................................................................................................

..............................................................................................................................................................................................

..............................................................................................................................................................................................

............................................................

A carer is someone who looks after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid.

**Getting ready for discharge**

Before you go home you should be comfortable you have the following information:

My medical information

1 When I leave are there symptoms I should look out for?

..............................................................................................................................................................................................

..............................................................................................................................................................................................

..............................................................................................................................................................................................

2 What should I do if I notice these?

..............................................................................................................................................................................................

.............................................................................................................................

3 Do I need to come back for appointments? If so who will tell me about these? (There is space at the back of this checklist for you to write down appointment details). Your GP will receive a written medical discharge summary from the doctors who cared for you during your stay in hospital.

..............................................................................................................................................................................................

.............................................................................................................................

4 Do I need to contact my GP/practice nurse? If so, what do I need to tell them?

..............................................................................................................................................................................................

..............................................................................................................................................................................................

..............................................................................................................................................................................................

............................................................

Please tell the staff immediately if you have any areas of sore skin.

5 Will any other services be involved after I have been discharged?

|  |  |  |
| --- | --- | --- |
| Service | Why will they be involved? | Contact details |
|  |  |  |
|  |  |  |

6 If I don’t hear from any of these, what should I do and when?

..............................................................................................................................................................................................

..............................................................................................................................................................................................

..............................................................................................................................................................................................

............................................................

My medicines

Do I want these to be explained to my trusted contact or carer? If so, has that happened?

1 Are there any changes to my old medicines? Will I have to take any new medicines?

..............................................................................................................................................................................................

................................................................

2 Do I need incontinence supplies, catheter supplies or other clinical items?

..............................................................................................................................................................................................

.............................................................................................................................

3 What will happen when I need more medication or supplies?

..............................................................................................................................................................................................

.............................................................................................................................

My daily living

1 Will I need any mobility aids? Where will I get these from?

..............................................................................................................................................................................................

.............................................................................................................................

2 Will I need to change the foods I eat, or need a special diet?

..............................................................................................................................................................................................

.............................................................................................................................

3 Will I need more support to look after myself or look after my home? If so, has this been arranged? Who will be providing this support?

..............................................................................................................................................................................................

.............................................................................................................................

Carers can have an assessment to see if they are eligible for additional support for their caring role, or can ask for a Surrey Carer’s Prescription which can refer them to carer support services. If you are a carer, or if someone unpaid cares for you, have you discussed this with the staff?

Going home

1 Do I have suitable clothes and shoes to wear home?

..............................................................................................................................................................................................

.............................................................................................................................

2 How will I get home?

A) Can someone collect me? If so who? Can they stay with me to settle me in?

..............................................................................................................................................................................................

.............................................................................................................................

B) If I need public transport has this been arranged? Have I got money to pay for it?

..............................................................................................................................................................................................

.............................................................................................................................

C) If the hospital is arranging transport has it been booked?

..............................................................................................................................................................................................

.............................................................................................................................

3 Have I got a key to get in the house? If my key is in a keysafe, do I know the keysafe number?

..............................................................................................................................................................................................

.............................................................................................................................

4 Who can help me get the house ready for my first few days?

..............................................................................................................................................................................................

.............................................................................................................................

5 Will the house be warm enough?

..............................................................................................................................................................................................

.............................................................................................................................

A carer is someone of any age who provides unpaid help that you couldn’t manage without due to a physical or mental health condition.

6 Will there be food in the house?

..............................................................................................................................................................................................

.............................................................................................................................

7 Has my carer or trusted contact been told I am coming home? If they don’t live with me when will they visit?

..............................................................................................................................................................................................

.............................................................................................................................

8 Has my care agency (for paid carers) been told I am coming home? When will their first visit be?

..............................................................................................................................................................................................

.............................................................................................................................

**Going to a care home or a community hospital**

(a smaller local hospital, for rehabilitation or for further assessments)

1 Where will I be going?

..............................................................................................................................................................................................

.............................................................................................................................

2 Would I like more information about where I’m going next? Who can arrange this?

..............................................................................................................................................................................................

.............................................................................................................................

3 What will I need for the first few days there? Who can help me with this?

..............................................................................................................................................................................................

.............................................................................................................................

4 If you are a carer does the care home or community hospital know what you do to support your relative or friend?

..............................................................................................................................................................................................

.............................................................................................................................

Make sure you have:

1. **Medication**

Do you understand when and how to take it? When will you need a repeat prescription?

1. **Equipment**

For example, mobility aids or incontinence supplies

1. **Personal Property**

For example, clothes, toiletries, pendant alarm, hearing aids, glasses, dentures

1. **Paperwork**

Have you got the paperwork you were given by the hospital such as your discharge letter, Friends and family feedback card

1. **Information for your carer / trusted contact**

If you have asked your carer or trusted contact to be given information about your care and discharge has this been done? Does your carer have the information they need to continue

caring for you?

1. **Information about people coming in to care for you**

If you have people who come in to care for you, do you know when they will be coming next, do you have their contact information?

1. **Appointments**

Do you know what appointments you should be expecting to hear about, and do you have contact details in case they don’t get in touch?

**The day of discharge**

If you have any questions, problems or concerns please contact your GP Surgery, or NHS 111 for urgent issues when the surgery is shut. If you fall and cannot get up safely dial 999 for the ambulance service. For questions about equipment you will need to call the organisation providing the equipment. Make a note of their name and number here:

..............................................................................................................................................................................................

..............................................................................................................................................................................................

..............................................................................................................................................................................................

..............................................................................................................................................................................................

.........................................................................................................................................................................................

Other useful information; such as appointments, phone numbers etc.

..............................................................................................................................................................................................

..............................................................................................................................................................................................

..............................................................................................................................................................................................

..............................................................................................................................................................................................

..............................................................................................................................................................................................

..............................................................................................................................................................................................

..............................................................................................................................................................................................

..............................................................................................................................................................................................

..............................................................................................................................................................................................

..............................................................................................................................................................................................

When you are home

This checklist has been designed by Healthwatch Surrey with the aim of helping people 65+ to prepare for leaving hospital.

About Healthwatch Surrey Healthwatch Surrey is an independent local watchdog that gives the people of Surrey a voice to improve, shape and get the best from health and social care services.

We need your help to make the checklist as useful as possible to people like you. After the discharge please let us know if you found the checklist helpful or if you have any suggestions.
You can do this by completing and returning the short feedback sheet enclosed. If there is no feedback sheet we would love to hear from you through the contact details below.

If you would like to share any health or social care experience with Healthwatch Surrey, you can contact us:

Telephone 0303 303 0023 (local rate number)

SMS 07592 787533

Email enquiries@healthwatchsurrey.co.uk

www.healthwatchsurrey.co.uk

Write to us (free)

Freepost RSYX-ETRE-CXBY

Healthwatch Surrey

Astolat, Coniers Way

Burpham

Surrey

GU4 7HL

About this checklist

Copyright Healthwatch Surrey 2018

Age UK Surrey

To find out more telephone 01483 415060

Email enquiries@ageuksurrey.org.uk

Help at Home service For a small fee they can provide domestic help such as housework and shopping on a short or long term basis. Information and Advice service Age UK Surrey are experts on older people’s issues and provide an impartial, free and confidential

Information and Advice service.

Surrey social services

Surrey County Council provide information and advice about

social care in Surrey. To find out more telephone 0300 2001005

Action for Carers

Organisation dedicated to making life better for carers

www.actionforcarers.org.uk

To find out more telephone 0303 040 1234

Citizens Advice

Free information advice and guidance for patients, friends

and relatives.

www.citizensadvice.org.uk

To find out more telephone 03444 111 444

Carers UK

Coming out of Hospital 020 7378 4999

www.carersuk.org/help-and-advice/coming-out-of-hospital