

# Coming out of hospital



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**It is helpful to know what to consider if you're looking to care for someone who is coming out of hospital, especially if their needs have changed. This factsheet explains what to expect, the steps that should be followed, your rights as a carer, and what to do if things go wrong.**

This factsheet applies to people living in Northern Ireland.

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## If the person you care for is in hospital

If the person you care for is in hospital you may be faced with important decisions. You may be considering taking on this caring role for the first time and don't know what to expect. Or you may have already been caring for the person, but their needs have now increased or changed.

One important thing to remember is that it is your choice whether or not to take on a caring role. Think about the type and amount of support you are able to provide and what help you might need. For example, you may be able to help with shopping and meals, but feel that you would both like someone else to help with personal care. It is important for you to consider how your caring role is likely to affect your life and wellbeing.

## An outline of the discharge procedure

Each hospital will have its own discharge policy based on guidance from the government, which is called *Carer and Discharge Guidance – Guides for Carers, Staff and Managers/Policy Makers, Circular HSS (ECCU) 3/2010*. You can request a copy of the hospital's discharge policy from the ward manager or hospital social worker or download the guidance for carers at [nidirect.gov.uk/articles/hospitals-and-people-disabilities](http://nidirect.gov.uk/articles/hospitals-and-people-disabilities).

Discharge planning starts as soon as the person you care for is admitted to hospital. It is important to let the hospital staff know as early as possible if you are a carer or thinking of taking on the role. A discharge coordinator should be available to coordinate the planning process. They will act as a key person for you to contact to find out what the discharge plans are.

### **Should I, as a carer, be involved in the discharge procedure?**

The hospital discharge policy should emphasise the importance of involving you and the person you care for at all stages of discharge planning, so long as the person you care for consents to this.

Hospital wards can sometimes seem like busy or intimidating places and you may feel pressure from the hospital to get the person you care for home as soon as possible. The person you care for may be anxious to come home. However, it is important that you feel your views have been taken into consideration and that the person you care for is not being discharged before necessary support has been put in place.

In situations where the person you care for does not want you to be involved or be given information about their care, you should be informed of this.

### **What should happen before the person I care for is discharged?**

When the person you care for is nearing their expected date of discharge the following steps should be taken:

- An assessment should be carried out to see if they are medically fit to be discharged.
- An assessment should be carried out to see if they need support once discharged (see page 4).
- A carer's assessment should be carried out (or at least arranged), to see whether you, as a carer, need support once the person you care for is discharged (see page 5).
- A written care plan should be given to the person you care for (and a support plan for yourself if you have had your own carer's assessment), which outlines the support required and how this will be provided.
- The support outlined in the care plans should be put in place.

### **What should happen on the day the person I care for is discharged?**

On the day of their discharge, you and the person you care for should expect to be given both verbal and written information, with details of any services involved and information about future treatment and care. The information should be available in a language and format suitable for you. It is common that people do not remember or understand all the information they are given so don't be afraid to ask for it to be repeated or explained in a different way.

You, and the person you care for, should expect the following type of arrangements to be made for the day of discharge:

- appropriate transport should be organised if required
- the person you look after should be given a copy of their care plan
- a discharge letter should be sent to the GP of the person you care for within 24 hours

- medication and any equipment needed at home should be dispensed to the person you care for, as well as instructions and information about its use
- any necessary support should be put in place to start on the day of discharge.

A discharge 'lounge' (or similar space) should be available for use in the hospital while waiting for transport, medication etc.

## The discharge assessment

The discharge assessment, which is to see if the person you care for needs support once discharged, might be carried out by a multidisciplinary team of health or social care professionals. This is to avoid multiple assessments being carried out.

Local Trusts may vary in the services they provide, the eligibility criteria for these services, and the names they give to these services.

Services provided following the discharge assessment could include the following.

### **Intermediate or reablement care**

Intermediate care is a short-term package of care which is provided with the aim of assisting the person you care for to maintain or regain the ability to live independently at home.

Intermediate care could include any of the following:

- crisis response services providing short-term care
- home-based care services provided by health professionals such as nurses and therapists
- bed-based care away from home such as in a community hospital
- reablement.

Reablement is a particular type of intermediate care which has a stronger focus on helping the person you care for to live independently. It is generally provided by local Trusts.

Before the intermediate care or reablement ends, there should be another assessment to determine whether the person you care for has ongoing needs for care and support (if this has not already been decided).

Intermediate and reablement care should be provided free of charge for up to six weeks (although this can be longer in some circumstances). After the six weeks, if there are ongoing support needs which are being met by the local Trust, they might charge for such services.

### **Health services from the local Health and Social Care Trust**

Palliative care can be provided free from the local trust and is for people who have a health condition that is not expected to be cured by medical treatment. Palliative care can consist of pain relief and other appropriate medical care, as well as providing emotional and practical support. It can take place in a hospice, residential care or the person's own home.

Medical equipment and incontinence products can be provided free from the local trust if the person you care for is assessed as needing such items.

### **Community care services from the local Health and Social Care Trust**

The local Trust social services department can carry out an assessment for the person you care for, to determine whether they are eligible for any support. Support could include things such as equipment or adaptations to the home, a care worker to help provide personal care etc.

If the person you care for is assessed as needing support from the local Trust, they will carry out a financial assessment to determine whether, and if so how much, the person will need to contribute towards the cost of any support provided.

## **The carer's assessment**

You have a legal right to request a carer's assessment from the local Trust social services department of the person you are caring for, if you are providing or are about to provide 'regular and substantial' care to someone.

There are various different types of assessments depending on whether you are an adult yourself, and whether the person you are caring for is an adult. If you are assessed as needing support from the local Trust, they

might carry out a financial assessment to determine whether (and if so how much), you will need to contribute towards the cost of any support provided. However, it is not common practice for Trusts to charge carers for support. If the support is provided to the person you are caring for, you as a carer cannot be charged.

▶▶ **Note:** For more information on the different types of assessments available in Northern Ireland, read our factsheet which can be found here: [carersuk.org/ni/help-and-advice/practical-support/coming-out-of-hospital/](https://carersuk.org/ni/help-and-advice/practical-support/coming-out-of-hospital/)

## Discharge from a mental health facility

### **If the person you care for is detained under a section of the Mental Health Order**

If you are the nearest relative of the person you care for and they are in hospital under the Mental Health Order, you can give notice that you wish to discharge them. This must be done in writing and addressed to the relevant Trust. A responsible clinician can 'bar' this notice if they feel there would be a risk of the patient harming themselves or others.

Most mental health facilities will have an independent mental health advocate available for you to speak with about this. You can also contact Mindwise or CAUSE for further information – see page 11 for contact details.

### **Community mental health services**

If the person you care for is being discharged from a mental health facility, they will usually be under the care of a Community Mental Health Team (CMHT). The services provided by CMHTs will vary depending on your local Trust but could include community psychiatric nurses, occupational therapists, support workers and days services.

## Other important things to think about if the person you care for is in hospital

### Benefit claims

It is important to notify the relevant benefit office that the person you care for is going or has gone into hospital, as this may affect their benefits as well as your own.

Some benefits such as Personal Independence Payment (PIP), Disability Living Allowance or Attendance Allowance may stop if the person you care for has been in hospital for more than 28 days (or 84 days if the person you care for is a child).

Stays in hospital or a care home which are separated by 28 days or less are added together when working out when the benefit should stop.

If the Disability Living Allowance, Personal Independence Payment or Attendance Allowance of the person you care for stops, your Carer's Allowance will also stop.

When the person you care for is ready to be discharged, inform the office dealing with the particular benefit to make sure that payments restart. The person you care for may also be eligible for benefits at an increased rate if their care needs have changed.

**Note:** The rules relating to benefits are complex. For further advice and information, contact Carers UK – see final page for contact details.

### Help at work

If you are in paid work, you may need to make some adjustments if the person you care for goes into hospital and/or when they come out of hospital. This could be anything from needing to make regular phone calls to check on them, through to taking off an extended period of leave. Most working carers have the following rights:

- the right to request flexible working
- the right to time off in emergencies

- the right to not be discriminated against.

▶▶ **Note:** For more detailed information about your rights in work, see [carersuk.org/ni/help-and-advice/work-and-career/](https://carersuk.org/ni/help-and-advice/work-and-career/).

## Complaints

Unfortunately, there may be times when you need to make a complaint. When making a complaint, it is important to explain as clearly as possible what went wrong, and what you would like to happen instead. You should make your complaint as soon as you can.

### **Complaints about the discharge procedure**

To start with you may want to make an informal complaint by speaking to the discharge co-ordinator or social worker immediately involved with the arrangements. This is often sufficient to resolve the matter.

If the informal approach does not resolve the matter, you can use the two stage formal complaints procedure outlined below. Either you or the person you care for can make a complaint about how they or you have been treated or the care provided.

### **First stage complaint – local resolution**

You can contact the hospital or any other relevant organisation concerned. They should have a complaints procedure in place, and you can ask for a copy of it. You can complain verbally or in writing – let them know if you need any adjustments.

A large health centre will normally have a complaints manager. The manager should make a written record of your complaint. A smaller centre or practice may not have a complaints manager, but they will still have someone who is responsible for dealing with complaints.

### **Second stage complaint – the Northern Ireland Commissioner for Complaints (the Ombudsman)**

If you are not happy with the outcome of your initial complaint, you can complain to the Northern Ireland Commissioner for Complaints. See page

10 for contact details.

### **Assistance in making a complaint about the discharge procedure**

The Patient and Client Council (PCC) can provide advocacy and advice if you are making or intend to make a complaint. See page 10 for contact details.

### **Complaints about the Local Health and Social Care Trust**

You may be able to get assistance with making a complaint to your local Trust from Advice NI or a local carers' organisation, advocacy service or the Patient and Client Council (PCC) – see page 10 for contact details. You can also speak to your local Member of the Legislative Assembly (MLA).

### **Judicial review**

In some cases, an application for Judicial Review of a local Trust decision by the High Court may be possible. An application for judicial review must be made without delay and within a maximum period of three months, so it is important to get legal advice as quickly as possible. If you need to get legal advice, search for a legal adviser at [lawsoc-ni.org/solicitors](http://lawsoc-ni.org/solicitors).

**▶▶ Note:** For more help and tips on making a complaint visit [carersuk.org/making-complaints](http://carersuk.org/making-complaints).

## Further help

For further information, contact Carers UK by email [advice@carersuk.org](mailto:advice@carersuk.org) or call 0808 808 7777 (Monday-Friday, 9am-6pm). Please mention where you are based so that our guidance can be tailored for you.

Further guidance and support can also be found on our website: [carersuk.org/northernireland](http://carersuk.org/northernireland).

## Other organisations

### Age NI

**w:** [ageuk.org.uk/northern-ireland](http://ageuk.org.uk/northern-ireland)  
**t:** 0808 808 7575 | **e:** [info@ageni.org](mailto:info@ageni.org)

### Northern Ireland Commissioner for Complaints (the Ombudsman)

**w:** [ni-ombudsman.org.uk](http://ni-ombudsman.org.uk) **t:** 028 90 233821 | **e:** [nipso@nipso.org.uk](mailto:nipso@nipso.org.uk)

### Patient and Client Council

**w:** <https://pcc-ni.net/> **t:** 0800 917 0222 | **e:** [info.pcc@hscni.net](mailto:info.pcc@hscni.net)

### Advocacy and advice services

Advice NI

**w:** [www.adviceni.net](http://www.adviceni.net) | **t:** 080 915 4604 | **e:** [advice@adviceni.net](mailto:advice@adviceni.net)

### Commissioner for Older People for Northern Ireland

They offer advocacy services for older people

**w:** <https://copni.org/about/what-we-do/advocacy-and-legal>  
**t:** 028 9089 0892 | **e:** [info@copni.org](mailto:info@copni.org)

### Autism

Autism NI

**w:** [www.autismni.org](http://www.autismni.org) | **t:** 028 9040 1729

## **Dementia**

Dementia NI

**w:** [dementiani.org](http://dementiani.org) | **t:** 028 9693 1555

## **Direct payments and independent living**

The Centre for Independent Living for NI

**w:** <https://cilni.org/> | **t:** 0330 995 0404

## **Learning disabilities**

Mencap NI

**w:** [northernireland.mencap.org.uk](http://northernireland.mencap.org.uk) | **t:** 0808 808 1111

## **Mental health**

CAUSE

**w:** [cause.org.uk/](http://cause.org.uk/)

**t:** 0845 603 0291 | **e:** [info@cause.org.uk](mailto:info@cause.org.uk)

MIND

**w:** [mind.org.uk](http://mind.org.uk) | **t:** 0300 123 3393

Mindwise

**w:** [mindwisenv.org](http://mindwisenv.org)

**t:** 028 90 248006 | **e:** [info@mindwisenv.org](mailto:info@mindwisenv.org)



This factsheet is designed to provide helpful information and advice. It is not an authoritative statement of the law. We work to ensure that our factsheets are accurate and up to date, but information about benefits and community care can change over time. We would recommend contacting the Carers UK Helpline or visiting our website for the latest information.

To give us your feedback on this factsheet, please email your comments to [info@carersuk.org](mailto:info@carersuk.org)  
This factsheet was updated in April 2025. Next review due April 2026.

### **Carers NI**

028 90 439843

[info@carersni.org](mailto:info@carersni.org)

### **Carers UK**

20 Great Dover Street

London SE1 4LX

020 7378 4999

[info@carersuk.org](mailto:info@carersuk.org)

### **Carers UK Helpline**

For information and guidance about caring.

**T:** 0808 808 7777

(Monday – Friday 9am-6pm)

**E:** [advice@carersuk.org](mailto:advice@carersuk.org)

(Please note which nation you're from so that our advisers can tailor their guidance for you.)

### **However caring affects you, we're here**

Caring will affect us all at some point in our lives.

With your help, we can be there for the 6,000 people who start looking after someone each day.

We're the UK's only national membership charity for carers: join us for free at [carersuk.org/join](https://carersuk.org/join)

We're both a support network and a movement for change.

For more information and support, see our website: [carersuk.org/ni/help-and-advice](https://carersuk.org/ni/help-and-advice)

**This information can be requested in large print or as a text file.**