

Care at Home

We know when asked, some people, tell us they want to be in their own home where they feel more comfortable when they are at the end of their life.

Each person's individual care needs will be identified and a package of care provided to support those needs this could include up to 4 carer calls per day. We will always try to provide night sitters if they are assessed as being required, but sometimes we struggle to find staff for more than a few nights a week and this can be especially difficult in rural areas.

The carers will provide personal care, attend to the person's comfort, prepare meals and give oral medications, this care is often referred to as a care package and is provided by Continuing health care. The carers will usually be from a care agency.

Despite having this care in place the person's relatives and friends may still need to provide support in-between carer visits. There will be long periods of time when there is no nurse or carer present. It is likely that you will find supporting someone at home both physically tiring and emotionally very difficult, this can be discussed with your GP or members of the nursing teams who are supporting you.

Care in a community Hospital

Community hospitals provide care closer to patients' homes, they usually have medical cover from GPs who are local to them. Specialist palliative care services can still be asked for advice and support if needed.

If people improve or stabilise then an assessment is made of where is best place

Care in a Hospice

Hospices are experts in providing care at the end of life. They have consultants who are experienced in the management of symptoms that are difficult to settle.

Flexible visiting is supported and care is mostly provided in single rooms but some hospices do have shared rooms. At Ashgate Hospicecare there is a three bedded bay.

As with community hospitals if patients improve or stabilise then an assessment of where is best place of care will be carried out. Hospices are not able to offer long term placements.

Please be aware there are only a limited number of beds available within the hospice or community hospital setting. If your relative or friend would like transfer to one of these areas they will be assessed and if accepted placed onto a waiting list.

Fast Track Funding

The funding for care of people who are in the last weeks of their lives is usually paid from health rather than social care funding. This means that it is not means tested and is free regardless of personal wealth. The form that is completed to apply for this funding is called a Fast Track form.

Occasionally people who we thought were coming to the end of their lives improve and stabilise. All people who are having their care funded by health care will have their care needs and arrangements reviewed within 12 weeks. In some instances eligibility for health funding will be reassessed, an example of this is someone who has improved and is not now thought to be dying. If still needed, care may be transferred to social services or continue to be provided by health services.

*Discharge from
Hospital when
someone is coming to
the end of their life – A
Rapid Discharge Plan*

Information for
families and carers



The doctors and nurses will have explained to you that there has been a change in your relatives/friends condition and that it is now likely that they are in the last days or weeks of their lives.

As your relative/friend wishes to be cared for in a place other than the hospital we have started a process called the Rapid discharge plan. This means we will act as quickly as we are able to organise discharge.

Communication

It is important for us to make sure that you fully understand what is involved in rapid discharge. We know it will be a worrying time for you and we will do our best to make sure that patients and their relatives/friends are involved in all discussions and plans about care.

The hospital and community services will work together to organise the rapid discharge for your relative/friend. Please speak to the doctors or nurses if you have any questions, they are here to support you.

Transport

Your relative/friend will be transferred from hospital by ambulance, if going home a friend/relative will be asked to meet them at the discharge address. If wished you will be able to go in the ambulance during the journey.

Sometimes when patients are very unwell there is a risk that they will pass away during the journey home, if the nurses and doctors feel your relative/friend is of high risk of this, they will discuss this with you. If this is something that you are worried about please talk to the doctors and nurses.

Medications

It is likely that some medication may now have been stopped as the doctors caring for your loved one do not feel they are any longer helpful. Instead they may have been prescribed new medications that will help with symptoms such as pain or sickness if they occur. These medications are often referred to as "just in case" and will include injectable medicines that a nurse will be able to give at home or in another health care setting such as a nursing home.

Some patients may leave the hospital with a device called a syringe driver this is a small pump that delivers medication that helps to control symptoms, if at home the district nurse will visit to renew this every day.

Planning Discharge

You may be asked to help with certain aspects of discharge. If equipment such as a pressure relieving mattress, hospital bed, oxygen is needed for discharge home then someone will need to be there to accept the delivery.

While we will make every effort to discharge patients to where they want to be when we think they are likely to be in the last days and weeks of their lives sometimes it isn't possible. This can be for several reasons but often is about:

- The person becoming more unwell and passing away before we can arrange discharge.
- There isn't a bed available at a hospice, care home or community hospital.
- The availability of carer support at home, especially in rural areas.
- Sometimes there are special circumstances when for a specific reason, hospital care is needed.

When a someone wants to go home we usually can discharge them home the same day on a 4 hour discharge or within 24/48hours.

However this is not always right for everyone, maybe you and your relative/friend need a little more time to decide what's the best thing to do. Or perhaps you need a little time to prepare yourselves or get things ready at home. The nurses will discuss this with the patient (where possible) and their relatives/friends to find out their wishes. There is no wrong or right time frame for this, please do let us know if you have any concerns over how fast or how slow we are organising things.

Where can care can be given ?

Care in a nursing home

In a nursing home there will be nurses and care staff available to provide 24hr care.

You should speak with the home manager and staff if you have any questions or concerns and you should be able to arrange flexible visiting.

There is usually a visiting GP, they may speak to you and your relative/friend about how care is managed, as it is often appropriate to make plans that try to avoid emergency transfer to hospital if problems occur.

If specialist palliative care input is needed then the team from Ashgate hospicecare can be asked to provide advice and support.