

# CARERS AND HOSPITAL DISCHARGE

Toolkit for South East Hospitals  
and Community Providers



# FOREWORD

On July 1, 2022, unpaid carers were granted new rights under the Health and Care Act. One of the important changes included relates to hospital discharge, mandating that NHS hospital trusts in England involve unpaid carers as early as possible in the planning process for patient discharge.

Carers UK has found that when carers are not consulted, involved, or provided with the necessary information, the carers experience is negatively impacted. The 'Carers and Hospital Discharge' toolkit is a supporting framework-to enable organisations to more fully involve unpaid carers in care, and discharge planning which is expected to improve quality, safety and experience.

This comprehensive toolkit focusses on supporting a partnership approach to effectively plan for a smooth and secure transition from hospital care. This is likely to support timely and efficient discharge, and reduce readmission, aligning with the priorities of the NHS.

This provides a great opportunity, and I would encourage all colleagues in the South East region in health and social care to review the toolkit and consider how this will be implemented locally.

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# INTRODUCTION

## What is the Carer and Hospital Discharge Toolkit?

The hospital discharge process is a stressful time for many unpaid carers.

The Carers and Hospital Discharge Toolkit is to support health and care staff, with a leading role in hospital discharge, such as Discharge Liaison Nurses and Patient Flow Coordinators, to improve unpaid carers experience, when the person they support is discharged from hospital or community providers.

The Toolkit design is based on the Surrey Carers Pathway and the London Carers and Hospital Discharge toolkit. ([carers-and-hospital-discharge.pdf](#)) Unpaid carers should experience a streamlined transfer of care across services and should be involved as soon as possible in order that they are prepared and ready to support the person following discharge. Involving unpaid carers in discharge planning can reduce re admissions to hospital, improve patient outcomes and sustain unpaid carers' wellbeing.



## BACKGROUND AND CONTEXT

### Discharge and the role of unpaid carers

The Carers Trust define a carer as, “*anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.*”

Unpaid carers should be empowered to be involved in the ongoing care of the person they care for if that is their preference. Unpaid carers can support with personalised care, administer medications, provide emotional and physical support and practical help. Caring takes many forms, and many unpaid carers do not see themselves as carers, and may choose not to be labelled a carer. ([Carers Trust](#)).

Unpaid carers can support nursing staff with their capacity on the ward. Where it is possible and safe to do so, open visiting hours can support unpaid carers to sustain their caring relationship and ease transition from hospital to home at discharge. A recognised unpaid carer should be involved in all discussions that affect them.

Hospital discharge has been an area of strategic focus for improvement. In July 2022, **the passing of the amendments to the Health and Care Act (2022) (Section 91) means that NHS hospital Trusts in England have a duty to ensure that unpaid carers are involved as soon as feasible when plans for the patient's discharge are being made.** This applies to all unpaid carers of adults needing care and support following hospital discharge.

From 1 April 2022, local areas adopted discharge processes that best meet the needs of the local population. This included the ‘discharge to assess, home first’ approach.

Under the [Discharge to assess, home first](#) approach to hospital discharge, the vast majority of people are expected to go home (to their usual place of residence) following discharge. The discharge to assess model is built on evidence that the most effective way to support people is to ensure they are discharged safely when they are clinically ready, with timely and appropriate recovery support if needed. It is therefore essential that unpaid carers are included in this process to ensure that there is a safe transfer of care to the home.

Research has shown that families and **unpaid carers often don't feel listened to, respected, or included.** Many unpaid carers do not feel they are included in decision making or are treated as equal partners in care. ([Healthwatch Kent](#)).

### Carer Involvement

A recognised unpaid carer should be involved in all discussions that affect them.

It is only through meaningful involvement and consultation with unpaid carers that health care professionals will be able to arrive at an accurate and honest appraisal of what the carer is willing and able to provide after discharge.

### Carers Rights

The Care Act (2014) gives unpaid carers the legal right to recognition and entitlement to be supported. ([Carers Trust](#)). There is no legal obligation to be a carer. Below are several relevant rights that should be recognised when talking to unpaid carers to ensure unpaid carers rights are considered. These are:

- To choose whether to be a carer.
- To self-determine willingness and ability to care.
- To be supported to identify which needs of the person you care for you may be willing and able to support.
- To have a Carers Assessment conducted. (Social care services.)
- Rights as defined by Civil Rights and Human Rights legislation.
- Additional rights associated with the Equalities Act

## Young Carers

Young carers roles can vary and may not be recognised by health and care professionals as they may be attending school or college during the day and will not be present at the bedside. Young carers need to be identified so they get the appropriate support.

Young adult carers may be trying to balance their caring responsibilities with employment or training too. Young carers need training in things including lifting properly, first aid, cooking, budgeting, how to store and give medications. Support for young carers needs will be different to that of an adult carer. Health and care staff and the public, have a duty to protect young carers against inappropriate tasks and excessive levels of caring. The extent to which a young carer can provide care and willing to do so must be assessed as part of the formal Young Carer's Needs Assessment. The Children and Families Act 2014 introduced new rights for young carers who are entitled to an assessment of their needs from the local authority.

## Carers supporting people who are known to be at the end of their life:

Health and care staff should establish early contact with unpaid carers involved in providing end of life care and discuss how best they can support them. Try whenever possible to provide consistent care so that the unpaid carer and the person they care for can build a relationship with the staff supporting them. Involve unpaid carers in advance care planning if the person being cared for consents to this. For recommendations about involving unpaid carers in advance care plans for people who may lack mental capacity, see [NICE's guideline on decision making and mental capacity](#).



## IMPORTANT POINTS TO CONSIDER

# KEY POINTS

- Identifying unpaid carers is the first step to providing carers with the support they need to maintain their own mental and physical health and wellbeing. (Further information in Appendix 3).
- The patient themselves might be a unpaid carer. If so, it will be important to establish whether the person they care for is being supported during their absence. Any concerns or issues should be highlighted as early as possible to enable potential referral to the social care team, support agencies and consideration of local safeguarding team.
- Language is important – Many unpaid carers don't identify themselves as carers. Ask people 'Do you look after someone?' (For example, the person who escorts the patient to the ward, a regular visitor, family, friends)
- Consent: Confidentiality is an often-cited issue to not work with a carer. If the patient has not provided consent staff can listen to the unpaid carers concerns and provide general information. (e.g. around the condition/medication). Consent can be a complex issue. (refer to local organisational guidance) When the patient/service user has given explicit, informed consent, information can be shared. In circumstances where the patient/service user cannot give valid consent, confidential information should be shared with the unpaid carer subject to open dialogue with the patient if possible. If it is not possible to engage with open dialogue, information should be shared with the carer in the incapacitated person's best interests, when certain criteria are met. This includes the patient/service user lacks capacity. [NHS Digital](#)
- During the nursing assessment for the patient, a unpaid carer may be identified. At this point you can ask the patient if they consent to have medical/social care information shared with the carer? If consent is given, the hospital carers checklist can be started.
- Safeguarding is complex. Adult unpaid carers are not a homogenous group. Their needs and circumstances are diverse. Unpaid carers may experience intentional or unintentional harm from the person they are trying to support or carers who may unintentionally or intentionally harm or neglect the person they support. If staff, have any concerns they should follow the local safeguarding protocols and raise concerns.
- Avoid assuming that the 'Next of Kin' is automatically the person who may have agreed to be the persons carer. If the patient has identified who their 'next of kin' contact is, it is still important to establish and record if they have a carer and who it is.
- There may be occasions where someone has more than one carer. In these situations, it is important to identify all unpaid carers but for one person to be the agreed key contact and how communication etc. will be managed. If there is more than one carer, it may be necessary to discuss and agree plans with all carers involved, with the patient's agreement.
- Unpaid carer voice should be incorporated into multi-disciplinary team meetings discussing discharge, either directly or through representation.
- Identified unpaid carers should be involved in every Discharge Planning Meeting, with a date agreed in advance. Clinical staff should inform unpaid carers, where appropriate, alongside the patient of the progress towards discharge.
- Staff should always demonstrate compassion around the caring circumstances and understand that if the unpaid carer wishes to use this time when the cared for are in hospital, to have a well-earned break.

# **CARERS AND HOSPITAL DISCHARGE CHECKLIST TOOL: TO BE COMPLETED BY HEALTH OR SOCIAL CARE STAFF**

## STEP 1

### Identification / Planning for discharge

Has the patient identified they have a special person who supports them with their care needs?

Yes

No

Are there any **young people** in the household who are providing care or who may be affected?

Yes

No

Patients who care and support someone should be identified on admission, but this should be confirmed when planning discharge. Is the patient a carer?

Yes

No

If yes, ask if arrangements have been made for the person/s they care about and that the care will continue through their recovery period.

Yes

No

(If no, contact the hospital social worker for support).

### What support has been offered/provided to the carer? For example:

- Recorded carers details in hospital records
- Involved carer in planning
- Offer carer passport
- Provide advice on patient medication and care
- Provide carer information pack
- Refer carer to local carers support services.

## STEP 2

Has the person's carer confirmed that they are willing and able to care for person on discharge?

Yes

No

## STEP 3

Asked the carer (adult or young carer) if they would like to be referred to the social worker in the hospital for a:

### Social Care – Carer's Assessment

Yes

No

### Local Carers Services

Yes

No



# DISCHARGE PROCESS

## STEP 4

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Has the carer been included in the discharge planning process?

- Yes**
- No**

If the patient's care and support needs have changed during the period of hospitalisation has the carer been made aware of this?

- Yes**
- No**

If the patient is being discharged to a different care setting has the carer been given information as to what options are available to them and sufficient time to investigate these?

- Yes**
- No**

Has there been a conversation with the carer regarding the expected date of discharge and any challenges identified?

- Yes**
- No**

Has the carer been offered advice and information on the patient's condition?

- Yes**
- No**

Has the carer been given training on how to use any equipment provided safely including any health technology equipment?

- Yes**
- No**

## STEP 5

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### Discharge

Have the transport requirements of the patient been discussed with the carer?

- Yes**
- No**

If transport is required has the carer been asked what time of day is most suitable? (Explain how transport can be unreliable at times and may be either AM or PM slots)

- Yes**
- No**

Has the carer been given advice and information on the patient's medication?

- Yes**
- No**

Has the carer been provided with a copy of the discharge plan?

- Yes**
- No**

Has the carer been provided with a named contact and number to call if they have any concerns post discharge (including out of hours services)?

- Yes**
- No**

## COMPLETION OF THE CHECKLIST

After the completion of the checklist, staff should follow up on any actions including contacting the social care team, any related care teams or services or arranging transport. The checklist should be filed in the cared for person's nursing records for access when required.

If the unpaid carer informs you of any changes in their circumstances, please inform the relevant contacts and update the hospital carers checklist.

## DISCHARGE (TRANSITION)

A safe transfer of care to the carer should be given the same status as any other transfer of care.

Community and carer support should be organised and in place ready for discharge.

The discharge coordinator should arrange follow-up care as soon as discharge is planned. This may include organising specialist equipment, additional support from primary care, involvement from community health and social care and housing teams.

Details of the discharge plan should be provided to unpaid carers, ideally in writing, including any relevant dates for MDT involvement. Where possible, this should include the anticipated date for allocating a social worker to the patient and, where relevant, the unpaid carer.

People with complex needs or who need end-of-life care, their families, and carers will be given details of who to contact about medicine and equipment problems should they occur in the 24 hours after discharge.

If the patient is being discharged to a virtual ward, training in the use of any digital monitoring or use of equipment such as telecare should be provided to the unpaid carers. This may take place in the home so contact the local team for support prior to discharge.



# CARERS AND HOSPITAL DISCHARGE TOOLKIT - THE DETAIL

The second part of the carer and hospital discharge tool kit provides further information and more detail regarding the stages of the **Carers Pathway** and signpost to examples of good practice, guidance, and practical advice. (Further information can be found in Appendix 1 and 2).



## STEP ONE IDENTIFICATION

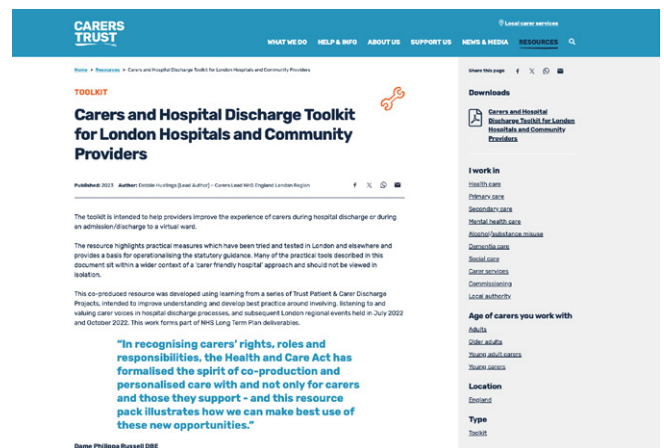
Identifying unpaid carers is the first step to providing them with the support they need to maintain their own mental and physical health and wellbeing.

People may not see themselves as unpaid carers, rather seeing caring as an extension of their familial role. Becoming a carer can be a gradual process, and carers may not recognise the changing nature of their relationship with the person they care for.

Staff on the ward will provide the person and their family, carer or advocate with an opportunity to discuss the patients care along with any special arrangements to support carers, for example the hospital's [Patient Advice and Liaison Service \(PALS\)](#).

If the hospital has a carer champion or dedicated carers' space the carer can be signposted to the person or area. There may be a unpaid carer passport scheme in operation, which offers such as options for hospital car parking charges concessions, access to staff canteen.

Unpaid carers can struggle for recognition and support from health professionals. Involving carers in **decision-making** and recognising their role as expert partners in care serves to benefit patients, carers, and the NHS alike. Unpaid carers can feel overwhelmed so they may like to speak with a member of staff to ensure the initial assessment is balanced, correct, and considers all factors. This is especially true when the patient is a child or lacks mental capacity. ([Carers UK](#)).



## STEP TWO WELCOME AND RECOGNITION

Unpaid carers have a wealth of knowledge about the person they care about and are often key to understanding the person's needs and preferences.

This can particularly be the case in relation to young carers where professionals sometimes see them as 'just' a child, even though they may be the primary carer at home. A young carer from Norfolk worked with his local hospital to produce this film about his experience with professionals - <https://youtu.be/CJXvROXEa3I>

### Thoughtful conversations

Get to know the carer and when able ask the carer how they are coping. Be mindful that unpaid carers may often not feel able to say how they are doing in front of the person that they care for. With consent, if there are any worries, ensure these information/concerns are recorded and referred to the appropriate staff.



## STEP THREE ASSESSMENT AND SUPPORT

There are non-statutory adult carer risk assessment and holistic needs assessment tools which have been developed. These include condition/diseases specific versions of these tools for stroke, cancer, or dementia carers. (See appendix 1)

Although the legal duties to assess unpaid carers support needs rest with local authorities there are ways in which health staff can support the process.

A key role is making sure carers know they have a right to an assessment and know how to request one. Both Adult and Young Carers are entitled to a carers assessment.

Staff can also ensure that parents know about rights for young carers.

Unpaid carers are often unfamiliar with how to care and may need support in managing the practical side of their caring role. Staff may be able to support. More information around the sort of support that maybe required can be found in the [London carers and hospital discharge toolkit](#).



### What should happen whilst in hospital?

Whether carers are new to caring or have been caring for a while, the carer's status should be reviewed during the patient's stay in hospital. An episode in hospital may lead to a patient requiring care and support for the first time. If there is an existing carer relationship, the level of dependency of the person they care for may have been exacerbated by this illness or treatment.

## STEP FOUR INVOLVEMENT

Be pro-active about involving the unpaid carer in all discussions regarding care, medications, discharge, and self-care advice.

Hospitals may allow unpaid carers to provide personal care however some unpaid carers may not wish to do this during the hospital stay. There should be no pressure placed on carers to undertake personal care.

Where consent has been provided, staff and unpaid carers working together in equal partnership with the patient means their collective knowledge and expertise can be used to devise individual care and support plans to help support recovery for the whole family.

### Multi - Disciplinary Team meetings:

Unpaid carers will be able to input into Multi-Disciplinary Team (MDT) meetings via staff attending the meeting or in person within some organisations. Following the MDT meeting, patients, families, and carers will receive feedback from the medical/surgical team managing the patients care. This may be during a ward round, phone call or clinic appointment. Further information on MDTs can be found in [London carers and hospital discharge toolkit](#).

### Before hospital discharge.

A member of the hospital-based multi-disciplinary team should be made responsible for providing carers with information and support. This could include:

- printed and digital information
- face-to-face meetings
- phone calls
- hands-on training, including practical support and advice.

## STEP FIVE (TRANSITION DISCHARGE)

A safe transition of care to the unpaid carer should be given the same status as any other transfer of care. The discharge coordinator or the delegated member of the MDT should arrange follow-up care across the health and care system. (Preparing for discharge. See appendix 1)

The discharge coordinator should discuss the need for any specialist equipment and support with primary care, community health, social care, and housing practitioners as soon as discharge planning starts. This should involve the carer and provision should be made for any training needs the carer might need in using the equipment.

Once the assessment for discharge is complete, the discharge coordinator should agree the plan for ongoing treatment and support with the community-based multidisciplinary team.

Staff should discuss with the person and/or carer how they can manage their condition after their discharge from hospital.

### **Bringing hospital care home: Virtual wards and hospital at home for older people.**

The community-based MDT should review the unpaid carer's training and support needs regularly (as a minimum at the person's six-month and annual reviews). Consider the fact that their needs may change over time.



# APPENDIX 1: CARERS CARE PATHWAY

The Surrey Carers Pathway was designed to serve two purposes: to fit within existing pathways familiar to community health care and hospital staff; and to help health care staff identify, recognise and support carers.

There are other carer pathway models used elsewhere in the country and these are all very similar.

The five-step pathway was originally co-designed by carers and professionals in Surrey in 2015 and was updated in 2021. The pathway has been reviewed by the NHS England London region health and social care partners, in the light of the recent guidance and additional steps identified. Providers will need to consider who is responsible for delivering each part of the pathway.



## WELCOME AND RECOGNITION

Care planning is based on accurate and detailed information. When people lack capacity to give consent, the involvement of carers should be in line with the [Mental Capacity Act Code of Practice](#) and the [NICE guideline on decision-making and mental capacity](#).

How to guide: [NICE Adult Carers Support Quality Statement Two – Working with Carers](#)

## ASSESSMENT AND SUPPORT

Unpaid carers (adult and young carers) should be informed they have the right to a statutory carer's assessment of their own needs. (for further detail refer to [London carers and hospital discharge toolkit](#)).

[Carers UK Fact Sheet Carer's Assessments](#)

[Carers First Fact Sheet Carers Assessment](#)

How to guide: [NICE Adult Carers Support Quality Statement Three – Assessing carers needs](#).

## INVOLVEMENT

Advice is given to carer about the partnership approach to delivering care where the patient, carers and health and social care professionals are all seen as equal partners. Detail around Multidisciplinary team meetings and discharge assessments refer to [London carers and hospital discharge toolkit](#).

## RESOURCES TO SUPPORT THE CARERS AT EACH STAGE OF THE CARERS PATHWAY

NHSE Commitment to Carers

NICE Guidance 27 – Transition between inpatient hospital settings and community or care home settings for adults with social care needs.

NICE Guidance 150 – Adult Carers Support

Discharge to assess quick guide.

Children's Society Health services and support (Young Carers)

## RESOURCES TO ENHANCE CARERS EXPERIENCE

The mental health '[Triangle of Care Self-Assessment Tool](#)' quality improvement tool can help provide a stocktake around how carers are welcomed and recognised within hospital.

Does the hospital operate a carers passport scheme? Examples of best practice can be viewed here [Carer Passport schemes | Carers Passports](#).

Has your hospital signed up to [John's Campaign](#)? [Carers UK's Digital Resource for Carers](#) platform hosts a wide range of online resources including e-learning modules and the care-co-ordination app, Jointly, to promote wellbeing and resilience in caring. The Digital Resource for Carers includes e-learning, guides and comprehensive signposting, access to MyBackup, a simple contingency planning tool for what might happen in an emergency.

Carers UK have provided a range of promotional materials including posters to have in waiting room areas and business cards to be made available at the reception desk as well as a unique free access code [www.carersuk.org/nhs-digital-resources](http://www.carersuk.org/nhs-digital-resources).

Although primarily used in end-of-life circumstances the [Carers Support Needs Assessment](#) Intervention is a best practice example of a carer's holistic needs assessment.

## THERE ARE MANY PRACTICAL GUIDES TO CARING AVAILABLE. SOME ARE CONDITION SPECIFIC

Public Health England – [Practical Guide to Healthy Caring](#)

Alzheimer's Society – [Caring for a person with dementia – Practical Guide](#)

Macmillan Cancer Support – [A guide for young people who look after someone with cancer](#)

NICE Guidance NG142 – [End of life care for adults](#)

### Carer Awareness Training

Carer awareness training should be available for staff and volunteers. (See organisational training programme) Some carers support services now provide staff carer awareness training. To find your local carers service click on this link: [Carers Support Service search](#).

There are many Carers Awareness E-learning courses available, including

[Queen's Nursing Institute](#)

[Carers UK E-learning](#)

Young carers will need to be supported differently from adult carers, Staff need to be aware of this and refer appropriately. Consider developing your own young carer hospital information. Examples such as [Epsom and St Helier University Hospitals NHS Trust Young Carers Information Leaflet](#).

Make sure your hospital website includes advice and information for family and carers. Check that it is easily accessible, preferably within two clicks.

Consider establishing a network of trained and committed carer champions who in turn can support their colleagues with carer friendly practice. A 'carer/s champion role' and example of this operates in Greater Manchester System [Meet our Carer Champions | Greater Manchester Mental Health NHS FT \(gmmh.nhs.uk\)](#). Surrey and Sussex Healthcare Trust operate a volunteer Carer Champion role. This can take pressure off clinical staff.

# APPENDIX 2:

# POST DISCHARGE

## PATIENT FACING LEAFLET

[Hospital Discharge Patient Leaflet.](#)

## CARER FACING RESOURCES

Carers UK produce a number of useful fact sheets for carers including: [Coming out of hospital](#)

Mobilise [Carers Guide to Hospital Discharge](#)

Carers First Carers Support have produced a simple [Carers Hospital Discharge Guide](#)

Action for Carers Surrey have produced a [Hospital Discharge Guide](#) this includes a carer's checklist.

# APPENDIX 3: AN INTEGRATED APPROACH TO SUPPORTING CARERS

This toolkit covers the general principles that apply to all carers including parent carers and young carers. We want carers supported across the health and care system, and for unpaid carers to be seen as everybody's business.

The caring journey is rarely static and is unique to each carer and family and, as such, no one organisation can deliver on all their care and support needs which is why this toolkit has been developed in line with the [NHS England Commitment to Carers Toolkit](#). This helps local partners come together to develop an integrated approach to supporting carers.



To learn more NHS England have produced a short film – [Carers and integrated approach](#).

By following an integrated approach carers in Southeast should be able to expect to:

- Be identified as a unpaid carer as early as possible and be assessed in the context of a whole family approach
- Have access to high quality information, advice and support that is personalised and which they can trust
- Be encouraged to recognise their role and rights
- Have their rights and those of the person/s they care for championed and protected
- Be informed, respected, and included as expert partners in care
- Be involved in discharge planning from the point of admission
- Have access to support and training that will enable them to feel confident in their caring role
- Have choice and control in their caring role
- Be respected and treated with compassion if they are no longer willing or able to care
- Have their own needs and wishes as an individual recognised and supported
- Be advised on who they can contact in an emergency or crisis post discharge
- Be supported to remain in work, training and/or education
- Be supported in getting financial advice, including about welfare and benefits
- Be able to stay healthy and live well themselves, including accessing breaks to support them to maintain their own wellbeing
- Have meaningful opportunities to have their voices heard and be empowered to share their lived experience which will influence learning and change; and be socially connected and not isolated.

## Why it is important to identify, recognise, value and support carers

Like everywhere else in the country the Southeast runs on its unpaid care.

According to the 2021 census there were 791,947 carers including young carers. The percentage of people who describe themselves as providing care is **slightly higher than the national percentage at 8.4%**.

The region overall has the lowest age-standardised proportion of people providing over 20 hours or more unpaid care a week. Those providing care 19 or less hours unpaid care a week is comparable with all other regions.

This number of unpaid carers is likely to be an underrepresentation of the full caring population in 2022. Without their support our systems would collapse. The value of their contribution to our health and care system is £132 billion nationally and yet carers experience significant health inequalities.

# APPENDIX 4: LEGISLATIVE AND POLICY CONTEXT

- **Health and Care Act 2022** - Section 91 Hospital Discharge and Community Services - The current version of the government’s **“Hospital discharge and community support guidance”** was published on 31 March and updated on 1 July 2022
  - **The Care Act 2014** - duties to identify and provide information to carers, undertake carers assessments and provide preventative support. The accompanying statutory guidance makes clear that young carers must not be left with inappropriate tasks or levels of caring responsibilities. There is also a provision for assessments for young carers in transition to adulthood
  - **Children Act 1989 (as amended by the Children and Families Act 2014)** - duties to identify and provide information to young carers and parent carers, undertake young carers needs assessments and parent carers assessments and to provide preventative support. Both the Care Act 2014 and Children Act 1989 include requirements for NHS bodies to cooperate with local authorities, including in relation to their responsibilities to carers and young carers
  - **Carers (Recognition and Services) Act 1995** - these provisions also still apply to other carers of disabled children (grandparents, aunts, uncles and adult siblings)
  - NHS Long Term Plan – **Carer Objectives**
  - NICE Adult Carers Support and Quality Standard (**National Guidance 150**)
  - NICE Transition between inpatient hospital settings and community or care home settings for adults with social care needs (**National Guidance 27**).
- It is a legal duty for local authorities to provide information to families and carers to support them in their caring role. Information provision must meet the requirements of the **Care Act 2014 (Part 1)** and **Children and Families Act 2014**. It is the duty of the NHS to cooperate with the local authority to ensure carers are identified and provided with information regardless of setting.
- Hospital discharge and community support guidance - GOV.UK ([www.gov.uk](http://www.gov.uk))
- Discharge from mental health inpatient settings - GOV.UK ([www.gov.uk](http://www.gov.uk))
- No wrong doors for young carers  
<https://carers.org/downloads/>
- Reports and guidance related to unpaid carers**
- Major conditions strategy 2023
- NHS @75 Report.
- Carer contingency planning: recommendations for integrated care systems.
- NHS Constitution.

## DEFINITIONS

### Definition of a carer

**The Care Act 2014** defines a carer as an adult, aged 18 or over, who provides, or intends to provide, care for another adult who needs care because of a disability, health condition, frailty, mental ill health, addiction or other health or care needs. It excludes those who provide paid care or do so as voluntary work.

### Definition of a young carer

Young carers are defined as children under 18 with caring responsibilities. Their rights to be assessed come mostly from the Children Act 1989 and the Children and Families Act 2014 although important to note the Care Act 2014 refers to adopting a 'whole family' approach in reference to children and young people caring for an adult.

### Definition of a parent carer – Children and Families Act 2014

A person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility.

Whilst the new legislation around hospital discharge applies only to individuals caring for an adult, it is important for hospitals to be mindful of the importance of involving parent carers and recognising their own potential need for support. Parent carers have the right for their needs to be assessed under the Children Act 1989.



# APPENDIX 5: UNPAID CARERS SNOMED CT CODES

**SNOMED CT is a structured clinical vocabulary for use in electronic health records.**

SNOMED CT is the required standard across the NHS. This applies to systems used for the direct management of individual care within:

- Secondary care
- Acute care
- Mental Health services
- Community services
- Dentistry
- Optometry.

It is recommended that as a minimum data set unpaid carers are coded as follows using one of the below SNOMED CT codes.

## Unpaid Carers SNOMED CT codes

SNOMED CT code	Term description	Definition for NHS LTP delivery and associated metric
224484003	Patient themselves providing care	Person who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.
302767002	Cares for a relative	Person who looks after a family member who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.
199361000000101	Is no longer a carer	When a person is no longer providing care unpaid.
1366321000000106	Has a contingency plan	Carer has contingency plan/has a carer emergency plan.

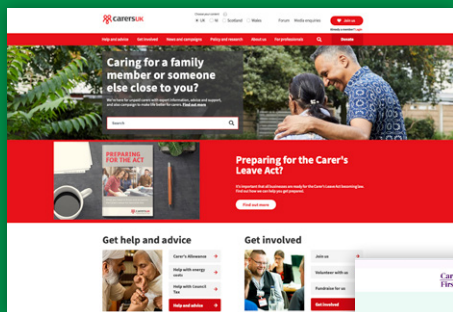
# APPENDIX 6: GENERAL INFORMATION

Each ICS will have its own carers strategy with some being delegated to Place (borough). Example of a hospital carers strategy which aligns to the wider ICS Carers Strategy can be found [Carers Strategy 2021-24: Surrey and Sussex Healthcare NHS Trust](#).

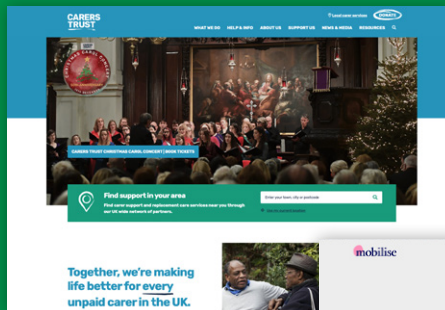
This also includes an example of a Hospital Carers Action Plan.

To read the HSJ award winning Torbay and Devon Hospital Carers Support Service evaluation report [click here](#)

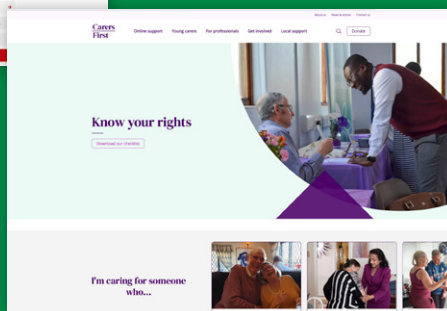
## Partner Websites



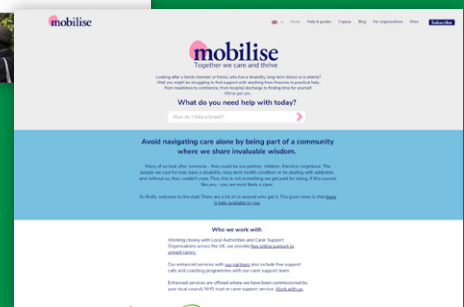
[Carers UK](#)



[Carers Trust](#)



[Carers First](#)



[Mobilise](#)

The NHS England Commitment to Carers Programme have their own dedicated pages on the Future NHS Collaboration Platform.

Future NHS Collaboration platform: [Join our Commitment to Carers](#)

NHS England South East Region Unpaid Carers Lead:  
england.seunpaidcarersprogramme@nhs.net

## ACKNOWLEDGEMENTS

### **NHS England Commitment to Carers Team**

Seven South east region 'Trust Patient and Carer Discharge Projects' were part of over 40 national trust discharge projects intended to improve our understanding and develop best practice around involving, listening to and valuing carer voices in hospital discharge processes. This work forms part of our NHS Long Term Plan deliverables.

The development of the London carers and hospital discharge toolkit has been informed by Government legislation, national and local policies, National Institute for Excellence (NICE) Guidance, voluntary sector, NHS provider and social care provider feedback and, most importantly carers' views and wishes.

**This toolkit has been adapted from the London Carers Discharge Toolkit by the SE region unpaid carers team.**

**Working in co production with internal and external stakeholders colleagues within London and SE region.**

Full list of internal and external stakeholder see [London Carers and Hospital discharge toolkit](#).



**Nursing Directorate**

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Join our [South East Region Experience and Involvement workspace](#)  
on the Future NHS collaboration platform