Fast Track Discharge
Information for patients, relatives and carers

ℹ️ For more information, please contact:

Discharge Liaison Team
The York Hospital
Wigginton Road, York, YO31 8HE
Telephone: 01904 725989

Scarborough Hospital
Woodlands Drive, Scarborough, YO12 6QL
Telephone: 01723 342593

Caring with pride
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Caring about what we do • Respecting and valuing each other
Introduction

The aim of this booklet is to guide you through the care options available to you.

Palliative and end of life care must be a priority. The quality and accessibility of this care will affect all of us and it must be made consistently better for all of us. The needs of people of all ages who are living with dying, death and bereavement, their families, carers and communities must be addressed, taking into account their priorities, preferences and wishes.

If a person’s condition is deteriorating rapidly or they are entering a terminal phase, the Fast Track CHC pathway can be used.

Fast Track Care, provided by Continuing Healthcare (CHC) is a free care package, funded and arranged by the NHS, to enable people to leave hospital to return to their own homes or a care home.

Should you have any questions or concerns, which this booklet does not cover, please do not hesitate to contact your key worker.
Being Cared for at Home

Our home is often the place where we feel most comfortable and where people would like to spend their last days and hours of life. Wherever possible if this is your wish, your healthcare team will aim to facilitate this.

An example of the care that could be covered by this funding may consist of;

Up to four visits a day from carers who will spend up to 60 minutes on each visit. The carers ensure patient comfort and will give you the personal care you require depending on your individual need. This care will be provided by a private care agency.

Night sitters may be offered in order for your relatives to have a break. Please ask your key worker if this service is available in your area.

This care package will be reviewed by the community nurses in partnership with Continuing Health Care.

It may be worth remembering that having good care at home normally relies on family providing support during times between carers’ visits.

Your District Nursing team and your GP will provide any medical care necessary and where appropriate will involve other support services to support your care.
Being Cared for in a Care Home

At times, it may be necessary to consider 24-hour care; this can be provided within a care home environment. Many care homes are equipped to give end of life care, which can alleviate pressure on family and friends.

It is important to know that Fast Track funding for care at home and for a placement in a care home will be reviewed after a period of six weeks and periodically after this. Should your condition stabilise, a full assessment of eligibility for Fully Funded NHS Care may be arranged.

The Role of Your GP

When you are discharged from hospital, we will let your GP know and will inform them of any discussions we have had with you and your family. Once you are home or in the care home, your GP will be responsible for your overall care.

Your GP will review your care at the earliest opportunity; they will be able to discuss your symptoms and other general aspects of your care. This will ensure that you are comfortable and that those caring for you are supported. Your GP may continue to liaise with other services, including the team at your local hospice where appropriate.
The Role of the District Nurse

District Nurses act as a key coordinator of your care by working with your GP and other health and social care services to ensure you receive appropriate palliative care at home. They will assess, review, and manage your symptoms which you may be experiencing and will regularly visit you at home to provide on-going support to you and your family.

The service in York and Scarborough is available 24 hours per day. Nurses are available to contact by telephone between your planned visits if you should need further advice and support. Your call will be prioritised appropriately and additional home visits will be arranged if required.

The Role of Occupational Therapy/Physiotherapy

The Physiotherapist and Occupational Therapist may assess you in your home or at hospital if needed. This may help to maximise your functional ability, manage your symptoms, and maintain your safety. The Therapists will assess you for any aids or adaptations that you may require for discharge. We are aware your needs may change once you are at home, therefore you may require a follow up at home by the community therapists or alternatively by the specialist palliative care therapists.
Additional Equipment

It may be agreed with yourself that you would benefit from some additional equipment for home. This may include a hospital bed and pressure relieving equipment or oxygen, depending on your present needs. This equipment may be provided by the Discharge liaison nurses or respiratory nurses. This would normally be delivered and set up in your home.

The Role of Personal Carers

If you have personal care needs, such as needing help with washing or dressing, personal carers may be arranged for you. This might have been arranged before hospital discharge or may be arranged as your needs change at home. These carers are likely to be from an agency. You can discuss this with any of your healthcare team if you have questions.

The Role of the Community Palliative Care Team

The Community Specialist Palliative Care Team, Hospice at home team and Marie Curie nurses work with your GP and District Nurses to support you and your family. The support given by these teams may be around symptom control, emotional support for you and your family and liaising with the hospice if your care at home is proving to become more difficult.
What else may I need to think about?

There are many things to consider at this time, you may need additional assistance to sort out your finances or legal matters too. The welfare benefits available to each person can vary and need to be assessed individually. Your healthcare team will explore this with you and may recommend additional advice from a benefits advisor or a social worker.

Following a stay in hospital, what happens on the day I am discharged?

On the day you are discharged the staff nurses on the ward will help you with your preparation, this will include:

- Helping to pack your belongings, providing you with any medications the doctor has prescribed for you – we will explain to you and your relative what they are for and how to take them.

We will also provide you with a copy of your Electronic Discharge Notification (EDN). This is your copy of your discharge letter from hospital and should be kept safe. A copy will be sent to your GP directly from the hospital giving details of your treatment and any medication you have been prescribed.
Medication

We will provide you with medication to relieve any symptoms you may experience in the days or weeks to come. These may include injectable medications that a Registered Nurse will be able to administer if you experience symptoms such as pain, nausea / vomiting or restlessness.

These are in addition to any regular medications you may be prescribed.

You may leave the hospital with a syringe driver – this is a small pump device to deliver medications to maintain your comfort. The GP and District Nurse will be responsible for this once you are home.

Important Information

We recommend you keep the guidance and information about your care somewhere easily accessible to others. Discussions including Advance Care Planning and ‘Do Not Attempt Cardio-Pulmonary Resuscitation’ (DNACPR) may have occurred and it is important that this is accessible for all health professionals so that your wishes can be adhered to.
Hospice contact numbers

St Catherine’s Hospice
Throxenby Lane
Scarborough
YO12 5RE
Telephone: 01723 351421

St Leonards Hospice
185 Tadcaster Road
York
YO24 1GL
Telephone: 01904 708553

St. Michaels Hospice
Crimple House
Hornbeam Park Avenue
Harrogate
HG2 8QL
Telephone: 01423 879687

Dove House Hospice
Chamberlain Road
Hull
HU8 8DH
Telephone: 01482 784343
### Important Contact Details

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**District Nurses** - single point of access, call handling centre:

- **Telephone:** 01904 721 200  York
- **Telephone:** 01653 609 609  Scarborough
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Use this space to make notes or write down any questions you may have

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With thanks to the Palliative Care Team at Papworth Hospital in Cambridge for permission to use their original content.
Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact: Gemma Arnall, Clinical Nurse Specialist, Palliative Care Team, Macmillan Unit, Scarborough Hospital, Woodlands Drive, Scarborough, YO12 6QL or telephone 01723 342446.

Teaching, Training and Research

Our Trust is committed to teaching, training, and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.
Please telephone or email if you require this information in a different language or format

如果你要求本資訊以不同的語言或版式提供，請致電或發電郵
Jeżeli niniejsze informacje potrzebne są w innym języku lub formacie, należy zadzwonić lub wysłać wiadomość e-mail
Bu bilgileri değişik bir lisanda ya da formatta istiyorsanız lütfen telefon ediniz ya da e-posta gönderiniz

01904 725566
email: access@york.nhs.uk

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