LEAVING HOSPITAL AND RECOVERY

Questions to ask before hospital discharge: a checklist

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IN BRIEF

Before someone leaves hospital, ask the ward and discharge team about the date, the plan and who will pay; check medicines, equipment and follow-up; and make sure the GP and any care provider know what is needed. Asking early, and writing the answers down, prevents most of the problems families meet in the first days at home.



IN THIS GUIDE

1. Documents to take to the ward
2. Questions for the ward doctors and nurses
3. Questions about medicines
4. Questions for the discharge team or social worker
5. Questions about equipment and the home
6. Questions for the GP after discharge
7. Questions for a care provider
8. If the person cannot decide for themselves
9. If you are worried about the plan
10. Words you can use
11. Day of discharge checklist
12. Useful numbers
13. What to do next
14. How we can help
15. Common questions
16. Sources and further information

Keep this list on your phone or print it, and tick off questions as you go. You will not need to ask every one; choose the ones that fit. Write down who you spoke to, when, and what they said.

Documents to take to the ward

- the person's NHS number, GP surgery details and a list of the medicines they took before admission
- a copy of any registered Lasting Power of Attorney, or its online access code
- any advance care plan, advance decision to refuse treatment or ReSPECT form
- details of any existing care package, equipment or community alarm
- names and numbers of family members to keep informed (with the person's agreement)
- a notebook and pen for names, dates and answers

Questions for the ward doctors and nurses

- What happened, and what is the diagnosis now?
- Is the person medically ready to leave, and what is the expected discharge date?
- What has changed since the admission: walking, eating and drinking, continence, memory or mood?
- Are there any wounds, pressure areas or skin problems that need care at home?
- What signs of getting worse should we look out for, and who should we call?
- Are there follow-up appointments, tests or results still to come? Who will arrange them?
- Has anyone discussed what should happen in an emergency, such as a ReSPECT form or a decision about resuscitation (DNACPR)? If so, has it been explained to the person and the family?
- Has the person's ability to make decisions about their care been assessed, and how were they involved?

Questions about medicines

The ward pharmacist is often the best person to ask.

- Which medicines are new, which have stopped, and which doses have changed? Why?

- How many days' supply will be given, and how do we get more from the GP?
- Are there any side effects to watch for?
- Can the medicines be supplied in a blister pack or dosette box if that would help?
- Will the person need help to take them: a reminder (prompting) or someone to give them (administering)?
- Has a referral been made to the NHS Discharge Medicines Service, so the community pharmacy knows about the changes?
- Will a copy of the medicines list go to the GP and to any care provider?

Questions for the discharge team or social worker

- Which discharge pathway is planned (0, 1, 2 or 3), and what does it mean for us?
- What support has been arranged? How many visits a day, at what times, and who provides them?
- When does the support start, and will it be in place on the day of discharge?
- **Who is paying for each part of this support, from when, and until when? Can we have that in writing?**
- What happens when any free period ends, and how much notice will we get?
- When and where will longer-term needs be assessed?
- Should the person be screened for NHS Continuing Healthcare, now or after discharge?
- Can the main family carer have a carer's assessment?
- Who is our named contact, and what is their direct number?
- What happens if the support is not ready on the day?

Questions about equipment and the home



Occupational therapists and physiotherapists can answer most of these.

- What equipment is needed (for example a frame, commode, raised toilet seat, bed rails or a hospital bed), and when will it be delivered?
- Has anyone checked the home, or does a home visit need to happen first?
- Can the person manage the stairs, or should a bed be set up downstairs?
- Would a key safe, a falls alarm or a pendant alarm help?
- Who do we contact if equipment does not arrive or is not working?

Questions for the GP after discharge

- Have you received the discharge summary? Is anything unclear?
- Does the person need a medication review now that their medicines have changed?
- Is a referral needed to district nurses, community therapists or a specialist team?
- Should we plan ahead for future care, for example an advance care plan or a ReSPECT form?
- If needs are complex or getting worse, should an NHS Continuing Healthcare checklist be completed?
- Would you support a benefit claim, such as Attendance Allowance, if asked?

Questions for a care provider

If you are arranging private care, or the council is commissioning a provider for you:

- Are you registered with the Care Quality Commission (CQC), and what is your current rating?

- When can you start, and can you work to the expected discharge date?
- Will the same carers come each time? How are carers matched to the person?
- Can your carers help with the specific needs: medicines, moving and handling, catheter or stoma care, pressure area care, dementia?
- How will you keep the family informed, and who do we call out of hours?
- What does the care cost, what is included, and what is the notice period?
- For live-in care: what are the carer's breaks, who covers them, and what happens when the carer has time off?

Our guide on how to choose a care provider covers this in more depth.

If the person cannot decide for themselves

- Has the person's capacity been assessed for this specific decision?
- Who is the decision-maker, and how are the person's wishes being taken into account?
- Is there a Lasting Power of Attorney for health and welfare, and has the attorney been consulted?
- If there is no family or friend to consult, has an independent advocate (IMCA) been appointed?

See mental capacity and best interests for how these decisions should be made.

If you are worried about the plan

It is right to speak up. Say clearly, and in writing if you can, what worries you and why: for example, the person cannot climb the stairs, lives alone, or has fallen at night. Ask for the plan to be reviewed. The hospital's Patient Advice and Liaison Service (PALS) can help, and an advocate can support someone who finds it hard to be heard. If a regulated care service is unsafe, you can also tell the CQC.

Words you can use

Copy and adapt these for an email or a conversation with the ward manager, discharge coordinator or social worker.

Requesting an NHS Continuing Healthcare checklist:

> "We believe [name]'s needs may be primarily health needs: [for example, frequent falls, swallowing difficulties, pressure sores, unpredictable behaviour]. Please could an NHS Continuing Healthcare checklist be completed. If the team feels it should be done after discharge, please confirm in writing when, where and by whom, and what support will be in place until then."

Raising a concern about the discharge plan:

> "We are concerned that the discharge plan for [name], due to leave on [date], is not safe because [reasons]. Please could the plan be reviewed before discharge and our concerns recorded in the notes. We would like to speak to the consultant or the discharge coordinator today."

Confirming arrangements:

> "To make sure we have understood, please could you confirm by email the support that has been arranged, who is providing and paying for it, the start date, any end date for free support, and our named contact."

Day of discharge checklist

- [ ] Medicines collected, with a written list of changes
- [ ] Discharge letter or summary, and a copy for any care provider
- [ ] Equipment delivered, or a confirmed delivery time
- [ ] Transport arranged, with warm clothes, shoes and keys
- [ ] Heating on, food and drinks in the house
- [ ] First care visit confirmed, with the time and the provider's number
- [ ] Follow-up appointments and the named contact written down
- [ ] Someone to check in on the first evening

Useful numbers

- **The named contact** on the discharge paperwork, for problems with the plan or support.
- **The GP surgery**, for medicines and new symptoms.
- **NHS 111**, day or night, for urgent health advice.
- **The council's out-of-hours emergency duty team**, for urgent social care problems.
- **999**, in an emergency.

What to do next

1. Choose the questions that fit your situation and start asking in the first days of the admission.
2. Keep a notebook of names, dates and answers.
3. Ask for funding arrangements and end dates in writing.
4. Check medicines, equipment and transport a day or two before the expected date.
5. On the first day home, check that everything agreed has actually happened, and ring the named contact if not.

How we can help

Since 2014 we have provided Discharge to Assess care, so we know how much depends on getting these answers early. Live-in care is our main service, available anywhere in England from £1,550 a week, and across Oxfordshire we also provide home care visits, waking nights and sleep-ins. Our free initial assessment includes talking with you, your family and the hospital team, and we will gladly answer the care provider questions above. Call us on 01865 715780.

Common questions

When should we start asking about discharge?

As early as possible, ideally in the first day or two after admission. National guidance says discharge planning should begin on admission, and that an estimated discharge date should be set within 48 hours of an emergency admission. Asking early gives you time to arrange equipment, care and transport, and to raise any worries while there is still time to change the plan, rather than on the morning the person is due to leave.

Do families have a right to be involved in discharge planning?

The patient decides who is involved, as long as they have capacity to make that decision. Since July 2022, NHS hospital trusts have had a legal duty to involve patients and their unpaid carers, including young carers, in discharge planning as early as possible. If the person lacks capacity, the team must consult family and others close to them, and any attorney under a health and welfare Lasting Power of Attorney.

What should we do if the care does not arrive on the first day home?

Ring the contact number on the discharge paperwork or the named case manager straight away. If it is out of hours, contact the council's emergency duty team for social care problems, or NHS 111 for health concerns, and 999 in an emergency. National guidance says anyone needing formal support should have a safety and welfare check on the day of discharge, so a missing visit should be treated as urgent.

Who should we complain to about an unsafe discharge?

Start with the ward manager or discharge team and explain your concerns in writing. The hospital's Patient Advice and Liaison Service (PALS) can often sort problems out quickly. If that does not work, make a formal complaint to the NHS trust, and if you are still unhappy, to the Public Service Ombudsman (formerly the Parliamentary and Health Service Ombudsman). For problems with council-arranged care, use the council's complaints procedure and then the Local Government and Social Care Ombudsman.

Should we get the answers in writing?

Yes, especially about funding. Ask for written confirmation of what support has been arranged, who is paying, the date any free period ends, and the contact details of the person responsible. Keep a notebook of conversations with names, dates and what was agreed. It makes it much easier to follow up, avoids misunderstandings about charges, and helps if you ever need to challenge a decision.

Sources and further information

- GOV.UK: Hospital discharge and community support guidance
- NHS: Planning to leave hospital
- NHS England: NHS Discharge Medicines Service
- GOV.UK: National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care
- NICE NG27: Transition between inpatient hospital settings and community or care home settings
- CQC: Give feedback on care

Read next

LEAVING HOSPITAL AND RECOVERY

Leaving hospital: what to expect and how to prepare

How hospital discharge works in England today: the discharge pathways, who the discharge team are, timing, transport, medicines and equipment, what families can do, and how to arrange private or live-in care quickly.

Read the guide →

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Discharge to Assess (D2A) explained for families

What Discharge to Assess (D2A) means in England: the four pathways, which care is free and for how long, what happens when the D2A period ends, assessments for council funding and NHS Continuing Healthcare, and how to plan ahead.

Read the guide →

CHOOSING LIVE-IN CARE

How to choose a care provider: checklist and questions to ask

A practical checklist for choosing a home care or live-in care provider in England: the questions to ask about training, continuity, out-of-hours support, care plans, reviews, complaints, prices and notice, the red flags to watch for, and how to use CQC reports and reviews.

Read the guide →

All guides in the information centre **Check what help you could get**

Talk to our care team: 01865 715780
enquiries@dayandnightcare.co.uk · Out of hours: 07775 686272
Day and Nightcare Live In Limited, 9 Hollow Way, Cowley, Oxford OX4 2NA
CQC overall rating: Good (report published 20 April 2018)

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Information, not advice: please check anything important with the organisation named.