



COMING HOME GUIDE

Coming home from hospital: the first 30 days

A family guide for England, with what's different in Scotland, Wales and Northern Ireland

Version 1.0.2 • October 2026. Next review: April 2027

About this guide

This guide is correct at October 2026, version 1.0.2. We've written it in good faith as general guidance to help carers and families. It isn't legal, financial or medical advice. Rules and rates change, so before you act, please make sure you have the latest version of this guide and look at the official sources: GOV.UK, Social Security Scotland, nidirect and your local council. To the extent the law allows, we can't accept liability for any errors or omissions, or for decisions made on the strength of this guide. In a medical emergency call 999. For urgent advice, contact NHS 111.

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How to use this guide

Version 1.0.2. October 2026. Next review: April 2027. Rules and sources read on 3 October 2026. We review this guide twice a year, and straight away if the official discharge guidance changes.

Who this guide is for: families and friends of an older or disabled person who is in hospital and will need more help at home. You might be caring for the first time. It covers England, with what's different in Scotland, Wales and Northern Ireland.

How to use it: read sections 1 to 4 before the day they leave hospital. Use sections 5 to 10 in the first weeks at home. Section 11 is a to-do list for the first 30 days. Every figure and rule has a source and a date, and the full list is in "Sources" at the back.

Guidance, not advice. This guide explains the official rules in plain English. It can't take everything into account, and the hospital, the council, the Health and Social Care Trust or the NHS makes each decision. For advice on your situation, contact Carers UK, Age UK or Citizens Advice (see "Where to get help").

If you're worried about their health, contact their GP or NHS 111. In an emergency call 999.

01

Before the day: tell the ward you're the carer



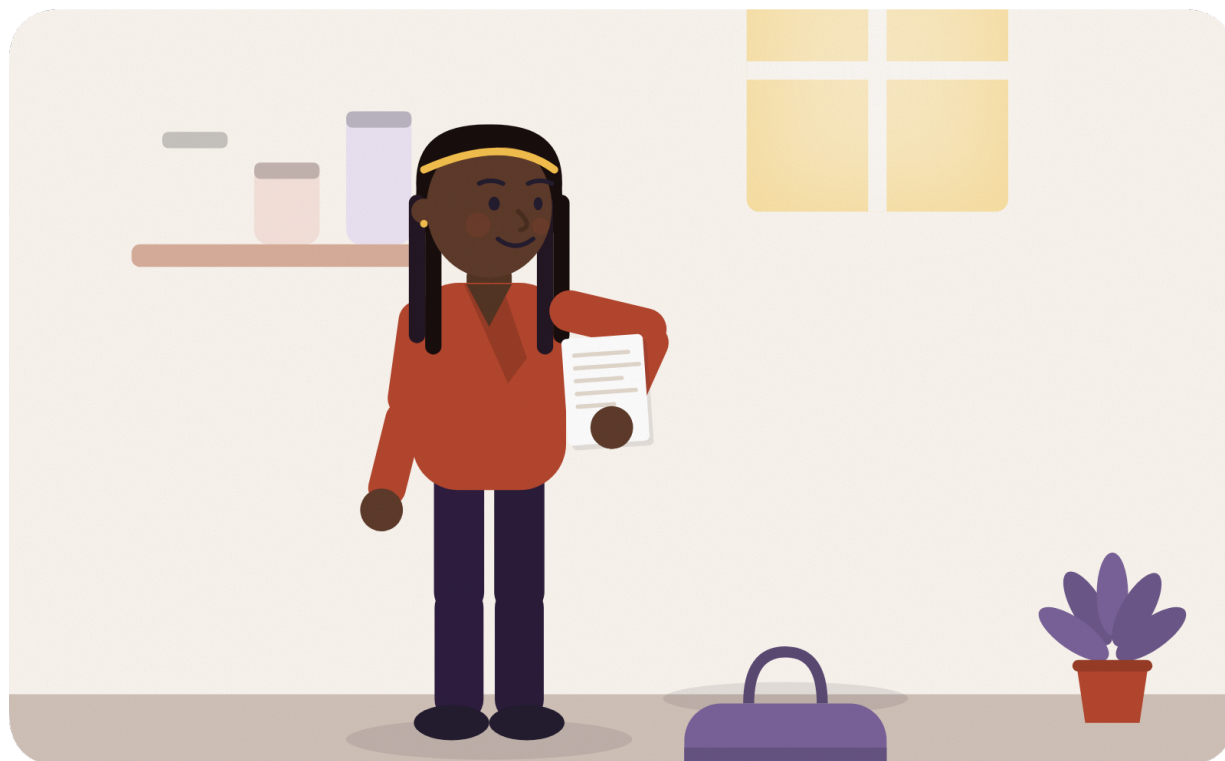
The best time to get involved is as soon as they arrive on the ward. Planning for going home should start when someone comes into hospital, or before a planned operation (DHSC and NHS England, [Hospital discharge and community support guidance](#), updated 26 Jan 2024).

What to say to the nurse in charge:

- "I'm their carer" (or "I'll be helping them at home"). You count as a carer if you give unpaid help, even if you don't call yourself one. The guidance says staff should regard you as one.
- "Please involve me in planning for them to go home, and tell me the expected date."
- What help you can give, and what you can't. You don't have to agree to more than you can manage. Staff should ask whether you're willing and able to help (NHS England, [Model discharge pathway](#), 7 Jul 2026).
- Anything the team should know about home: stairs, where the toilet is, who else lives there, and any children or young people who help out.

Ask for an expected date. For an emergency stay, it's good practice for the hospital to set an expected date of discharge within 48 hours and share it with the family and carers (DHSC and NHS England guidance, Annex A, updated 26 Jan 2024). The date can move, so ask again every few days.

Permission to share. Staff share information with you when the person you look after agrees. If they can't make that decision, ask the ward how they will involve you, and say if you hold a lasting power of attorney for health and welfare.



02

How discharge works: the people and the pathways



The people you might meet

The names vary between hospitals. These are the roles described in the national guidance (DHSC and NHS England guidance, updated 26 Jan 2024):

Who	What they do
Ward nurse or nurse in charge	Your first contact on the ward, day to day
Discharge co-ordinator or discharge team	Plans the move home and arranges what's needed
Hospital social worker	Talks with you about care at home, carers' rights and choices
Occupational therapist	Looks at how they'll manage everyday tasks at home, and equipment

Who	What they do
Physiotherapist	Helps with moving, walking and getting stronger
Ward pharmacist	Sorts the medicines to take home
Care transfer hub	A team across the NHS, the council and others that arranges support for more complex discharges

Discharge to assess

In England, most people should go home first, with short-term support if they need it. Longer-term needs are then looked at once they've had time to recover, usually at home. This is called "discharge to assess" ([NHS England, Model discharge pathway, 7 Jul 2026](#)). It means the care in place on day 1 may not be the care they have in 6 weeks' time.

Discharge to assess, in 3 steps

-  **Home first**
Most people should go home first, with short-term support if they need it.
-  **Time to recover**
Usually at home, with the support in place.
-  **Longer-term needs looked at**
The care on day 1 may not be the care they have in 6 weeks' time.

The 4 pathways

Staff often talk about "pathways". Knowing which one they're on helps you ask the right questions (NHS England, Model discharge pathway, appendix 1, 7 Jul 2026):

Pathway	What it means
Pathway 0	Home, with no new support. The ward arranges it. This includes restarting a care package at the same level as before
Pathway 1	Home, with new or extra support, such as reablement, district nursing or care at home, arranged by the care transfer hub
Pathway 2	A short stay in a community bed (a care home, community hospital or rehabilitation unit) to recover. Often up to around 6 weeks, depending on the local service
Pathway 3	A new care home place. Only in exceptional cases, for people likely to need care around the clock for the long term

One rule to know: people don't have a right to stay in a hospital bed, once they no longer need it, to wait for their preferred care option. In that case, the hospital can offer a short-term alternative while the preferred option is arranged (NHS England, Model discharge pathway, 7 Jul 2026; DHSC and NHS England guidance, updated 26 Jan 2024).

In Scotland, Wales and Northern Ireland

- **Scotland:** the health board leads discharge, working with the council's health and social care partnership.
- **Wales:** the model is called "Discharge to Recover then Assess" (D2RA), with 4 pathways of its own ([Welsh Government, Hospital discharge guidance, January 2025, page updated 7 Feb 2025](#)).
- **Northern Ireland:** a named nurse or ward-based care co-ordinator is responsible for the person leaving hospital. If they need support at home, a team from the Health and Social Care Trust carries out an assessment.

nidirect says people shouldn't be discharged before the services they need have been arranged ([nidirect, Support if you're going into hospital, updated 25 Jun 2026](#)).



03

Your rights as a carer



England

The right to be involved. Since 1 July 2022, NHS trusts must involve the person and their carer as soon as is feasible in discharge planning, when the person is likely to need care and support afterwards. This duty is in section 74 of the Care Act 2014, as replaced by section 91 of the Health and Care Act 2022

(legislation.gov.uk, [Health and Care Act 2022, section 91](#)). NHS England's 2026 model says this is "not optional" ([NHS England, Model discharge pathway, 7 Jul 2026](#)).

The right to a carer's assessment. The council must assess any carer who appears to need support, now or in the future, under section 10 of the Care Act 2014 (legislation.gov.uk, [Care Act 2014, section 10](#)). It looks at your needs, including whether you're willing and able to carry on caring. If you have eligible needs, the council must agree a support plan with you. The discharge guidance says the assessment should happen before caring starts, if it's a new role, without holding up the discharge (DHSC and NHS England guidance, updated 26 Jan 2024). Ask the ward social worker, or contact the council's adult social care team ([NHS, Carer's assessments, updated 29 Jun 2026](#)).

Young carers. If anyone under 18 will be helping at home, the council should be told, and must offer them an assessment of their own (DHSC and NHS England guidance, updated 26 Jan 2024).

Health boards must involve the carer before the person they look after leaves hospital. That means telling you about the plan to discharge as soon as reasonably practicable, asking for your views, and taking them into account ([legislation.gov.uk](https://legislation.gov.uk/ukpga/2016/28), Carers (Scotland) Act 2016, section 28, in force since 1 April 2018). Instead of a carer's assessment, the council must offer you an Adult Carer Support Plan (mygov.scot, [Get an Adult Carer Support Plan](#), updated 12 Sep 2025).

The council must assess any carer who may have needs for support, whatever their level of need or their money, under section 24 of the Social Services and Well-being (Wales) Act 2014 ([legislation.gov.uk, section 24](#)). The Welsh discharge guidance asks hospitals to involve unpaid carers in discharge planning and to make sure carers know about the support on offer (Welsh Government, Hospital discharge guidance, January 2025). Ask for a carer's needs assessment ([Welsh Government, Carers' rights, 14 Oct 2021](#)).

If you give regular and significant care, you have the right to a carer's assessment from the Health and Social Care Trust. It isn't based on your income or savings ([nidirect, Assessments for carers, read 3 Oct 2026](#); [legislation.gov.uk, Carers and Direct Payments Act \(Northern Ireland\) 2002, section 1](#)). Ask the Trust's Carer Co-ordinator, the hospital social worker or the key worker. [nidirect](#) says carers may be involved in discharge with the person's consent ([nidirect, Support if you're going into hospital, updated 25 Jun 2026](#)).

04

Questions to ask before they leave



Take this list to the ward, or ask on the phone. Write down the answers and the name of the person you spoke to.

The plan

1. Who is our main contact for the discharge, and how do we reach them?
2. What is the expected date, and roughly what time?
3. Which pathway are they on (0, 1, 2 or 3)?
4. What support has been arranged at home, who is providing it, and when does it start?
5. Has the support actually been confirmed, or is it still being arranged?
6. If it isn't ready in time, what's the plan?

Getting home

7. How are they getting home? Is hospital transport booked, or are we collecting them?
8. Do they need clothes, keys, a coat or shoes brought in?

Medicines and letters

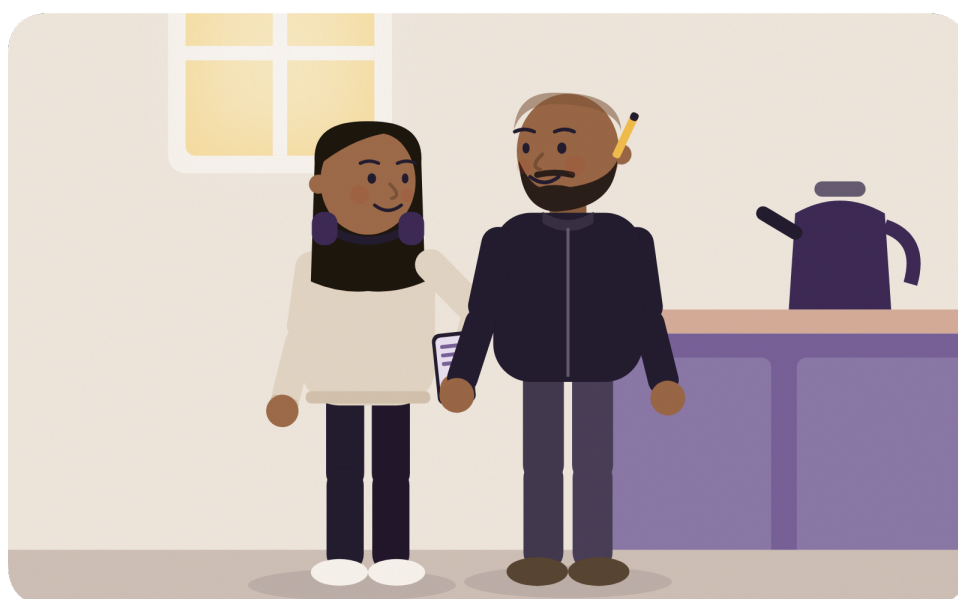
9. What has changed in their medicines: anything new, stopped or at a different dose?
10. How much of each medicine are they going home with?
11. Will the hospital refer them to a community pharmacy for the Discharge Medicines Service (England)? Which pharmacy?
12. Can we have a copy of the discharge letter? Has it gone to the GP?

Equipment and follow-up

13. What equipment do they need, who is delivering it, and when? Who shows us how to use it?
14. Are there any follow-up appointments, and who is arranging them?
15. Who do we call in the first few days if the support doesn't turn up?
16. Has a carer's assessment been arranged for me, or a referral made?

The NHS website also suggests asking for a copy of the care plan if they have one, collecting the letter for the GP (or having it sent), and arranging any follow-up appointment ([NHS, Being discharged from hospital, last reviewed 6 Apr 2023](#)).

If you're worried about their health, contact their GP or NHS 111. In an emergency call 999.



05

Support at home: reablement and intermediate care



What it is

Intermediate care is short-term support after a hospital stay, at home or in a community bed. It can include rehabilitation (therapy to get stronger), reablement (help to relearn everyday tasks like washing, dressing and making a drink) and recovery support (DHSC and NHS England guidance, glossary, updated 26 Jan 2024). It's usually arranged by the care transfer hub, a community health team or the council's reablement team.

How long, and what it costs in England

- In England, when a council provides intermediate care or reablement, it can't charge for the first 6 weeks ([legislation.gov.uk](https://legislation.gov.uk/ukhr/2014/1000/regulations/2014/1000/regulation/4), [Care and Support \(Preventing Needs for Care and Support\) Regulations 2014](#), regulation 4).
- The same regulations say the council can't charge for community equipment (aids) or for minor adaptations. A minor adaptation is one that costs £1,000 or less (regulation 2 of the same regulations).

- After the short-term support ends, the council looks at whether they need longer-term care. Longer-term care from the council can be charged for, after a financial assessment. Ask the council for its charging policy.

In Scotland, Wales and Northern Ireland

Arrangements and charges differ. In Wales, councils can choose to charge for care and support at home, after a financial assessment, up to a maximum of £100 a week ([Welsh Government, Charging for social care, read 3 Oct 2026; legislation.gov.uk, Care and Support \(Charging\) \(Wales\) Regulations 2015, regulation 7](#)). In Northern Ireland, services from a Trust may be charged for (nidirect, Support if you're going into hospital, updated 25 Jun 2026). Ask the hospital social worker or the council (the Trust in Northern Ireland) what is charged for and when.

If support isn't confirmed

- Ask the ward who is arranging it and when it will start. Ask for the answer in writing.
- If they're going home before it starts, agree with the ward who covers the gap, and who you call if no one arrives.
- Don't agree to cover more than you can. The guidance says carers should be asked whether they're willing and able to provide care, and no one should be discharged until it's safe to do so (DHSC and NHS England guidance, updated 26 Jan 2024).
- If you're still stuck, see section 10.

06

Medicines



Before they leave

- People usually go home with a short supply of the medicines they need. How much varies between hospitals and between the 4 nations, so ask the ward how many days it covers. The discharge letter to the GP lists their medicines (NHS, Being discharged from hospital, last reviewed 6 Apr 2023).
- Ask the ward pharmacist or nurse to go through what's new, what's stopped and what's changed. Write it down exactly as they say it, or as it's written on the letter.

The Discharge Medicines Service (England)

In England, hospitals can refer people to their community pharmacy when they leave hospital, with their agreement. The pharmacist compares the medicines on the discharge letter with what they were taking before. When the first prescription after the hospital stay comes in, the pharmacy makes sure it matches the changes, and offers a chat with the person or their carer, in person, by phone or by video. Every community pharmacy in England has to provide it, and it has run since 15 February 2021 ([NHS England, NHS Discharge Medicines Service, read 3 Oct 2026](#); [NHS England, Discharge Medicines Service toolkit, January 2021](#); [Community Pharmacy England, Discharge Medicines Service, updated 21 Apr 2026](#)). Ask the ward, "Can you refer them to our pharmacy for the Discharge Medicines Service?", and tell the pharmacist they've just come home. In Scotland, Wales and Northern Ireland, ask the pharmacist what support they offer after a hospital stay.

At home

- **Repeat prescriptions:** order the next supply from the GP practice before the hospital supply runs out. The NHS website says to request a repeat prescription up to 5 working days before the medicine is needed ([NHS, How to order a repeat prescription, updated 25 Aug 2026](#)). Ask the practice how much notice it needs.
- **Keep a medicines record:** one list everyone in the family uses, with what was given and when, and who gave it. Use the names and doses on the pharmacy label or the discharge letter.
- **Clear out old supplies** with the pharmacist's help, so stopped medicines aren't taken by mistake.
- **Questions about medicines** go to the pharmacist or the GP practice. Don't change anything without asking them.

If you're worried about their health, contact their GP or NHS 111. In an emergency call 999.



07

Equipment, adaptations and getting the home ready



Equipment

An occupational therapist or physiotherapist decides what's needed, such as a raised toilet seat, a perching stool, a walking frame or a commode. The council or community equipment service usually delivers it. In England, the council can't charge for community equipment it provides (see section 5). Ask when it will arrive, and who will show you how to use it.

Bigger changes

Grab rails and a key safe are usually small jobs. Bigger changes, like a level-access shower or a stairlift, may need a Disabled Facilities Grant through the council (the Housing Executive and the Trust in Northern Ireland, and a different scheme in Scotland). Our guide "Adapting a home" explains who can apply and the limits in each nation: www.cominghomecare.app/guides/adapting-a-home?ref=guide-hospital-discharge

Don't start work on a grant-funded adaptation before it's approved.

A home-readiness list

- A clear route from the door to the bed, the toilet and a chair
- Rugs and trailing wires moved out of the way
- A bed downstairs, if stairs will be hard for a while
- Night lights between the bedroom and the toilet
- Heating on, and food, drinks and easy meals in
- Phone, charger and a list of key numbers within reach
- A key safe, if carers or family will come and go
- Space for equipment, and someone home when it's delivered
- Prescriptions and the pharmacy sorted (section 6)



08

Money



A hospital stay is a good moment to look at money. Some help is for the person you look after, and some is for you.

Tell the benefits office about the stay. Anyone getting benefits must tell the office that pays them about a hospital stay of a night or longer, and again when they leave. A friend or relative can call for them. Payments can be cut or ended if a stay isn't reported ([GOV.UK, Going into hospital if you get benefits, updated 31 Aug 2023](#)).

Help that might follow (rates for 2026/27, [DWP, Benefit and pension rates 2026 to 2027, updated 16 Feb 2026](#)):

Help	Who it's for	Amount
Attendance Allowance	Someone over State Pension age who needs help with personal care or supervision. Not means-tested	£76.70 or £114.60 a week
Carer's Allowance	A carer giving at least 35 hours a week to someone getting a qualifying benefit, and earning no more than £204 a week after deductions	£86.45 a week

Help	Who it's for	Amount
Blue Badge	Someone who has a lot of difficulty walking or getting around	Up to £10 in England, £20 in Scotland and £10 in Northern Ireland. No fee in Wales
Council Tax help for an adapted home	A household whose home has an extra room, bathroom or space needed for a disabled person	The bill drops to the band below (England, Wales and Scotland). In Northern Ireland, Disabled Persons Allowance takes 25% off the rates bill

Blue Badge fees: [GOV.UK, Apply for or renew a Blue Badge, read 3 Oct 2026](#) and [nidirect, Apply for or renew a Blue Badge, read 3 Oct 2026](#). Council Tax and rates: [GOV.UK, Council Tax: discounts for disabled people, updated 5 Feb 2025](#), [mygov.scot, Council Tax discounts, exemptions and reductions, updated 1 Apr 2026](#) and [nidirect, Disabled Persons Allowance, updated 12 Jun 2026](#). If the home is already in the lowest band, the reduction works differently, so ask the council.

In Scotland, Pension Age Disability Payment replaces Attendance Allowance for new claims, and Carer Support Payment replaces Carer's Allowance, both from Social Security Scotland ([mygov.scot, Pension Age Disability Payment](#); [mygov.scot, Carer Support Payment, updated 5 Apr 2026](#)). In Northern Ireland, the Department for Communities runs Attendance Allowance and Carer's Allowance at the same rates ([nidirect, Attendance Allowance](#); [nidirect, Carer's Allowance](#), read 3 Oct 2026).

Carer's Allowance can affect other benefits, for you and for them. Talk to an adviser before you claim (see "Where to get help").

See what you might be able to get. Our Benefits finder asks a few questions and shows the help that might apply to your family, with links to apply: www.cominghomecare.app/benefits-check?ref=guide-hospital-discharge

09

Coordinating family



The first weeks go more smoothly when everyone knows who's doing what.

- **Pick one main contact** for the ward and the care services, so messages don't get lost. Tell the ward who it is.
- **Share the plan:** the date home, the support arranged, the medicines changes and the key phone numbers. Keep it in one place everyone can reach.
- **Split the jobs:** shopping, prescriptions, lifts to appointments, staying over for the first nights, and phone calls to chase things up.
- **Agree a check-in routine**, for example a call each morning and evening for the first week.
- **Write things down:** visits from carers or therapists, what was said and any changes. It helps when you talk to the GP, the council or the hospital.
- **Look after the main carer too.** Ask for a carer's assessment (section 3), and plan a break.

10

If things aren't working



Start with the people involved

Most problems are sorted fastest by talking to whoever is responsible:

- **Support at home hasn't started or isn't enough:** call the care transfer hub, reablement team or council number on the discharge paperwork, and the council's adult social care team. In Northern Ireland, call the Trust.
- **Equipment hasn't come:** call the equipment service or the occupational therapist who ordered it.
- **Medicines:** call the pharmacist or the GP practice.

The guidance says local areas should have a clear way for families to raise concerns about care and support, and that it should be in the discharge information (DHSC and NHS England guidance, updated 26 Jan 2024). Ask for it.

If you're worried about their health, contact their GP or NHS 111. In an emergency call 999.

Raising a concern or complaint

England. Each hospital has a Patient Advice and Liaison Service (PALS). PALS gives confidential advice and help to sort out problems with NHS services, and can explain the hospital's discharge policy ([NHS, Being discharged from hospital, last reviewed 6 Apr 2023](#)). For a formal complaint about the NHS, you normally have 12 months from the event, or from when you found out about it. You'll need the written consent of the person you look after if you complain for

them ([NHS England, Feedback and complaints, read 3 Oct 2026](#)). The council can tell you about local NHS complaints advocacy. Complaints about council care go to the council first.

Scotland. Talk to staff, or contact the health board's Feedback and Complaints Officer. You normally have 6 months from the event, or from when you found out, and no more than 12 months after the event. The board can sometimes accept a complaint after that ([NHS inform, Feedback, complaints and your rights, updated 15 Jul 2026](#)). The Patient Advice and Support Service (PASS), run by Citizens Advice Scotland, gives free, confidential help with complaints: 0800 917 2127 ([Citizens Advice Scotland, NHS complaints, read 3 Oct 2026](#)).

Wales. Talk to staff, or contact the health board's complaints team. Since 1 April 2026, NHS Wales uses a process called "Listening to people". You normally have 12 months to raise a concern. Llais gives free, independent complaints advocacy: 02920 235558 ([Welsh Government, NHS Wales complaints and concerns, read 3 Oct 2026](#); [Llais, Making a complaint](#)).

Northern Ireland. Contact the complaints manager at the Health and Social Care Trust. Try to complain as soon as you can, usually within 6 months of finding out you have cause to complain, and normally no more than 12 months after the event ([nidirect, How to complain or raise concerns about health services, updated 16 Feb 2026](#)). If you're still unhappy with the Trust's final decision, you can go to the Northern Ireland Public Services Ombudsman (NIPSO). The Patient and Client Council (PCC) offers free, independent support: 0800 917 0222 ([pcc-ni.net](#), read 3 Oct 2026).

After that, you can take an unresolved complaint to the ombudsman for that nation:

- **England:** the Public Service Ombudsman for the NHS (called the Parliamentary and Health Service Ombudsman until 1 October 2026), and the Local Government and Social Care Ombudsman for council and social care services
- **Scotland:** the Scottish Public Services Ombudsman
- **Wales:** the Public Services Ombudsman for Wales
- **Northern Ireland:** the Northern Ireland Public Services Ombudsman

(Each ombudsman's own website, read 3 Oct 2026. See "Sources".)

11

Your first 30 days: a to-do list



Use this as a guide, not a timetable. Every family is different.

The first 30 days at a glance

Before



Get ready

Tell the ward you're the carer, ask the questions in section 4, get the home ready.

Day 1



First day home

Keep the discharge letter safe, go through the medicines, share the plan.

Day 3



Medicines and equipment

Have the pharmacist go through the changes. Chase anything missing.

Day 7



The first week

Next prescription, follow-up appointments, a family catch-up.

Day 14



Two weeks in

Ask what happens when reablement ends. Look at money and benefits.

Day 30



Looking ahead

Know what support carries on, and plan a break for the main carer.

Before they leave

- Tell the ward you're the carer and ask to be involved (section 1)
- Ask the questions in section 4 and write down the answers
- Ask for a carer's assessment, or an Adult Carer Support Plan in Scotland
- Get the home ready (section 7)
- Tell the benefits office about the hospital stay

Day 1

- Keep the discharge letter and any care plan somewhere safe
- Go through the medicines against the letter, and start a medicines record
- Make sure the support at home has started, or that you know when it will
- Share the plan and key numbers with the family

Day 3

- Have the pharmacist go through the medicines changes with you (the Discharge Medicines Service in England)
- Equipment delivered and you know how to use it
- Chase anything that hasn't arrived (section 10)

Day 7

- Order the next prescription if the hospital supply is running low
- Follow-up appointments booked
- Talk as a family about how the first week went, and change the plan if needed
- Tell the benefits office they're home

Day 14

- Ask the reablement team how things are going and what happens when it ends
- Look at money and benefits (section 8)
- Carer's assessment booked or done

Day 30

- Know what support carries on after reablement, and whether there's a charge
- Bigger adaptations discussed with the occupational therapist or council (section 7)
- Raise any concerns that haven't been sorted (section 10)
- Plan a break for the main carer



12

How Coming Home can help



Coming Home: Family Care is an iPhone app for families looking after someone. It's coming soon. It helps you organise. It isn't advice, and it doesn't replace the hospital, the council, the pharmacist or the GP.

The care circle brings the family, friends and neighbours who help into one place, with shared notes, tasks and a calendar. Everyone in the circle can join at no cost.

The discharge companion has a before-discharge guide, questions for the ward, a home-readiness list, a hospital bag list and a summary of carer's rights. It's included on every plan.

The Discharge Pack (£12.99 one-off for one hospital stay, or included with Care Plus) helps the family organise the first 30 days at home, with:

- a 30-day family plan shared across the circle
- a "what's changed" log, copied from the discharge letter as written: new, stopped or changed medicines and routines
- up to 30 extra letter scans during the 30 days
- a carer's assessment request letter
- reablement and equipment chaser letters
- day 1, 3, 7, 14 and 30 prompts, such as "Has the pharmacy delivery arrived?"
- a settling-in summary to share

You read, edit and send everything yourself.

To hear when Coming Home is ready, join the waitlist:

www.cominghomecare.app/?ref=guide-hospital-discharge



13

Where to get help



This guide is guidance, not advice. For advice on your situation:

- **Carers UK Helpline:** 0808 808 7777, or www.carersuk.org (advice for carers across the UK)
- **Age UK Advice Line:** 0800 678 1602, or www.ageuk.org.uk (England). Age Scotland, Age Cymru and Age NI cover the other nations
- **Citizens Advice:** www.citizensadvice.org.uk
- **Your council's adult social care team** (the Health and Social Care Trust in Northern Ireland) for care at home, equipment and carer's assessments
- **Local carers' services:**
www.carersuk.org/help-and-advice/get-support/local-support/
- **Complaints:** PALS in England, PASS in Scotland, Llais in Wales and the PCC in Northern Ireland (section 10)

If you're worried about their health, contact their GP or NHS 111. In an emergency call 999.

14

Sources

All read on 3 October 2026 unless another date is given. Dates in brackets are the page's own published or updated date.

England

- DHSC and NHS England, Hospital discharge and community support guidance (statutory guidance, updated 26 Jan 2024; still the current version on 3 Oct 2026): www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance
- NHS England, Model discharge pathway (published 7 Jul 2026): www.england.nhs.uk/long-read/model-discharge-pathway/
- Health and Care Act 2022, section 91 (in force 1 Jul 2022): www.legislation.gov.uk/ukpga/2022/31/section/91/enacted
- Care Act 2014, section 10: www.legislation.gov.uk/ukpga/2014/23/section/10
- Care and Support (Preventing Needs for Care and Support) Regulations 2014 (SI 2014/2673), regulations 2 and 4: www.legislation.gov.uk/uksi/2014/2673/made
- NHS England, NHS Discharge Medicines Service (web page, read 3 Oct 2026): www.england.nhs.uk/primary-care/pharmacy/pharmacy-services/nhs-discharge-medicines-service/
- NHS England, NHS Discharge Medicines Service toolkit (January 2021; service live from 15 Feb 2021): www.england.nhs.uk/wp-content/uploads/2021/01/B0366-discharge-medicines-toolkit.pdf

- Community Pharmacy England, Discharge Medicines Service (updated 21 Apr 2026): cpe.org.uk/national-pharmacy-services/essential-services/discharge-medicines-service/
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Changelog

Version	Date	What changed	Why
1.0	October 2026	First published	Rules and sources read on 3 October 2026
1.0.1	October 2026	Added the iPhone trademark line to the disclaimer page, and tidied the cover layout	Trademark notice. No change to the advice
1.0.2	October 2026	Replaced the Llais complaints advocacy link in section 10 and Sources with Llais's current "Making a complaint" page	The old link stopped working. No change to the advice

The next review is due in April 2027, or straight away if the national discharge guidance changes in any nation. The latest version is always at www.cominghomecare.app/guides/hospital-discharge



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