



Policy name: Referral to Hospice in the Weald

Policy number: 1.01

1. Policy statement

Hospice in the Weald aims to provide high quality, hospice palliative care and end of life care to individuals diagnosed with a terminal illness, including the care and support of their carers and families. This policy sets out the referral process to access services.

2. Related policies, guidelines and procedures

Policies: Admissions to the In-Patient Ward (1.02)
Complementary Therapies (2.07)
Out of Hours Access to Hospice Care (2.11)
Adverse Comments and Complaints (6.04)

3. Responsibility and accountability

Policy formulation and review: Lisa Hatcher, Matron
Clinical approval: Nursing Director
Compliance: All clinical staff

4. Relevant dates

Policy originated: October 2006
Last Review: June 2016
This review date: November 2016
Next review date: November 2020

5. Services available at Hospice in the Weald

All services are multi-professional in their philosophy. All referred patients have access to medical, nursing, counselling, complementary therapy, occupational and physiotherapy services, creative musician and artist and chaplaincy input as well as volunteer services.

**Services available at Hospice in The Weald
are as follows:**

- In-patient Unit
- Hospice Day Service
- Hospice in the Home
- Counselling Support Services
- Bereavement Support Services
- Palliative Lymphoedema
- Chaplaincy
- Physiotherapy
- Occupational Therapy
- Complementary Therapies
- Volunteer Services
- Creative Music
- Creative Art
- Procedures (e.g. blood transfusion, bisphosphonate infusion, paracentesis)

Patients' family members and carers can access some of the Hospice services while the patient is under our care. Once a patient has died, certain services such as bereavement support and complementary therapies will continue to be offered for an agreed time. In addition, bereavement support services are offered as a routine to all family members and carers of Hospice in the Weald patients, even if they have not accessed any other services prior to the patient's death.

Telephone advice is available 24 hours a day for patients, their families and carers as well as healthcare professionals.

6. Referral criteria for all services

Patients are accepted into the service if they have been diagnosed with a terminal illness such as: advanced cancer; advanced degenerative neurological conditions; advanced heart failure (New York Heart Association (NYHA) Class 3 or 4); end stage chronic kidney disease (stage 4 or 5); end-stage dementia and chronic obstructive pulmonary disease (this is not an exhaustive list). The complex nature of the illness requires a multi-professional specialist and generalist approach to the control of symptoms, psychological, social and spiritual support (NICE 2011).

Patients who do not have hospice palliative care needs but have generic end of life care needs are also accepted.

Actions depending on location of General Practitioner (GP) and Patient

GP and patient within the catchment area:

Referral accepted

GP out of the catchment area and patient within the catchment area:

Referral accepted if GP is in agreement.

GP and patient outside the catchment area:

End of life care on IPU can be arranged. Allocation of patient to any of the other hospice services would take place after an outpatient assessment of the patient by a member of the clinical team.

GP within the catchment area and patient outside:

Reviewed on an individual basis depending on the distance from the catchment area boundary.

7. Making a referral to Hospice in the Weald for hospice palliative care support and advice or end of life care support

Referral must always be made with the patient's agreement.

Referrals can be made by:

- The patient's GP
- A qualified member of the primary health care team / professions allied to medicine (PAMs)
- The patient's hospital consultant and / or qualified member of the ward team
- Hospital and community palliative care teams
- Hospices
- Nursing home staff
- Patients and families can make self-referrals (including for bereavement follow up), however the GP would be contacted to confirm medical history

8. The referral process

All referrals to Hospice in the Weald are to be made using the Hospice in the Weald referral form (**Appendix 1**) via telephone or the Hospice in the Weald website. Medical summaries including current medication should be included with the referral form or contact with the GP will be made to obtain this information.

All referrals are triaged by the Advance Nurse Practitioner/Lead Nurse for Hospice in the Home or in their absence the Matron or allocated Clinical Nurse Specialist. Contact with the referrer may be sought to clarify reasons for referral. The patient's GP or Consultant may also be contacted to confirm diagnosis. Once the referral has been accepted it will be assigned to the appropriate health care professional or service by the triaging nurse.

Patients will be contacted by the appropriate Hospice professional to arrange an assessment. A Hospice Appointment will be offered, unless the patient is unable to come to the Hospice, then a home visit may be offered.

If admission is requested for patients not previously known to the hospice, contact with the patient's GP is made to inform them of the referral and to request additional medical information. Contact with the referrer is usually made. The patient will need to be assessed by a hospice CNS or doctor prior to the admission being agreed, unless the referral is made by a hospital palliative care team.

Referrals for bereavement counselling are made following an assessment by a Clinical Nurse Specialist.

If a referral is made out of office hours, the details will be passed onto the relevant team the following working day.

9. Inappropriate referrals

Referrals may not be accepted for patients who do not have hospice palliative care or generic end of life care needs, or who are deemed to not meet any of the referral criteria. The nurse responsible for triaging the referral will liaise with the referrer to explain why the referral has not been accepted. Documentation of all contacts should be recorded in the patient's electronic care record (ECR) and the status changed appropriately.

10. Reason for referral

- Pain and symptom control
- Specialist psychological support including bereavement support
- End of life care

- Carer support
- Admission to IPU
- Procedures (e.g. blood transfusion, bisphosphonate infusion, paracentesis)
- Hospice Day Service
- Specialist medical support
- Palliative Lymphoedema

11. Response standards

Urgent referrals: Contact will be made by a member of the Hospice in the Home team to the referrer within 24 hours of receipt of the referral, to determine why the referral is urgent. If the referral remains urgent then the patient will receive a phone call, once the referral has been accepted, to arrange an appointment or give appropriate advice.

Routine referrals: Contact will be made by the appropriate Hospice professional within 5 working days to arrange an appointment.

For patients referred while in hospital, these standards apply from the day of discharge.

12. Shared Care

At Hospice in the Weald, we share the care of patients both internally and externally, with other health and social care professionals to ensure we are using an integrated approach to providing high quality 24 hour care to patients referred to our services, including their families and carers.

13. Request for hospice in patient unit admission

Refer to the Admission to In-Patient Ward Policy (1.02) for all In Patient Ward admission requests.

A pre admission assessment is required for all referrals for admission to the In Patient Unit. The patient must have been seen and assessed by a Palliative Care Professional (Hospice or Hospital based) before a referral for In Patient Unit admission is made and accepted. If they are known to Hospice in the Weald they must have been seen within the current episode by a member of the Medical or Nursing teams.

All requests for admission for patients known to Hospice in the Weald are discussed at the daily complex patient meeting, where members of the Hospice team (Hospice Doctor, Lead Clinical Nurse Specialist, In Patient Unit Nurse in charge, Hospice in the Home Sister and presenting Nurse) will discuss patient symptoms, concerns and needs of patients with complex needs. If admission is thought to be appropriate, the patient will be presented at the morning admissions meeting where members of the medical and nursing team will review the current bed status and review the list of prioritised patients requiring admission.

If a bed is required urgently then the Nurse in charge of the In Patient Unit should be contacted. For further details on this see Patient In Patient Unit Policy (1.2).

14. Out of hours in patient unit admissions

Refer to the In Patient Unit Admissions Policy (1.2).

The In-Patient Unit (IPU) does not routinely admit patients during the evenings or at weekends.

Emergency admissions can occur at weekends and outside of the admissions meeting, provided the patient has been assessed by a member of the clinical team. Agreement must be obtained from the nurse in charge on the in-patient unit and the doctor on call.

The patient should be known to Hospice in the Weald and a member of the Hospice in the Home Team must have visited and assessed within last 24 hours.

The doctor on call would be available to discuss other options with the referrer in the event of emergency situations arising at home.

15. Hospice Day Service

Referrals to the Hospice Day Service (HDS) can be made directly using the same methods and criteria mentioned previously in sections 6, 7, 8, and 9 of this policy.

Patients attending HDS will be able to benefit from:

- Spiritual support
- Creative expression through art and/or music
- Reminiscence
- Memory projects and legacy work
- Complimentary therapy
- Psychological and emotional support
- Social support
- Physiotherapy
- Nursing and medical support

This support can be accessed through 1 to 1 sessions or groups within the Hospice Day Service.

Transport options:

- Transport self in car, taxi or bus
- Friends and family
- Local car schemes including schemes that transport wheelchair users
- Volunteer drivers, depending on whether they meet the criteria, see Volunteer driver policy
- Ambulance patient transport service for patients that are unable to attend HDS due to health related conditions

16. Adverse Comments/Complaints about Referral Process

Feedback regarding the referral process to all services is welcomed and should be addressed to: -

Nursing Director
Hospice in the Weald
Maidstone Road
Pembury
Tunbridge Wells
TN2 4TA
Telephone: 01892 820500
Fax: 01892 820520

A copy of Hospice in the Weald's Adverse Comment and Complaint Policy (2.4) is readily available from the above contact.



**Hospice in the Weald
Referral Form**

Is this Referral Urgent? (assessment within 24 hours)
If Yes please telephone for immediate advice – 01892 820515/532/580

Yes No

Patient Details:			
Surname:	_____	First Name:	_____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	_____		
Postcode:	_____	Telephone:	_____ Mobile: _____
NHS No	_____	Date of Birth:	_____ DNA CPR? <input type="checkbox"/> Yes/ <input type="checkbox"/> No
Marital Status:	_____	Ethnicity:	_____
Allergies:	_____		
Has the Patient consented to the referral:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	Place of care at present:	_____
Has the patient consented to sharing of information	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	Prognosis:	<input type="checkbox"/> Days/ <input type="checkbox"/> Weeks/ <input type="checkbox"/> Months
Does the Patient live alone:	<input type="checkbox"/> Yes/ <input type="checkbox"/> No		

Primary Diagnosis/es and Key Treatments:

Service Required:		
<input type="checkbox"/> Terminal Care	<input type="checkbox"/> Carer Support	<input type="checkbox"/> Counselling
<input type="checkbox"/> Symptom Control	<input type="checkbox"/> Social/Financial Support	<input type="checkbox"/> Spiritual Support
<input type="checkbox"/> Hospice Day Service	<input type="checkbox"/> Psych/Social Support	<input type="checkbox"/> Hospice In Patient Unit Admission

Next of Kin: Yes/ No **Main Carer:** Yes/ No

Name: Relationship:

Address:

Telephone: Mobile:

Services Involved:

District Nurse Social Services Care Manager Community Matron Specialist Nurse Team

GP Details:

Name: Practice Name:

Address:

Postcode: Telephone: Fax:

If currently an in-patient – please give details:

Hospital: Consultant:

Ward: Telephone Number:

Date of Discharge:

Is the Hospital Palliative Care Team involved? Yes No

Current issues/problems (e.g. symptoms, psychological issues, insight):

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Medication:

SC Infusion in progress: Yes Yes

Transdermal Patch: Yes No

Please attach medication list/TTO's

Any Special Considerations?:

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Are there any Risks associated with visiting this patient?

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Person Completing this form:

Name: Job Title:

Address:

Telephone: Date:

TO AVOID UNNECESSARY DELAY PLEASE ENSURE FORM IS FULLY COMPLETED AND ALL SUPPORTING DOCUMENTATION PROVIDED (i.e. Clinic Letters, Scan Reports, MDT Reports, Patient Summaries and any other information relevant to this referral)

E-mail: clinical.hitw@nhs.net