CP2 Referral and Admission Policy for All Saint Michael's End of Life Care and Palliative Services

Policy	Referral and Admission Policy	**No.**	CP2
Scrutiny group	Board of Trustees	**Trustee approved**	July 2019
Last reviewed	July 2019	**Next review**	July 2021
Author (s)	Medical Director/ Head of IPU	**External input**	

Policy Scope

This policy covers all work and services carried out by Harrogate District Hospice Care, a registered charity in England and Wales (518905). All staff and volunteers operating its family of services, including Herriot Hospice Homecare, Just 'B', Saint Michael's Hospice and Talking Spaces, must therefore comply with the contents below. Throughout this document Harrogate District Hospice Care and its family of services are referred to as 'we' 'us' 'our' for clarity and consistency. Where within this policy information only applies to a specific services this will be clearly indicated.

1. Introduction

We seek to provide high quality support to patients/Clients in all of our services. In doing so we have a responsibility to ensure that its resources are used appropriately. To try to achieve this each of the admitting services has procedures and criteria which will be applied to all patients referred to the Hospice.

2. In-Patient Unit, Saint Michael's Hospice

2.1 Criteria for referrals

Patients are admitted to Saint Michael's Hospice for terminal care, symptom control, assessment and crisis care. Patients will be considered for admission to the in-patient unit who have a progressive terminal condition with specialist palliative care needs or are in the last days of life. Patients must be over the age of 18 and live in the Saint Michael's catchment area; although discretion can be applied by the Medical Director or Head of the In Patient Unit. (Please see appendix map for the boundaries of the district). Patients from out of area will be considered under the following circumstances: majority of treatment has been provided by HDFT or Saint Michael's is the patient or families preferred place of care or death or patient has SPC needs whilst away from home. Either the patient or their nominated advocate if lacking capacity must consent to referral and admission to the hospice.

Referrals will be considered for patients from any place of care.

2.2 Referral process

All admissions to Saint Michael's Inpatient Unit will be agreed by the on duty hospice Doctor and the Nurse in Charge of In-patient Unit. If required, advice should be sought from a consultant or the Head/Deputy Head of the In-patient unit.

All patients must be referred for admission by the Specialist Palliative Care Team, their GP or a member of their treating team/consultant who is in liaison with their specialist palliative care team.

Referrals must be made on the designated paper form, completed either by the referrer or the recipient. Contact by letter or by telephone must always result in a written referral. However, admission can be arranged prior to receiving the necessary paperwork so as not to cause unnecessary delay. All patients must be referred for admission with the agreement of their GP or Consultant. The timing of the admission should be agreed between the hospice, patient and referrer. Admissions can be planned for all hours of all days including weekends. Any number of admissions can be taken in the same day as driven by patient needs with additional medical, nursing and other staff provided as appropriate. The ultimate decision for this rests with the Head of Inpatient Services.

It is important to liaise with the referrer regarding the outcome of the admission request. Any discussions regarding the referral should be clearly documented on the referral paperwork, to support decision making.

Patients referred from hospital should be assessed by a member of their specialist palliative care team. In some circumstances where the case of need is clear and this would cause unnecessary delay in admission this requirement can be waived by the hospice doctor.

If clarification of patient need or suitability for hospice care is required, then an assessment visit may be made by a member of the hospice inpatient multi-disciplinary team or Saint Michael's Hospice Outreach Team and then discussed with appropriate staff members.

2.3 Out of hours referrals and admissions

Admission requests may be made by out of hours senior health care professionals after escalation to a level of seniority or request for further assessment required to inform the decision to admit in a timely manner by the hospice doctor.

Initially the nurse in charge on the in-patient unit receiving the referral will establish if the admission is appropriate in the same way that a referral would be assessed during normal working hours.

The nurse in charge on the in-patient unit should then discuss with the on call hospice doctor this request. Where the transfer is requested from a Hospital this will usually be accepted out of hours and it should not be delayed on the assumption

that the patient is in a safe place. If the referral is accepted the doctor making the referral will then contact the patient.

2.4 Waiting List Guidelines

To prioritise admissions as much information needs to be obtained as possible from the referring source and it may be necessary to supplement this with a hospice domiciliary assessment.

Waiting lists and prioritisation of admissions will be reviewed every morning by the hospice doctor on duty and the nurse in charge of the in-patient unit.

The safety and well-being of the patient is the overarching consideration in prioritising admission regardless of their place of care.

3. Day Therapy Unit, Saint Michael's Hospice

3.1 Criteria for referrals

The patient can be referred if they have a progressive terminal condition with specialist palliative care needs which can be met through Day Therapy Unit attendance.

The patient must be over the age of 18 years and live within the Harrogate District, although discretion can be applied by the Day Therapy Sister.

The patient must be able to exit and enter their property safely either independently or with the help of family as Saint Michael's employees and volunteers have a responsibility to assist patients to the door only.

3.2 Referral Process

Referrals to DTU can be made from the following health care professionals:

- GP
- Consultant
- Specialist Palliative Care Team
- Disease specific CNS
- Community Matron
- Internally via Inpatient Unit/MDT member

Referrals are progressed following discussion at community MDT meeting, unless urgent in which case can be accepted at the discretion of the Day Therapy Sister. If there is any doubt about suitability for hospice day therapy further assessment will be arranged. All accepted referrals for DTU will be contacted by phone the week of MDT discussion and a start date given. This is then followed by written acceptance letter to the patient, a copy is also sent to patient's GP and the referrer e.g. Heart failure nurse.

Contact by letter or by telephone to request admission to DTU services must always result in a written referral.

Patients referred from the Inpatient Unit will be visited by a member of the DTU team prior to their discharge day.

4. Palliative Lymphoedema, Saint Michael's Hospice

Patients should be over 18 and be diagnosed with a progressive terminal condition and live within the Saint Michael's catchment area, although some discretion can be applied by the lymphoedema team. A paper referral form should always be used. However, in order to prevent any delay, referrals can be accepted following discussion with the referrer as long as a paper referral is also completed.

Referrals may be progressed only with agreement of the patient's GP or consultant, following consideration by the lymphoedema team.

Referrals can be made by:

- GPs
- Community or practise nurses
- Consultants
- Specialist palliative care team
- Disease specific CNS
- Allied health professionals
- Saint Michael's MDT

5. Volunteer Visitors, Saint Michael's

5.1 Criteria for referrals

Patients must be aged 18 or over, diagnosed with a progressive terminal disease, and living within our catchment area. All referrals for this service will be agreed by the Saint Michael's Volunteer Visitor Team.

5.2 Referral process

All patients can be referred by any Healthcare professional, or they can self-refer by obtaining this form on the Hospice Web site. A Team member will make an assessment visit if appropriate to clarify suitability.

6. Volunteer Services, Herriot Hospice

6.1 Criteria for referrals

Patients must be aged 18 or over, diagnosed with a progressive terminal disease, and living within our catchment area. All referrals for this service will be agreed by the Herriot Hospice Volunteer Services Manager

6.2 Referral process

All patients can be referred by any Healthcare professional and completing the referral form. A Team member will make an assessment visit if appropriate to clarify suitability.

7. Neurological Conditions Community CNS, Saint Michael's

The community neurological conditions nurse specialist provides supports and advice to individuals, their families and significant others living with terminal progressive, advanced neurological conditions such as:

- Huntingdon's Disease
- Motor Neurone Disease, from diagnosis onwards
- Multi Systems Atrophy
- Multiple Sclerosis
- Parkinson's Disease
- Progressive Supranuclear Palsy

7.1 Aim of Service

The service provides a specialist level of care and support; working in collaboration with other health and social care services, with the aim to ensure patients and their carers:

- To be and feel supported
- To have an advocate
- Have their complex needs and symptoms addressed
- Be able to express their wishes and choice's
- Have opportunities to explore and establish advance care plans and advanced decisions to refuse treatment.

7. 2 Criteria for referral:

- Progressive terminal neurological condition*
- First aspiration pneumonia
- Rapid decline in condition
- Complex symptoms
- Complex care needs
- Future care planning and/or mental capacity concerns with regard to health care issues

Special criteria:

- People with Motor Neurone Disease will be seen from diagnosis onwards.
- All other neurological conditions must be in the advanced progressive palliative stage.

7.3 Support provided

- Visit patient were they are – majority of contact is in patients' own homes
- Complex symptom management and advice to patients and other professionals

- Collaborative working with relevant health and social services.
- Link into all other saint Michael's services including Day Therapy, Patient Support Team, Inpatient Unit and Specialist nurses.
- Support, communicate and advocate Advance care wishes and decisions, DNACPR and Best Interest Decisions with wider health and social care teams.
- To prevent inappropriate hospital admissions and support choice in place of care and death
- Carer support

7.4 Who can refer?

Referrals can be taken from any health care professional. The patient and/or their carers can also self-refer via telephone.

7.5 How to refer?

By contacting Saint Michael's specialist nurse team via consultation letter or completing Saint Michael's referral form.

8. HOME/Homecare service, Saint Michael's and Herriot Hospice

8.1 Criteria for referral

HARD CCG Patients

Patients should be aged 18 or over, be GSF red, have a rapidly deteriorating condition and have been assessed by a healthcare professional to be eligible to receive Fast Track Funding via the CCG. All referrals to this service will be agreed by the HOME/Homecare Service Manager and the on call lead at the time of referral.

HRW CCG Patients

Patients should be aged 18 or over, be GSF red, have a rapidly deteriorating condition and have been assessed as eligible by the EOLC coordination service. All referrals to this service will be agreed by the HOME/Homecare Service Manager and the on call lead at the time of referral.

8.2 Referral Process

HARD CCG Patients

Referrals will be made via Continuing Healthcare (CHC), who will send to brokerage who will send to the HOME service. Brokerage will email, using Egris encryption, the referral information. The HOME on call will then review the referral and accept or decline the referral based upon this documenting the reason for the decision.

Please note this process may change when the final document/service specification has been received and agreed with the CCG.

HRW CCG Patients

Referrals will be made via EOLC Coordination who will send to Homecare team by password protected email. The HOME on call will then review the referral and accept or decline the referral based upon this documenting the reason for the decision.

9. Non-Palliative Lymphoedema, Saint Michael's Hospice

This service is provided as part of a one year contract with the HARD CCG. Please refer to the contract service specification for admission criterion.

10. Just B Services

10.1 Criterion for referral

Any person in the Harrogate and Rural, Hambleton and Richmondshire CCG district who has had a bereavement. All referrals for this service will be agreed by the Service Manager.

10.2 Referral Process

Adults can be referred by a professional or they can self-refer. If they are referred by a professional the person must consent to the referral.

The bereavement services are available to any Child or Young Person up to 18 years old in the Harrogate District and the Hambleton and Richmondshire District.

Who can refer?

Any parent or carer (with Parental Responsibility) can refer a Child or Young Person (CYP)

- The CYP should have been consulted about accessing support before the parent/carer refers them.

Any professional can refer a Child or Young Person

- They must have gained the parent/carers consent to do this for ages 0-15. For 16 and 17 year olds, they must have directly gained consent from the young person. The service administrator will check with the family that consent has been given.

Any 13, 14 and 15 year old can refer themselves

- If they are aged 13, 14 or 15 a young person can refer themselves for support. These referrals must be taken by a Social Worker, who will assess capacity to consent to support work. Parent/carer consent must also be gained as part of the referral process. Parent/carer involvement is not imperative.

Any 16 and 17 year old can refer themselves

- Any 16 and 17 year old can refer themselves for support. These referrals must be taken by a Social Worker, who will assess capacity to consent to support work. Parent/carer consent or involvement is not required, although encouraged.

The Schools support service is available to any Child or Young Person attending a school contracted with Just B.

Who can refer?

The School is responsible for the completion of all referrals. It is recommended by Just B that Student Referrals are completed by a staff member known to the student. All referrals are to be password protected before emailed to: schoolsservice@justb.org.uk

- The CYP should have been consulted about accessing support before school staffs refer them.
- They must have gained the parent/carers consent to do this for ages 0-15.
- If they are aged 13, 14 or 15 a young person can themselves complete the referral with school for support. Parent/carer consent must still be gained as part of the referral process. Parent/carer involvement is not imperative.
- Any 16 and 17 year old can refer themselves without parental consent. They themselves can complete the referral with school for support. These referrals will then be passed to a Social Worker within the Just B team, who will assess capacity to consent to support work. Parent/carer consent or involvement is not required, although encouraged.
- Any 18 year old can refer through school without parental consent. Although parental consent is still encouraged.

Terminology

Parent/carer consent means that they are aware that their CYP is accessing Just'B' or HHH and agree to it. They may or may not have any further involvement in the support process.

Parent/carer involvement means they are actively involved in their CYP's support work, such as attending the Family Assessment or planned reviews.

11. Talking Spaces

11.1 Criterion for referral

Talking Spaces is a general counselling service available to any person in the Harrogate and Rural CCG, offering support across a range of areas.

11.2 Referral Process

Talking Spaces is only able to accept referrals from professional agencies. Anyone wishing to refer themselves to the service should therefore contact the health or social care agency involved in their care. Professionals who are able to refer to the service include GPs, health professionals, workers in social care, drug and alcohol services, services working with people who are victims of domestic abuse and charities working in the Harrogate and district area.