

Policy and Procedure for Referral and Admission to Care Services at Primrose Hospice

Approved by:	Candy Cooley, Chairman
Date of approval	February 2016
Originator(s):	Libby Mytton, Director of Care

1. Introduction

It is the policy of Primrose Hospice to offer timely, accessible and equitable services to all individuals who meet our criteria and as far as possible to remove barriers that may prevent people from benefiting from the services we offer.

2. Purpose of policy

The purpose of this policy and procedure is to provide instructions on accessing any of the services provided by Primrose Hospice, by:

- Identifying eligibility criteria.
- Identifying and where possible removing barriers to accessing services.
- Identifying referring bodies to whom such information should be disseminated.
- Identifying the clinical staff responsible for following the admission process and undertaking review of access arrangements and response times.
- Identifying a feedback mechanism to referring agencies.
- Identifying the need to establish time parameters for access to services and response times.
- Reporting/audit requirements.

This policy should be read in conjunction with the [Assessment, Diagnosis, Treatment and Care Procedure](#).

- The Policy and Procedure for Referral and Admission to Care Services at Primrose Hospice covers the initial receipt and processing of a referral and first face to face assessment prior to allocation to a service within the Hospice.
- The Assessment, Diagnosis, Treatment and Care Procedure covers the care provided thereafter.

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3. Roles and responsibilities

Management Responsibilities

Chief Executive

The Chief Executive is responsible for determining the governance arrangements of the Hospice including effective treatment and care processes. They are responsible for ensuring that the necessary clinical policies, procedures and guidelines are in place to safeguard patients and reduce risk. In addition they will require assurance that clinical policies, procedures and guidelines are being implemented and monitored for effectiveness and compliance.

Director of Care

The Director of Care has overall responsibility for patient safety and care and ensuring that there are effective clinical policies and procedures in place within the Hospice that meet all statutory requirements and adhere to guidance issued by the Department of Health.

Line Managers

Line Managers are responsible for ensuring that:

- This policy is made available to all staff within their department.
- The staff they are responsible for implement and comply with this policy.
- That staff are updated with regards to any change in this policy.

4. Procedure

Responsibility for decisions regarding admission to the care services of the Hospice lie with the Director of Care.

Criteria for admission to the clinical services of the Hospice include:

- Adults over the age of 18.
- A diagnosis of a progressive, incurable illness including cancer and other non-malignant long-term conditions and experiencing specific problems related to that illness.
- Those problems may include physical symptoms, emotional adjustment to diagnosis, a need for rehabilitation within the constraints of progressive disease, psychosocial issues, relief of social isolation (in relation to illness) or a need for respite for the family/carer.
- Registered with a Redditch or Bromsgrove GP (although patients living within the catchment area of Redditch and Bromsgrove but registered with a GP outside of those boundaries may, at the discretion of the Director of Care, be offered a service).

Criteria for admission to the supportive services of the Hospice (Family Support and Complementary Therapies) include:

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- Patients who fall under the criteria set out above.
- Adult or child coping with the actual or impending loss of a loved one, and psychological or social problems in relation to that loss.

Referral pathway:

- Referrals to clinical services can be made by healthcare professionals, including specialist nurses, district nurses or allied healthcare professionals, on behalf of, or with the knowledge and agreement of the patient's responsible doctor (GP or hospital consultant) and the consent of the patient.
- Referrals to supportive services can be made by anyone, including self-referrals, with the consent of the individual.
- Referrals can be made verbally or in writing, either by letter or by completion of the common referral form for the Redditch and Bromsgrove Palliative Care Team.
- Referrals are discussed on receipt on a daily basis (Monday to Friday) within the clinical and supportive teams, and where further clarity or discussion is desired, in the weekly multi-professional team meeting.

Initial actions on receiving a referral:

- The individual will be registered, usually by a member of the Administration Team on the electronic clinical notes system, unless they are already registered.
- Receipt of the referral will be entered, along with details of the referral information and request made by the referrer.
- A 'task' (electronic request) will be sent by the person registering the patient to the relevant service lead(s).
- The relevant service lead will then take appropriate action, which may involve immediate contact with the person who has been referred, or a request for further information from the referrer.
- Initial contact will usually be by phone, or by letter offering an appointment, in either case within 5 working days of receipt of the referral, unless the referral requests a response within 2 working days in which case the response will be made sooner.

Initial assessment:

- The initial assessment of a newly referred patient or client is always carried out by an appropriately qualified member of the team. This may include (not an exhaustive list):
 - The Day Hospice Team Leader
 - The Director of Care
 - The Family Support Team Leader
 - The Counselling Supervisor
 - The Macmillan Children and Families Practitioner
 - The Complementary Therapy Coordinator

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- The assessment process aims to take a broad approach to a range of worries, concerns and problems and to identify other services available to the person both internally at Primrose Hospice and elsewhere.
- As a result of the initial assessment a patient may:
 - Agree to accept one or more of the services on offer at Primrose Hospice
 - Be signposted or referred to services elsewhere

5. Equality and Diversity

Primrose Hospice recognises the particular needs of people with protected characteristics under the Equality Act 2010, including age, disability, gender, gender reassignment, race, religion and belief and sexual orientation, and will do everything possible to ensure that it meets those needs, thereby ensuring that people with protected characteristics who meet the criteria are able to access the services of the Hospice.

6. Policy Area

Treatment and Care

7. Audit

Audit of access to services will be through:

- Periodic review (at least once every three years) of a random selection of 15 referral and admission episodes over the course of a year to ensure adherence with the principles above.
- User opinions to be sought by means of patient satisfaction survey.

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