York and Scarborough Teaching Hospitals NHS Foundation Trust

Referral & Discharge Guidelines

Specialist Palliative Care Team

York and Scarborough Teaching Hospitals NHS Foundation Trust

July 2021

Kathryn Sartain

Discussed at SPCMDT AGM May 2021 and ratified July 2021

Who can refer to the Specialist Palliative Care Team?
For Vale of York GPs, **community** referrals can be made by GP, District Nurses, and Consultants. Urgent referrals can be made by ward Doctors, and Clinical Nurse Specialists. For all other non-urgent clinical referrals from the hospital, please refer initially to the District Nurse Service

In **hospital** referrals can be made by ward teams and specialist services.

Any health care professional can ring and discuss a referral and be signposted to the potential appropriate referrer or service.

Referral criteria
Our aim is to ensure that all patients/carer with specialist palliative care needs receive appropriate treatment or support irrespective of their race, sex, disability, colour, nationality, ethnic origin, religion, marital status, sexual orientation or age. The patient and carers **must** require additional specialist support over and above that already provided by the existing care team.

We accept referrals for:

Patients with active, progressive and life-limiting illness and

- Complex unmet physical symptoms e.g. pain, nausea, agitation (list not exhaustive)
- Complex psychological issues e.g. uncontrolled anxiety or depression, cognitive or behavioural issues
- Complex emotional and spiritual issues involving family or carers, unresolved issues re self-worth, loss of hope, request for euthanasia, unresolved religious or cultural issues
- Complex social issues particularly relating to communication or learning difficulties
- Where referral to hospice is being considered
- Patients requiring specialist rehabilitation to enable them to adapt to the limitations of their condition and to maximise their quality of life. ***See page 7*** *for York community palliative care therapy referral criteria* Referral form ***Appendix 2*** or link http://staffroom.ydh.yha.com/clinical-Directorate-Information/master-clinical-document-library/palliative-care/referral-form-and-criteria-for-specialist-occupational-therapy-service
- Staff requiring support in order to continue caring effectively for patients as outlined above
- Health care professionals should make the referral and ask patient's consent to do so. They should not advise the patient/carers to contact the team directly.

Non-urgent referrals should fit above criteria and will be contacted within 2 working days in the hospitals and 5 working days in the community.

Urgent referrals should fit the above referral criteria **plus**

- **Rapidly escalating symptoms.**
- **Rapidly deteriorating.**
- **Patient/carer at risk of harm.**
- **Vulnerable social/psychological situation.**

York Community Palliative Care Services single point of access. Please discuss all urgent referrals with the duty CNS in community via 01904 777770 and complete a referral form to be sent to sleho.spcreferral@nhs.net ***Appendix 1*** or link

http://staffroom.ydh.yha.com/policies-and-procedures/clinical/palliative-care/referral-form-for-specialist-palliative-care-team-selby-york-and-st-leonards-hospice

York Hospital. Please discuss all urgent referrals directly with the SPC Nurse in Charge via 01904 725835 and complete an electronic referral on CPD.

Scarborough Hospital. Please discuss all urgent referrals directly with the CNS team via 01723 342446 and complete an electronic referral on CPD**.** For urgent calls on a weekend, please call 07423 794399.

Urgent hospital referrals will be contacted within 24 hours

Availability of service and contact details
The hospital and community nursing teams are available **7 days a week**

Base/ Locality	**Core Service Hours**	**Telephone No**
Community Palliative Care Team The Lodge St Leonard's Hospice 185TadcasterRd York YO24 1GL	**08:30 to 16:30** *Out of hours medical advice is available by contacting St Leonard's Hospice on 01904 708553*	**01904 777770** If your call cannot be taken, please leave a message. Messages are checked regularly throughout working hours
York Hospital Palliative Care Team York & Scarborough Teaching Hospitals Wigginton Road York YO318HE	**08:00 to 16:00** **Monday to Friday** **Weekend & Bank Holidays** *Out of hours medical advice is available by contacting St Leonard's Hospice on 01904 708553*	 **01904 725835** **01904 721106** If your call cannot be taken, please leave a message. Messages are checked regularly throughout working hours
Scarborough Palliative Care Team York & Scarborough Teaching Hospitals Woodlands Dr Scarborough YO12 6QL	**08:30 to 16:30** **For urgent calls on a weekend** *Out of hours medical advice is available by contacting St Catherine's Hospice on 01723 351421*	**01723 342446** **07423 794399** If your call cannot be taken, please leave a message. Messages are checked regularly throughout working hours

Hospital Specialist Palliative Care (SPCT) Referral Criteria

York and Scarborough Teaching Hospitals NHS Foundation Trust

Does the patient have unmet specialist palliative care needs?

YES

Has symptom control guidance been used to optimise symptoms & patient still symptomatic?

NO → **Refer to Palliative Care Formulary** on staffroom under: *Clinical-Directorate-Information/palliative-care*
A copy of 'symptom control in the last days of life' can be found on all wards.

YES

Are the patient and consultant aware of referral?

NO → **Discuss referral with**
- *Consultant*
- *Patient*
- *Identified NOK, if the patient lacks capacity*

YES

Is the referral URGENT?

NO → **Submit an electronic referral to the SPCT on CPD** utilising the SBAR tool.
NB: not all referrals will be seen the same day but we aim to see within next 24 to 48 hours or next working day at weekends

YES

Submit an electronic referral on CPD and telephone the relevant team to discuss:

York Hospital:	Mon to Fri Ext. 5835
	Weekend Ext. 1106
Scarborough Hospital:	Mon to Fri Ext. 2446
	Weekend 07423794399

Referrals should include the following information to allow appropriate prioritisation and effective caseload management.

- *Diagnosis & extent of disease*
- *Other significant co-existing conditions*
- *Referrer details including contact details*
- *Patient/NOK/Consultant aware of referral*
- *Current/planned treatments/ investigations*
- *Specific reason(s) for referral*

NB without these details your referral may be declined which may incur a delay in assessment of the patient.

Referrals not accepted by SPCT:

Leading on rapid or fast track discharges:
- *Contact the integrated discharge hub as a priority.*
- *The SPCT may support complex palliative care issues/discharges where needed.*

Solely for DNACPR/Advance care planning discussions:
- *These should be led by the treating team. If difficulties arise please contact SPCT to discuss how we can support you.*

Arranging home oxygen:
- *Contact respiratory CNS & treating team.*

Solely for referral to the Community Palliative Care Team on discharge:
- *The ward team doctor and Clinical Nurse Specialist (known to the patient) can refer directly using referral forms found on Trust website or directly on the hospice links*
  - York:https://www.stleonardshospice.org.uk/Professionals/Referral-Information-(1)
  - Scarborough: https://www.saintcatherines.org.uk/referrals
  - Humber: Telephone through referral 01482 247111
  - East Riding/Pocklington refer via 01759 448322
- *On electronic discharge note (eDN) suggest the GP considers patient for*
  - *Gold Standards Framework list +/-*
  - *Referral to community palliative care team should patient develop complex symptom control issues*
  - *EPaCCS*

Weekend reviews are for patients with **urgent & complex needs only**

If you submit a referral over the weekend and require an urgent assessment you must call the CNS on

- ***ext. 1106 (York) or***
- ***07423794399 (Scarborough)****

If you are unsure and wish to discuss whether a referral is appropriate or you require advice without an assessment please speak to the Palliative Care Team either in person on the wards or by telephone on York ext. 5835 or Scarborough ext. 2446

Author: York Teaching Hospitals Specialist Palliative Care Team. Owner: Carina Saxby/Sarah Wilcox . Version 1. Issued January 2021. Review date January 2024.

Levels of intervention
Depending upon the reason for referral, or the needs of the patient / carer, several levels of intervention are available:

Level 1 Advice, information and support only.

Level 2 Involves a single consultative visit which may be a joint visit with the referrer. The focus is advice to enable the referrer to manage patient's problems effectively.

Level 3 Short term interventions in relation to specific unresolved problems. The intervention will be to discharge the patient from the service back to the referrer when the patient's needs have been resolved.

Level 4 For patients with multiple complex problems that need specialist input over a long period of time.

The team will assist the key worker in assessing the needs of patients and will not take over the care but will act as a specialist resource.

Discharge from the Specialist Palliative Care Team:
Patients referred to the York and Scarborough Hospitals Trust palliative care service will be given verbal information on the role of the team, which is explained in more detail in the provided palliative care leaflet. It will explain that when the patient's specialist needs are met they will be discharged from the team's caseload to the ongoing care of the key worker. Patients will be discharged from the Specialist Palliative Care Team service in collaboration with patients and carers when:

- The patient no longer has a specialist palliative care need e.g. pain controlled or presenting issue resolved.
- The patient changes care settings, the individual team will discharge and readmit if appropriate.
- The patient/carer moves out of the area. Referral will be made to a specialist palliative care service in the area where the patient will be resident, if appropriate.
- The patient/carer no longer wishes Specialist Palliative Care Team input.
- Where a contractual arrangement exists with a patient/client whereby the period of support reaches a previously agreed end point.
- When there has been no contact with the patient/carer for six weeks.
- When a patient is admitted to another care facility and no longer is under the teams' care

On discharge from York community palliative care the appropriate health care professional will be notified by letter. Copies of the letter will be sent to patients at their request. Community discharge letter to GP ***Appendix 3.*** Community discharge letter to patient ***Appendix 4.***

Re-referral to the Specialist Palliative Care Teams can be made at any time, if problems re-occur or new problems arise, by following the referral procedure.

Referral Criteria for York Community Palliative Care Therapy

The community palliative care therapy team provide Physiotherapy and Occupational Therapy intervention to:

- Adults over the age of 18
- Living with a life threatening or life limiting disease
- Who have complex physical and/or psychological needs which cannot be managed by community therapy

  teams.
- Patients must be registered with a York or Selby GP practice.

The team can support individuals with the following difficulties:

- Physical deterioration impacting on mobility, transfer ability and risk of falls
- Reduced independence with daily activities and requiring equipment/advice
- Fatigue management
- Anxiety management
- Breathlessness

Physiotherapy	Occupational Therapy
• Patients who require exercise guidance and support following chemotherapy. • Patients with advanced or rapidly progressive disease, which are likely to deteriorate rapidly. (Fast Track patients) • Patients with mobility problems or a track history of falls, who may require timely provision of equipment and advice, aimed at avoidance of unnecessary hospital admissions. • Patients and carers who require manual handling advice, or wheelchair provision. This is particularly relevant for patients with cerebral metastases, brain tumours or following spinal cord compression. • Patients with cancer related respiratory problems who may need advice on chest clearance techniques, breathing exercises, pacing advice and practical advice around the use of prescribed home oxygen therapy. • Provision of TENS machine for pain management.	• Provide a functional rehabilitation programme to enable patients deal with the complex difficulties associated with their condition (e.g. fatigue, anxiety, breathlessness, pain, balance or memory problems). • Assistance to participate in activities related to study or work, including advice regarding return to work. • Lifestyle management advice to cope with fatigue or altered level of independence. • Advice regarding coping strategies for dealing with cognitive dysfunction. • Facilitating psychological adjustment to loss of function. • Support and education to carers resulting from patients changing level of functional and/or cognitive ability • To provide support and practical advice to patients, families, and health care professionals for terminally ill patients who wish to die at home or in the community.

Appendix 1 Referral Form for Specialist Palliative Care Services

St Leonard's Hospice
Caring for Local People

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

St Leonard's Hospice@Home

Referral Form - Specialist Palliative Care Services

(Please complete as thoroughly as possible or the initial assessment may be delayed)

FOR URGENT REFERRALS FOR ALL SERVICES PLEASE RING 01904 777770

Service Required Please email completed form to: SLEHO.spcreferrals@nhs.net			
Community Palliative Care Team ☐ (Referral Criteria: click here) **Urgent** ☐ **Non Urgent** ☐		**Inpatient Unit** ☐ **Date of referral:**	**Hospice@Home** ☐ (Referral Criteria: click here)
Patient Details (Please print if handwritten)			
NHS No:	Hospital No	Title:	DOB:
Surname:	First Name:	Preferred Name:	Marital Status:
Address			Postcode:
Tel:		Mobile:	
Current Location if not at home address:			
Occupation:		Lives alone? Y ☐ N ☐	
Please specify any potential risk to a lone worker:			
Next of kin / Main Carer Details			
Full Name:		Relationship:	
Address: (if different from above):		Postcode:	
Tel:		Mob:	
Referrer Details			
Name:		Role:	
Work base:		Tel:	
COVID 19	Is the patient/NOK displaying COVID symptoms Y ☐ N ☐		

Disease Status				
Diagnosis and extent of disease (including date of diagnosis):				
Current/Planned Treatments:				
Phase of illness:	Stable ☐ Patient problems and symptoms are adequately controlled by the existing plan of care.	Unstable ☐ An urgent change in the plan of care or emergency treatment is required because they are experiencing a new problem that was not anticipated in the existing care plan or a rapid increase in the severity of a current problem.	Deteriorating ☐ The patient's overall function is declining and they are experiencing anticipated and gradual worsening of existing problems.	Dying ☐ Death is likely within days to short weeks
Has DS1500 been applied for? Y ☐ N ☐				
Is patient fast tracked Y ☐ N ☐ Care package provider:				

Version: 6.0	Date Published: 07.09.17	Date of review: June 2020
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St Leonard's Hospice
Caring for Local People

York Teaching Hospital NHS
NHS Foundation Trust

St Leonard's Hospice@Home

Referral Form - Specialist Palliative Care Services

(Please complete as thoroughly as possible or the initial assessment may be delayed)

FOR URGENT REFERRALS FOR ALL SERVICES PLEASE RING 01904 777770

Reason for Referral – please circle most appropriate		
Symptom management	**Terminal care**	**Telephone Support** (CNS)
Crisis management (H@H)	**Awaiting hospice Bed** (H@H)	**OOH support** (H@H)
Discharge support/meet & greet (H@H)	**Awaiting care package/increase** (H@H)	
Please outline the main Physical/Psychological/Social/ Spiritual Issues:		
Consent agreed for referral? Y ☐ N ☐		
Please note that referrals will not be accepted unless the patient or main carer has consented to the referral		

Professionals Involved		
Consultant Name:	Hospital:	Tel:
Usual GP:	Practice:	Tel:
Other:		Tel:
Known to District Nurse? Y ☐ N ☐		Known to Social Services? Y ☐ N ☐
Ensure District Nursing Team is informed of this referral via SPA on 01904 721200		
Advance Care Planning		
Ceiling of care discussed? Y ☐ N ☐	For escalation	Not for escalation
DNA CPR Status in place? Y ☐ N ☐		
Preferred Place of Care:	Preferred Place of Death:	
Are anticipatory drugs for end of life care in place? Y ☐ N ☐		
Has the patient got a written Advance Care Plan? Y ☐ N ☐ Please provide details:		
Medications		
For GP and community referrals, please attach a **brief** computer summary of the patient's medication history Is a syringe drive in situ Y ☐ N ☐ Contents:-		
For In patient unit admissions		
Does the patient need a side room for infection control purposes? (eg clostridium difficile, MRSA infection). Please give details:		
Does the patient have any specialist equipment need? (eg. high flow oxygen, hoist, bariatric bed, intrathecal pump, non-invasive ventilation, PEG feeding etc). Please give details:		
Does the patient require any mobility aids? (eg stick, frame, wheelchair, hoist)		
Other significant co-existing condition (include cognitive, sensory, hearing impairment, language barrier):		

Appendix 2 Referral form to York Community Palliative Care Therapy

Name: Date of Birth: Address Tel no:	York Hospital No: NHS No: Next of Kin/Carer: Address (if different) Tel no:	Consultant: Ward: Primary Care Contacts: *****NB Patient must be registered with a S&Y GP *****
Diagnosis: Is patient Fast Track? Yes/No	Treatment: Radiotherapy Yes/No Chemotherapy Yes/No Oxygen therapy Yes/No No more curative Yes/No	
Is patient aware of diagnosis? Yes/No	Is a DNACPR in place Yes/No	
Social History: Lives with: Types of property: House/Bungalow/Flat Key safe: Yes/No Number: Lone worker risks: Yes/No	Past Medical History:	
Referral to: *delete as appropriate* Occupational Therapy/Physiotherapy/Joint		
Reason for referral:		
Please delete below as appropriate		
<u>Symptom Management:</u> Pain Breathlessness Fatigue Anxiety/relaxation	<u>Function/Lifestyle Management:</u> Mobility Transfers Stairs Falls Cognition Activities of Daily Living Return to work/education	
Additional Information:		
Is patient aware of this referral? Yes/No Is patient known to Specialist Palliative Care Team? Yes/No		
Referred by: (name and designation) Contact phone no: Signed:	Date:	

Please send all completed referrals to yhs-tr.palliativecaretherapy@nhs.net

Feel free to contact the team to discuss any referrals 01904 724548

Appendix 3 Community discharge letter to GP

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Specialist Palliative Care Team
The Lodge
St. Leonard's Hospice
185 Tadcaster Road
York
YO24 1GL
Tel: (01904) 777770

Our ref:

Date

GP Name and Address

Dear Dr……

Re: {Patient Name and Address}

{Patient name} has recently received advice from the Community Specialist Palliative Care Team.

At this time {patient name} does not have any unmet specialist palliative care needs, therefore has been discharged from our service.

However, if anything changes within the next three months and you do need to contact myself or the Community team please don't hesitate to contact us on the above telephone number.

Please be aware that after three months [patient name} will need to be re-referred using the Specialist palliative care team referral form and forwarding to sleho.spcreferrals@nhs.net .

With best wishes.

Yours sincerely

Named nurse
Community Macmillan Palliative Care Clinical Nurse Specialist (CNS)

Appendix 4 Community discharge letter to patient

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Specialist Palliative Care Team
The Lodge
St. Leonard's Hospice
185 Tadcaster Road
York
YO24 1GL
Tel: (01904) 777770

Dear

As you have been admitted to another care facility you have been discharged from the palliative care service case load.

When you return home, please ring the number above if you continue to require community palliative care services.

If you have been away from the service for 3 months or more please ask a health professional to do a referral back to the service.

With best wishes.

Yours sincerely

Named nurse
Community Macmillan Palliative Care Clinical Nurse Specialist (CNS)