



# CLINICAL GUIDELINE

**Document No: C Pro 25**

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| <b>TITLE</b>                           | <b>Referral Guidelines</b>  |
| <b>SUMMARY</b>                         | This document provides instruction and guidance to staff, volunteers, students, managers (henceforth staff) and all referrers to Teesside Hospice Care Foundation (THCF) Specialist Palliative Care (SPC) Services including Bereavement Counselling.   |
| <b>APPROVED VIA</b>                    | Clinical Governance Committee   |
| <b>DISTRIBUTION</b>                    | For distribution to all clinical departments via Teesside Hospice Administration Department.<br><br>These guidelines will also be published on Teesside Hospice website <a href="http://www.teessidehospice.org/help-support/professionals">http://www.teessidehospice.org/help-support/professionals</a> and shared with appropriate health and social care professionals. |
| <b>RELATED DOCUMENTS</b>               | Referral forms attached as appendices   |
| <b>AUTHOR(S) / FURTHER INFORMATION</b> | Consultant in Palliative Medicine, Director of Patient Services (DPS)   |
| <b>OTHER INFORMATION</b>               |   |

**ISSUED BY:**  
Chief Executive



## Referral Guidelines for all Teesside Hospice Services



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## **1. Introduction**

### **1.1 Commissioning Arrangements**

Teesside Hospice is committed to provide a Consultant led specialist palliative care service free of charge to patients and carers. We are commissioned to provide specialist palliative care (SPC) to the residents of Middlesbrough and Redcar & Cleveland areas via South Tees Clinical Commissioning Group.

Patients from Stockton & Hartlepool are also able to access our services under these commissioning agreements. However, funding for patients from out of the Teesside area e.g. North Yorkshire is negotiated on a case-by-case basis with their Commissioner.

The Bereavement Counselling Service is also funded in the same way by the CCG. This service is available to all bereaved adults and children from the Middlesbrough and Redcar & Cleveland areas and not just those who may have had a previous connection to THCF. However, the service is only able to offer a counselling service for anticipatory grief to families who are already associated to Teesside Hospice

### **1.2 Information for Referrers to SPC Services**

Patients are usually suffering from life limiting conditions. We offer a holistic approach to care encompassing the physical, psychological, social and spiritual needs of patients.

Palliative care is delivered by two distinct categories of health and social care professionals:

- The patient and families usual carers i.e. District Nurse, General Practitioner. This level of care can be described as general palliative care. It is a vital and integral part of everyday clinical practice
- Carers who specialise in palliative care: Specialist palliative care services are provided for patients and their families where there is a moderate to high complexity of need. The services provided at Teesside Hospice fall into this category.

Referral should be with the full knowledge and agreement of the patient, doctor, and nurse in charge of the team undertaking the patient's usual care and management.

## **2. THCF Specialist Palliative Care Team (SPC)**

THCF Consultant led SPC team includes doctors, nurses, physiotherapist, occupational therapist, dietician, social worker and bereavement counsellors. The team offer a wide range of services: -

- Inpatient admissions for pain and symptom management and end of life care.
- Day Hospice for pain and symptom management, psychosocial support, and respite.

- Outpatient appointments and domiciliary visits.
- Telephone advice
- Specialist lymphoedema care
- Bereavement counselling services for adults and children

## 2.1 Referral Process

**THCF services can be accessed by completing a referral form (Appendix 1) and faxing it to THCF at (01642) 811076.** Any queries will be directed to the appropriate member of the SPC team by contacting the **Medical Secretary on (01642) 811062.**

In order for us to process the referral request quickly **ALL** details on the referral form need to be completed.

## 2.2 Mental Capacity

The SPC team at THCF recognise and abide by the practices outlined in the Mental Capacity Act and Code of Practice (2007) for those patients who lack capacity.

## 2.3 Non Smoking Policy

THCF is a non-smoking organisation and smoking is not permitted by staff, patients and visitors in any of our premises. A small designated area in the garden is available for **patients** who smoke.

We recognise that this information is significant for some patients in deciding their appropriate place of care and request that they are informed about this **prior to referral.**

## 3. Inpatient Services

THCF has 10 single patient bedrooms that have en-suite facilities.

### 3.1 Referral Criteria

- **Pain and Symptom Management:** The inpatient unit provides treatment for the management of pain and other difficult symptoms, including psychological issues which cannot be managed in the patient's current environment, and require regular assessment and monitoring.
- **End of Life Care:** We will do our best to offer a bed for patients who have expressed their preferred place of death as being at THCF. However, due to demand and bed occupancy this may not always be possible.

### 3.1 Discharge

Due to the demands on our service we are unable to provide long term care and we aim to discharge patients back into the community where appropriate. Patients who are unable to return to their own home and do not require SPC will be transferred to alternative accommodation including transfer to nursing home, following in-depth

discussion with the patient, family and appropriate professionals. Our current average length of stay is 13 days (MDS data 2014).

### **3.2 Allocation of beds**

Unless marked as urgent **ALL** referrals are discussed at the morning 'Referrals' meeting held at 9:30 am Monday to Friday. Patients are prioritised and offered beds as available. When there are no available beds a waiting list operates and admission is determined by priority of clinical need. We will contact the referrer to inform them of the bed situation and will try to estimate when a bed is likely to be available.

A designated member of the team may contact the referrer if the referral form is incomplete or there is inadequate information on which to base a plan for admission.

### **3.3 Referral for same day admission**

THCF **does** accept referrals for same day admissions both during working hours and out of hours including weekends. However, any request for an urgent admission must be discussed with the senior nurse and doctor on duty.

### **3.4 Admission arrangements**

If possible planned admissions should arrive at THCF between **10:00 and 11:00**. It is the responsibility of the current care team to assess the patient to ensure that the patient is fit to travel and to arrange suitable transport.

Patients being admitted from hospital should have either a copy of their hospital notes or a full discharge letter. Patients admitted from the community must be accompanied by any relevant community, medical or nursing documentation, e.g. Handover Form, appropriate district nurse records. All current medications should be brought in with the patient.

## **4. Day Hospice Services**

The Edward and Glenis Guy Day Hospice facility at THCF provides 16 places per day Monday – Thursday. The Day Hospice team aims to provide SPC services to those patients who attend. We aim to maximise and promote independence to enable patients to remain at home. The purpose of the Day Hospice is to focus on the individual's quality of life through the provision of a wide range of support and the input of appropriate services.

### **4.1 Referral Criteria**

Patients will be suffering from a life limiting illness and will have an identified need for one or more of the following:

- Psychosocial support e.g. those having difficulty in dealing with the knowledge of diagnosis/prognosis, those with personal/family issues.
- Defined period of family/carer respite (for Day Hospice Care)
- On-going support for those discharged home from the Inpatient Unit (IPU)

- Regular assessment of pain and symptom management and provision of supportive interventions:
  - Complementary therapies
  - Physiotherapy
  - Occupational therapy
  - Diversional therapy
  - Spiritual support

Patients need to be able to travel from home to THCF. We may be able to provide transport using volunteer drivers who use their own car. Patients with restricted mobility would usually be offered THCF/NEAS ambulance transport. Information should be provided at the time of referral regarding the type of transport services that are required and if access to the property is difficult.

#### **4.2 Day Hospice Assessment**

Patients are invited to attend an initial assessment where a member of the SPC team (either a doctor or nurse) will undertake a detailed history and holistic assessment. At this meeting the patient and their family will be shown the Day Hospice facilities and if appropriate offered a place for a defined period of time, usually 2 – 3 months.

On their first few visits to the Day Hospice patients are supported to set personal goals that are reviewed regularly. If after a period of time these goals have been achieved then discharge from THCF will be planned.

#### **5. Outpatient Clinic appointments**

The Consultant led services at THCF accept referrals for outpatient clinic appointments. Referral is made on the attached referral document - **Appendix 1**. Every effort is made to arrange an appointment as soon as possible at a time acceptable to the patient.

#### **6. Home Visits**

In the absence of the designated Community Consultant in Palliative Medicine and on request from a General Practitioner or Community Nurse a home visit may be made by the Consultant in Palliative Medicine at THCF or another member of the medical team to a patient who, for some reason, finds it difficult to attend an outpatient clinic appointment.

Requests for a home visit should initially be made to **the Medical Secretary at Teesside Hospice Tel: 01642 811062** or by using the attached referral form (**Appendix 1**). We aim to facilitate a home visit within 2 working days of the request.

#### **7. Telephone Advice**

Teesside Hospice SPC team will provide advice to any health or social care professional, patient or carer requiring advice and information regarding palliative care issues and services. This service is funded entirely from Teesside Hospice charitable

resources. Requests for advice should be made using the IPU telephone number: **01642 811061**

- The caller should provide the hospice nurse with appropriate background information i.e. Patient's details/problems and a telephone contact number.
- If appropriate the nurse may then contact the doctor on call and agree an action plan
- The caller will then be contacted by a member of the SPC team as soon as possible with appropriate advice or information
- A written record will be kept of the enquiry and this will be the subject of a team discussion the following day. The record is faxed to the appropriate SPC Hospital or Community team as necessary to support communication and target education.

## **8. Tees Wide Lymphoedema Service**

Teesside Hospice is commissioned to provide a specialist lymphoedema service Tees wide. The management of lymphoedema is a lifelong commitment for the patient, involving a program of preventative skin care, exercise, self-massage and the wearing of compression, either in the form of hosiery or bandages.

Patients who are unable to undertake this programme must be prepared to accept help from family and community nurses, or if appropriate social care staff, as it is imperative that the recommended management regime is continued. It is recommended that consideration of all of these factors is undertaken before referrals are made.

Referrals should be made with the patients consent and are accepted from health care professionals. Referrals are prioritised by senior nursing staff and in the main palliative patients will be assessed within 2 weeks, and all other patients will be assessed within 4 weeks.

### **8.1 Referral Criteria**

Referrals are usually made for patients with the following:

- **Cancer related lymphoedema:** Swelling due to obstruction from a tumour or swelling due to treatment of cancer.
- **Non-cancer related lymphoedema:** Congenital and primary lymphoedema or lymphoedema due to other causes e.g. Trauma and tissue damage, venous disease, infection, inflammation, endocrine disease, immobility and factitious.

#### **8.1.1 Contra - indications for referral:**

- **Deep Vein Thrombosis** within the last 72 hours.
- **Existing leg ulcer:** Advice will be given regarding cellulitis management and skin care, but not on specific wound management. This is the responsibility of the patient's district nurse/tissue viability nurse.
- **Severe or unstable cardiac failure:** It should be noted these patients would be unsuitable for referral, since the nature of the lymphoedema treatment is



such that extra fluid is likely to be pushed into the circulatory system. If patients are referred with palliative care needs associated with these conditions via Day Care or IPU, then patients will be assessed on an individual basis. The medical team will be consulted regarding appropriate treatment options.

- **Patients with non-malignant related lymphoedema whose BMI is greater than 35.** These patients should be advised to make lifestyle changes and show a commitment to losing weight before referral as limited progress may be achieved. At least 3 consecutive recordings of a decrease in BMI must be shown in the 3 months prior to referral.

## **8.2 Documentation / Communication**

Written communication will be made with the referrer and appropriate health or social care professionals involved in the patient's care. This will usually be following the initial assessment and thereafter as treatment plans alter and if the patient is discharged from the service. The patient will also receive a copy of these letters.

## **8.3 Discharge from the service**

Patients will be discharged from the service when:

- A 12 month episode of care is complete – (The four cornerstones of lymphoedema management skincare, exercise, and simple lymphatic drainage massage and compression hosiery are being effectively managed by the patient and their oedema is controlled) and the patient is referred back to the referrer.
- The patient moves out of the area.
- The patient no longer wishes or needs the input of the service

## **9. Bereavement Counselling Services for Adults and Children**

The purpose of this service is to offer bereavement support to adults, children, young people and families where bereavement is the presenting problem.

### **9.1 Children's Service**

Children between the ages of 5 – 18, who have experienced the death of a significant person in their life. The service operates for children living in South Tees CCG localities.

In addition we offer a counselling service for anticipatory grief to families who are accessing other services in Teesside Hospice.

### **9.2 Adult Service**

Adults who have lost a significant person by death. The service operates for adults living in South Tees CCG localities.

In addition we offer a counselling service for anticipatory grief to families who are connected to Teesside Hospice.

### **Referral Criteria:**

- The client's presenting problem needs to be bereavement or anticipatory grief (as above).
- Adults need to be motivated to undertake counselling, and need to have made an informed choice to begin the process.
- Children need to choose to access the service voluntarily.
- Children aged 5-18, who are accessing the service, must be accompanied by a responsible adult at every appointment and the adult is expected to remain on Hospice premises for the duration of the appointment.
- At the initial assessment appointment we require the child to be accompanied by the principal parent or legal guardian.
- A client needs to have the emotional resilience and capacity as well as environmental support and resources to be able to engage within a bereavement counselling framework.

### **Clients who should not be referred:**

- Those who have a history of enduring mental health issues.
- Those who are engaged in therapy with other mental health or therapeutic services
- Those who are exhibiting aggressive behaviour which may pose a risk to others within the service.
- Those clients who are considered a high risk of suicide or have on assessment, a history of self-harming.
- Those clients who would find it difficult to engage in the counselling process or meet the referral criteria due to substance or alcohol use.
- Those clients who have complex psychological needs.
- Those clients who have complex social needs which are significantly affecting their ability to function and focus on the bereavement.

It is important to note we are not a crisis service.

Staff in the bereavement Counselling Service are happy to discuss referrals and offer consultative support to professionals working with bereaved people.

### **10. Useful information & Contact details**

Further information about our services and copies of referral forms can be downloaded from our web site - <http://www.teessidehospice.org/about-us>

#### **Teesside Hospice Care Foundation**

1, Northgate Road  
Linthorpe  
Middlesbrough  
TS5 5NW

Registered Charity 512875

**Medical Secretary:           Tel: (01642) 811062**  
**Fax: (01642) 811076**

**Telephone Advice:           Tel: (01642) 811061**

**Bereavement Counselling Service: Tel: (01642) 811063**

## Referral Form

Tel: 01642 811062 Fax: 01642 811076

Please send copies of any clinical correspondence with this form

| PATIENT DETAILS   |   |
|---|---|
| Patient's Name:   | Patient consent to referral: YES / NO   |
| DOB:  | Does the patient live alone? YES / NO   |
| NHS No:   | Likes to be known as:   |
| Address (including post code)   | Main Carer Name:  |
|   | Relationship to patient:  |
|   | Address (including post code)   |
| Tel No:   |   |
| Mobile:   | Tel No:   |
| Occupation:   | Work No:  |
| Hospital D No:  | Mobile No:  |
| MEDICAL DETAILS   |   |
| Diagnosis:  | Date:   |
| Metastases:   | Date:   |
| Recurrence:   | Date:   |
| Previous treatment:   |   |
| Consultants involved:   |   |
| GP:   |   |
| Surgery:  |   |
| Tel No:   |   |
| Patient aware of diagnosis: YES / NO  | Prognosis: YES / NO   |
| Carer aware of diagnosis: YES / NO  | Prognosis: YES / NO   |
| Does the patient have a completed DNACPR form? YES / NO   | Preferred place of death: Home / Hospital / Hospice / Not known / Other (Please specify)<br>..... |
| Does the patient have any recorded advance decisions YES / NO   |   |
| Is there any history of hospital acquired infection? Please specify and include current status: ..... |   |
| Is the patient aware of THCF smoking policy? YES / NO   |   |

|   |                     |  |                |                          |
|---|---------------------|--|----------------|--------------------------|
| <b>Patient's Name:</b>  |                     | <b>NHS No:</b>   |                |                          |
| <b>SPECIFIC REASON FOR REFERRAL (Please tick)</b>   |                     |  |                |                          |
| <b>IN PATIENT ADMISSION</b>   |                     |  |                |                          |
| <input type="checkbox"/> Pain <input type="checkbox"/> Symptom Management <input type="checkbox"/> Complex Psychological<br><input type="checkbox"/> End of Life Care <input type="checkbox"/> Other (please state) ..... |                     |  |                |                          |
| <b>DAY HOSPICE</b>  |                     | <b>OUTPATIENT CARE</b>   |                |                          |
| <input type="checkbox"/> Symptom Management<br><input type="checkbox"/> Psycho Social Support<br><input type="checkbox"/> Respite Care  |                     | <input type="checkbox"/> Out Patient appointment<br><input type="checkbox"/> Domiciliary Visit |                |                          |
| <b>MAIN PROBLEMS / ISSUES</b>   |                     |  |                |                          |
|   |                     |  |                |                          |
| <b>PREVIOUS INVESTIGATIONS / TREATMENT</b>  |                     |  |                |                          |
|   |                     |  |                |                          |
| <b>PREVIOUS MEDICAL HISTORY</b>   |                     |  |                |                          |
|   |                     |  |                |                          |
| <b>CURRENT / PLANNED TREATMENT</b>  |                     |  |                |                          |
|   |                     |  |                |                          |
| <b>CURRENT MEDICATION / ALLERGIES</b>   |                     |  |                |                          |
|   |                     |  |                |                          |
| <b>HEALTH &amp; SOCIAL SERVICES ALREADY INVOLVED</b>  |                     |  |                |                          |
| <b>Social Worker / Care Manager:</b>  |                     |  | <b>Tel No:</b> |                          |
| <b>Macmillan Nurse:</b>   |                     |  | <b>Tel No:</b> |                          |
| <b>Specialist Nurse / Community Matron:</b>   |                     |  | <b>Tel No:</b> |                          |
| <b>District Nurse:</b>  |                     |  | <b>Tel No:</b> |                          |
| <b>Other: (Please state)</b>  |                     |  | <b>Tel No:</b> |                          |
| <b>Is patient:</b> <input type="checkbox"/> At home <input type="checkbox"/> Hospital (If hospital please state Ward) .....   |                     |  |                |                          |
| <b>Referred by:</b>   | <b>Designation:</b> | <b>Department:</b>   | <b>Tel No:</b> | <b>Date of referral:</b> |
|   |                     |  |                |                          |

**Ratified By:**

**Name: Dr Lucy Roth      Signature:**

**Designation: Consultant in Palliative Medicine**

**Date: ..... / ..... / .....**

**(On behalf of the Clinical Governance Committee)**

**Name: Andrea Clark      Signature:**

**Designation: Director of Patient Services**

**Date: ..... / ..... / .....**

**(On behalf of Teesside Hospice Care Foundation)**