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<i>Note: All documents are to be reviewed on 3 yearly basis unless a change is required by legislation, NHS Policy including NICE Guidelines etc, CQC requirements, commissioning requirements, changes in professional practice evidenced by e.g. Codes of Practice developed by Professional Bodies, changes in the structure of the organisation, significant incident or adverse occurrence.</i>				

<b>Groups to be notified about this document:</b> <i>Please detail staff/volunteer groups or roles who need to be notified the document has been published:</i>	All Clinical and administration staff.
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<b>Groups affected by this document:</b> <i>Please detail staff/volunteer groups or roles to whom the policy/document is relevant:</i>	This policy applies to all employees of the Pilgrims Hospices including casual and SLA workers.
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<b>Category</b> <i>(to be applied when uploading to Sharepoint.</i>	Clinical	<input checked="" type="checkbox"/>	Medicine Management	<input type="checkbox"/>
	Corporate	<input type="checkbox"/>	Health & Safety	<input type="checkbox"/>
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## 1. Policy statement

Pilgrims Hospices 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. 2222

## 2. Services available at Pilgrims Hospices

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

Services available at Pilgrims Hospices are as follows:

- In-patient Uni
- Community Services
- Patient Therapy Centre
- Hospice @ Home
- Counselling Support Services
- Bereavement Support Services
- Spiritual Care
- Physiotherapy including Breathlessness Management
- Occupational Therapy
- Complementary Therapies

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 Pilgrims Hospices 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.

## 3. 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; end-stage dementia and end stage

organ failure. The complex nature of the illness requires a multi-professional specialist palliative care approach to the control of symptoms, psychological, social and spiritual support.

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.

### **GP within the catchment area and patient outside:**

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

Please note: for patients who live out of our catchment area but have a GP in it and for those who live in the area and have a GP outside, accessing DNAs can be difficult especially OOHRs. This occurs most frequently on our borders at Headcorn and Romney Marsh and can be very hard to manage. This situation will require careful consideration, communication and planning

Patient consent, mental capacity and/or Best Interest Decision Maker details are mandatory on every referral. The referral will be returned if these are not included, which would result in a delay in the patient receiving our care.

## **4. Making a referral to Pilgrims Hospices 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 / Allied Health Professional (AHP)
- The patient's hospital consultant and / or qualified member of the ward team
- Hospital and community palliative care teams
- Hospices
- Nursing home staff

## **5. The referral process**

All referrals to Pilgrims Hospices are to be made using the Pilgrims Hospices referral form (Appendix 1) via EMIS or obtained from the Pilgrims Hospices website and then emailed. Medical summaries

including current medication should be included with the referral form or contact with the GP will be made to obtain this information, downloaded with patient permission.

All referrals are triaged by a clinician and 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 (see Appendix 3) it will be assigned to the appropriate health care professional or service for triage.

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 referrer is usually made. The patient may need to be assessed by member of the hospice multi-disciplinary team prior to the admission being agreed, unless the referral is made by a hospital palliative care team. If data sharing is in place, patient records will be accessed via EMIS with patients permission.

## 6. 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 professional 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 (EMIS) and the status changed appropriately.

## 7. Reason for referral

- Pain and symptom control including non-pharmacological support for breathlessness, fatigue and anxiety.
- Specialist psychological support including bereavement support
- End of life care
- Carer support
- Admission to IPU
- Hospice @ Home support
- Hospice Day Service
- Specialist medical support

## 8. Response standards

Urgent referrals: Contact must be made by the referrer on sending the referral to discuss the reasons for urgency. 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 either within 48-72 hours or within 7 working days to arrange an appointment.

## 9. Shared Care

At Pilgrims Hospices, 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.

## 10. Request for hospice in patient unit admission

To refer to the inpatient unit, a Transfer of Care Form (Appendix 2) must be completed along with the referral form and sent to the hospice for processing.

A pre admission assessment is required for all referrals for admission to the In Patient Unit. The patient should be seen and assessed by a member of the hospice team (Hospice or Hospital based) or practitioner with appropriate skills before a referral for In Patient Unit admission is made and accepted. If they are known to Pilgrims Hospices they must have been seen within the current episode by a member of the multidisciplinary team.

All requests for admission for patients known to Pilgrims Hospices are discussed at the daily vulnerable patient meeting, where members of the Hospice team (Hospice Doctor, Duty Nurse, In Patient Unit Nurse in charge) will discuss patient symptoms, concerns and needs of patients with complex needs. If admission is thought to be needed, the patient will be presented at the morning sitrep 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.

## 11. Out of hours in patient unit admissions

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 clinician on call.

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

## 12. Pilgrims Therapy Centre (Day Service)

Referrals to the Pilgrims Therapy Centre can be made directly using the same methods and criteria mentioned previously in sections 6, 7, 8, and 9 of this policy.

Patients attending day services will be able to benefit from a variety of programmes where they are supported to meet individual goals:

- Breathlessness Management
- Living with Fatigue
- Wellbeing Café
- Living with Anxiety

- Planning for the future
- Sit Down, Get Fit
- Energise, Exercise
- Strengthen and Balance
- Complementary Therapy
- Creative Arts Group (Time to Create, Writing for Wellbeing)

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 guidance

### **13. Adverse Comments/Complaints about Referral Process**

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

Director of Nursing and Care Services  
Pilgrims Hospices, 56 London Road, Canterbury, Kent CT2 8JA  
01233 504133

A copy of Pilgrims Hospices' Adverse Comment and Complaint Policy is readily available on our website and from the above contact.

## Appendix 1 – Referral form

### Pilgrims Hospice Referral Form

**Completed Forms to Be Emailed to: PH.PilgrimsHospices@nhs.net**

PATIENT DETAILS					GP DETAILS	
Surname:		First Name:		Name:		
D.O.B.:		Gender:		Code:		
Age:		NHS No.:		Address:		
Address:					Post code:	
Post code:		Home Tel.:		Mobile:		
Home Tel.:		Other Tel.:		Other Tel Name:		
Other Tel.:		Interpreter required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	First Language:		
Current Place of Care	Home <input type="checkbox"/>	Care Home <input type="checkbox"/>	Hospital <input type="checkbox"/>	Other <input type="checkbox"/>	E-mail:	

URGENCY OF THE REFERRAL. To be contacted (tick which one applies)			
<input type="checkbox"/>	Within 24 hours (please call 01233 504133 to discuss)	<input type="checkbox"/>	Within 48-72 hours
<input type="checkbox"/>		<input type="checkbox"/>	Within 7 days

PATIENT ENGAGEMENT AND AVAILABILITY			
<p><b>I confirm the following:</b>            I have discussed the referral to the hospice for support with end of life care and the patient has consented and understands that Pilgrims may need to access the relevant information on their GP record. The patient is aware that they will be contacted by a member of staff from the hospice. If the patient lacks capacity the referral must be made in Best Interests of patient in conformance with Mental Capacity Act.</p>			
Name:		Role:	Date:
Best Interest Decision Maker Name (if relevant):			

CLINICAL SUMMARY OF PATIENT'S CONDITION (Additional Information from EMIS Record At End of Form)		
<p>Please include current main diagnosis, treatments, etc:            What is important for Pilgrims to know, to best meet the needs of the patient and their family?</p>		
Is the patient at risk of being in the last year of life?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no please ring to discuss: 01233 504133

Is the patient able to travel to outpatient appointments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please specify reasons and requirements		

SERVICE(S) REQUIRED (Please Tick Those that Apply)						
Pilgrims Therapy Centre	Breathlessness Management	<input type="checkbox"/>	Living with Anxiety	<input type="checkbox"/>	Energise, Exercise	<input type="checkbox"/>
	Living with Fatigue	<input type="checkbox"/>	Planning for the Future	<input type="checkbox"/>	Strengthen & Balance	<input type="checkbox"/>
	Wellbeing Cafe	<input type="checkbox"/>	Sit Down, Get Fit	<input type="checkbox"/>		
Community/Outpatient Care	<input type="checkbox"/>	Rapid Response – Hospice@Home HCAs to support dying at home, thought to be in the last 72hrs of life			<input type="checkbox"/>	
Inpatient Admission	<input type="checkbox"/>					

CEILING OF TREATMENT DISCUSSED AND AGREED WITH PATIENT AND FAMILY – Please Tick			
<input type="checkbox"/>	1	Intensive	Transfer to hospital if appropriate. Intubation, ventilation etc. should be considered
<input type="checkbox"/>	2	Hospital	Transfer to hospital for treatment if appropriate, DNACPR in place
<input type="checkbox"/>	3	Home	Treatment, medication and comfort measures within the community with support from GP. Admission to hospital would be avoided unless comfort measures fail
<input type="checkbox"/>	4	Comfort	For comfort measures only. Admission to hospital would be avoided unless comfort measures fail [e.g. Fracture neck of femur]

ADDITIONAL PATIENT INFORMATION							
Mental Capacity	Is patient able to make simple day to day choices and decisions?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Is patient able to make complex decisions about treatment & care?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Is there an LPA for Health & Welfare?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	Is there an LPA for Property & Financial Affairs?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Safeguarding Issues		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Additional Info:	
Infection Issues		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Additional Info:	
Communication Difficulties		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Additional Info:	
Any Other Considerations		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Additional Info:	

NEXT OF KIN DETAILS			
Relationship to Patient:		Name:	
Home Number:		Address:	
Mobile Number:			



**MAIN CARER DETAILS (if Different to Next of Kin)**

Relationship to Patient:		Name:	
Home Number:		Address:	
Mobile Number:			

**PATIENT CLINICAL INFORMATION FROM MERGED GP ELECTRONIC RECORDS**

Allergies:	
Active Problems:	
Investigations:	
Significant past history:	
Current medication:	
Repeat medication:	

## Appendix 2 – Transfer of Care form

### Request for Inpatient Hospice Care Form

**Please Complete in Full to Avoid Delay**

*Any request for a transfer of a patient to Pilgrims Hospice's inpatient ward will not be considered without the following information to ensure that we are able to safely care for them.*

*Please note when completing this form that each stand-alone hospice has only 3 nursing staff on out of office hours, there is no on-site medical cover during this time*

PATIENT DETAILS					GP/REFERRER DETAILS	
Surname:				First Name:		
D.O.B.:				Gender:		
Age:				NHS No.:		
Address:						Address:
Post code:						
Home Tel.:				Mobile:		
Other Tel:				Other Tel Name:		
Interpreter required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	First Language:			
Current Place of Care	Home <input type="checkbox"/>	Care Home <input type="checkbox"/>	Hospital <input type="checkbox"/>	Other <input type="checkbox"/>		
If Hospital, Site & Ward:				Ward Direct Line:		
					Name:	
					Code:	
					Post code:	
					Tel. No.:	
					E-mail:	

### PATIENT ENGAGEMENT AND AVAILABILITY

**I confirm the following:**

I have discussed the referral to the hospice for support with end of life care and the patient has consented and understands that Pilgrims may need to access the relevant information on their GP record. The patient is aware that they will be contacted by a member of staff from the hospice. If the patient lacks capacity the referral must be made in Best Interests of patient in conformance with Mental Capacity Act.

Name:				Role:			Date:		
Best Interest Decision Maker Name (if relevant):									

### Which Sites Would the Patient Accept?

**Please Note that Bariatric Beds Are Only Available at Canterbury**

Pilgrims Hospice Ashford	<input type="checkbox"/>	Pilgrims Hospice Canterbury	<input type="checkbox"/>	Pilgrims Hospice Thanet	<input type="checkbox"/>
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### CLINICAL SUMMARY OF PATIENT'S CONDITION (Additional Information from EMIS Record At End of Form)

*Please include current main diagnosis, treatments, the patient's and family's understanding, etc.:*

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### CEILING OF TREATMENT DISCUSSED AND AGREED WITH PATIENT AND FAMILY – *Please Tick*

<input type="checkbox"/>	<b>1</b>	<b>Intensive</b>	Transfer to hospital if appropriate. Intubation, ventilation etc. should be considered
<input type="checkbox"/>	<b>2</b>	<b>Hospital</b>	Transfer to hospital for treatment if appropriate, DNACPR in place
<input type="checkbox"/>	<b>3</b>	<b>Home</b>	Treatment, medication and comfort measures within the community with support from GP. Admission to hospital would be avoided unless comfort measures fail
<input type="checkbox"/>	<b>4</b>	<b>Comfort</b>	For comfort measures only. Admission to hospital would be avoided unless comfort measures fail [e.g. Fracture neck of femur]

### KARNOFSKY PERFORMANCE SCALE – *Please Tick*

<input type="checkbox"/>	<b>100 – 80</b>	Able to carry on normal activity and to work; no special care needed
<input type="checkbox"/>	<b>70 – 50</b>	Unable to work; able to live at home and care for most personal needs; varying amount of assistance needed
<input type="checkbox"/>	<b>40 – 0</b>	Unable to care for self; requires equivalent for institutional or hospital care; disease may be progressing rapidly.

### EOL INFORMATION

DNACPR Form Completed:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Preferred Place of Care:					
Preferred Place of Death:					

In your opinion, can this patient be safely looked after in a normal bed, in a unit with a maximum of 3 nursing staff and no overnight medical cover?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If the answer is no, please call the ward and speak to the nurses
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### ADDITIONAL PATIENT INFORMATION – *Please Tick Any That Apply and Provide Any Relevant Additional Information*

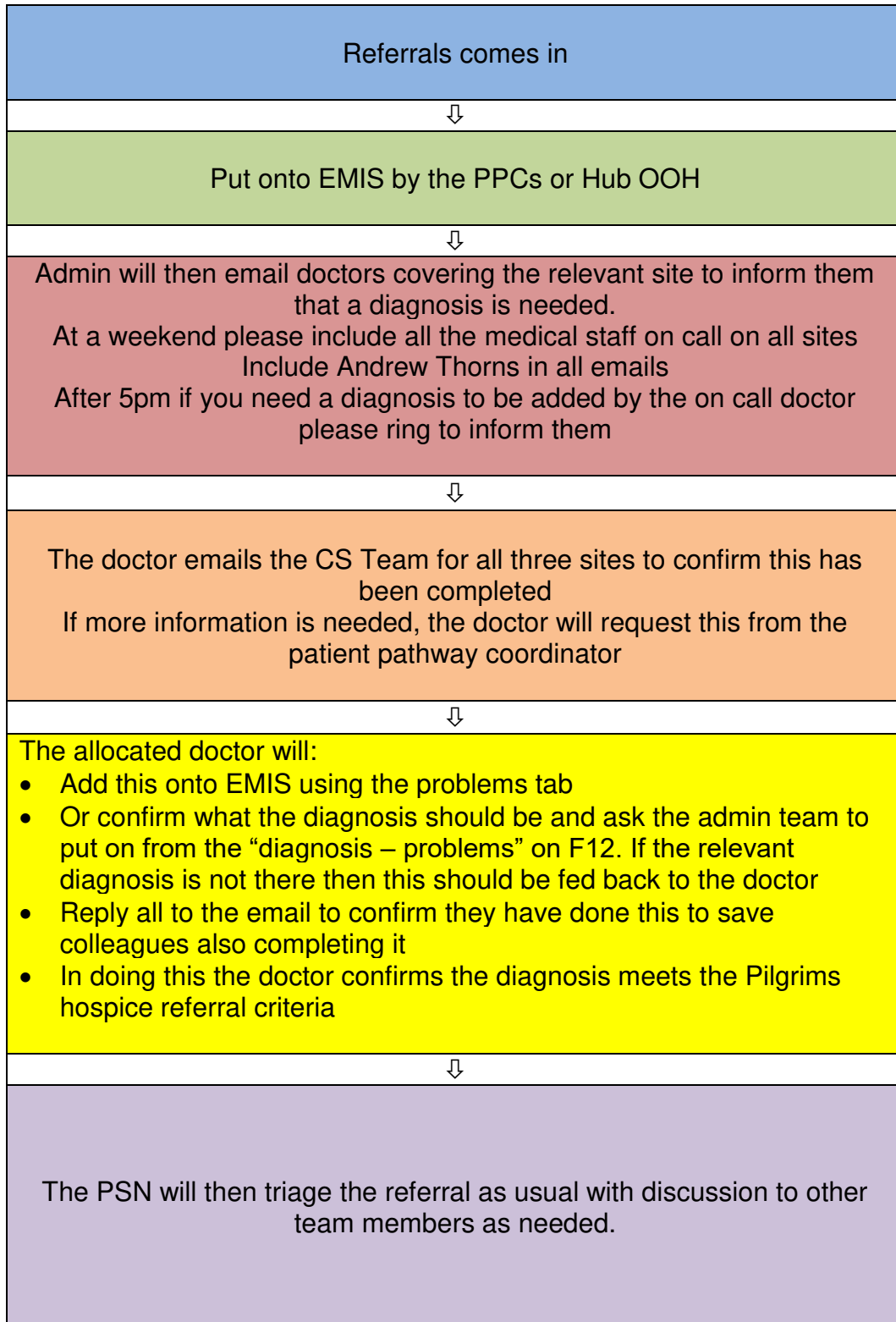
<b>Mental Capacity</b>	Is patient able to make simple day to day choices and decisions?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	Is patient able to make complex decisions about treatment & care?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	Is there an LPA for Health & Welfare?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	Is there an LPA for Property & Financial Affairs?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
<b>DOLS</b>	Yes	<input type="checkbox"/>	Additional Info:			
<b>Safeguarding Issues</b>	Yes	<input type="checkbox"/>	Additional Info:			
<b>Falls Risk/Mobility Issues</b>	Yes	<input type="checkbox"/>	Additional Info:			
<b>Infection Issues</b>	Yes	<input type="checkbox"/>	Additional Info:			
<b>Delerium/confusion</b>	Yes	<input type="checkbox"/>	Additional Info:			
<b>Syringe Driver or Medicine Patch</b>	Yes	<input type="checkbox"/>	Additional Info:			
<b>Pressure Ulcers</b>	Yes	<input type="checkbox"/>	Additional Info:			

<b>Oxygen therapy</b>	Yes	<input type="checkbox"/>	Additional Info:	
<b>Bariatric/ Needs more than two to deliver care or move</b>	Yes	<input type="checkbox"/>	Additional Info:	
<b>Complex family dynamics</b>	Yes	<input type="checkbox"/>	Additional Info:	
<b>Has the Patient got a Continuing Healthcare Funding Agreement</b>	Yes	<input type="checkbox"/>	Additional Info:	
<b>Communication Difficulties</b>	Yes	<input type="checkbox"/>	Additional Info:	
<b>Any Other Considerations</b>	Yes	<input type="checkbox"/>	Additional Info:	

<b>Aware of visitors policy</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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<b>PATIENT CLINICAL INFORMATION FROM MERGED GP ELECTRONIC RECORDS</b>	
Allergies:	
Active Problems:	
Investigations:	
Significant past history:	
Current medication:	
Repeat medication:	

## Appendix 3 – Flowchart



Document History			
Version	Publication Date	Author / Editor	Summary of Change
V1	Click or tap to enter a date.	Head of Nursing	First publication
V2	01/03/2021	Head of Nursing	Therapy centre program amendment Additional information regarding our boarders