

## STANDING OPERATING PROCEDURE

| Subject                               | Care Coordination Team: Referral into Nottinghamshire Hospice (SOP020)                                                                                                                                                                                                                        |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Applicable to                         | All Care Services Staff in the Hospice                                                                                                                                                                                                                                                        |
| Date issued                           | 8 Nov 2022                                                                                                                                                                                                                                                                                    |
| Next review date                      | 8 Nov 2023                                                                                                                                                                                                                                                                                    |
| Lead responsible for Policy           | Director of Care                                                                                                                                                                                                                                                                              |
| Policy Reviewed by                    | Lead Nurse H@H                                                                                                                                                                                                                                                                                |
| Notified to                           | Quality & Safety 8 Nov 2022                                                                                                                                                                                                                                                                   |
| Authorised by                         | Quality & Safety 8 Nov 2022                                                                                                                                                                                                                                                                   |
| CQC Standard                          | Safe, Effective, Caring, Responsive, Well-led                                                                                                                                                                                                                                                 |
| Links to other<br>Policies/Procedures | SOP019 First contact with patients                                                                                                                                                                                                                                                            |
| Summary                               | Accurate and detailed referrals into Nottinghamshire Hospice are key to the provision of high-<br>quality end of life and palliative care to patients and their families/carers; it is the role and<br>responsibility of the Care Coordinators to take all Nottinghamshire Hospice referrals. |
| Target Audience                       | All Care Services Staff in the Hospice                                                                                                                                                                                                                                                        |

**IMPORTANT NOTICE:** Staff should always refer to the website or Governance/Policies folder on the 'N' drive for the most up to date information. If the review date of this policy or procedure has expired staff should seek advice from their clinical lead or manager regarding the appropriate action to be taken.

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| Α.         | Patient registration wizard           | G. | 'Event details' pane                     |  |  |  |  |
| B.         | 'Record referral in' pane             | H. | Electronic referral received pop up      |  |  |  |  |
| C.         | 'Referral information' pane           | Ι. | Task menu view                           |  |  |  |  |
| D.         | 'Print Wellbeing welcome letter' pane | J. | Quick patient search view                |  |  |  |  |
| E.         | 'New letter' pane                     | K. | 'Accept/reject electronic referral' pane |  |  |  |  |

| F. | MS Word welcome letter | L. | 'Reject referral information' free text box |
|----|------------------------|----|---------------------------------------------|

## 1. Hospice at Home, Hospice Night Support and Wellbeing Referrals

Hospice at Home, Hospice Night Support and Wellbeing referrals can be made via telephone, web enquiry form, or electronic task via SystmOne.

## a. Telephone referrals.

Nottinghamshire Hospice accepts both self-referrals and third-party referrals.

On receiving a telephone call requesting to refer a patient, the patient needs to be activated on the Nottinghamshire Hospice SystmOne caseload.

### i. Adding a referral to SystmOne

On PC, press F8.

On laptop, go to patient; patient maintenance; patient registration wizard (see Fig A)



**Referral into Nottinghamshire Hospice SOP020** 

- Enter patient NHS number and click search OR
- Enter patient's first name, second name, gender, and date of birth and click search.
- The patient's details appear on screen.
- Double check these details with caller by asking for caller to confirm name (if NHS number given) and address.
- Click blue tick button.
- A 'Record Referral In' pane will appear (Fig. B).

| Administrative<br>Special Notes (1)<br>Special Notes (1)<br>Remindrers (1)<br>Patient Details<br>Browny & Relationships (4)<br>Notis Hospice: Current Info<br>New Quick Glance<br>Patientive Care Quick Glance                                  | Caunge County County County County County County     Referrals Referrals In Referrals Out     View Referrals to here     Zo Apr 2021 10:23 from Self-Referral for Hospice Daycare. Receiving C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Y Record Referral In                                    | ×                                                                                                      |  |
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| Call Administrative<br>Patient Home<br>Special Notes (1)<br>Reminders (1)<br>Patient Details<br>Groups & Relationships (4)<br>Notis Hospice: Current Info<br>New Quick Glance<br>Patienty Care Quick Glance                                     | Referrals In Referrals Out  Control of the second s | Y Record Referral In<br>Other Details Exact date &      | x                                                                                                      |  |
| Patient Home     A       Patient Home     A       Beninders (1)     Reminders (1)       Patient Details     Groups & Relationships (4)       Notts Hospice: Current Info     New Yorkk Glance       Patientie Care Guick Glance     Patient (5) | Referrals Out                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Record Referral In     Other Details Exact date &       | ×                                                                                                      |  |
| Special Notes (1) Reminders (1) Reminders (1) Retent Details Groups & Relationships (4) Notes Hospice: Current Info New Quick Glance Palliative Care Quick Glance                                                                               | <ul> <li>W Vew Referrals to here ▼ M Show open referrals ↓</li> <li>29 Apr 2021 10:23 from Self-Referral for Hospice Daycare: Receiving C</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | • Transformed Referral In<br>Other Details Exact date & | ×                                                                                                      |  |
| Patient Details<br>Groups & Relationships (4)<br>Notis Hospice: Current Info<br>New Quick Glance<br>Pallative Care Quick Glance                                                                                                                 | 29 Apr 2021 10:23 from Self-Referral for Hospice Daycare: Receiving C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Other Details Exact date &                              |                                                                                                        |  |
| Groups & Relationships (4)<br>Notts Hospice: Current Info<br>New Quick Glance<br>Palliative Care Quick Glance                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         | ime 🔻 Mon 13 Jun 2022 💌 12:35 🥙 🗙                                                                      |  |
| Notts Hospice: Current Info<br>New Quick Glance<br>Paliative Care Quick Glance                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Changing the consultation da                            | te will affect all other data entered. To avoid this, cancel and press the 'Next' button. Hide Warning |  |
| Notts Hospice: Current Info<br>New Quick Glance<br>Palliative Care Quick Glance                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Service offered                                         |                                                                                                        |  |
| New Quick Glance<br>Paliative Care Quick Glance                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Code number                                             |                                                                                                        |  |
| Commerce & Family History (4)                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Useeneu                                                 |                                                                                                        |  |
| Summary & Family history (1)                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | orgency                                                 |                                                                                                        |  |
|                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Referral source                                         |                                                                                                        |  |
| eferrals (2)                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Referrer                                                | GP GP                                                                                                  |  |
| abbed Journal                                                                                                                                                                                                                                   | Details Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Patient aware of referral                               |                                                                                                        |  |
| leferral Info                                                                                                                                                                                                                                   | County Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Referral date                                           | 13 Jun 2022 💌 12:35 Type Community                                                                     |  |
| Paccs End of Life Template                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Re-Referral                                             | 18 Week Wait Referral                                                                                  |  |
| referred Priorities for Care                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Referral In Reason                                      | Primary Secondary                                                                                      |  |
| ommunications & Letters (13)                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NH - Palliative Nursing Ca                              |                                                                                                        |  |
| are Plans (4)                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NH - Pre-bereavement                                    |                                                                                                        |  |
| tyCare Safeguarding Adults I                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NH - Counselling                                        |                                                                                                        |  |
| Safeguarding Information                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Hospice Night Support                                   |                                                                                                        |  |
| amplates                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         | ×                                                                                                      |  |
| End of Life Care Holistic As                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Other reason                                            |                                                                                                        |  |
| Pain Assessment                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date of action                                          | 13 Jun 2022 👻 12:35                                                                                    |  |
| Braden Scale - Pressure U                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Reason for service delay                                | Q                                                                                                      |  |
| Malnutrition Universal Scree                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | End date                                                |                                                                                                        |  |
| Palliative care Outcome Sci                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Outcome                                                 | Q                                                                                                      |  |
| Bartnel Assessment                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Refusal reason                                          |                                                                                                        |  |
| OACC: Phase of liness                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Referral status                                         | Q                                                                                                      |  |
| Physiotherapy - Pallative C                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Default contact location                                |                                                                                                        |  |
|                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Caseload                                                | v                                                                                                      |  |
| Sensitivities & Allergies (1)                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Driestly                                                | Normal                                                                                                 |  |
| Medication                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Thoray                                                  |                                                                                                        |  |
| Depart Attachments                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                                                                        |  |
| Information from Other Sen                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         | Manage Attachments Ok Ok & Another Cancel                                                              |  |
| Core Generic Assessm                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                                                                        |  |
| 🜇 Tissue Viability - Leg U                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                                                                        |  |
| Information Plan                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                                                                        |  |
| Wound Assessment                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                                                                        |  |
| Mental Capacity Asses                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                                                                        |  |
| MCA - Best Interest Ch                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                                                                        |  |
| Third Party Patient Record                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                                                                                        |  |
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Fig. B 'Record referral in' pane

Completing Record Referral Pane:

To complete the 'Record Referral In' pane for Hospice at Home and Hospice Night Support, use the drop-down boxes and tick boxes as follows:

Service offered – for Hospice at Home and Hospice Night Support, select Hospice at home; for Wellbeing, select ?

**Urgency**– select cancer or non-cancer as appropriate.

**Referral source** – select option that best describes referrer, for example, if the refer was a community nurse, Healthcare Professional Community can be selected.

**Referrer** – click GP box.

**Referral In Reason** – click the Palliative Nursing Care box in the primary column.

**Reason for Service Delay** – leave blank.

Outcome – select Accepted.

**Referral Status -** for Hospice at Home and Hospice Night Support, select Receiving Care; for Wellbeing, select Waiting for Assessment. **Default Contact Location** - for Hospice at Home and Hospice Night Support, select Home of Patient; for Wellbeing, select Nottinghamshire Hospice.

### Caseload

- For Hospice at Home patients in Mansfield, Newark, Sutton in Ashfield, Kirkby in Ashfield, select Mid Notts Hospice at Home
- For Hospice at Home patients in the city boundary select H at H City
- For Hospice at Home patients in all other locations select H at H County
- For Hospice Night Support patients select HNS Caseload
- For Wellbeing referrals, select referrals waiting.

Click OK button.

#### A '2 Protocols Triggered' pane appear – click cancel.

Click Referral Button on top banner – a 'Referral Info' pane will appear (Fig. C)



# Fig. C 'Referral Info' pane

#### **Completing 'Referral Info' Pane**

Currently, the referral information pane is combination of a free text boxes, drop down boxes, and buttons. The information required for Hospice at Home and Hospice Night Support is more detailed than required for Wellbeing referrals, due to the process of patient assessment. However, all services share the need for an EPaCCs (Electronic Palliative Care Coordination System) to have been completed and consent gained.

## **EPaCCS**

To meet Nottinghamshire Hospice criteria, all referrals are required to have an EPaCCS End of Life template activated and completed by the GP or Palliative Care Nurse. To meet the criteria for Hospice at Home and Hospice Night Support, the EPaCCS template needs to be listed as green, amber or red. If a person is referred into Hospice in Your Home services but their EPaCCS status is blue, then further fact-finding might be required ie. a telephone call to the GP or palliative care team. Wellbeing referrals can be blue, green or amber on EPaCCs.

Should, on referral without an EPaCCS status recorded, a patient be palliative or end of life, services can be provided on the basis the referrer will complete the EPaCCS within 48 hours. In these cases, it is necessary for the coordinator who is taking the referral to task the GP to explain the necessity for the EPaCCS and request a review.

Record the agreement made with the referrer regarding the EPaCCS, and that a task has been sent to the GP, in the patient's SystmOne notes.

#### Consent

It is imperative that the patient and/or family are aware of the referral and have consented to the Hospice contacting them to arrange care provision. If a patient lacks capacity or is unresponsive we can provide care in the patient's best interest. This should be clearly documented in the referral information.

For third party referrals, the referral to Nottinghamshire Hospice needs to have been discussed and agreed with the patient and/or family.

#### **Referral Information**

For effective care provision, and staff safety, it is essential that comprehensive information is gathered at the point of referral. Please complete all the boxes on the first tab then continue to "additional information" tab. Any important information not included in these two tabs should be documented in free text in the box for "referral info". See list below.

A Nottinghamshire Hospice referral form should be completed for all referrals into the hospice (see Appendix 2). For referrals into Wellbeing, only the front sheet needs completing. The Wellbeing team will gather any further information required during the telephone triage.

## Saving the referral and sending service introductory information

Click ok .

A question pane appears asking 'Print Wellbeing Welcome Letter' - click 'No' button (Fig. D).

| arch Task Discard Save<br>🖉 🔨 🗑 🕼 📴 BP 🍇 🕻 | Details Caselo<br>2 🕿 🗊 🖉 | Appts Tasks Reports Map Print A Setup | Report. GRACE Referent. Shift N. Record. M                                                                                  | 20 Motimeta Court, Souriveri NG25 0LW<br>494 582 7494 |
|--------------------------------------------|---------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| rt Consultation Next Event Event           | t Details Pathology Di    | awing Auto-Consultation Settings      |                                                                                                                             | 7 K mm m < < < < < < < < < < < < < < < <              |
| ical Administrative                        | Groups & Rel              | Referral Info                         |                                                                                                                             | ×                                                     |
| Patient Home                               | 🧏 🥰 🔍  📷                  | Part Date & time Thu 16 Jun 2022      | × 1454 <b>Ø</b> ¥                                                                                                           |                                                       |
| Special Notes (1)                          | Patient Groups / Fa       | The Details Exact date drame          |                                                                                                                             |                                                       |
| Reminders (1)                              | Show left groups          | Chang                                 | ing the consultation date will affect all other data entered. To avoid this, cancel and press the "Next button Hide Warning |                                                       |
| Patient Details                            | Joined V Type             | Referral Info Additional Info Letters |                                                                                                                             |                                                       |
| Groups & Relationships (1)                 |                           |                                       |                                                                                                                             |                                                       |
|                                            |                           | <ul> <li>Wrs Pamela Field</li> </ul>  | ^ ^ ^                                                                                                                       |                                                       |
| Notts Hospice: Current Info                |                           | PDS Registered GP                     | Smc Southwell Medical                                                                                                       |                                                       |
| lew Quick Glance                           |                           | Truet                                 | Notlinghamshire County Teaching Pct (5N8)                                                                                   |                                                       |
| Palliative Care Quick Glance               |                           | CCG                                   | NHS Nottingham and Nottinghamshire CCG (52R)                                                                                |                                                       |
| Summary & Family History (22)              |                           | Practice Address                      | Southwell Medical Centre                                                                                                    |                                                       |
|                                            | Relationships             |                                       | The Ropewalk                                                                                                                |                                                       |
| (eterrais (23)                             | All (1) Fan               |                                       | Southwell NG25 0AL                                                                                                          |                                                       |
| abbed Journal                              | Recorded V Addition       | Practice Telephone                    | 01636 813561                                                                                                                | Order                                                 |
| Referral Info                              | Next C                    | Practice Fax                          | Ouetion                                                                                                                     |                                                       |
| Report Entry                               |                           | Acceptance Letters Sent               |                                                                                                                             |                                                       |
| EPACUS End of Life Template                |                           |                                       | It was not possible to calculate if the following fields were mandatory or                                                  |                                                       |
| Preferred Priorities for Care              |                           |                                       | recommended as the linked report could not be found:                                                                        |                                                       |
| Communications & Letters (262              |                           |                                       | Letters                                                                                                                     |                                                       |
| Care Mans                                  |                           |                                       | Print GRACE Welcome Letter                                                                                                  |                                                       |
| CityCale Saleguarding Adults I             |                           |                                       |                                                                                                                             |                                                       |
| City Case 512 Dath Feder                   |                           |                                       | De unu went to store to the terminate 2                                                                                     |                                                       |
| Templates                                  |                           |                                       | bo you waik to retain to are template?                                                                                      |                                                       |
| Fod of Life Care Holistic As               |                           |                                       | Xes No                                                                                                                      |                                                       |
| Pain Assessment                            |                           |                                       |                                                                                                                             |                                                       |
| Braden Scale - Pressure U                  |                           |                                       |                                                                                                                             |                                                       |
| Malnutrition Universal Scree               |                           |                                       |                                                                                                                             |                                                       |
| Paliative care Outcome Sci                 |                           |                                       | ×                                                                                                                           |                                                       |
| Barthel Assessment                         |                           | A Drint HH Walaama Lattar             | NB: If you've entered new info on the template, please click "OK" to save the data, then                                    |                                                       |
| OACC: Karnofsky Status                     |                           | E Print nin Welcome Cetter            | re-open the template before generating info for Treetops.                                                                   |                                                       |
| OACC: Phase of liness                      |                           |                                       |                                                                                                                             |                                                       |
| 犬 Physiotherapy - Palliative C             |                           | A Print                               | All About Me" form At present, generate Letter and then email to Treetops through nhs.net                                   |                                                       |
|                                            |                           |                                       |                                                                                                                             |                                                       |
| Sensitivities & Allergies (9)              |                           |                                       | Refer to Treetops                                                                                                           |                                                       |
| Medication (13)                            |                           |                                       |                                                                                                                             |                                                       |
|                                            |                           |                                       | ⊠ snow                                                                                                                      | recordings from other templates                       |
| Record Attachments (16)                    |                           |                                       | Show                                                                                                                        | empty recordings                                      |
| 🔄 Information from Other Ser               |                           |                                       | Information Print Suspend Ok Cancel Show Incomplete Fields                                                                  |                                                       |
| 🙋 Core Generic Assessm                     |                           |                                       |                                                                                                                             |                                                       |
| Yan Tissue Viability - Leg U               |                           |                                       |                                                                                                                             |                                                       |
| Information Plan                           |                           |                                       |                                                                                                                             |                                                       |
| Wound Assessment                           |                           |                                       |                                                                                                                             |                                                       |
| A Patient Handling Risk A                  |                           |                                       |                                                                                                                             |                                                       |
| Mental Capacity Asses                      |                           |                                       |                                                                                                                             |                                                       |
| S MCA - Best Interest Ch                   |                           |                                       |                                                                                                                             |                                                       |
| Third Party Patient Record                 | 1 Relationship            |                                       |                                                                                                                             |                                                       |
|                                            |                           |                                       |                                                                                                                             |                                                       |

Fig. D 'Print Wellbeing Welcome letter' pane

Click 'Referral' button on top banner.

Click 'Letters' tab.

Click 'Print HH Welcome Letter'.

Click 'Write Now' button (Fig. E). SystmOne will create and open a letter in MS Word software (Fig. F).

| SystemOne Community Numing: Jerr Patient Appointments Reporting Aud     Search Task Discord Save     @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      @      | ny Tordoff (Nurse Access<br>a Setup Classel Train 1<br>Dotals Casses<br>a Dotals Casses<br>a Dotals Pathology Dr<br>Groups & Rel y<br>B 20 G a n <sup>2</sup> | Role) at Nottinghamahira Hospice - Patient R<br>Ventillew: User System Help<br>Paper System Help<br>Approx Tasks Reports Nap Pri<br>avring Auto-Consultation Settings<br>Patienal Info | econd                                                                 | SHEN. Record. H                                                                                                                               | Image: Second secon                   | - 0 ×                                         |
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| Special Notes (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Patient Groups / Fa                                                                                                                                           | her Details. Exact data & time 💌 Thu 16                                                                                                                                                | 3 Jun 2022 💌 14:54 📕 🗙                                                |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |
| # Reminders (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Stew left groups                                                                                                                                              |                                                                                                                                                                                        | Changing the consultation date will affect                            | t all other data entered. To avoid th                                                                                                         | is, cancel and press the Tilesf button wide Warning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 9                                             |
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| Note Hospice: Current Info     New Daick Glance     Falletve Care Daick Glance     Summary & Family History (22)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                               | POS Registered GP<br>Practice<br>Trust<br>CCG<br>Practice Address                                                                                                                      |                                                                       |                                                                                                                                               | New Letter     X Coser Details. Exact data & time      Thu 16 Jun 2022     S4 54     X Changing the consultation date will affect all other data entered. To avoid this, cancel and press the New Two      Recipient     Name     Wrs     V Pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1<br>5<br>1                                   |
| - Referrals (23)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ABID En                                                                                                                                                       |                                                                                                                                                                                        | 1                                                                     |                                                                                                                                               | Organisation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |
| 1 Tabled Journal<br>Referral into<br>Report Entry<br>2 EPeCCS End of Life Templete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Recorded V Addb<br>Next C                                                                                                                                     | Practice Telephone<br>Practice Fax<br>Acceptance Letters Sent                                                                                                                          | a<br>C<br>C                                                           |                                                                                                                                               | House name Address Book.<br>Read 24 Handinati Prove rectary.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Order                                         |
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| These Vabily - Leg U These Vability - Leg U These V | 1 Relationship                                                                                                                                                | H C = 🌢                                                                                                                                                                                | <u>* 8</u>                                                            |                                                                                                                                               | - III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 응 등 대 15:19<br>17:19<br>17:19<br>19:00/2022 국 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                               |                                                                                                                                                                                        | Fig                                                                   | . E 'New let                                                                                                                                  | ter' pane                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                               |



Fig. F MS Word welcome letter

Print letter – click file, print, send to Konica Minolta C3320i on pc-c3x8c72.

Click 'Save final version'.

A question pane appears double checking the letter is to be saved without the NHS number – click 'Yes' button.

A question pane appears double checking the letter to be saved is the final version and cannot be edited – click 'Yes' button.

MS Word closes and returns to SystmOne.

A question pane appears asking 'Print Wellbeing Welcome Letter' - click 'No' button (fig. D).

Click Save on top banner.

An 'Event Details' pane opens (Fig. G).



Fig. G 'Event details' pane

On 'Template' drop down menu, select 'Admin Event,' then click button 'Apply template'.

Click 'OK' button.

The patient's details then save, and the referral pane will close.

Fold letter, add welcome pack and post second class (see Appendix 1 for Welcome Pack details).

#### b. Web Enquiry forms

Requests for Hospice at Home, Hospice Night Support, Bereavement Services and Wellbeing can be made via a web enquiry form. All web enquiry forms are emailed to info@nottshospice.org, an account which is monitored by the Director of Finance and Resources. Web enquiry forms regarding care should also be automatically sent to the Director of Care and Lead Nurse for Hospice at Home; any care related web enquiry which is not sent automatically to the posts will be forwarded on to them by the Director of Finance and Resources.

### i Processing web enquiry forms for Hospice at Home, Hospice Night Support and Wellbeing

To ensure high quality, individualised care, web enquiry forms for Hospice at Home, Hospice Night Support and Wellbeing need to be followed up with a telephone call. It is the coordinators' responsibility to undertake these follow up calls. During this follow up call, if appropriate, a telephone referral can be taken as described in section 1ai. 'Adding a referral to SystmOne'

### ii Processing web enquiry forms for Bereavement Support Services

See Section 2.

## c SystmOne Electronic referrals

Requests for Hospice at Home, Hospice Night Support and Wellbeing can be made via a SystmOne electronic referral. SystmOne notifies the Hospice Coordinators of an electronic referral by a pop-up pane (Fig. H)

#### **Referral into Nottinghamshire Hospice SOP020**



Fig.H Electronic referral received pop up

## i Processing a SystmOne Electronic Referral

On the 'Electronic referral received' pane, click OK (FIG. H), click the 'Yes' button.

SystmOne will open the task menu, on which the patient's name will be displayed (Fig. I)



Fig. I Task menu view

#### Ascertain if the patient is already known to the Hospice:

Click 'Search' button on top banner. a 'Quick Patient Search' pane appears (Fig. J).

Type the first two letters of the first name and surname (e.g., for John Doe, 'Jo' and 'Do' would be typed in).

Click 'Search' button.

If the patient's name appears in the search pane in black font, the patient is already known to the Hospice. If no name appears, the patient is not known to the Hospice.



Fig. J Quick patient search view

If the patient is not known to the Hospice:

Return to the Task Menu (Fig. I).

Right click on electronic referral and select 'action'.

A new pane appears.

Highlight and 'copy' information on the 'View Electronic Referral' pane (Fig. K).

Click 'Accept Referral' button (Fig. K).

Once the referral has been accepted, the new referral screen appears as in Fig B and the referral process continues as detailed from page 7.

When completing the 'Referral Info' Pane (page 8), paste the information copied from the 'View Electronic Referral' pane.

Should electronic referral information be incomplete, the coordinator processing the referral can gain further information by:

- Using the blue star assessment information completed in the tabbed journal of the patient record or
- Call the referrer for more details or
- Call the family for more details.

| Create Breakdown Settings Refresh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 9 £                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | M 🗐 🌾 🛧 🛧                                                                                                                                                     |                                                                                                                                                                                                                                                     |
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Fig. K 'Accept/reject electronic referral' pane

If the patient is known to the Hospice:

Return to the Task Menu (Fig. I).

Right click on electronic referral and select 'action'.

A new pane appears.

Click Reject Referral' button (Fig. K).

A 'Rejection reason' pane appears – free text that the patient is already known to the service, and any other pertinent information (Fig. L).

Click 'OK'.

A 'Question' pane appears. Click 'Yes'.

The task will be then shown in a bold highlight and will disappear when the screen in refreshed.

| Create Breakdown Settings Refresh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                         |                                                                                                                                       |                                                                                                 |
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| All Tasks Summary Jenny Tordoff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                         |                                                                                                                                       |                                                                                                 |
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| Im For Me, My Groups and My Teams (5)     Batch Report Results (2)     Electronic Referral Received (2)     Reta Auto-Apply Results (1)     For Only Me (1)     For Conty Me (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                         |                                                                                                                                       |                                                                                                 |
| <ul> <li>Control Tenetroe</li> <li>Control Tenetroe</li> <li>Control Ty Mrs (5)</li> <li>Control Ty Min (2)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Mora 20 Am 11.39 - Henry Tocht<br>A Community Mar Netholis (Herral Nas See Seriel 19 pol.<br>Pariest of Markov<br>2014) Statust<br>2014 of 10100 - 2014<br>2014 - 2014 - 2014<br>2014 - 2014<br>20 | Y Rejection Reason      Entiry your rejection reason      Data     Data     Data     Data     Data     Data     Presets | x                                                                                                                                     |                                                                                                 |
| Show empty staff, groups and teams                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                         |                                                                                                                                       |                                                                                                 |



#### 2. Bereavement Referrals

Bereavement referrals can be made via telephone or web enquiry form. It is the responsibility of the coordinators to take bereavement referrals. The Hospice takes both self-referrals and third-party referrals for Bereavement Services. Bereavement Referrals can be taken any time during the grief process; pre death, peri death and post death.

#### a. Telephone referrals

Complete the Bereavement Support referral form (N drive/clinical services/referral forms/bereavement referral form) with the referrer.

Explain to the referrer that the Bereavement team will contact them for an initial triage call within 3-5 working days unless timescales are otherwise directed by the Bereavement Team.

Email the referral form to the Bereavement Team.

#### b. Web enquiry form

Requests for Bereavement Services can be made via a web enquiry form. All web enquiry forms are emailed to info@nottshospice.org, an account which is monitored by the Director of Finance and Resources. Web enquiry forms regarding care should also be automatically sent to the Director of Care and Lead Nurse for Hospice at Home; any care related web enquiry which is not sent automatically to these posts will be forwarded on to them by the Director of Finance and Resources.

Web enquiry forms requesting emotional and/or bereavement support can then be emailed directly to the Bereavement Support Services team, which includes the Bereavement Support Services Manager, Bereavement Support Services Administrator and the Bereavement Support Services Counsellor. Should the bereavement team not be available for number of days (for example, annual leave/sickness), a response date for follow up by the Bereavement Team needs to be discussed with the Director of Care. A courtesy call should then be made by the coordinator to the referrer to confirm that the referral has been received and the Bereavement Team will be making contact by the date agreed with the Director of Care.

## 3. Hospice Outreach and Discharge Referrals

Referrals for the Hospice Outreach and Discharge team can only be received from the Continuing Healthcare (CHC) Fast Track team. It is the responsibility of the Hospice Outreach and Discharge Lead Nurse to manage referrals into the service.

Occasionally, third parties, such a Community Nurses and Palliative Care Teams, will attempt to refer into the Hospice Outreach and Discharge team. While an expression of interest can be recorded on SystmOne by the coordinators, and the Hospice Outreach and Discharge Lead Nurse be notified of this interest, a third-party referral cannot be accepted from any source other than CHC.

# Appendix 1

# **Welcome Pack Contents**

Welcome Pack includes:

- 1. Welcome Pack A4 sheet (N drive/hospice at home/forms/posters and leaflets/Welcome Pack A4 front sheet)
- 2. 'Welcome to Nottinghamshire Hospice' leaflet
- 3. 'Your experience matters to us' leaflet
- 4. 'Hospice in Your Home' leaflet
- 5. 'Our Care Carer Support' leaflet

# Appendix 2

#### **Bereavement Form**

| PATIENT DETAILS                              |  |
|----------------------------------------------|--|
| Name of Patient:                             |  |
| Postal Address:                              |  |
| ESSENTIAL                                    |  |
| Postcode:                                    |  |
| ESSENTIAL                                    |  |
| Date Of Birth:                               |  |
| Preferred contact<br>number:                 |  |
| 🗭 Email address:                             |  |
| Brief Description of Reason<br>for Referral: |  |
| REFERRER DETAILS                             |  |
| Name of caller:                              |  |
| Giganization:                                |  |
| Telephone number:                            |  |
| Mobile number:                               |  |
| 🗭 Email address:                             |  |
| Other notes regarding caller:                |  |

attach and send email to: Bereavement Support Services Manager, Bereavement Support Services Administrator, Bereavement Support Services Counsellor

# Appendix 3

#### Nottinghamshire Hospice Referral Form

| GSF status?                                                                                                      | SF status?     |                     |                                 |
|------------------------------------------------------------------------------------------------------------------|----------------|---------------------|---------------------------------|
| Service Offer                                                                                                    |                |                     |                                 |
| Service required                                                                                                 |                | Tick as appropria   | ite                             |
| Hospice Night Support<br>Hospice at Home<br>GRACE Unit (day therapy and wellbeing)<br>Emotional Support services |                |                     |                                 |
| Name of Person taking Referral                                                                                   |                |                     |                                 |
| Signature                                                                                                        |                |                     |                                 |
| Patient Details                                                                                                  |                |                     |                                 |
| Name                                                                                                             |                |                     |                                 |
| NHS Number                                                                                                       |                |                     |                                 |
| Date of Birth                                                                                                    |                |                     |                                 |
| Address                                                                                                          |                |                     |                                 |
| Telephone Number                                                                                                 |                |                     |                                 |
| Carer & Next of Kin Details                                                                                      | First (        | Contact             | Second Contact                  |
| Name                                                                                                             |                |                     |                                 |
| Relationship                                                                                                     |                |                     |                                 |
| Contact Number                                                                                                   |                |                     |                                 |
| Address                                                                                                          |                |                     |                                 |
| Referrer Details                                                                                                 |                |                     |                                 |
| Name                                                                                                             |                |                     |                                 |
| Designation                                                                                                      |                |                     |                                 |
| Referrer contact number                                                                                          |                |                     |                                 |
| Referrer email                                                                                                   |                |                     |                                 |
| DN Caseload & Telephone number                                                                                   |                |                     |                                 |
| Date referral received                                                                                           |                |                     |                                 |
| District Nurse referral                                                                                          | Yes / No       |                     |                                 |
| Diagnosis                                                                                                        |                |                     |                                 |
| Primary Diagnosis                                                                                                |                |                     |                                 |
| Secondary Diagnosis (if relevant)                                                                                |                |                     |                                 |
| Prognosis                                                                                                        |                |                     |                                 |
| Additional Relevant Past Medical History                                                                         |                |                     |                                 |
|                                                                                                                  |                |                     |                                 |
| Is the patient, carer and family aware of t                                                                      | he prognosis a | nd diagnosis? If no | o, please specify what is known |
| Main Spoken Language                                                                                             |                |                     |                                 |
| Religion/Faith/Spirituality                                                                                      |                |                     |                                 |
| Sexual Orientation/Gender                                                                                        |                |                     |                                 |
| Ethnicity                                                                                                        |                |                     |                                 |
| Acuteness Score                                                                                                  | Stable / Det   | eriorating / Urger  | nt                              |

| Nursing Assessment                                       |          |
|----------------------------------------------------------|----------|
| Is the patient on Fast Track Continuing Care?            | Yes / No |
| Does the patient have capacity?                          | Yes / No |
| If no is LPA in place? Evidence seen                     | Yes / No |
| Route of medication (if taking anything)                 |          |
| Who administers the medication?                          |          |
| Is anticipatory medication required?                     | Yes / No |
| If so, is it prescribed and with the patient? Location?  |          |
| Syringe Driver? Location?                                |          |
| ReSPECT form in the home? Form must be with the patient. |          |
| Is the patient for DNAR or resuscitation (ReSPECT form)? |          |
| Where is the patients preferred place of care and death? |          |
| Are there any known infections? E.g. MRSA, Covid         |          |
| Any relevant mental health history?                      |          |
|                                                          |          |

# Symptoms, Equipment and Mobility

| Please list main symptoms                 | Pain / Nausea / Vomiting / Agitation                      |  |
|-------------------------------------------|-----------------------------------------------------------|--|
|                                           | Any other:                                                |  |
| Level of consciousness                    | Alert / Drowsy / Unconscious                              |  |
| Breathing                                 | Normal / Secretions audible / Breathlessness              |  |
| Mobility                                  | Nursed in bed / Sit to sit transfer / Independent         |  |
| Is the patient at risk of falling?        | Yes / No                                                  |  |
| Falls assessment completed?               | Yes / No                                                  |  |
| Equipment in place. Circle as appropriate | Hospital bed / Mattress / Commode / Slide sheet / Hoist / |  |
|                                           | Rotunda / Stand hoist / Zimmer frame                      |  |
| Does the patient have any problems with   | Hearing aid / Glasses                                     |  |
| communication?                            |                                                           |  |
| Are they tolerating food/fluids? Any      | Fortisip / thickened fluids / referral to SALT            |  |
| special dietary requirements?             | · ·                                                       |  |
|                                           |                                                           |  |
| Mouthcare                                 | Soft toothbrush / Mouthease                               |  |

Environmental

| Are there any pets in the home? If so                         |           |  |  |
|---------------------------------------------------------------|-----------|--|--|
| please state                                                  |           |  |  |
| Any smoking in the home?                                      |           |  |  |
| Alcohol misuse in the home?                                   |           |  |  |
| Physical or verbal aggression in the                          |           |  |  |
| home?                                                         |           |  |  |
| Does the patient live alone? What is their                    | Lifeline? |  |  |
| support network?                                              |           |  |  |
| If so, how will staff gain entry? Key safe number & location? |           |  |  |
|                                                               |           |  |  |
| Parking Information (availability)                            |           |  |  |
| Any difficult family circumstances or ill                     |           |  |  |
| health in the family? Carer, dementia?                        |           |  |  |

## **Nursing Care Required**

| Is there a package of care in           |               |  |                                         |  |
|-----------------------------------------|---------------|--|-----------------------------------------|--|
| place? No of visits per day?            |               |  |                                         |  |
| Provider details                        |               |  |                                         |  |
| Is there any pressure damage?           |               |  |                                         |  |
| Wound care or dressings in              |               |  |                                         |  |
| place?                                  |               |  |                                         |  |
| Is the patient continent of bowel       | s?            |  | Yes – They are continent, have control. |  |
| Is the patient continent of bladder?    |               |  | No – They are not continent, no control |  |
| Catheterised?                           |               |  |                                         |  |
| Does the patient require oxygen?        |               |  |                                         |  |
| Does the patient have a tracheostomy or |               |  |                                         |  |
| laryngectomy?                           |               |  |                                         |  |
| Any other information regarding         | nursing care? |  |                                         |  |
|                                         |               |  |                                         |  |