

# STANDARD OPERATING PROCEDURE REFERRAL PROCESS TISSUE VIABILITY FOR POCKLINGTON, LEARNING DISABILITIES, MENTAL HEALTH PATIENTS AND GP PRACTICES (WITHIN HUMBER TEACHING NHS FOUNDATION TRUST)

<b>Document Reference</b>	SOP21-024
<b>Version Number</b>	1.1
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<b>Date Last Reviewed:</b>	26 June 2023
<b>Date of Next Review:</b>	June 2026
<b>Consultation:</b>	Clinical Network
<b>Ratified and Quality Checked by: Date Ratified:</b>	Clinical Network 26 June 2023
<b>Name of Trust Strategy / Policy / Guidelines this SOP refers to:</b>	Referral process to Tissue Viability

**VALIDITY – All local SOPS should be accessed via the Trust internet to ensure the current version is used.**

### CHANGE RECORD

Version	Date	Change details
1.0	Sept 2021	New SOP
1.1	June 2023	Reviewed SOP – Minor amendments to referral process (section 4.2). Fit for purpose with no further changes. Approved at Clinical Network (26 June 2023).

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## 1. INTRODUCTION

This is a Standard Operating Procedure (SOP) for the management of referrals into the Tissue Viability Service for Pocklington, Mental health units, Learning disability units and GP practices under the care of the Trust. It has been developed in accordance with the Humber Teaching NHS Foundation Trust referrals Policy.

This SOP aims to manage patient referrals in line with service specification thresholds for waiting times and relates to patients who are waiting for routine appointments and initial treatment in all the above localities for acute and long-term Tissue Viability related conditions.

## 2. SCOPE

This document is aimed at substantive, bank or agency staff, administrative, nursing and therapists who are involved in:

- Receiving referrals
- Triage of referrals
- Preventing acute admissions
- Facilitating discharge from hospital
- Providing community treatment/intervention.
- Providing managed care
- Providing rapid and intermediate care

This document should be shared as part of the induction process for new starters or temporary workers involved in any of the above aspects, to ensure consistent compliance with the systems and processes.

## 3. DUTIES AND RESPONSIBILITIES

Care Group Director and Assistant Care Group Directors

Service Managers

Team Managers

Senior Clinicians

Operational Staff

This clearly states the accountability and responsibility of staff at all levels including the Standard Operating Procedure's lead and as appropriate, heads of service, departmental heads, key personnel and Trust staff.

## 4. PROCEDURES

### 4.1. Referral Criteria

Referrals into the service are accepted where they meet the trust criteria and Service Specification (Please see Appendix A – Humber has adopted East Riding of Yorkshire Clinical Commissioning Group Housebound Criteria).

**Tissue Viability Referral:** Patients referred to Tissue Viability can be referred by District Nurses, Practice Nurses, General Practitioners, Consultants, Mental health and learning disability inpatient units as well as other Allied health care professionals.

Decisions on the environment in which the assessment will take place are based upon referral and referrer and looks at individual circumstances. House bound patients would be usually seen in a clinic environment but if the Practice Nurse would prefer a joint appointment at their individual surgery to allow for assessment and education this can also be arranged.

## 4.2. Referral Process

All referrals are to be made via Task to [simon.barrett3@nhs.net](mailto:simon.barrett3@nhs.net) and telephone 07919544938 to make sure the referral is picked up and opened as a case within Tissue Viability. This should be supported with a Trust TV referral form, sent via email above.

Referrals are accepted from district nurses, practice nurses, general practitioners, social service practitioners, Mental health and Learning disability inpatient nurses/clinicians, acute Trust teams and all other multidisciplinary teams.

## 4.3. Exceptions

Appendix A summarises exception criteria as outlined in the relevant Clinical Commissioning Group service specification.

## 4.4. Triage and Management of New Referrals

### All Referrals:

- Waiting time commences on the day and time a complete referral is made.

Clinical Triage then takes place

- Routine referrals are triaged within two working days where able, by the Tissue Viability Nurse. [Please note I only work 2.5 days per week]
- Visits are scheduled on an urgent (within two working days)/non urgent (within two weeks) basis following triage.
- All clinical and non-clinical activity is recorded on SystmOne.

## 4.5. Waiting List Management

Patients visits/appointments are scheduled following referral for next available slot therefore waiting lists are minimal

## 4.6. Offering New Appointments

We are compliant with 18-week pathways; however, aim for all Tissue Viability referrals to be seen within 0-6 weeks of referral

## Tissue Viability Nursing

Routine Patients:

- Routine non house bound patients in the Pocklington area will be seen at the wound clinic in the next available appointment slot.
- House bound patients will have a home visit and depending on circumstances for example those under the care of the district nursing team will have a joint visit, therefore community nursing team will inform the patient that a specialist is attending and gain consent
- A thorough holistic wound assessment will be completed on SystmOne, along with up to date Walsall score, Must score and photographs should be completed prior to referral to Tissue Viability.
- Re assessments can be requested via a telephone or task to the Tissue viability team if the patient remains on the caseload.
- Following Tissue Viability assessment, a treatment plan is formulated and completed on SystmOne for the referring party to follow.
- In complex cases patients will be followed up by Tissue Viability until a stable plan is in place.

#### Urgent Patients:

- Urgent practice nurse/non-housebound patients are contacted by phone where possible and invited to clinic to attend the next available appointment or seen with the referring nurse in the practice environment.
- Urgent Housebound patients will be offered a home visit to be seen within two working days from the date of referral where possible.

#### **4.7. Management of Cancelled appointments (Patient- or Trust-Caused)**

##### **Patient Cancellation**

In the event of a patient cancelling their appointment, information regarding the patient cancellation is entered onto SystemOne and the next available appointment is offered.

##### **Service Cancellation**

In the event of disruption to the service that reduces capacity for assessment or treatment, teams should refer to their business continuity plans to identify alternative arrangements that will ensure assessment and treatments appointments can continue to be prioritised.

Where alternative arrangements cannot be made to proceed with planned assessment or treatment activity, the patient and/or carer/supporter should be contacted at the earliest convenience to cancel the appointment.

The appointment is cancelled on SysymOne and the patient should be offered the next available appointment.

#### **4.8. Management of Do Not Attend (DNA) appointments (see DNA SOP)**

- If a patient does not attend their appointment or the practitioner cannot access the patient's place of residence, the non-attendance is recorded in SystemOne as a DNA.
- The patient and/or their Carer/Supporter is contacted to establish the reason for their non-attendance and are offered the next available appointment. A letter is also sent out for a further Tissue viability clinic appointment.
- Patients can also be offered joint appointments with their general practitioner/practice nurse if required.
- Persistent non-attendance is monitored; where a patient does not attend on two occasions, the patient non-attendance is discussed with their referrer (registered general practitioner/nurse practitioner) and the patient is discharged from the Tissue Viability from the referral process
- Further referrals will be accepted if required

## **APPENDIX A – East Riding of Yorkshire Clinical Commissioning Group (CCG) Housebound Criteria**

The CCG is currently looking to ensure that community nurses and GP clinical teams are providing routine clinical appointments in the home setting only when it is appropriate.

Patients eligible for home visits for routine treatment are offered only when a patient is unable to leave their home due to physical or psychological illness as this type of appointment takes much more time than if the patient can make it into their local clinic or GP surgery.

A patient will be deemed to be housebound when they are unable to leave their home environment through physical and/or psychological illness. An individual will not be eligible for a home visit if they are able to leave their home environment on their own or with minimal assistance to visit public or social recreational public services (including shopping).

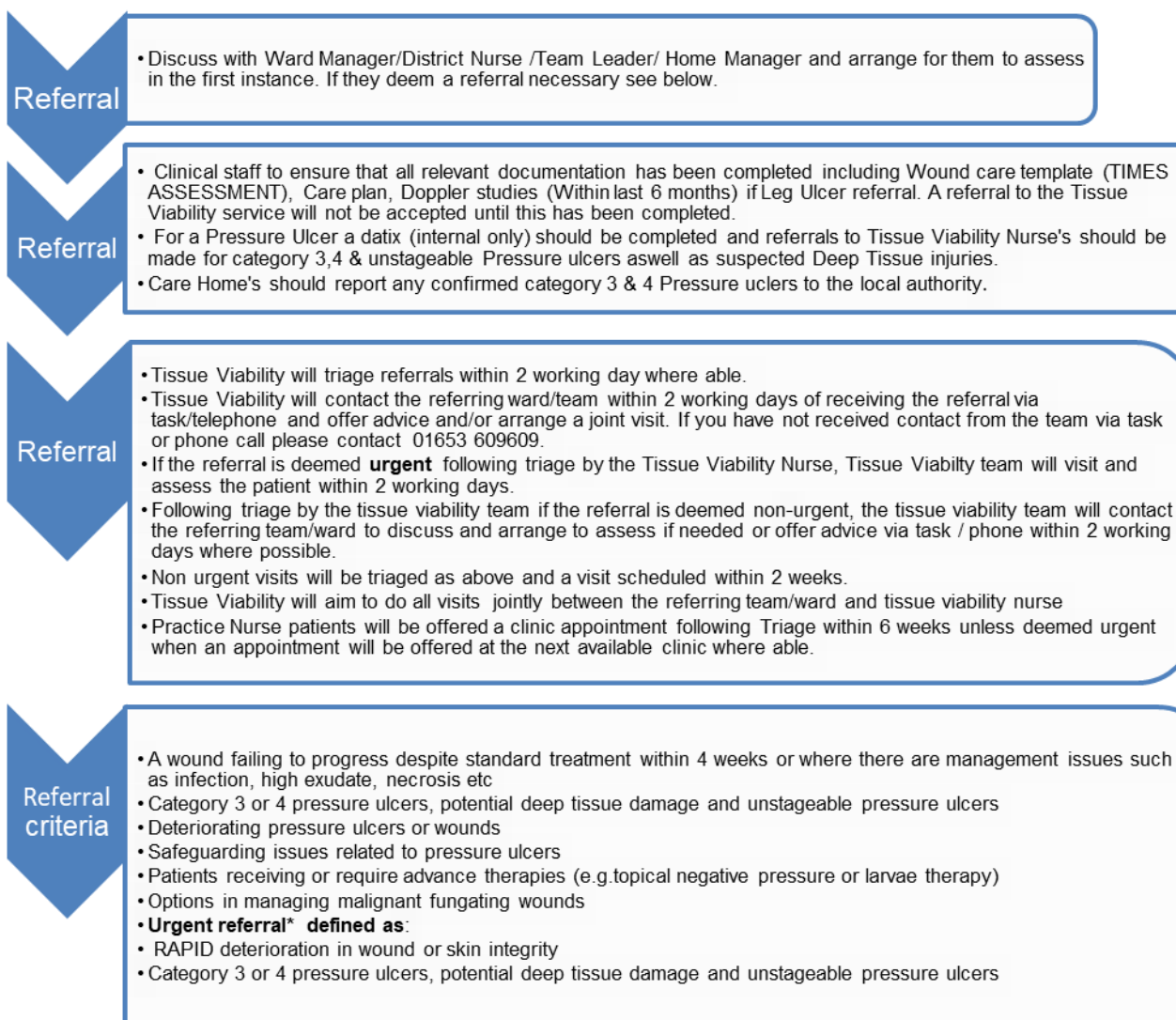
The review will bring the following benefits:

- Patients who are not able to travel to a clinic or surgery and need to have their care delivered at home are seen in a more timely and efficient way
- More nursing care is delivered in the best setting for delivering safe care
- Time of clinical teams is most efficiently and cost-effectively utilised

Each patient's eligibility for home visits will be individually determined by the clinician, based on the above definition and patients assessed as not meeting the criteria for housebound will be expected to attend a clinic or surgery setting. Individual circumstances will be monitored and where an individual and/or health care professional assesses that the patient's needs have changed, the patient's housebound status will be reviewed.

<http://www.eastridingofyorkshireccg.nhs.uk/members-zone/treating-patients-who-are-housebound/>

## Referral Criteria



## Exclusion criteria

Patients who require acute care or who do not meet the criteria specified above.