

# STANDARD OPERATING PROCEDURE REFERRAL PROCESS TISSUE VIABILITY FOR SCARBOROUGH AND RYEDALE PATIENTS

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**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 Triage and Management of New Referrals (section 4.4). 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 Scarborough and Ryedale Tissue Viability Service, 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 Scarborough and Ryedale community 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, Nursing homes and other Multi-Disciplinaries.

Decisions on the environment in which the assessment will take place are based upon referral and referrer and looks at individual circumstances, for example a non-housebound patient 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 made to a single point of contact, the Customer Access Service (CAS).

Referrals are processed by the CAS team and can be made in writing, electronically by email or by Telephone. Referrals are accepted from patients, district nurses, practice nurses, general practitioners, nursing homes, social service practitioners, 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.
- All new external referrals are received via CAS
- Referrals from Humber staff may be made via CAS or through System one referral option
- Patients are registered on SystmOne by CAS and all relevant documentation relating to the referral is scanned / uploaded onto the patient record.
- Once the referral is logged the Patient is placed into the Tissue viability triage case load and will be triaged within two working days where possible.

Clinical Triage then takes place

- Routine referrals are triaged within two working days where able by the Tissue Viability Nurse on duty.
- Visits are scheduled on a urgent (within two days)/non-urgent (within two weeks) basis following triage.
- A letter will be distributed via Customer Access Service to the patient's home to inform the patients of the dates and times of clinic appointments if suitable (non-housebound patients)
- If not suitable for clinic appointment a task will be sent to the referrer to organise a joint visit within their practice. (non-housebound patients)
- A task will be sent to the District Nursing team (if known to them) to arrange a joint visit to review following a referral (housebound patients)
- All clinical and non-clinical activity is recorded on SystmOne and any documentation is scanned/uploaded into the patient record.

## **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 Caseload

### Routine Patients:

- Routine non housebound patients are issued an appointment letter inviting them to clinic to be seen within six weeks from the date of referral (if it is not possible to see them in six weeks due to clinic availability, they will be offered an appointment as soon as possible or a home visit/ GP surgery visit).
- Housebound patients are issued a home visit and contacted via their referring team or telephoned individually depending on circumstances for example those under the care of the district nursing team may have a joint visit therefore they will inform the patient a specialist is attending and gain consent
- A thorough holistic wound assessment completed on SystemOne along with up to date Walsall score, Must score & Photographs should be completed prior to referral to Tissue viability.
- Reassessments can be requested via a 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 SystemOne 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 2 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 S1 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 SystemOne 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 caseload
- 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).

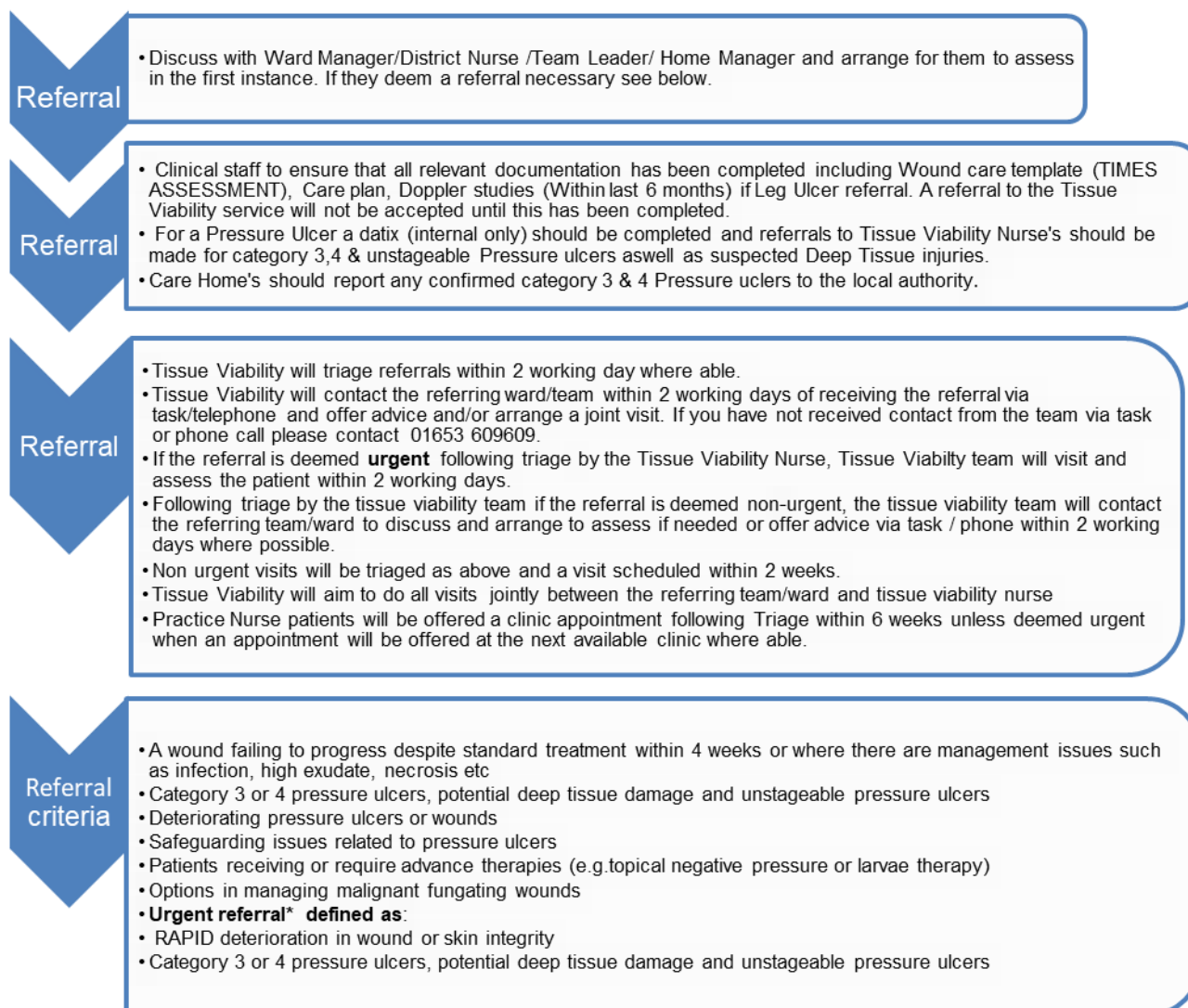
The review will bring the following benefits:

- 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.