

Referral to District Nursing Service Policy

Version:	2
Ratified by:	Senior Managers Operational Group
Date ratified:	August 2015
Title of originator/author:	Professional Lead for Community Nursing
Title of responsible committee/group:	Clinical Governance Group
Date issued:	August 2015
Review date:	July 2018
Relevant Staff Groups:	Trust Staff working within the District Nursing Service

This document is available in other formats, including easy read summary versions and other languages upon request. Should you require this please contact the Equality and Diversity Lead on 01278 432000

DOCUMENT CONTROL

Reference MM/Aug15/ADDN	Version 2	Status Final	Author Professional Lead for Community Nursing
Amendments	Amended to reflect the acquisition of Somerset Community Health and changes to the Trusts governance structure and reporting arrangements.		
Document objectives: To provide clear admission and discharge information			
Intended recipients: District Nursing teams, inpatient staff, Acute Trusts, GPs and GP Practice staff			
Committee/Group Consulted: District Nursing Best Practice Group			
Monitoring arrangements and indicators: see policy section			
Training/resource implications: see policy section			
Approving body and date	Clinical Governance Group		Date: August 2015
Formal Impact Assessment	Impact Part 1		Date: August 2015
Clinical Audit Standards	No		Date: N/A
Ratification Body and date	Senior Managers Operational Group		Date: August 2015
Date of issue	August 2015		
Review date	July 2018		
Contact for review	Professional Lead for Community Nursing		
Lead Director	Director of Nursing and Patient Safety		

CONTRIBUTION LIST Key individuals involved in developing the document

Name	Designation or Group
Amanda Smith	Head of Division (West) and Operational Lead for District Nursing
Mary Martin	Professional Lead for Community Nursing
Senior District Nurses	District Nursing Best Practice Group
Members	Clinical Governance Group

CONTENTS

Section	Summary of Section	Page
	Document Control	
	Contents	
1	Introduction	4
2	Aims and Objectives of Service	4
3	Duties and Responsibilities	6
4	Explanations of Terms used	7
5	Service Description	7
6	Staff Training	11
7	Equality Impact Assessment	11
8	Monitoring Compliance and Effectiveness	11
9	Counter Fraud	11
10	Relevant Care Quality Commission (CQC) Registration Standards	12
11	References, Acknowledgements and Associated Documents	13
12	Appendices	
Appendix A	Service User Pathway	15
Appendix B	New Referral to the District Nursing Form	16

1. INTRODUCTION

- 1.1 This admission and discharge policy aims to ensure a standardised and coordinated approach for all patients throughout their Health and Social Care journey.
- 1.2 A key factor will be good communication between Health and Social Care professionals, integrated working and effective and appropriate use of time and resources.
- 1.3 This document will ensure appropriate referrals pathways are followed, and where inappropriate referrals are received, that they are reviewed and actions taken to reduce their reoccurrence.
- 1.4 The purpose of this document is to clearly define the responsibilities of both professionals and services with relation to admission and discharge planning.
- 1.5 Discharge planning will begin on admission to the caseload and will be regularly reviewed with patients, relatives, carers and relevant members of the multidisciplinary team, throughout the patient's journey.
- 1.6 At least 80% of patients discharged from hospital can be classified as simple discharges: they are discharged to their own home, and have simple on-going health care needs which can be met without complex planning. Changing the way in which discharge occurs for this large group of patients will have a major impact on patient flow and effective use of bed capacity across primary and secondary services.
- 1.7 With an ageing population and the predicted increase in the prevalence of long term conditions, together with a demand to provide care closer to home, there will be an increase in demand for community based services such as District Nursing which will require close monitoring to ensure they can meet the demand.

2. AIMS AND OBJECTIVES OF SERVICE

- 2.1 Aims of the District Nursing Service are:
 - To provide a 24 hour service across 7 days a week
 - To provide a high quality, comprehensive and accessible nursing service to patients aged 18 years and over, who are registered with a Somerset GP, and who are either temporarily or permanently housebound.
 - To work with patients to ensure they remain in their own homes, to maximise their independence and to achieve their health outcomes and improve their quality of life. The fundamental constituent of the service is that it will work in an integrated way with primary care teams; older

person's mental health teams; long term condition nurses; specialist nurses; independent living teams and with social care providers to ensure multi-disciplinary working and patient centred approaches to reduce duplication and improve continuity of care.

- A central aim of the service is to support the provision of multi-professional, seamless care which is delivered as close to a patient's home as possible, thereby reducing avoidable admissions to hospital and facilitating safe and speedier discharges.
- The service will support patients in fulfilling their aspiration of dying in their preferred place of death, thereby supporting the delivery of choice at the End of Life (EOL). The choice options will be supported by the use of appropriate end of life care pathways adopted for use at the time of care. Support and enablement will also extend to their families and carers.
- The service will listen to patient's families and carers to ensure they feel their concerns or queries are taken seriously and will ensure that lessons learnt are shared to improve patients care and service outcomes.
- The service will promote health and wellbeing and reduce health inequalities by offering pertinent advice and information to service users, carers and other professionals.
- The service will promote equitable access to the service, irrespective of any physical, functional, sensory or cognitive difficulties.
- The service will provide a care management role for those who require general nursing care home placements and provide a care coordinator role for those patients with complex care needs.
- The service will provide a care coordination role for those patients with complex health care needs to support them to navigate the health and social care pathways.
- All service users on the caseload will receive regular reviews of their care plan. The frequency of this will depend on the level of assessed need or as indicated by the Commissioners, policy or protocols.

2.2 Outcomes of the District Nursing Service are;

- Ensure appropriate referrals to the service
- Reduction in patient harm
- Minimise unplanned hospital admissions and re-admission rates
- Reduce duplication of assessments
- Support timely discharges from hospital
- Ensure care stays closer to home

- Delivery of a person-centred care approach
- Promote independence
- Support patients to die in their preferred place of care
- Enhance the patient's quality of life
- Have a predicted discharge date on admission to the caseload and regularly review this
- Deliver safe and culturally sensitive care
- Use resources wisely, ensuring value for money
- Support patients to understand their healthcare needs and encourage them to participate in decision making regarding the treatment options available, goal setting and agreed health outcomes
- Collate service user feedback by using the Family and Friends Test at some point during their care journey
- Contribute to the achievement of the National Priority of reducing the number of catheter acquired urinary tract infections

3. DUTIES AND RESPONSIBILITIES

3.1 The **Trust Board** has a duty to care for patients receiving care and treatment from the Trust.

3.2 The **Director of Nursing and Patient Safety** is responsible for this policy, but will delegate authority for the overall implementation and ongoing management of this policy to the Leads of Services to which the policy apply.

3.3 The **Clinical Governance Group** is responsible for monitoring the effectiveness of this policy and also:

- Approving the policy in line with the requirements of the Developing and Managing Procedural Documents Policy
- Ensuring there are adequate controls to provide safe admission and discharge practice in line with national guidelines
- Advising on training requirements for individual staff groups

3.4 The **Professional Lead for Community Nursing** and the **Operational Lead for District Nursing** are co-authors of this policy and are responsible for the implementation and ongoing management of this policy.

3.5 The **Senior District Nurse Best Practice Group** is responsible for monitoring performance in relation to admission and discharge and will monitor compliance with the requirements outlined within this policy.

3.6 **Heads of Service** are responsible for implementing this policy along with **Deputy Heads of Service** and **Senior District Nurses**.

3.7 The **Head of Governance** has responsibility for holding the central database of procedural documents including this policy and for providing

review reminders. The team also has responsibility for dissemination of the final document and archiving old versions.

- 3.8 The **Senior District Nurses** and **Community Team Leaders** are responsible for ensuring local teams adhere to this policy and ensure that they have a planned programme of training for staff within their team in accordance with the Trust-wide Staff Mandatory Training Matrix.
- 3.9 All **Community Health staff**, including temporary staff, are individually responsible for complying with this policy. This includes (a) attending training and updating risk assessment skills as directed by this policy, (b) reporting concerns to their line manager, (c) regularly updating risk related sections within the Patient's Healthcare Records and also completing DATIX Untoward Event report forms in line with the Trust's Untoward Event Reporting Policy accessible on the Trust Intranet.

4. EXPLANATIONS OF TERMS USED

- 4.1 Somerset Partnership NHS Foundation Trust has agreed the following definition of housebound:

“A person who is unable to leave their place of residence without the support of an ambulance or where based on clinical judgement, it is jointly agreed with the GP and District Nurse that the individual's healthcare needs would be more effectively managed in their home environment as opposed to attending a GP surgery or other community service. This includes service users in residential care but does not include the provision of nursing care for service users in a nursing home”

5. SERVICE DESCRIPTION

- 5.1 The service will be provided by an integrated model of delivery which will include key relationships with primary care, acute care, social care, specialist community health teams, older person's mental health teams and independent living teams.
- 5.2 The service will provide appropriate planned nursing care to adults age 18 years and over who are housebound within their own home but excluding care homes with nursing (although expert nursing advice may be requested).
- 5.3 **Referral and Admission criteria:**
- a) All patients admitted on to the District Nursing caseload will be aged 18 years or over, meet the inclusion/exclusion criteria (see section 5.8) and require one of the following:
 - b) The provision of nursing care and treatment when required to avoid admission/transfers to a hospital. This would include conditions

which can be safely managed in the community e.g. urinary tract infections and IV therapy.

- c) The provision of multidisciplinary assessment for Continuing Health Care or Funded Nursing Care.
- d) The provision of assessment and treatment planning and delivery of ongoing clinical care.
- e) The provision of end of life care where the patient's own home is their preferred place of death.

A full service user pathway for referral and admission to the District Nursing Service can be found in Appendix A.

5.4 Each Federation Single Point of Access hub will receive all referrals to the District Nursing service and ensure that the referral is actioned to ensure a timely response to meet the service user's needs. (The District Nursing referral Form can be found in Appendix B.)

5.5 The service will promote communication with GP colleagues by proactively using e-messaging as follows:

- When accepting a service user onto the caseload
- When there is a change of care or condition of the service user relevant to their ongoing medical care
- When service users are discharged from the case load

5.6 The service is commissioned to be delivered 24 hours a day, 7 days a week.

5.7 **Service Delivery Model:**

The District Nursing Service is for housebound patients aged over 18 years of age that meets the specific criteria set out in this service specification. The service will provide a named District Nurse / Community Nurse to link with each GP Practice and ensure provision of timely communication and continuity of care for the service user.

5.8 **Inclusion and Exclusion Criteria**

Inclusion:

Service users should:

- Be over the age of 18 years
- Be housebound (in line with Section 4)
- Have a nursing need that requires assessment and ongoing care management by a qualified nurse

- Have a nursing need that requires assessment and treatment planning and delivery by a registered nurse and or an appropriately trained health care professional.
- Be registered with a GP within Somerset
- Patients with immunosuppression or other relevant health needs such that it is in their best interest to receive care at home rather than in a clinic setting for a defined period of time

Exclusion:

Service users should not:

- Be under the age of 18 years.
- Require nursing care within a nursing home. In exceptional circumstances where expert nursing advice is required the service may support where capacity allows.

Should the service receive referrals for people who fall outside of the above criteria, the referral will be discussed with the team leader and Senior District Nurse to ensure that the referral is either signposted to the appropriate team or service or where based on clinical judgement, it is jointly agreed with the GP and Senior District Nurse that the individual's healthcare needs would be more effectively managed by the District Nursing Service.

5.9 Response times:

- **Urgent:** will be telephoned and discussed with receiving nurse, clinically triaged within 4 hours of documented receipt of referral, any inconsequential incidents to be reported to the line manager
- **Non-urgent:** will be clinically triaged with access to service within 24-48 hours of documented receipt of referral
- **Routine:** will be clinically triaged with access to service with 1-3 days of documented receipt of referral
- **Post-operative visit:** may require access to service on specified date
- **Timed visits:** for specified medication requests only

5.10 Prioritisation

The service will ensure that, wherever possible, prioritisation of patients is in line with the following expected outcomes:

- Reduction in patient harm
- Avoidance of a hospital admission
- Facilitate early discharge

- Patients with palliative and end of life care needs are supported and able to die in their preferred place of death
- Timed visits – for specified medication requests only

Prioritisation is to be re-assessed at each visit and the care plan modified as required, based on patient need.

5.11 Discharge Criteria and Planning

Patients will be discharged once:

- a) The package of care is complete and District Nursing intervention is no longer required and an appropriate statement should be reflected in the patient's care plan. If the patient moves out of the area and is transferred to another health provider, or the patient dies.
- b) Where appropriate, discharge planning should be discussed with the patient and their family from admission to the District Nursing caseload. The patient should have a clear care plan and expected outcomes with predicted timeframes if possible. Review dates should be included in the care plan. The patient will be given a 24 hour contact number to enable them to contact the service in case of a crisis or urgent nursing care - this is not applicable to life threatening cases.
- c) When a patient is transferred to another provider service a summary of the assessment and care given should accompany the patient wherever possible. The District Nursing record should be returned to the District Nursing team.
- d) As part of the discharge process patients will be given the opportunity to comment about the service they have received via the Family and Friends Test. This will inform the Provider's understanding of the patient's experience.
- e) All patients, where capable, will be supported to undertake self-care management of their condition and support the ongoing care management through involved self-care.

5.12 Additional Commissioned Services

- Undertake Level 4 Point of Care Testing (within specified GP Practices) for INR, for service users who are unable to attend the surgery in line with the agreed service specification for the Level 4 INR service and in line with the Anti-Coagulation Standard Operation Procedure.
- Following commissioning of the Phlebotomy Service in March 2015, the District Nursing Service will only undertake venepuncture for service users on the district nursing caseload.
- Ambulatory care clinics

6. STAFF TRAINING

- 6.1 The District Nurse Team Leader is responsible for training staff in the management of patient admission and discharge and this is part of the induction training.
- 6.2 All staff are responsible for ensuring they follow the Trust's Admission and Discharge from the District Nursing Service Policy criteria. If the nurse in charge within the community has any concerns regarding the transfer of a particular patient, they must raise this with their District Nurse Team Leader, Senior District Nurse or the Professional Lead for Community Nursing so that the issues can be addressed. Where appropriate staff must also complete a Datix

7. EQUALITY IMPACT ASSESSMENT

All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

8. MONITORING COMPLIANCE AND EFFECTIVENESS

8.1 Audit and Evaluation

To continue to improve on our service delivery and development of a quality, knowledge based service, taking into account validated research and health needs profiles, the following measures will be used to continually review the impact of the Admission and Discharge Policy:

- Length of stay on the caseload
- Referrals to the service
- Documentation audit
- Patient satisfaction survey
- Patient safety incidents
- Lessons learnt
- Complaints

9. COUNTER FRAUD

- 9.1 The Trust is committed to the NHS Protect Counter Fraud Policy in order to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard for the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

10. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

10.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the fundamental standards which inform this procedural document, are set out in the following regulations:

Regulation 9:	Person-centred care
Regulation 10:	Dignity and respect
Regulation 11:	Need for consent
Regulation 12:	Safe care and treatment
Regulation 13:	Safeguarding service users from abuse and improper treatment
Regulation 14:	Meeting nutritional and hydration needs
Regulation 15:	Premises and equipment
Regulation 16:	Receiving and acting on complaints
Regulation 17:	Good governance
Regulation 18:	Staffing
Regulation 19:	Fit and proper persons employed
Regulation 20:	Duty of candour
Regulation 20A:	Requirement as to display of performance assessments.

10.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 16:	Notification of death of service user
Regulation 18:	Notification of other incidents

10.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

10.2 Relevant National Requirements:

This list of evidence is not exhaustive and it is expected that the service will take account of all national and local sources of guidance and examples of best practice (both existing and new) and apply it to the local service, thereby enhancing the quality and effectiveness of care provided.

10.2.1 National Clinical Guidance:

- NICE Quality Standards
- The Care Quality Commission Report: Dignity and Nutrition for Older People
- No Health without Mental Health, Department of Health
- Carers' Strategy DOH
- End of Life Strategy
- NICE Guidelines for Improving Supportive and Palliative Care for Adults with Cancer
- Royal Marsden Clinical Guidelines 2015
- NSF for Older People
- NSF Long Term Conditions
- NSF Diabetes
- National Dementia Strategy
- Somerset Partnership NHS Foundation Trust's Policies

10.2.2 Professional Guidance/Standards and Legislation:

- Nursing and Midwifery Council Professional Code of Conduct and Clinical Guidelines 2015
- Principles of District Nursing expressed by NMC, CPHVA and RCN
- Listening and Learning the Health Ombudsman Reports

11. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

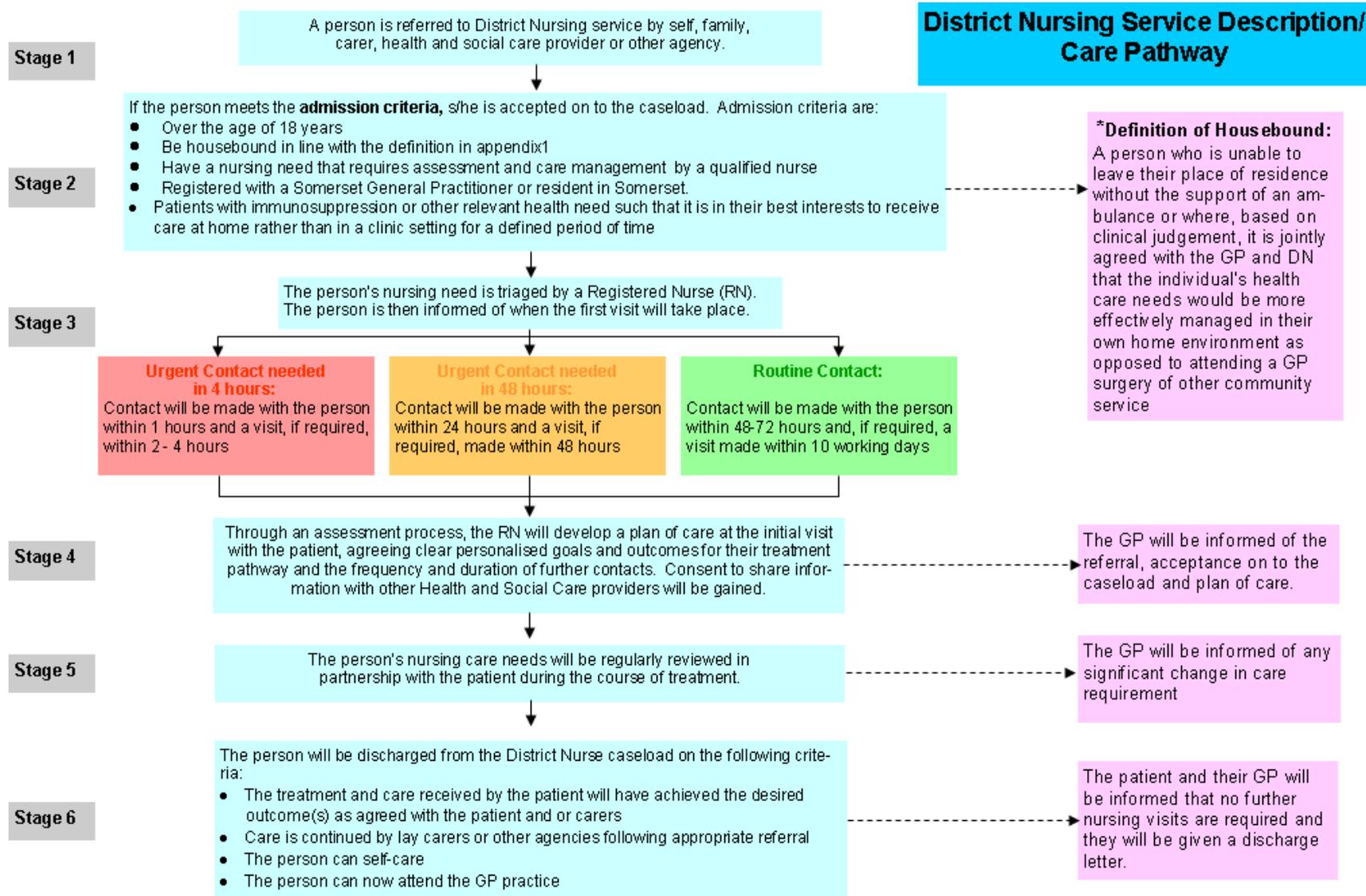
11.1 Cross reference to other procedural documents:

- Consent and Capacity to Consent to Treatment Policy
- End of Life Care Policy
- Hand Hygiene Policy
- Infection Prevention and Control Policy
- Learning Development and Mandatory Training Policy
- Record Keeping and Records Management Policy
- Risk Management Policy and Procedure
- Staff Mandatory Training Matrix (Training Needs Analysis)
- Untoward Event Reporting Policy and procedure
- Serious Incidents Requiring Investigation

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

SERVICE USER PATHWAY

District Nursing Service Description/
Care Pathway



REFERRAL TO THE DISTRICT NURSING SERVICE
 Please complete this form and email to the relevant District Nursing HUB

1. REFERRER DETAILS

Referrer's Name		Designation	
Referrer's Tel. No.		Date & Time of Referral	
Current location of patient			
Other Contact for Emergencies	Name: Relationship to Patient:	Contact No.	

2. PATIENT DETAILS

Name		Date of Birth	
NHS Number		Gender / Ethnicity	
Home Address		Discharge Address <i>(if different)</i>	
Key code Number			
Tel. No.		Tel. No.	
GP Name		GP Practice	

3. REASON FOR REFERRAL

Hospital Admission Date: Reason for Hospital Admission: Expected Date of First Visit:

4. RELEVANT MEDICAL INFORMATION / MEDICATION / ALLERGIES

--

5. KNOWN RISKS *(Are there any known safeguarding issues or risks for nursing staff making a first visit?)*

--

FOR HOSPITAL USE ONLY

6. WHEN DISCHARGING A PATIENT TO THE DISTRICT NURSING SERVICE

Please remember to fax or e-mail the latest MUST/Waterlow/Physiological Observation Charts and contact the relevant District Nursing HUB before the patient is discharged to arrange a visit from the District Nursing Service. Patients must be discharged with enough supplies to avoid interruption to their care:

Patients requiring medicines administration e.g. Insulin.

- Discharge letter including time of administration
- Medication administration record signed by a Doctor
- Medication including sharps and consumables.

Patients requiring wound dressings

- Discharge letter including Care Plan and date for removal of sutures/clips if required
- Clip removers if required
- 7 days dressing changes including tape
- For patients requiring Pleurx catheter management or Vac Therapy please contact the DN hub prior to discharge (see contact details below)

Patients requiring suprapubic or urethral catheter management

- Discharge letter including reason for catheterisation
- Plan for future catheter management including trial without catheter
- Date of catheter insertion and date next change due
- Spare supplies including a week's supply of day and night catheter bags, catheterisation pack, 1 spare catheter and 1 Instillagel

Patients requiring End of Life Care

- Please speak directly to DN HUB. For the relevant Federation (see contact details below). If Out of Hours please contact **111**
- Please refer **ALL** Continuing Health Care (CHC) Fast Track patients to the District Nursing HUB whether discharging to the community or a nursing/residential care home so that the review date for continuous assessment can be planned.

Single Point Access Contact Details

Federation	Telephone	E-mail:	Fax
Bridgwater Bay Health Federation	0300 323 0021	BridgwaterBayDNs@sompar.nhs.uk	01278 721635
North Sedgemoor Federation	0300 323 0025	DistrictNursesNorthSedgemoor@sompar.nhs.uk	01278 772675
Central Mendip Federation	0300 323 0024	DistrictNursesCentralMendip@sompar.nhs.uk	01749 836548
West Mendip Federation	0300 323 0022	WestMendipDNs@sompar.nhs.uk	01749 836548
East Mendip Federation	0300 323 0117	eastmendipdnreferral@sompar.nhs.uk	To be advised
West Somerset Federation	0300 323 0027	westsomersetdnreferrals@sompar.nhs.uk	01984 635646
Taunton Federation	0300 323 0026	TauntonDNreferral@sompar.nhs.uk	01823 346103
Chard, Crewkerne, Ilminster Federation	0300 323 0023	DistrictNursingCIC@sompar.nhs.uk	01460 238813
South Somerset Federation	0300 323 0020	SouthSomersetDNreferral@sompar.nhs.uk	01935 846439