

Referral Urgency and Response Times for the Integrated Nursing and Conditions Service – Community Nursing and Out of Hours Nursing Service

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Document Revisions			
Date	Author	Nature of Change	Reference
13/07/23	Angela Hind	Addition of Symptomatic Bowel cancer Two Week Wait Pathway	Section 4.2 & 4.4
07/09/23	Angela Hind	Amendment to wording Re: requests for Annual / QOF Phlebotomy & BP requests and Ear Syringe for Hull Treatment Room Patients only	Section 4.3
28/11/23	Angela Hind	Addition of Skin Tears	Section 4.5
30/09/24	Angela Hind	Title amended to include OOHNS Additional Note added Addition of Wound Care: Skin Tears Removal of Ear Care Removal of Wound Care – Skin Tears	V1.5 Section 4.1 Section 4.2 (Prompt) Section 4.2 (Routine) Section 4.5
21/11/2024	Angela Hind	Venepuncture Referral Criteria update for Hull & ERY	V1.6 Section 4.3
January 2025	Angela Hind	Addition of CCH actions when receiving visit queries from patients	V1.7 Section 4.5

**This document can be found on MyCompliance and CHCPs U: Folders
Please make sure you use the most current version.**

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1. INTRODUCTION

This document provides guidance to the interventions and care provided by the Integrated Nursing and Conditions Service and the response times for each specific request for housebound patients.

Care Coordination and Clinical staff should always use their personal and professional judgement based on the information they are presented with at the time of contact. If there is any doubt the request / referral should be accepted and then escalated appropriately.

The response times are to be used as a guide and each request will be individually clinically triaged and a visit arranged accordingly. It should also be noted that there may be occasions when it is difficult to achieve the desired response time e.g. during the Out of Hours Period.

2. PURPOSE

The purpose of this document is to provide guidance to the urgency and response times required when processing requests / referrals for the relevant Integrated Nursing and Conditions Service team.

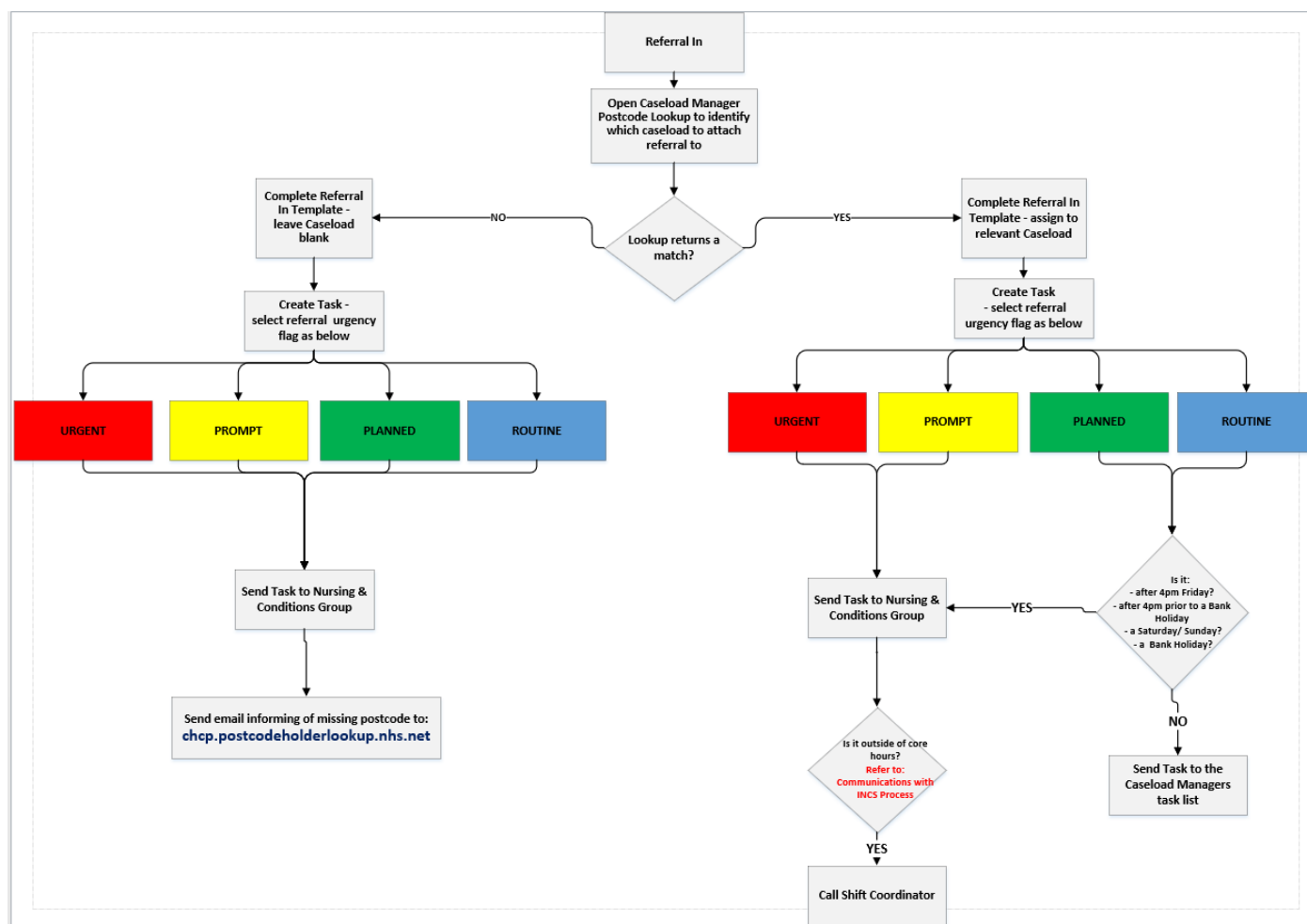
3. SCOPE

This guidance relates to the following teams:

Care Coordination Hub (CCH):	Clinical Team:
Care Coordination Hub (247111)	Community Nursing
	Out Of Hours Nursing Service

4. PROCESS

4.1 Referral in Flow Chart Guide



Note:

It is essential that CCH staff do not provide any patient / referrer with an indication of the service referral and response times. Patients and referrers should be informed that the referral / response **will be triaged within the timeframes** set below and a visit or appointment will be decided upon once the clinician has all the information to hand to be able to make an informed decision regarding the urgency of care required.

However, it should also be noted that referral requests for **PROMPT** care received after 12 noon **will not** take place the same day and patients / referrers should be informed of this at the time the referral is processed.

4.2 Referral Urgency and Response Times

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	Referral urgency for NEW PATIENTS	Response times for EXISTING PATIENTS
URGENT Flag: RED Triage and response within 2 hours if clinically required	Palliative Care: Deteriorating palliative care patient including administration of medications for symptom management Other: Poor transfer of care / discharge from hospital Prevent Admission – including Unscheduled Care Coordination (UCC)	Catheter Care: Blocked - female / male / suprapubic catheter Expelled - suprapubic catheter <i>- including home visits by CN team for patients with a Treatment Room referral)</i> Palliative Care: Administration of 'Just in Case' medications Syringe driver - management of problems Verification of Expected Death - <i>contact with family to discuss</i>
PROMPT Flag: YELLOW Triage and response within 2 - 24 hours if clinically required	<i>For same day care the referral must be received by 12 noon at the latest <u>and</u> the patient must be available to receive the care at the discharge address before 16:00hrs to allow for allocation of the visit the same day:</i> Medication Administration: Insulin and low molecular weight heparin - <i>self-care will be promoted</i> Palliative Care: Administration of subcutaneous fluids Venepuncture: <i>See specific advice in section 4.3</i> Wound Care: skin tears in Care Homes where assessment is requested following 7 days of first aid and management by Care Home staff, or where concerns are raised within the 7 days	Catheter Care: Female / male / suprapubic catheter – problems including by-passing Female / male catheter – expelled <i>includes home visits by CN team for patients with a Treatment Room referral</i> Palliative Care: Verification of Expected Death completed - <i>to be undertaken within 2 to 4 hours or as agreed with family</i> Wound Care: Requests will be triaged and allocated according to clinical presentation, this may not be a same day response - with the exception of Negative Pressure (VAC) machine / dressing (PICO) failure.

PLANNED Flag: GREEN Triage and response within 24 - 72 hours if clinically required	Bowel Care: Administration of enema Administration of Suppositories Symptomatic Bowel Cancer Two Week Wait pathway: <i>See specific advice in section 4.4</i> Pressure area care: Assessment / care and management of vulnerable pressure areas with a pressure related skin injury evident Assessment / dressing of pressure ulcerations Wound Care: Assessment of wounds requiring dressing including: Wounds below the knee - <i>follow Lower Limb Pathway guidance</i> Skin Tears – <i>see above for Skin Tears in Care Home advice</i> Care / removal of post-operative drains Central Lines: Flush Blood taking pre- treatment from CVAD Chemotherapy pump disconnect	Wound Care: Dressing removal by patients who lack engagement with their treatment plan
ROUTINE Flag: BLUE Triage and response after 72 hours	Bowel Care: Routine bowel care / management - <i>accepted for ongoing care only in exceptional circumstances and following clinical triage</i> Catheter Care: Female catheter Male catheter Suprapubic catheter Diabetic Annual Health Check: Patients registered with a Hull GP only	Observations: Blood glucose recording - <i>only in exceptional circumstances</i> Blood Pressure readings – will take place at next planned visit

	Medications: Subcutaneous and intramuscular injections / infusions Enteral feeding: Balloon gastrostomy (RIG) tube care Percutaneous Endoscopic Gastrostomy (peg) care Balloon gastrostomy (RIG) tube changes – Hull only Mickey Button replacement – Hull only Palliative Care: Palliative care needs and support with some elements via telephone when appropriate Observations: Blood glucose recording – <i>only in exceptional circumstances following clinical triage</i> Blood pressure recordings - see <i>specific advice in 4.3</i> Specimen Collection: Lower vaginal swabs – <i>Residential Homes only</i> Venepuncture: <i>See specific advice in 4.3</i> Wound Care: Follow up of wound already seen by HCP Post Operative wound care i.e. removal of Clips / Sutures (date to be provided by referrer) Wounds below the knee - <i>follow Lower Limb Pathway guidance</i>	
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4.3 Referral Criteria and Response Times for Phlebotomy and Blood Pressure Recording Requests for all Housebound Patients

Hull and East Riding: Accept and undertake all phlebotomy and blood pressure recording requests, the following points must be observed prior to any referral been made:

- The patient, or patient representative, must be made aware of the referral request by the referrer
- The referrer must have established that the patient is housebound and clearly document on the referral form
- Referral form must be fully completed, including any access / relevant contact details
- Individual specific tests must be stipulated on the form, e.g., Diabetic bloods is not acceptable and will be rejected
- If the patient is not available at the time the nurse visits the referrer will be informed and the patient will be discharged from the Nursing and Conditions caseload
- Requests should not be made more than 4 weeks prior to the required test due date
- Patients requiring ongoing monitoring for medications purposes e.g. INR's , lithium levels will remain on the Community Nurse caseload and will be actively managed by the Caseload Holder – NB: the frequency of monitoring required must be stipulated by the referrer and must be at intervals of less than 12 weeks apart. In addition, a clear clinical rationale and any management plan from referrer included at time of referral

RESPONSE TIMES - Do Not accept referrals for 'ASAP'

- **PROMPT:**
 - visits will be completed within 2 to 24 hours of the referral being accepted (Monday to Friday only - excluding Bank Holidays)
 - the patient must have been seen by GP / HCP within 24 hours of the referral request / or referral received from Pathology
 - there must be a clinical rationale provided for the request – this may include the 'Symptomatic Bowel Cancer Two Week Wait pathway'
 - the request must be received by 12.00hrs for a visit the same day, otherwise the visit will be completed the next day (Monday to Friday only - excluding Bank Holidays)

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- **ROUTINE:**
 - visits will be completed from 72 hours to 4 weeks of the referral being accepted
 - all requests other than those deemed PROMPT will be treated as ROUTINE and will be prioritised according to the referral information within the above time frame.
 - for patients known to the Integrated Nursing and Conditions service all phlebotomy and blood pressure recordings will be completed at the next planned visit to the patient, or sooner in exceptional circumstances when clinically indicated and there are infrequent visits planned e.g. catheter care patients

4.4 Symptomatic Bowel Cancer Two Week Wait Pathway

CHCP Nursing and Conditions service have agreed to support GPs with patients who require further tests and investigations of their symptoms that could possibly be bowel cancer related.

The Symptomatic Bowel Cancer Two Week Wait Pathway support offered by CHCP will include the taking of a venous blood sample and the provision of a Faecal Immunochemical Test (FIT) kit, which the patient will then need to undertake and return to their GP when they have obtained a sample for the test.

CHCP working with GPs in this way will improve the fast-track pathway for symptomatic housebound patients by ensuring that the patient receives timely interventions and potential for further delay to investigations and treatment is reduced. Provision of these tests will also reduce the need for invasive hospital procedures such as colonoscopy for those who can be ruled out by simply having venous blood and FIT tests undertaken.

To ensure that all parties involved in the pathway understand each other's role the following responsibilities have been agreed:

GP Responsibility:

- Identifies patient with relevant symptoms and confirms that the patient is housebound and no alternative other than a Community Nurse home visit is feasible
- Makes a planned referral to CHCP Care Coordination Hub on 01482 247111 i.e. intervention will be undertaken within 24 – 72 hours of referral being made
- Clearly states at time of referral that 'Symptomatic Bowel Cancer Two Week Wait pathway' is required
- Provides specific details of the venous blood samples required

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- Explains to the patient what will happen and that the patient will be given the FIT test from Community nursing and the patient will need to perform the test and ensure that this is returned to the surgery
- Follow up results of both venous blood and FIT tests
- Liaises with the patient if no FIT is returned and reported upon
- **Ensures that the patient can make alternative arrangements if the patient themselves is unable to complete FIT test or return sample to practice once sample taken**

CHCP Community Nursing Services:

- Order FIT kit stock from Path Lab
- Ensures a small supply to be held in each base and readily available for supply to the patient when a test is required
- Applies the 'Venepuncture / Bowel Screening (FIT test delivery) care plan to the patient record at the point of Triage
- Allocates the visit to a suitably trained and competent member of staff
- Undertakes the home visit and obtains venous blood sample as per request
- Leaves the FIT kit with the patient
- Advises the patient to liaise / contact their GP should they raise any concerns

Patient:

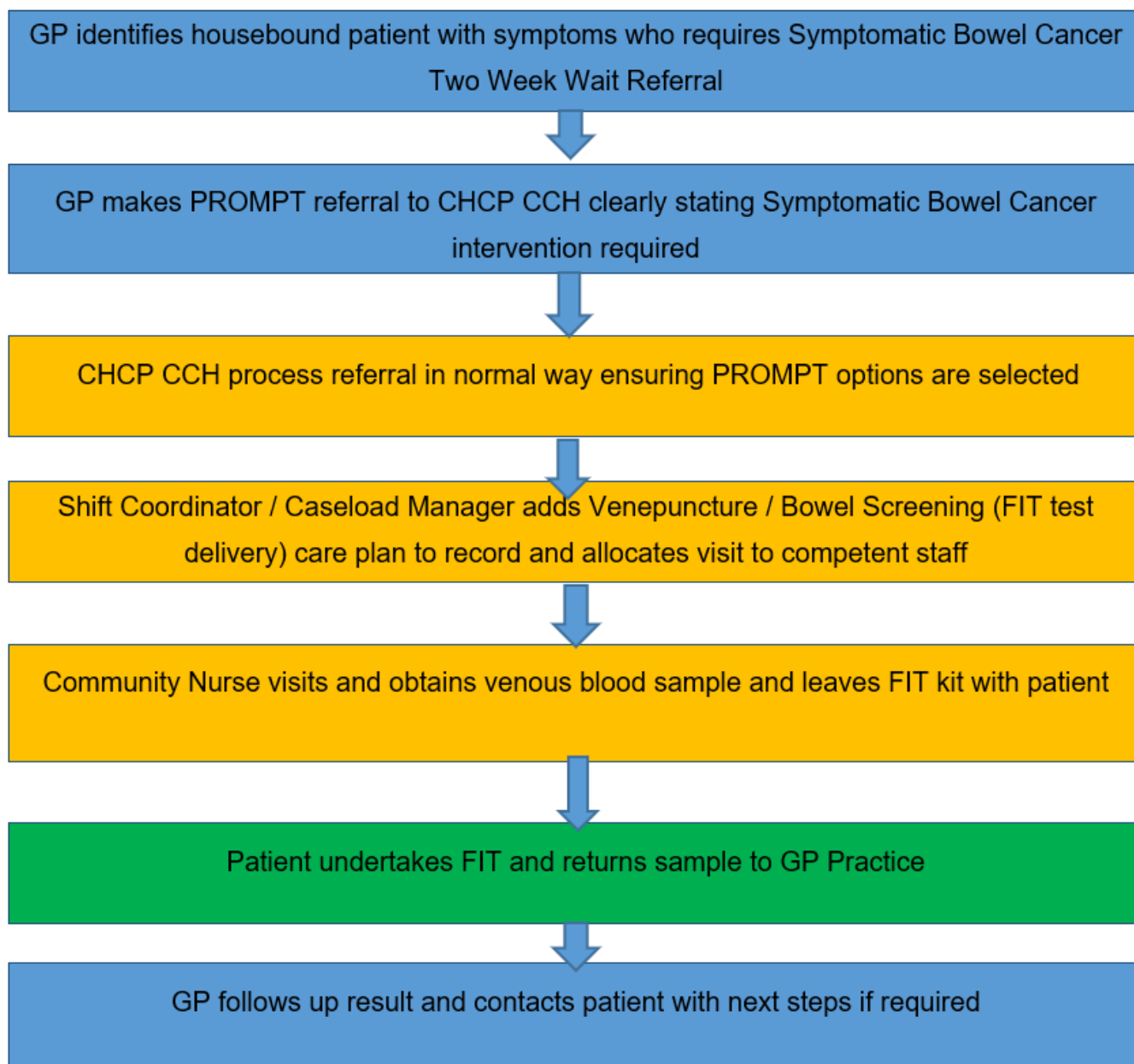
- Obtains the sample following the instructions provided in the FIT kit, with family / carer support as necessary
- Returns the FIT Kit to GP practice when sample obtained
- Seeks family / carer to support with above if needed
- Contacts GP for support with any concerns

CHCP – Symptomatic Bowel Cancer Pre - Screening flow chart

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Responsibilities:

	GP action
	CHCP
	Patient



4.5 Visit Queries from Patients

Health Advisors should inform the patient that they will take the message and forward to the relevant team. The message should be sent via Task to the appropriate Nursing and Conditions Task Team.

5. DISSEMINATION, IMPLEMENTATION AND ACCESS

This document will be available for staff to access as below:

- CCH – U: Folders
- INCS – MyCompliance: Ref 1246 Referral and Call Management for INCS Process Guidance
- Related item Ref 5

6. APPROVAL

This process has been reviewed and approved by representatives of both the Care Coordination Hub and Integrated Nursing and Conditions Service.

7. MONITORING AND COMPLIANCE

This process will be continually monitored and assessed for its correctness and accuracy. A review will be conducted on a 3 yearly basis.

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