St David's Hospice • Hosbis Dewi Sant
Abbey Road/Ffordd yr Abaty, Llandudno, Conwy LL30 2EN
Tel/Ffôn: 01492 879058 **Fax/Ffacs:** 01492 870564
www.stdavidshospice.org.uk inpatients@stdavidshospice.org.uk

The following is intended to provide guidance to health professionals to enable appropriate patient referral to St David's Hospice Service. It is, of course, not exclusive, and the clinical team are happy to advise further in uncertain situations.

(NB: Throughout this document, where we refer to admission, this also includes attendance at Day Therapy)

Criteria for Determining the Most Appropriate Intervention, Including Face to Face Assessment

St David's Hospice Service is a medical led palliative care service supported by the nursing team and provide interventions, according to the needs of the individual patient:

- Advice and support from generalist health and social care staff
- Single contact with patient for a specific problem
- Short term involvement for multiple problems
- On-going advice, support, and involvement for complex issues

In some circumstances it may be appropriate for professionals referring a patient with a basic palliative care problem to receive advice only via a one-off discussion between them and a specialist at the Hospice.

Referral Criteria

1. The service is available to people who have incurable, life limiting, malignant and/or non-malignant disease. Some patients, who have complex specialist needs, may be referred at an earlier stage in their illness. Palliative care may also be necessary during periods of prognostic uncertainty, including when patients are newly diagnosed or when treatments may fail.
2. General criteria for admission *(NB: see above)* are highlighted in the Referral Indicator Tool below, and it is essential on referral that the referrer identifies the reason for referral and the current problems requiring specialist palliative care input.

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3. The patient, or if appropriate, their advocate should consent to the referral and admission to Hospice.
4. Whilst attending day therapy the patient will remain under the care of their own GP.
5. Additional groups other than those highlighted in the Referral Indicator Tool may be referred and will be discussed individually by the multi-disciplinary team as to the appropriateness of admission e.g.
    - Patients who have progressive terminal disease with an estimated prognosis of more than a year but who have complex needs.
    - patients who are receiving active treatment under Oncology (chemotherapy or radiotherapy) who need specialist pain and symptom management.

The focus of specialist palliative care is on patients with a short prognosis, patient's living with a life limiting illness and prognosis of less than one year who have complex needs. It is recognised that there are 'grey' areas and members of the clinical team will be happy to discuss such patients:

Inappropriate Referrals include:

- Patients with chronic stable disease or disability with a life expectancy of several years.
- Patients with chronic pain problems not associated with progressive terminal disease.
- Competent patients who decline referral or who are unaware of their underlying disease.
- Competent patients who decline referral and where referral is made for family member support only.
- Patients with diagnosed primary lymphoedema.

Patients Who Lack Capacity to consent to referral

If a patient lacks sufficient mental capacity to make a decision about referral and admission to Hospice services and there is no relevant appointed Lasting Power of Attorney for Health and Welfare or Court Appointed Deputy, the decision to admit the patient to Hospice services must be made in their best interests in accordance with the Mental Capacity Act 2005 and the accompanying Code of Practice. This may necessitate a Best Interests meeting and may require the involvement of an Independent Mental Capacity Advocate (IMCA) if patient has no family of friends to advocate on their behalf. These reports must be made available on referral of the patient for specialist palliative/Hospice care.

Patients referred for Hospice care will be admitted according to the urgency of their need and subject to capacity to admit. Where patients are

placed on a waiting list for admission, and urgent care/support is required from the Hospice, for example symptom management advice or psychological support, a discussion will be held with the referrer to assess the level of need and to agree the interventions. There will be regular contact with the referrer, during this period, and they will be asked to provide updates to the clinical team in relation to the patient's condition and need for admission. Priority is given to those patients who are residing at home.

Process for Referral – In Patient Unit/Satellite Unit

The following Referral Indicator Tool will assist in establishing the level of need the patient has for admission.

a. Written referrals to the hospice should be made to the inpatient unit in Llandudno via password protected email.
b. Referrals can be made at any time. Relevant and up-to-date information will be collected by a staff member, who will also offer guidance on additional support/advice as required.
c. Referrals will be received from any healthcare professional with the patient's knowledge and consent.
d. Telephone referrals are not accepted.
e. The referral will be reviewed by the hospice clinical team to assess whether it meets the criteria.
f. Admissions are accepted dependant on available staffing capacity and patient acuity.
g. Members of the clinical team determine the appropriate waiting list category. We strive to ensure that patients are admitted in a timely fashion and during this period, every effort is made to ensure that, if appropriate, the patient and their family/carer are supported by alternative clinical services, who will initiate, for example, symptom management, until such time as an admission can be arranged.

Respite Care within the In-patient Units

1. Respite care can be offered to patients over the age of eighteen who meet the criteria for palliative care respite.
2. Palliative care respite admissions will be discussed with the patient and/or primary carer and wherever possible, planned in advance.
3. The patient will have been referred to the hospice and assessed by the Hospice Nurse.
4. Every patient receiving palliative care respite is reassessed during their stay prior to further respite being offered.

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Process for Referral – Day Therapy
St David's Hospice Day Therapy offers a range of services for patients with a diagnosis of an advanced, progressive, life-limiting illness that have associated complex palliative care needs. All patients who meet the Hospice criteria have access to the day therapy service. Sessions are held in at Hafan Dewi Sant, Llandudno, and Hafan Dewi Sant, Ysbyty Gwynedd, Monday to Friday (site dependent variability).

How to refer to Day Therapy Services

- Referrals can be made by any Healthcare Professional in the community or Hospital via email to daytherapy@sdh.com.uk. Referrals may also be initiated by the patient, but this will be in consultation with their GP and Key worker.
- Patients referred for day therapy will be contacted within 48hrs of referral (working days).
- Once the patient has been assessed and Hospice criteria met, contact will be made by the Day Therapy team to arrange an initial assessment. At this stage a management plan is made, and end goal objectives agreed with the patient and Therapy clinician which is tailored to the patient needs.
- Regular liaison with the patient will be maintained during this time with updates sent to primary care. All clinical contacts in Day Therapy are updated on Canisc, which is available on Welsh Clinical Portal.

Process for Referral – Hospice @ Home
The following Referral Indicator Tool will assist in establishing the level of need the patient has for admission.

How to refer to H@H

- Written referrals to the hospice should be made to the inpatient unit in Llandudno via password protected email.
- Referrals can be made at any time. Relevant and up-to-date information will be collected by a staff member, who will also offer guidance on additional support/advice as required.
- Referrals will be received from any healthcare professional with the patient's knowledge and consent.
- Telephone referrals are not accepted.

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- The referral will be reviewed by the hospice clinical team to assess whether it meets the criteria.
- Admissions are accepted dependant on available staffing capacity and patient acuity.
- Members of the clinical team determine the appropriate waiting list category. Occasionally capacity problems mean that patients wait longer than the ideal and every effort is made to ensure that the patient is admitted by the H@H team.

St David's Hospice - Patient Unit and H@H Referral Indicator Tool

Reason for Referral	Indicators	Prompt	Response Time All Wales Palliative Care Standards
Symptom Management	• Complex, unpredictable, and rapidly changing pain and symptoms that cannot be managed in another care environment. • Unstable condition with sudden exacerbation/deterioration that requires 24/7 specialist assessment. • Symptoms that cannot be alleviated by treating the underlying disease. • Severe progression of illness over a few months/weeks	Physical symptoms such as intractable vomiting, uncontrolled pain Spiritual distress and/or psychological disturbances, severe anxiety, or depression Rapidly progressive disease with increased symptom burden and deteriorating physical function. Complex medication review and monitoring	**Urgent :** Whenever possible, admission to happen within 48 hours Prioritised by need and subject to bed availability
Care in Last Days of Life	• Patient approaching the last days of life with specialist palliative care needs. • Patients whose Preferred Place of Death is St David's Hospice	Deterioration in condition on a daily basis When it is clear the patient is actively dying	**Urgent:** Whenever possible, admission to happen within 48 hours Prioritised by need and subject to bed availability
Respite	• Temporary physical, emotional or social care of a dependent person to provide relief from caring to the primary career(s)	Patients requiring palliative care respite should have a prognosis of less than 1 year.	**Routine:** Pre booked dates by arrangement with patient, family/carer

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Emergency Respite	• Respite as above, where there are critical circumstances to respond immediately, such as to prevent risk of an unscheduled Hospital care admission.		**Urgent :** Whenever possible, admission to happen within 48 hours Prioritised by need and subject to bed availability

Admission:
St David's Hospice in-patient units are open 24 hours a day throughout the year. Admissions are accepted dependant on the availability of medical support for the admission. We encourage admission in the morning to permit timely completion of the process.
The service is not able to offer an emergency out-of-hours service for the direct admission of patients.
When a patient is admitted to the in-patient unit, a nursing and medical assessment will take place on the day of admission. Any previously expressed preferences for care and/or treatment will be discussed as appropriate.
Admissions to the H@H team are accepted dependent on the availability of medical/ANP support for the admission, and morning admissions of the patient are encouraged to permit timely completion of the process. A nursing and medical assessment will take place on the day of admission. Any previously expressed preferences for care and/or treatment will be discussed as appropriate.

Discharge Criteria and Planning:
The Hospice is unable to accept patients for indefinite care and this should be made clear by the referrer to the patient and their family/carers when admission to the unit is being discussed. Following admission, the patient will undergo a 72 hr period of assessment by the MDT following which a decision will be made regarding their ongoing place of care.

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Most patients will be admitted for a period of assessment and length of stay will be dependent on complexity of need and except for patients who are in the last days/hours of life (unless this is the patients wish and can be supported), discharge planning commences on admission so we can parallel plan to ensure discharge is not delayed for patients and their families.

Discharge should only be made:

- Following discussions between the patient and appropriate family members, carers, and relevant professionals
- If the patient's condition stabilises or improves such that they or the Hospice team feel that input from the specialist palliative care service is no longer required

The Hospice clinical team acknowledges the importance of Advance Care Planning (ACP) and recognises that patients may have preferences regarding their preferred priority of care/death. The in-patient unit and H@H team is required to prioritise access to its service according to the complexity of need and will always take preferences into account but there may be times when this may not be possible, due to the stage of the patient's illness or the capacity of the unit.