

**Newham Extended Primary Care Team Referral Form**

(**🕭The District/Community Nurse Service will only accept referrals for house bound patients**).

**Extended Primary Care Team Single Point of Access (SPA)**

Email: epct.spa@nhs.net

**🕭**All Referrals will be triaged by the clinical SPA

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| **Incomplete referral forms will be returned and not accepted.** |
| **Patient/Client Demographics and GP details *(all fields mandatory)*** |
| **Title**: Mr/Ms/Mrs/Dr/Other: **Name**: **NHS Num**ber: **DOB**: **Gender**:  |
| **Permanent Address:****Post Code**:**Home Phone**: **Mobile Phone**: **Access details** (e.g. key safe number/intercom, directions): | **Current/discharge address** (if different):**Post code**: **Phone:** **Access details** (e.g. key safe number/intercom, directions):  | **Next of Kin/care provider**:**Relationship**:**Availability**: **Phone**:**Is patient able to open/answer door**: Yes/No**Key holder:**  |
| **Ethnicity:** **Language:** **Interpreter required?** Yes/No | **Named GP:****GP practice:** **GP address:** **GP email:** **GP phone:**  |  |
| **Patient/Client Referral Details and Reason for Referral *(all fields mandatory)*** |
| **🕭 Please note EPCT Community (District) Nurses will ONLY accept referrals for housebound patients (*unable to leave their residence despite assistance*)**.**Is patient housebound?:** Yes/No | **What is the reason for referral?** (Please include referrer’s and patient’s expectations fo**r** this treatment episode and what treatment is required/state mobility and transfer status if OT/Physio input required):**Planned Discharge date:** (From Hospital)………………………………….. |
| **Allergies:** |  |
| **Current Medication:** |  |
| **Treatment received/given during admission** (if Acute hospital referral):**🕭*Please include as attachment any relevant assessments, medical summary, medication lists, or recent discharge summary etc.***[ ] Catheter in situ (include date inserted if known). **🕭Date Inserted**: **🕭Planned Duration:** [ ] Pressure Ulcer or wound care – categorisation/grade of pressure ulcer and site:[ ] Requires support with high risk medications e.g. Insulin Injection: [ ] Adjustment of dose [ ]  Restart [ ]  Initiation [ ] Tinzaparin injections: **🕭** Date/Time Last injection given: [ ] Client/carer concerns potentially leading to admission or crisis[ ] Antibiotic therapy (**🕭**we are unable to accept more than twice a day (BD) antibiotics administration**)** [ ] At risk of falls:[ ] Fractures (e.g. upper limb/Hip/pelvis/joint replacement) and weight bearing status: NWB/PWB/FWB |

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| **Advanced care planning and resuscitation status Complete if applicable.**  |
| **Has the patient made specific advanced decisions about their care** (e.g. Advance Directive to Refuse Treatment)? **Yes/No:** If yes, please detail in *reason for referral* section above.**Does the patient have a DNACPR decision documented**? Yes/No**:** If yes, location of document:  |
| **Profession /Discipline Required Referral Urgency**  |  **🕭 For Rapid Response, all referrals are through: 0208 709 5555**  |
| [ ] **Occupational Therapy** [ ] **Physiotherapy** [ ] **District Nursing (🕭House bound ONLY)** [ ] **Telehealth** [ ] **Health & Social Care Navigation**  | **\*🕭 For *ALL* “Urgent” referrals, please liaise directly with the relevant Therapy/Clinical Lead to ensure needs can be met prior to discharge – contact is via Single Point of Access (SPA) - 0208 709 5555.****\*🕭 Routine referrals could take up to 7 days before 1st contact** |
| [ ] **Phlebotomy**  | **All routine bloods will be taken within 4-6weeks of referral being made.** |
| ***🕭 If urgent please, state why in the box for “reason for referral” above.*** |
|   **Appointments are booked through the Single Point of Access (SPA): 0208 709 5555**. **🕭**[ ] Dressing Clinic (By Appointment only):  |

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| **Referrer’s details *(all fields mandatory)***  (Confirmation will be sent only if nhs.net email is provided by referrer)  |
| **Date of Referral:** **Name of referrer:** **Role:** **Organisation:** **Contact telephone:** **Contact email:**  |  |  |
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| **Risk Assessment** ***(all fields mandatory)*** |
| **Known to Social Services**?Yes/No: If yes, please detail care package: **Has a Safeguarding Concern been raised in relation to the patient: Y/N****Other social care /informal care providers involved incl family**? **Known risk to self?** Yes/No: If yes, specify**:** **Known risk to others?** Yes/No: If yes, specify**:** **Lives alone:** Yes/No**🕭Are there pets in the property?** Yes/No. **if Yes, what type of pet**:……………………………………………………………..**Are there known risks to staff visiting this patient at home?** Yes/No**;** If yes, specify: **Specific risks**: |
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**Service Overview:**

The Extended Primary Care Team (EPCT) has been developed to provide co-ordinated health care for housebound adults in Newham. The teams are multi-disciplinary, aligned to GP Practice clusters and provide a seven-day service between the hours of 8:00am and 10:00pm (Nurses only) - hence last referral accepted for same day visit by 8:00pm.

**🕭** All referrals are accepted through the Single Point of Access (epct.spa@nhs.net) and for Rapid Response referrals please call 0208 709 5555).

The EPCTs comprise nursing, physiotherapy, occupational therapy, health & social care navigation to offer a range of interventions for patients with healthcare needs who require support within their own homes.