

**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](mailto: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:** |  | |  | | |  |  | | |
| **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](mailto: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.