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| **LINK BACK** **GUIDANCE NOTES** |

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| **ABOUT THE SCHEME:** |

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| Link Back is a free service for older people in Brighton and Hove following a stay or outpatient appointment at the Royal Sussex County Hospital. The service aims to link the patient to the community, voluntary and private sector services that can enhance their independence and day to day lives on their return home. |

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| **CRITERIA:** |
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| When referring an individual, please ensure they meet the following criteria-   * They are aged 55+, and have had a recent hospital admission at Royal Sussex County Hospital or a local health facility (Craven Vale, Knoll House, Rapid Access Clinic for Older People) * Have capacity to engage with the service or have a carer with whom we can engage with on their behalf * Do not have a complex mental health condition/substance misuse issues * Are a resident of Brighton and Hove * Give consent for the referral * Are medically ready for discharge   **NEW EARLY RESPONSE - BRIGHTON AND HOVE HOSPITAL DISCHARGE GRANT:**  A service that assists patients and hospital discharge teams to access funding that will facilitate a safer and timelier discharge home; avoiding delayed transfers of care from hospital through the provision of required adaptations, equipment and practical support prior to and immediately after discharge.  **CRITERIA:**   * This service is only available to any older person aged 65 + or disabled person being discharged from hospital who are home owners, private or housing association tenants (not council tenants).  |  | | --- | |  |   For more information, please contact Rupert, Rosie or Gwyn on 01273 069851.  Please return completed referral forms to [linkback@possabilitypeople.org.uk](mailto:linkback@possabilitypeople.org.uk) |

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| **Referee Details Date of Referral:** | |
| **Name of referrer: Contact Tel:**  **Team/Ward:** | |
| **Patient details:** | |
| **Name: Date of Birth:** | |
| **Address: Postcode:** | |
| **Patient Tel:**  **Home:**  **Mobile:** | **NOK Name:**  **Relationship:**  **Contact Tel:** |
| **Reason for the referral.**  **Does this person need Early Response? Yes or No If Yes please detail.** | |
| **Care Package in place? Yes or No Type:** | |
| **Any Risk Factors** | |