

Professional Support Line: Service Referral Criteria

This document provides an overview of the referral criteria for the services into which the Professional Support Line (PSL) refer into. The referral criteria for each service were developed by the provider in conjunction with commissioners and clinicians from the PSL service.

It is likely that criteria could change as the new service develops - this document will be updated as and when changes are made.

DVT Pathway

PSL role in this pathway is to arrange an ultrasound appointment and manage anticoagulation treatment if required.

PSL are able to take ultrasound referrals between 8am-8pm. However, appointments can only be made between 09:00 and 16:30.

Exclusions

- Patients who are not mobile or able to get to the appointment – PSL will suggest a medical assessment on AMU
- Patients presenting with swelling in both legs – PSL will inform GP that in most cases, the medical team (AMU) would advise treatment for cardiac failure which is most likely diagnosis. If GP still wants to refer, then PSL will set up a conference call with AMU consultant to discuss further
- Patients who have received a scan within the last 6 or 7 days – if GP thinks re-scan is required, then PSL will set up a conference call with the DVT team

Questions asked by PSL

- What are the clinical symptoms?
- Request Wells Score and if a D- Dimer have been processed
- Which leg is affected (PSL only refer for single legs. Arms need to be referred to Vascular)?
- Previous history of patient

If anticoagulation is required then the recommended Anticoagulant is Apixaban:

- Please see pathway for dosage.

Medical Admissions: AMU/ACU (Under 80's)

PSL role in this pathway is to set up a conference call with the AMU consultant to determine whether or not an admission is required

Questions asked by PSL

- Demographic details of patient i.e.name, address, date of birth
- Demographic details of GP surgery i.e. address, phone number

The PSL call handler will introduce you to the AMU consultant and stay online, noting down any specific details i.e. symptoms and provisional diagnosis

Following the conference call, PSL will ask:

- Does patient live alone, have a carer etc?
- Does patient require transport (chair, stretcher, timeframe and location of patient)?
- Fax patient summary to accepting destination – PSL will provide fax details
- Note: If the patient is accepted to ACU, ACU will contact the patient with the appointment details, but they are unable to organise transport. If transport is required, the referrer will need to contact PSL once the appointment details are known.

Medical Admissions (Over 80's)

PSL role in this pathway is to set up a conference call with a COTE consultant to determine whether or not an admission is required

Questions asked by PSL

- Demographic details of patient i.e.name, address, date of birth
- Demographic details of GP surgery i.e. address, phone number

The PSL call handler will introduce you to the AMU consultant and stay online, noting down any specific details i.e. symptoms and provisional diagnosis

Following the conference call, PSL will ask:

- Does patient live alone, have a carer etc?
- Does patient require transport (chair, stretcher, timeframe and location of patient)?
- Fax patient summary to accepting destination – PSL will provide fax details
- Note: If the patient is accepted to ACU, ACU will contact the patient with the appointment details, but they are unable to organise transport. If transport is required, the referrer will need to contact PSL once the appointment details are known.

Rapid Access Older People (RACOP)

PSL role in this pathway is to facilitate the planned appointment with RACOP service (not an admission).

Exclusions

- Patients who are not able to transfer without minimal assistance– PSL will suggest a medical assessment on AMU
- Patients who are not safe to wait up 48hrs for an assessment (72hrs over weekends) – PSL will suggest a medical assessment on AMU

Questions asked by PSL

- What are the clinical symptoms/current problems?
- What are the patient's current observations
- What, if any, investigations or referrals have been done so far i.e. bloods

- What input you feel that the patient requires from the service?
- Does patient have diarrhoea and if so, has a sample been taken to indicate whether infective or not?
- Is the patient mentally aware? If not then you will be asked for a NOK number.
- How long do you feel that the patient can wait for an assessment?
- Fax patient summary to RACOP – PSL will provide contact details

PSL will advise GP that RACOP will contact patient with appointment time/date and arrange transport

Roving GP Service

PSL role in this pathway is to set up a conference call with the Roving GP to see if the patient is applicable for their service.

The PSL call handler will introduce you to the Roving GP and stay online, noting down any specific details i.e. symptoms

The GP will be asked to fax or email a summary to a destination confirmed by the roving GP

TIA Clinic

PSL role in this pathway is to facilitate the referral of a patient into the TIA clinic if the GP suspects that the patient has suffered a TIA.

The TIA clinic is active from 08:30 – 16:30 (Monday-Friday) PSL can accept referrals 8-8. OOH referrals for the next day can be made.

Exclusions

- Patients with a new stroke – PSL will advise that these patients be directed straight to A&E
- Patients with evolving, fluctuating or gradual onset of neurological signs – PSL will advise that GP discusses case directly with Neurologist
- Patients who are not able to transfer from chair to chair – PSL will advise on a medical admission

This service requires specific information on the patient to make an informed assessment and the PSL will ask a series of questions to calculate the ABCD2 Score, which assesses the urgency of the referral.

ABCD2 Score

ABCD2 Score – if presenting within 7days	Potential Points
If patient is older than 60	1
If first number of BP is higher than 140 and second higher than 90	1
Unilateral Weakness (one sided)	2
Speech disturbances without weakness	1
Duration of symptom longer than 60 minutes	2
Duration of symptoms between 10-59 minutes	1
If the patient suffers from diabetes	1
Total and risk score	

Higher than 2-4	High
Lower than 2-3	Low

Questions asked by PSL

- What are the clinical symptoms?
- Are these recurrent symptoms/problems? If yes, PSL will set up conference call with TIA clinic
- Does the patient have a history of hypertension?
- Has the patient suffered a previous TIA or stroke?
- Does the patient suffer from AF?
- Is there a carotid bruit?
- What is the patients current pulse rate? Is it regular?
- What are the patients current BP and BM (blood glucose)? If no BM, can you rule out diabetes?
- Has any intermediate treatment been commenced?
- Does the patient require transport?

Response Services (RS)

PSL role in this pathway is to facilitate a referral to the Responsive Services for one of the following:

Exclusions

- First time catheterisation – PSL will advise that these patients be directed straight to A&E

(a) Referrals to services covered by Responsive Services

For example: respite care, home care assistance, intermediate care at home or residential, falls prevention and/or nursing intervention.

(Respite and home care is provided by Social Services and may incur a fee to the patient, this is means tested. Respite can take up to 48hrs to implement)

Questions asked by PSL

- Which service is this referral for?
- What are the clinical symptoms?
- What input does the patient require from this service?
- Does patient have diarrhoea and if so, has a sample been taken to indicate whether infective or not?
- What is patients current mobility, are walking aids used?
- Is there a current package of care in place?
- Does the patient have capacity to answer the phone/door? If no, is there a key safe in place?
- Is the patient mentally aware? If not then you will be asked for a NOK number.
- Will the patient be safe if an assessment cannot be done same day?

PSL will ask you to fax the patient summary to Responsive Services – contact details will be given.

(b) Referral for injection

Questions asked by PSL

- Does patient have any known drug allergies?
- What dosage is required?
- When is the treatment to start?
- What is the duration of treatment?
- Are there any access issues to property (if applicable)?
- Does the patient have mental capacity?
- Can the patient collect the prescription from Asda Pharmacy at Brighton Marina (if applicable) or do Responsive Services have to pick up?

PSL will advise GP to:

- Fax FP10 to Asda Pharmacy at Brighton Marina on 01273 628613
- Fax Drug Authorisation Chart to Responsive Services on 01273 265924
- If GP does not have copy of Drug Authorisation Chart then Responsive Services S will contact GP directly

(c) Referral for blood sample

Questions asked by PSL

- What is the patient's probable diagnosis?
- Why are bloods being requested?
- What blood samples are required?
- When does the blood sample have to be taken?
- Are there any access issues to the home?
- Does the patient have mental capacity?

PSL will ask you to fax the patient summary to Responsive Services – contact details will be given.

Planned Medical Procedures (AMU/ACU)

PSL role in this pathway is to facilitate the referral of a patient for non-urgent admissions into AMU/ACU for one of the following:

- Blood transfusions
- Paracentesis
- Thoracentesis/pleural tap

To reduce the amount of time that the patient has to spend on the unit, some blood tests are required prior to admission

Exclusions

- Patients who are not stable enough to wait up to 72 hours for the procedure – PSL will advise that these patients are classified as an urgent medical admission referral

Questions asked by PSL

- Have any bloods been taken?
 - If yes, PSL will check to see if the required blood samples have been taken.
 - If no, then PLS will ask if you want a community referral to take the bloods via Responsive Services?

Procedure	Blood Sample Required
Blood transfusion	Group and save, repeat FBC if not done in the last 7 days and Haematinics if cause of anaemia unknown
Paracentesis	Group and Save, INR, FBC, U&E
Thoracentesis	FBC, INR, U&E

This referral will then be conference called to the medical unit to discuss and for the appointment to be arranged.

The PSL call handler will introduce you to the AMU consultant and stay online, noting down any specific details i.e. symptoms

Following the conference call, PSL will ask:

- Does patient live alone, have a carer etc?
- Does patient require transport (chair, stretcher, timeframe and location of patient)?
- Fax patient summary to accepting destination – PSL will provide fax details
- If a specific attendance date/time has not been given, ACU will contact the patient with the appointment details, but they are unable to organise transport. If transport is required, the referrer will need to contact PSL once the appointment details are known.

Gynaecology

PSL role in this pathway is to facilitate the referral of a patient via a conference call for a number of services provided by the Gynaecological team, including:

- Rapid Access Clinic (not an admission)
- Early Pregnancy Unit (EPU)
- Gynaecological Assessment Unit (GAU)

Exclusions

- Patients that are not medically stable (MEWS score above 2) – PSL will advise that these patients cannot be referred into this service
- Pregnant women over 14 weeks – PSL will advise that these patients should be referred to the Labour Triage Ward
- Pregnant women under 6 weeks

Inclusions

- Acute pelvic pain

- Severe vaginal bleeding
- Hyperemesis gravidarum (excessive vomiting in pregnancy)
- Ascites secondary to a gynaecological oncology
- Post-operative complications within 30 days
- Vulval Swelling/Bartholin's Cyst
- Procidentia (prolapse)
- Foreign body retention
- Suspected Pelvic Inflammatory Disease (PID) - 3 way referral to Claude Nicol Sexual Health Clinic via Gynae Registrar
- Ovarian Hyperstimulation Syndrome
- Post natal women over 10 days
- Suspected Ectopic pregnancy
- PV Bleeding in pregnancy

The PSL call handler will introduce you to the Gynaecology consultant and stay online, noting down any specific details i.e. symptoms and generate the referral.

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Following the conference call, PSL will ask:

- Does patient live alone, have a carer etc?
- Does patient require transport (chair, stretcher, timeframe and location of patient)?
- Fax patient summary to accepting destination – PSL will provide fax details

Patient Transport Services

PSL can make transport bookings with SECAMB into both their front line and Patient transport services

1. Front-line vehicles

Same day ambulances can be booked on an 18 minute, 2 hour blue light response, 2 hour routine response, or 4 hour routine basis. Only when CPR is in progress are 7 minute ambulances sent. In the case of ordering a 7 minute emergency ambulance, it is highly recommended that you call 999 directly to save any delay.

These are all one way journeys only.

Questions asked by PSL

- What are the clinical symptoms/current problems?
- Where is the patient going?
- Will the patient require a chair or stretcher?
- Are there any access issues?
- Will the patient be accompanied?

2. Patient Transport Service

This is typically a next day service and can be booked as a 'walker' or patients requiring a chair or

stretcher. Escorts are not usually transported unless the patient suffers cognitive impairment. The PTS service requires the patient to be medically stable. The PSL service can make a same day book for the patient as long as a minimum of 3 hours' notice is given.

Return journeys can be booked.

Questions asked by PSL

- What are the clinical symptoms/current problems?
- Where is the patient going?
- What time do they need to be there?
- What is the expected return time?
- Is the patient a walker or will they require a chair or stretcher?
- If the patient requires a stretcher PTS will need to know their approximate height and weight

Once a booking has been made, PSL will call the patient/carer and tell them what to expect.