Patient	
Name:	NHS Number:
Address:	Date of Birth:
Telephone:	Mohile Tol -
Telephone:	Mobile Tel.:
Done By	Dete
Name:	Date:
ECCH Primary Care Home (Nursing)	
ECCH Primary Care Home (Nursing	east coast community healthcare
Please scroll down on the right hand side to access available Advice & Guidance a	nd eReferral buttons.
Who we see	Who we don't see
 Adults over 18 years. Housebound patients with a nursing need. Patients with a lower leg wound between ankle and knee. 	 Children under 18 years. (Refer to JPUH Childrens Community Nursing Team - 01493 453965 Monday to Friday 8 – 6). Non-housebound patients. One off testing e.g. urine dip test, urine collection, BP, swabs, weight – Primary care. Supply of equipment e.g. catheters, stoma equipment, BM. (On prescription)
Services we provide	 Measure for stockings (if not already known to service) - Pharmacy. Management of PEG feeds (Refer to). Collection or provision of sharps box (if not already known to service. Collection part of prescription). IV drug administration at home (Refer to JPUH at home team - 01493 202660) For Insulin administration - More than twice daily visits (Patients would be managed by family member or regime changed to twice daily) Administration of eyedrops long term (aim for patients to be self supporting). Diabetic foot ulcers (Refer to).
Holistic assessment of nursing needs.	ECCH Dietetics
 Provide education and support for self-care. Medication management- supporting the self-administration of non- oral medication. Palliative and end of life care- symptom management and bereavement support. Wound management including leg & pressure ulcer, post-surgical wounds. Bowel and bladder management. Health Promotion. 	
 Full lower limb assessment including doppler studies. 	ECCH Podiatry
 Reablement/Crisis intervention. Management of patient's insulin regime up to twice daily injection. 	
	Referral Check List
Resources ECCH Primary Care Home Website: https://www.ecch.org/our-services/primary-care-hom- es-pch/	 Wound Care History (to include onset, site, duration, recurrence & interventions of wound). Dressing being used and any available dressings in the home Date of last dressing change Requested frequency of dressing change.
Service Information and Updates - Urgent requests will be viewed within 2 hours. If a 2 hour urgent response visit is required then a follow up call will be necessary - Contact ECCA 01493 809977	 Requested requeries of dressing change. <u>Catheter Management</u> Catheter date of insertion, type, reason for insertion, site, size, whether long or short term and plan, when due to be changed. Has patient been taught to empty bag. Has equipment been provided. <u>Medication Support</u> Medication administration – prescribed/dispensed/be with the patient. Drug Chart in place.
	If information is not readily available within the Tabbed Journal, please specify in the reason for referral box below.
Advice & Guidance	

- Problematic lower limb wounds
- For advice and management of compression bandaging.
- Advice on possible infection.
- Exudate management

Patient						
Name:	NHS Number:					
– ECCH Primary Care Home (Nursing) (continued)						
Clinical question		Advice & Guidance Request				
eReferral Please provide an overview of the patient's problem in the Reason for Referral box Reason for referral Expectation of referral						
		• % eReferral				

Patient

Name:

ECCH Therapy Services

ECCH Primary Care Home (Therapy Services)

CommunityOccupational Therapyand Physiotherapy

Please scroll down on the right hand side to access available Advice & Guidance and eReferral buttons.

Who we see

- Patients 18 years + (Patients 16 years + can be reviewed via an Advice & Guidance request)
- Patients who have fallen but do not meet criteria for the Falls & Frailty Service.
- Housebound patients with a therapy need.
- Specific Activity of Daily Living/Rehab goal.

Who we don't see

NHS Number:

- Non-Housebound patients.
- · Community Orthopaedic Patients.
- · Neurology patients.
- · Mobility Assessment Only E-Referral to Physio.
- Wheelchair Assessment Only Refer to
- Adaptations e.g., stair lifts, wet rooms, permanent ramps (Social Services).
- · Grab Rails Only (Suffolk) -
- Long Term Condition Moving and Handling (Social Services) unless has Continuing Health Care Funding.
- Housing Needs reports or rehousing (Local Council).
- Care Homes Advice only to Care Homes, but may not supply equipment and if they are requesting Moving and Handling. Assessments we advise they contact their moving and handling advisor in the first instance.

Please direct the care home moving and handling advisor to contact Social Care for specialist advice.

ECCH Wheelchair Services

Independant Living Suffolk: https://www.suffolk.gov.uk/care-and-support-for-adults/how-social-care-can-help-

/independent-living-suffolk/

Services we provide

- · Education for Healthcare Professionals.
- · Specialist assessment and therapeutic intervention.
- Development of rehabilitation plans.
- Admission prevention due to an acute episode e.g. new diagnosis, new injury, or illness.

Referral Check List

- · History of presenting condition including current mobility status.
- Current equipment.

If supporting information is not readily available within the Tabbed Journal, please specify in the reason for referral box below.

Ensure that the patient is not referred to other services such as:

- Frailty.
- · Neurology.
- · Early Stroke Discharge Team.
- ME/CFS Team.

Resources

ECCH Occupational Therapy website: https://www.ecch.org/our-services/occupational-therapy-within-pch/ ECCH Physiotherapy website: https://physio.ecch.org/

- Arthritis UK
- Suffolk Social Services Link Professional Referral
- Suffolk Grab Rails (Not Housing Association/Local Authority) Grabrail Referral (suffolk.gov.uk).
- Suffolk Housing Register for housing » East Suffolk Council.
- Moving and Handling for informal Carers Suffolk Moving And Handling Referral Form | Suffolk Family Carers.
- Norfolk Social Services Link Contact our adult social care team -Norfolk County Council.

Service Information and Updates

- · Same Day 2 hourly for fallers referral to PCH in the first instance please.
- Within 3 working days for crisis patients.
- Within 2 weeks for recent discharges/Soon as on triage.
- Up to 18weeks for routine rehab and equipment provision.

Advice & Guidance

Please DO NOT use this service for patients who are acutely ill or require urgent outpatient/community treatment.

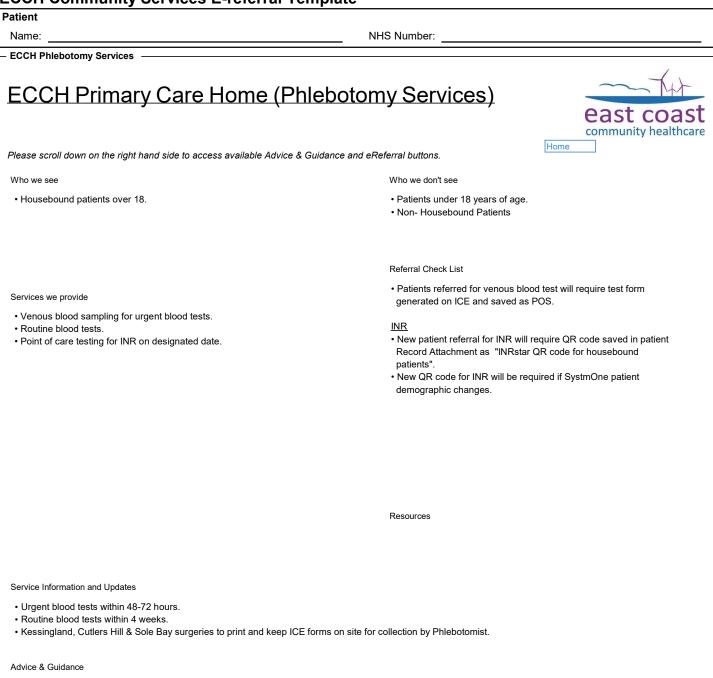
- For advice on the management of patients who fit the service provision.

- Response within 5 working days.

east coast community healthcare

Ра	tient				
٢	Name:	NHS Number:			
— E	CCH Therapy Services (continued)				
	Clinical question		e	Advice & Guidance Request	
			<u>e</u>	ECCH Internal Advice & Guidance Request	
eReferral					
	Please provide an overview of the patient's problem in the Reason for				
	Reason for referral	Expectation of referral			
			4	•	

eReferral



Please DO NOT use this service for patients who are acutely ill or require urgent outpatient/community treatment.

- For advice on the management of patients who fit the service provision.

- Response within 5 working days.

Clinical question	Advice & Guidance Request
	ECCH Internal Advice & Guidance Request

eReferral

Please provide an overview of the patient's problem in the Reason for Referral box

Reason for referral

Expectation of referral

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eReferral