

ECCH Community Services E-referral Template

Patient

Name: _____ NHS Number: _____
Address: _____ Date of Birth: _____

Telephone: _____ Mobile Tel.: _____

Done By

Name: _____ Date: _____

ECCH Specialist Diabetes

ECCH Specialist Diabetes



[Home](#)

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

Who we see

Over 18 with Type 2 Diabetes

Services we provide

- Education for healthcare professionals.
- Patient consultations – Note: we do not provide routine diabetes management.
- Initial 1 hour consultation – inc. assessment of CVD risk, glycaemia control, renal status, weight management and lifestyle factors.
 - A management plan for implementation within the GP practice/ Follow up according to clinical need.
- Advice & Guidance.

Who we don't see

- T1 diabetes. (Refer to secondary care)
- Preconception care. (Refer to secondary care)
- Pregnancy. (Refer to secondary care)
- Under 18. (Refer to secondary care)
- Flash Glucose monitoring. (Refer to secondary care)
- Patients acutely ill and needing urgent intervention. (Refer to EADU)
- Dietary advice only. (eRefer to _____)
- Patients previously seen by DSN team who choose not to follow agreed treatment goals (unless motivation has changed).
- If struggling to engage consider referral to PCN Social Prescribers.

[ECCH Community Dietetics](#)

Referral Check List

[Referral Checklist Compliance](#)

- HbA1c, U&Es, Fasting lipids within 8 weeks.
- LFTs within previous year.
- Weight and BMI within 8 weeks.
- Blood pressure within one year.
- Home blood glucose monitoring.

Resources

[ECCH Community Diabetes Website: https://www.ecch.org/our-services/diabetes-service/](https://www.ecch.org/our-services/diabetes-service/)

[Sick Day Rules: https://trenddiabetes.online/wp-content/uploads/2020/03/A-5_T2Illness_TREND_FINAL.pdf](https://trenddiabetes.online/wp-content/uploads/2020/03/A-5_T2Illness_TREND_FINAL.pdf)

[Dietary Information: https://www.diabetes.org.uk/guide-to-diabetes/enjoy-food/eating-with-diabetes/meal-plans](https://www.diabetes.org.uk/guide-to-diabetes/enjoy-food/eating-with-diabetes/meal-plans)

[Type 2 diabetes in adults: choosing medicines: https://www.nice.org.uk/guidance/ng28/resources/visual-summary-full-version-choosing-medicines-for-firstline-and-further-treatment-pdf-10956472093](https://www.nice.org.uk/guidance/ng28/resources/visual-summary-full-version-choosing-medicines-for-firstline-and-further-treatment-pdf-10956472093)

Service Information and Updates


- Triage response within 5 working days.
- Wait times: 12 weeks.
- Contact methods offered: Mainly telephone with some face to face as needed.

Advice & Guidance

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

- For advice on the management of diabetes medications
- Problematic hypoglycaemia.
- Response within 5 working days.

Clinical question

 [Advice & Guidance Request](#)

ECCH Community Services E-referral Template

Patient

Name: _____ NHS Number: _____

ECCH Specialist Diabetes (continued)



eReferral

- Initiation and initial management of Insulin therapy or GLP agonists where this is not currently undertaken in the practice.

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

Reason for Referral



ECCH Community Services E-referral Template

Patient

Name: _____ NHS Number: _____

ECCH Community Dietetics

ECCH Community Dietetics



[Home](#)

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

Who we see

- Patients 16+ years.

Services we provide:

- Assessment for patients within the community setting, either in clinics, telephone clinics or at their place of residence for housebound individuals.
- Education and support for patients and carers.
- Home Enteral Feeds Dietetic service for Great Yarmouth and Waveney.
- Tier 2 (life style interventions) for patients with a BMI over 30 and a co-morbidity directly linked to their obesity, such as Diabetes, Pre-diabetes, PCOS, Fatty liver and Sleep apnoea.

Who we don't see

- Patients under 16 years . Patients with incomplete referrals.
- Self referrals. Referrals made by students (without countersignature).
- Referrals made by Care home staff.
- We do not provide a service for Norfolk and Suffolk mental health trust (including Carlton Court) or All Hallows Neurological rehabilitation centre. (Oakleaf).
- Weight reducers without a co-morbidity.

Resources

[ECCH Dietetics Website:
https://www.ecch.org/our-services/dietetics-service/](https://www.ecch.org/our-services/dietetics-service/)

[NNUH Dietary Leaflets:
https://www.nnuh.nhs.uk/departments/nutrition-amp-dietetics-dietetics/patient-information-leaflets/](https://www.nnuh.nhs.uk/departments/nutrition-amp-dietetics-dietetics/patient-information-leaflets/)

[British Dietetic Association: Food Facts:
https://www.bda.uk.com/food-health/food-facts.html](https://www.bda.uk.com/food-health/food-facts.html)

[British Dietetic Association:
https://www.bda.uk.com/](https://www.bda.uk.com/)

Referral Check List

- Referral for Nutrition support with a MUST score of 0 or 1 (low to medium).

Service Information and Updates

Waiting times are currently 12-15 weeks for a routine appointment.



Clinics are held at Shrublands Health Centre, Northgate Hospital, Beccles Hospital (Inc. Minsmere Ward) and Kirkley Mill Surgery.

Advice & Guidance

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

- Patients being referred for any of the following as their main reason for referral are unlikely to be accepted and written information will be provided if appropriate: Constipation; Diverticular Disease; Gall stones; Gout; Healthy eating with a healthy BMI; Impaired Glucose Tolerance; No added salt; Reflux/hernia; Pre-diabetes at a healthy weight.

Clinical question

 Advice & Guidance Request
 ECCH Internal Advice & Guidance Request


eReferral

We aim to triage all referrals within one working day of receipt of the referral. The urgency of the referral is assessed at triage.

- Urgent - Initial assessment within 2-4 weeks.
- Routine - Initial assessment will be within 18 weeks.

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

Reason for Referral

 eReferral

ECCH Community Services E-referral Template

Patient

Name: _____ NHS Number: _____

ECCH Community Heart Failure

ECCH Community Heart Failure



[Home](#)

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

Who we see

- Over 18 years with a confirmed diagnosis of heart failure by Echocardiogram.

Services we provide

- Advice and Guidance on heart failure management and medications.
- Initial comprehensive heart failure patient assessment, management plan for patient and referring health professional.
- HFpEF (Diastolic) One face to face assessment with ongoing management plan to GP.
- HFrEF (Systolic) support with optimisation and titration of evidence-based heart failure medications.
- Loop diuretic management.
- Patient education on heart failure diagnosis, self-management, and monitoring.
- Education for health care professionals.

Who we don't see

- Acute heart failure needing urgent intervention.
- Arrhythmias.
- Patients with an eGFR below 20 unless under the care of a Cardiologist.
- Amyloid or Valve disease unless receiving care or previously known to a Cardiologist

Resources

[ECCH Heart Failure Website:
https://www.ecch.org/our-services/heart-failure/](https://www.ecch.org/our-services/heart-failure/)

- 2021 ESC guidelines for diagnosis and treatment of acute and chronic heart failure
- NICE: Chronic Heart failure in adults: diagnosis and management.
- Knowledge Anglia: Dapagliflozin (Forxiga) for treating HFrEF.
- Knowledge Anglia: Sacubitril Valsartan for treating symptomatic chronic heart failure with HFrEF.
- BOC: Breathlessness Rehab Referral Form.
- Traffic Light Symptom Tool.

Referral Check List

- Echocardiogram report
- Recent ECG
- Recent blood tests: U&E, FBC, LFTs, TFTs, HbA1C, Lipids, NTproBNP.

Link:
<https://www.escardio.org/Guidelines/Clinical-Practice-Guidelines/Acute-and-Chronic-Heart-Failure>

Link:
<https://www.nice.org.uk/guidance/ng1-06>

Link:
<https://www.knowledgeanglia.nhs.uk/L-inkClick.aspx?fileticket=ha4zGYckiN-Q%3D&tabid=913-&portalid=1&mid=-2043>

Link:
<https://www.knowledgeanglia.nhs.uk/L-inkClick.aspx?fileticket=dwP1tvxe%3D&tabid=89&portalid=1&mid=->

ECCH Only

Service Information and Updates

- Within 2 - 3weeks.
- Home visits.
- Clinic.
- Telephone.

Advice & Guidance

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

Response within 5 working days.

Clinical question

Advice & Guidance Request

ECCH Internal Advice & Guidance Request

continued on next page

ECCH Community Services E-referral Template

Patient

Name: _____ NHS Number: _____

ECCH Community Heart Failure (continued)

eReferral

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

Reason for Referral


eReferral

ECCH Community Services E-referral Template

Patient

Name: _____ NHS Number: _____

ECCH Bladder & Bowel Service (Continence)

ECCH Bladder & Bowel Service (Continence)



[Home](#)

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

Who we see

- 4-19 year olds with additional needs who have continence problems. (These children may have learning difficulties or physical disabilities).
- Non housebound catheterised patients will attend the clinic for routine catheter changes.
- Adults with continence problems.

Who we don't see

- Under 4. Children who do not have additional needs. These should be referred to Local Health Visitor (HV is linked to patient surgery) or Children's Community Nursing Team, JPUH, 01493 453965 Monday to Friday
- Red flag problems such as change of bowels or suspected urological cancers should be referred to the appropriate service.

Services we provide

- A Continence assessment will be carried out on each patient referred and a treatment and management plan will be developed.

Referral Check List

- Where appropriate a MSU or urinalysis should be carried out prior to referral.
- Fluid chart may be appropriate to establish the type of incontinence and ensure appropriate referral.


Service Information and Updates


- Current Wait Time for Assessment: 2 weeks.
- Referrals are triaged on the day referral made; some assessments will be carried out on the telephone depending on availability.
- Care home or home visits are offered where needed.
- Clinic appointments offered to non-housebound.
- Clinics held at John Grant and the Warren School.
- Treatments are offered for people with overactive bladder and stress incontinence.
- Management strategies are offered for adults with functional incontinence.

Advice & Guidance

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

Clinical question

 [Advice & Guidance Request](#)

 [ECCH Internal Advice & Guidance Request](#)

eReferral

All referrals triaged by clinicians and prioritised according to clinical need.

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

Reason for Referral

 [eReferral](#)

ECCH Community Services E-referral Template

Patient

Name: _____ NHS Number: _____

ECCH Falls & Frailty

ECCH Falls & Frailty



[Home](#)

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

Who we see

- Patients over the age of 18, who:
 - o Have had a minimum of 2 falls in 12 months.
 - o Have been identified as frail and at risk of falling.
 - o Have a diagnosed ear condition and at risk of falling.
 - o Will benefit from vestibular rehabilitation.
- Patients residing in their own homes, residential and Nursing homes.

Who we don't see

- Patients where alcohol or drug dependency are the primary problem.
- Patients who have acute health or social care needs that require urgent assessment or ongoing monitoring or support.
- Patients who require emergency intervention.

Services we provide

- Holistic assessment including medication, cognition, continence and nutritional reviews.
- Home hazard assessments.
- Strength and balance assessment and exercise prescription.
- Equipment and assistive technology assessment and provision.
- Vestibular assessment and rehabilitation.
- Onward referral to other services as appropriate and signposting.

Resources

[ECCH Falls & Frailty Website:
https://frailty.ecch.org/](https://frailty.ecch.org/)

Falls & Frailty Prevention Leaflet

Referral Check List

- Falls history: dates of fall, characteristics, and frequency.
- Is there an identified reason for the falls, e.g. frailty, balance, weakness, dizziness?
- Are there any identified environmental factors contributing to the falls? Did the patient have a Long Lie after the fall? Please detail any injuries sustained as a result of the fall.


Service Information and Updates


- Telephone triage & Home visits
- Wait times 2 weeks currently for routine, Urgent with 3 – 4 working days
- Team available Monday to Friday 8.30 to 4.30

Advice & Guidance

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

Clinical question

 Advice & Guidance Request

 ECCH Internal Advice & Guidance Request


eReferral

- Referrals will be triaged within 5 working days. Aim to see all patients within 2 weeks following triage.
- For same day or next day referrals please refer to

[Primary Care Home](#)

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

Reason for Referral

 eReferral

ECCH Community Services E-referral Template

Patient

Name: _____ NHS Number: _____

ECCH ME / CFS

ECCH ME / CFS



[Home](#)

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

Who we see

Patients with a diagnosis of Myalgic Encephalomyelitis (ME)/Chronic Fatigue Syndrome (CFS).

Services we provide

- Assessment.
- Diagnosis.
- Management.
- Support.
- Advice & Education.

Referral Check List

Referrals can only be actioned if basic blood screening has been carried out to exclude causes other than ME/CFS. These tests should include:

- Urinalysis for protein, blood and glucose.
- Full blood count.
- Urea and electrolytes.
- Liver function.
- Thyroid function.
- Erythrocyte sedimentation rate or plasma viscosity.
- C-reactive protein.
- Random blood glucose for children, HBA1C for adults.
- Serum creatinine.
- Screening blood test for gluten sensitivity.
- Serum calcium.
- Creatine kinase.
- Assessment of serum ferritin levels.

Service Information and Updates


- Individual appointments or group programmes.
- The team consists of GPwSI, Occupational Therapists and Physiotherapists.
- Wait times: aim to see within 18weeks


Advice & Guidance

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

If diagnosis is unclear please discuss via Advice & Guidance.

Clinical question

 [Advice & Guidance Request](#)


 [ECCH Internal Advice & Guidance Request](#)

eReferral

Please do not refer patients who you are considering for a Fibromyalgia diagnosis

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

Reason for Referral

 eReferral

ECCH Community Services E-referral Template

Patient

Name: _____ NHS Number: _____

ECCH Integrated Community Neurology

ECCH Integrated Community Neurology



[Home](#)

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

Who we see

Patients with a diagnosed neurological condition.

Services we provide:

- We work as a team made up of Physiotherapists, Occupational Therapists, Neurology Nurse, Assistant Practitioners and Rehabilitation Assistants. Patients are seen in clinics or home environment.
- Each specialist service will offer person centered supported treatment and self-management tailored to their specific neurological condition.
- For long term conditions we offer long term support from diagnosis to palliative stages.

Referral Check List

- Confirmed neurological condition.
- Current condition/symptoms/mobility .
- Social history.
- Can they attend clinic or require a home visit?

Note: Neurology Nurse referrals **must have** a definite diagnosis of Parkinsons (including PSP, MSA & CBD), Multiple Sclerosis or Motor Neurone Disease and a confirmation letter attached to the patient record.

Service Information and Updates

- Due to new ways of working for long term conditions on review we will be offering phone reviews as the first line of contact if suitable, if a face-to-face need is identified this will be booked in appropriately.
- The service works Monday to Friday within working hours.
- Double clinician visits are available if required.

Advice & Guidance

For advice on suitability of the service for patient needs.

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

Clinical question

[Advice & Guidance Request](#)

[ECCH Internal Advice & Guidance Requ...](#)

eReferral

- All referrals triaged by clinicians and prioritised according to clinical need.
- All urgent equipment needs be eReferred to

[Primary Care Home Therapy Services](#)

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

Reason for Referral

[eReferral \(Nurses\)](#)

[eReferral \(Therapies\)](#)

ECCH Community Services E-referral Template

Patient

Name: _____ NHS Number: _____

ECCH MSK Physio

ECCH Physiotherapy - Musculoskeletal



[Home](#)


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

Who we see

- Patients 12 years plus
- Musculoskeletal related complaints.

Who we don't see

- Children under 12 years.
- Neurological conditions i.e. MS, MND (refer to _____).
- Stroke (refer to _____ or _____ if less than 2 years.
- Gynaecological conditions (refer to Pelvic and Maternal Health Physiotherapy team JPUH, 01493 452378)
- Continence issues (refer to _____).
- Mobility issues at home (refer to _____).
- Complex foot issues (refer to _____).
- Drop-in service for walking aids etc, an e-referral must be completed.

 [Advice & Guidance ECCH MSK Physio Service](#)

[ECCH Primary Care Home](#) [ECCH Neurology](#)

[ECCH Neurology](#)

Services we provide

- Rapid access to advice and education.
- Assessment and treatment.
- Direct referral to MSK Triage if required
- Bespoke rehabilitation programs
- Classes
- 1:1 gym sessions
- Manual therapy
- Health coaching to support behavioural change
- Ante and post-natal rehabilitation.
- Home visits for post-operative rehabilitation only

[ECCH Continance](#)

[ECCH PCH Therapies](#)

[ECCH MSK Podiatry](#)

Referral Check List

- Is patient motivated to engage with rehabilitation?
- Is the patient aware their first contact with physio may be via phone?
- Have red flags been suitably considered/ screened?
- Is pain relief optimised?
- Orthopaedic home visit requests – Is the patient truly housebound with an MSK or orthopaedic-related complaint (i.e., post-op)?

Resources

[ECCH Physiotherapy MSK Website: https://physio.ecch.org/](https://physio.ecch.org/)

- Information and exercises for most common MSK-related disorders.


Service Information and Updates


- Please encourage patients to self-refer via <https://physio.ecch.org/>.
- All new referrals are triaged within 24-48 hours.
- At present, the majority of our MSK physiotherapists cannot refer directly for imaging. If imaging is required, we will request this via a SystemOne task.

Advice & Guidance

- Please ensure your query is specific and clear. We will aim to respond appropriately within 48 working hours. You will be notified by task when a response has been sent. Clinical details will be documented in the clinical journal under the community tab.
- Consider using our website as a resource for information/ exercises

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

continued on next page

ECCH Community Services E-referral Template

Patient

Name: _____ NHS Number: _____

ECCH MSK Physio (continued)

Reason for Referral


eReferral

ECCH Community Services E-referral Template

Patient

Name: _____ NHS Number: _____

ECCH Podiatry

ECCH Podiatry



[Home](#)

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

Who we see

- High risk of foot ulceration (use referral matrix).
- Acute and chronic foot wounds.
- Ingrown toenails.

Who we don't see

- Acute cellulitis? (Refer to JPUH Ambulatory Unit – 01493 453775 open Mon to Friday 8am – 8pm and weekends 8am - 7pm).
- MSK foot problems (refer to _____).
- Nail cutting.
- Low risk callus and corn reduction.
- Verrucae (use referral matrix, signpost to ECCH podiatry website & private podiatry).

[ECCH MSK Podiatry](#)

Services we provide

- Assessment of the high risk foot.
- Foot wound care.
- Toe nail surgery.
- Multidisciplinary Diabetic Foot Clinic.

Referral Check List

- History of complaint with specific concern.
- Vascular and neurological status.
- Diabetic status and management plan.
- Current prescribed antibiotics.
- Photographs of problem will assist triage.

Resources

[Matrix for patients with Diabetes](#)

[Matrix for patients without Diabetes](#)

ECCH Podiatry website:
<https://podiatry.ecch.org/>

New Podiatry Pathway


Service Information and Updates


- Routine referrals managed within 4 weeks.
- Urgent referrals managed within 5 working days.
- Current wait time: 10 weeks.
- Service offered at Beccles, Shrublands, Kirkley Mill and Northgate.

Advice & Guidance

- Use Advice and Guidance if you are not sure if your patient meets referral criteria.

Clinical question

 [Advice & Guidance Request](#)


 [ECCH Internal Advice & Guidance Request](#)

eReferral

Some referrals may be discharged/declined if information does not meet referral compliance or referrer is just asking for a foot check.

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

Reason for Referral

 eReferral

ECCH Community Services E-referral Template

Patient

Name: _____ NHS Number: _____

ECCH MSK Podiatry

ECCH Podiatry - Musculoskeletal



[Home](#)

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

Who we see

Mobile adults and children from age 5 with biomechanical foot problems such as heel pain, metatarsalgia, ankle pain, clawing of toes where there is no fixed deformity, tibialis posterior tendon dysfunction, pes planus if symptomatic.

Who we don't see

- Housebound patients
- Diabetic ulcers (*Refer to*)
- Nail surgery/ingrowing toenails (*Refer to*)
- Patients that require callous/corn removal will need to seek private treatment (*See*)
- We do not provide footwear or footwear modifications (*Orthotics, JPUH, 01493 452330 - Monday to Friday*)
- Currently we do not do steroid injections (*Orthopaedic Dept, JPUH, 01493 452295 - Monday to Friday*)

[ECCH Podiatry](#)

[ECCH Podiatry](#)

[HCPC Website:
https://www.hcpc-uk.org/](https://www.hcpc-uk.org/)

Services we provide

- Gait assessment
- Bespoke insoles/orthotics
- Exercise therapy for foot problems
- Footwear advice

Referral Check List

- Weight bearing x-rays if midfoot pain.
- If suspect mortons neuroma then get ultrasound scan to confirm.
- Intoeing is normal development in children up to age 6.

Resources

[ECCH Physiotherapy Website:
https://physio.ecch.org/](https://physio.ecch.org/)

[Royal College of Podiatry Website:
https://rcpod.org.uk/](https://rcpod.org.uk/)

[Health & Care Professions Council Website:
https://www.hcpc-uk.org/](https://www.hcpc-uk.org/)

Service Information and Updates


- Wait times approximately 18 weeks.
- Consultation methods Face to Face. (Kirkley Mill - Lowestoft only. All other sites are temporarily closed until further notice)


Advice & Guidance

- Footwear advice
- Plantar Fasciitis

Response within 10 working days

Clinical question

 [Advice & Guidance Request](#)

 [ECCH Internal Advice & Guidance Request](#)

eReferral

All referrals triaged by clinicians and prioritised according to clinical need.

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

continued on next page

ECCH Community Services E-referral Template

Patient

Name: _____ NHS Number: _____

ECCH MSK Podiatry (continued)

Reason for Referral


eReferral

ECCH Community Services E-referral Template

Patient

Name: _____ NHS Number: _____

ECCH Smokefree - Norfolk

ECCH SmokeFree - Norfolk



[Home](#)

Please scroll down on the right hand side to access available eReferral buttons.

Who we see

- Norfolk Adults (18yrs and over) who smoke tobacco
- Norfolk Young People (12-18yrs) who smoke tobacco

Who we don't see

- Adult or young people who reside outside of the Norfolk area.
- Non-Smokers who have vaped for over 12 weeks and who have not been supported by Smokefree Norfolk* (Please visit our website in the resources section for guidance).
- Non-smokers who have used Nicotine Replacement therapy for over 12 weeks and who have not been supported by Smokefree Norfolk* (Please visit our website in the resources section for guidance).

*Smokefree would however discuss the next steps for them to take.

OneLife Suffolk:
<https://onelifesuffolk.co.uk/services/stop-smoking/>

Services we provide

- Smoking Cessation Clinics (Telephone, video and Webinar)
- Advice on habit and behaviour change with smoking
- 12 week vape scheme
- Stop smoking medications on prescription (does not include the vape scheme)
- Very Brief Advice Training
- Community Practitioner Smoking Cessation (Level 2) Training

Referral Check List

For patients with a severe mental illness (SMI):

- Have you considered the medication the patient is currently taking and the possible impact of stopping smoking and/or stop smoking therapies?
- Do you have any recommendations to make?

Resources

ECCH Smokefree Norfolk website:
<https://www.smokefreenorfolk.nhs.uk/>

ECCH Smokefree Norfolk email:
<mailto:stopsmoking@ecchcic.nhs.uk>

Please ensure the above is populated along with any additional comments in the 'Reason for Referral' box below prior to making a referral.

Service Information and Updates

- Smokefree Norfolk will respond to the referral within 2 working days
- The Engagement Team will telephone the client and then triage them into the most appropriate cessation service. (This will be either Smokefree Norfolk or a Pharmacy which has a Community Practitioner service available).
- Champix is unavailable with no replenishment date

eReferral

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

Reason for Referral



eReferral

Patient

Name: _____ NHS Number: _____

ECCH Speech & Language Therapy

ECCH Speech & Language Therapy



[Home](#)

Please scroll down on the right hand side to access available eReferral buttons.

Who we see

Adults with swallowing and communication difficulties over the age of 18 years.

Services we provide

Dysphagia:

Comprehensive assessment of swallow safety regarding food and fluid consistencies, Safe swallowing recommendations and advice to reduce aspiration and choking risks, Instrumental assessment (videofluoroscopy) as indicated, Quality of life and capacity discussions relating to eating and drinking, Education to patients, family members and carers.

Communication:

Standardised and informal assessment of speech and language difficulties acquired in adulthood, Advice and strategies to support communication between patients and their communication partners, Targeted and functional communication therapy, Self management plans and onward referrals to other agencies, Provision of personalised low-tech Alternative Augmentative Communication (AAC), Support with voice banking.

Dysfluency:

No current service provision.

Voice:

Remote service only, provided by telephone or video consultation.

Further Information

Further information relating to the 'Referral Checklist' and 'Who We Don't See' sections can be accessed by clicking the below link

[Further Information](#)

Resources

ECCH Speech & Language Therapy Website:
<https://www.ecch.org/our-services/adult-speech-and-language-therapy/>

IDDSI:
<https://iddsi.org/>

Stamma:
<https://stamma.org/>

Parkinsons:
<https://www.parkinsons.org.uk/>

Different Strokes:
<https://differentstrokes.co.uk/>

MS Society:
<https://www.mssociety.org.uk/>

Stroke Association:
<https://www.stroke.org.uk/>

MND Association:
<https://www.mndassociation.org/>

Headway:
<https://www.headway.org.uk/>

MSA Trust:
<https://www.msatrust.org.uk/>

Service Information and Updates

All parts of the service may be offered through telephone, video call or face to face appointment at a clinic or the patient's home. We do not have an urgent/rapid response service, therefore if you have significant and urgent concerns regarding a patient's swallowing, you must consider whether hospital admission is more appropriate.

We currently have a significantly longer waiting time than usual due to a backlog of referrals received during the time in which our service was closed at the beginning of the COVID-19 pandemic, and due to ongoing reduced staff capacity. We aim to see all patients within 18 weeks of referral.

Current waiting times:

Dysphagia assessment – approx. 5 months.

Communication assessment – approx. 2 months.

Swallow assessment – 2 months via video consultation, 8 months in person (clinic / home visit)

The Referral Checklist gives examples of referrals that Speech & Language Therapy may or may not be able to support. It is not an exhaustive list. If, after reading this list, you are still unsure please contact ECCA on 01493 809977 or access@ecchcic.nhs.uk.

eReferral

Who we don't see

- Adults with head and neck cancer including tracheostomies.
- Symptoms of reflux.
- Dysphagia associated with dysmotility or impairment of the oesophagus or stomach.
- Adults (over 18s) who require more specialist support associated with a learning disability.
- Adults with mental health associated swallowing or communication needs associated primarily with a mental health condition.
- Routine care and retrospective reviews where there is no clinical change.
- Retrospective reviews if diet/fluid upgrade has been instigated by a non SLT.
- Suspected thrush or other infection causing reduced eating/drinking.
- Difficulty swallowing tablets/medication only.
- Poorly fitting dentures or poor dentition is resulting in difficulty chewing.
- End stage dementia where food/fluids are being refused.
- Adult already feeding at an acknowledged risk of aspiration.
- Where the primary concern is weight loss.
- Where dyslexia is suspected.
- Communication difficulties related to hearing loss.
- Patients with Bell's Palsy.
- Adults who have capacity to make choices about their own health and have declined (refused) SLT input.
- Adults with a diagnosis of dementia referred for communication therapy.

Referral Check List

Referrals for the following will usually be appropriate and will be ACCEPTED at TRIAGE.

Referrals must be made by one of the following: Doctor, Advanced Nurse Practitioner (ANP), Specialist Neurology Nurse, Matron, Speech and Language Therapist.

- Communication referrals – Is an open referral system.
- Swallowing or communication difficulties associated with neurological/neuro-muscular conditions.
- Frequent coughing and choking on food/fluids.
- Recurrent chest infections or pneumonia where aspiration is suspected as the cause.
- Weight loss connected to the above.
- Speech or language difficulties.

ECCH Community Services E-referral Template

Patient

Name: _____ NHS Number: _____

ECCH Speech & Language Therapy (continued)

Reason for Referral

 eReferral

ECCH Community Services E-referral Template

Patient

Name: _____ NHS Number: _____

ECCH Tissue Viability

ECCH Tissue Viability



[Home](#)

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

Who we see

- Patients 18+ years
- Patients with non healing complex wounds
- Patients requiring a pressure ulcer prevention assessment which may include providing pressure relieving equipment with no open pressure ulcers or referral wounds and are not known to PCH services but may be referred from the GP practice.

Who we don't see

- Diabetic foot ulcers (refer to _____).
- Pressure ulcer assessments for patients with open pressure ulcers are known to the Primary Care Home.
- Patient with no open wounds to the lower limb for APBI / Doppler assessment or to measure for compression hosiery with no open leg ulcer.

[ECCH Podiatry](#)

Services we provide

- **Tissue Viability Nurse Specialist**
 - o Specialist advice and assessment for acute or complex wounds including leg ulceration, pressure ulcers, trauma or acute for Nursing homes, GP practice and ECCH.
 - o Access to the wound care shadow formulary.
- **Tissue Viability Assistant Practitioner**
 - o Assessment for the prevention of pressure ulcers with no open wounds.
 - o Training for care homes for prevention of pressure ulcer.
 - o Training for care homes for prevention and treatment of skin tears.

Resources

[Knowledge Anglia - Great Yarmouth & Waveney: https://www.knowledgeargents.nhs.uk/KMS/GreatYarmouthandWaveney.aspx](https://www.knowledgeargents.nhs.uk/KMS/GreatYarmouthandWaveney.aspx)

- Tissue viability website to be completed

Referral Check List

- Referrals from ECCH require a recent wound assessment and photographs.

Service Information and Updates


- We are not an urgent service, triage is within 3 working days.
- Contact referrer within 7 working days


Advice & Guidance

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

- The Tissue Viability clinical service will respond to notify you with a task when the journal has been updated to provide guidance on the query requested.
- If the patient requires further assessment and intervention by the specialist team we will notify you accordingly.

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

continued on next page


ECCH Community Services E-referral Template

Patient

Name: _____ NHS Number: _____

ECCH Tissue Viability (continued)

Reason for Referral


eReferral

ECCH Wheelchair Services

ECCH Wheelchair Services



[Home](#)

Please scroll down on the right hand side to access available eReferral buttons.

Who we see

- Patients with long term physical disabilities which affects their mobility
- Patients over 36 months registered with a Great Yarmouth & Waveney GP

Services we provide

- Assessment for and provision of powered and non powered wheelchairs
- Specialist wheelchair seating for complex needs
- Technical advice to users and their family/carers
- Provide and promote postural management
- Pressure relief guidance

Referral Check List

- Height
- Weight
- Current mobility- indoors, outdoors
- Goal for wheelchair use
- Type of wheelchair required
- Can they attend clinic

Service Information and Updates

The service is available between 8:30am and 4:30pm Monday to Friday (excluding bank holidays)

eReferral

For exceptional case outside criteria please contact service for advice.

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

Reason for Referral


eReferral

Who we don't see

- Rehabilitation only – on wards or in the community - Red cross or acute.
- Static seating – wheelchairs not suitable alternative for static chair / sofa.
- Electrically Powered wheelchairs for outdoor use only.– private purchase.
- Electrically Powered wheelchairs attendant controlled only - Private purchase.
- In Care Home for general portering use only. Care homes should provide generic chairs.
- School – education.
- Work – employer.
- Under 36 months – standard commercially available equipment.
- Outside GY & Waveney GP see own GP.

Resources

Guide for wheelchair provision in care homes:
<https://www.ecch.org/media/hg0nwakt/guide-for-wheelchair-provision-in-care-homes.pdf>

Avoiding pressure ulcers in wheelchairs:
<https://www.ecch.org/media/4ey0rk3/avoiding-pressure-ulcers-in-wheelchairs.pdf>

ECCH Community Services E-referral Template

Patient

Name: _____ NHS Number: _____

Diabetes Referral Criteria

ECCH Specialist Diabetes

Referral Compliance



[Back](#)

Procedure requested Please indicate what missing tests have been requested using the pencil icon.

Diabetes Referral Criteria view cannot be shown when previewing a template

Patient

Name: _____

NHS Number: _____

Speech & Language Therapy Referral Criteria

ECCH Speech & Language Therapy

eReferral - Further Information



[Back](#)

Referral Check List

The following lists give examples of referrals that Speech & Language Therapy may or may not be able to support. It is not an exhaustive list. If, after reading this list, you are still unsure please contact ECCA on 01493 809977 or access@ecchcic.nhs.uk.

Referrals for the following will usually be appropriate and will be ACCEPTED at TRIAGE.

* Swallowing referrals must be made by one of the following: Doctor, Advanced Nurse Practitioner (ANP), Specialist Neurology Nurse, Matron and Speech and Language Therapist.

* Communication referrals – Is an open referral system.

* Voice referrals – must have been assessed by ENT within 6 months of referral.

- Swallowing or communication difficulties associated with neurological /neuro-muscular conditions.
- Frequent coughing and choking on food/fluids.
- Recurrent chest infections or pneumonia where aspiration is suspected as the cause.
- Speech or language difficulties e.g. aphasia, apraxia of speech, dysarthria or communication and / or swallowing difficulties where advice has been followed but the client's presentation has changed i.e. a significant improvement/deterioration in their communication.

Who We Don't See

- **Adults with head and neck cancer** including tracheostomies (refer to the head and neck SLT team at NNUH).
- **Symptoms of reflux:** dry mouth or throat, globus (feeling of lump in throat), habitual throat clearing, hoarse voice, dry cough after eating and through the night, heartburn/chest pain or indigestion. Consult GP re medication advice and/or referral to Gastroenterology or ENT.
- **Dysphagia associated with dysmotility** or impairment of the oesophagus or stomach presenting as regurgitation, feeling of food sticking in the oesophagus, or vomiting as their primary symptom with no co-existing oro-pharyngeal difficulties. Consult GP re medication advice and/or referral to Gastroenterology or ENT.
- **Adults (over 18s) who require more specialist support** associated with a learning disability.
- **Adults with mental health associated swallowing or communication** needs associated primarily with a mental health condition including phobias, pica (eating non- food items), eating disorders.
- **Routine care and retrospective reviews** where there is no clinical change -e.g. a request for SLT following Continuing Care review, funding reviews or change of care home where there is no clinical change or new need. Continue with recommendations from most recent SLT report / advice.
- **Retrospective reviews if diet/fluid upgrade has been instigated by a patient with capacity** or a non SLT and the outcome is successful and being monitored. An upgrade means increased texture of food and /or reduction of thickener in drinks. The responsibility for swallow safety and management for this patient would no longer sit with SLT.
- **Suspected thrush or other infection with reduced eating/drinking** associated with this. Consult GP and only contact SLT if there are difficulties swallowing after the infection have cleared.
- **Difficulty swallowing tablets/medication** only ie able to manage food and drink. Request a medication review with GP/pharmacist to seek advice regarding alternatives.
- **Poorly fitting dentures or poor dentition is resulting in a difficulty chewing.** This is not a swallowing problem. Consider trying softer foods as able and seek dental advice.
- **End stage dementia where the adult is refusing/spitting out food,** holding food/fluids in mouth for a long time or chewing for a long time and needing prompts to swallow or spitting out bits/lumps in their food with no other signs of swallowing difficulties.
- **Adults already feeding at an acknowledged risk of aspiration** and a decision has been made that they are deemed as unsuitable for non-oral feeding.
- **Where the primary concern is weight loss, altered appetite, and reduced oral intake,** complete the Malnutrition Universal Screening Tool (MUST) and refer to Dietetics for a score of two or more.
- **Where dyslexia is suspected** (developmental dyslexia as opposed to acquired reading/writing difficulties post-stroke).
- **Communication difficulties related to hearing loss.**

Patient

Name: _____ NHS Number: _____

Matrix without Diabetes

Podiatry matrix for patients without Diabetes



[Back](#)

Medical risk Podiatric need	High medical risk - D Neuropathy + PVD together Scleroderma, Rheumatoid or related inflammatory arthropathies Neurological disorders Renal dialysis / replacement Immunosuppression	Moderate medical risk - E Neuropathy or PVD Warfarin / unstable INR	Low medical risk - F No relevant medical history Osteo-arthritis Poor vision Physical problem (e.g. reaching feet) Learning disabilities Warfarin (stable INR)
High Podiatric need - 1: Ulceration Infection	NHS TV Specialist Podiatry Manage to resolution Active treatment plan Advice SOS contact details	NHS Core Podiatry / TV Specialist Podiatry Manage to resolution Active treatment plan Advice SOS contact details	NHS Core Podiatry Manage to resolution (wound/infection) Short course of treatment to resolution (e.g. nail surgery) Self-care where appropriate Advice
Moderate Podiatric need - 2: Symptomatic (pain) or significant Corns Callous Nail pathology Major deformity not accommodated in a normal shoe	NHS Core Podiatry Active treatment plan to reduce risk of progression and reduce podiatric need Advice SOS contact details	NHS Core Treatment plan with aim to reduce need.	Self-care / private care Self-care advice
Low Podiatric need - 3: Minor / non-symptomatic callous / corns Nail Care Minor deformity with symptoms / risk managed with non-specialist appliances / good off the shelf footwear	Self-care / private care Self-care advice	Self-care / private care Self-care advice	Self-care / private care Self-care advice

ECCH Community Services E-referral Template

Patient

Name: _____ NHS Number: _____

ECCH Leg Ulcer Clinic

ECCH Leg Ulcer Clinic



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

[Home](#)

Who we see

Non housebound patients with a lower limb wound present for the past 6 weeks.

Who we don't see

- Housebound patient with lower limb wound. Refer to
- Patients who are not suitable for compression therapy / treatment. – housebound refer to _____, non housebound – GP.
- Patient with foot wounds. Refer to

[ECCH Primary Care Home \(Nursing Services\)](#)

Services we provide

- Full leg ulcer assessment and diagnostic doppler studies.
- Wound assessment to include Wound dressing.
- Plan of care.
- Compression therapy to include bandaging, wraps and hosiery.
- Washing of lower limbs.

[ECCH Primary Care Home \(Nursing Services\)](#)

[ECCH Podiatry](#)

Referral Check List

- Full set of observations.
- Medical history.
- Weight.
- Recent Hb, glucose and HBA1C if diabetic.
- Does the patient requires an interpreter or BSL interpreter.
- Allergies/ sensitivities.
- Physical mobility.
- Has the early intervention pathway been followed?
- Ulcer history, duration, location dimensions, current treatment frequency of dressing changes, previous dressings tried.
- Previous compression therapy and any associated problems.
- Other referrals made in relation to leg ulceration.

Resources

- Tissue Viability Specialist nurses.
- Podiatry.
- Leg ulcer pathway.
- Early intervention pathway.
- Emollient formulary.
- Wound care formulary.


Service Information and Updates


- Wait times: Within 4 weeks as per pathway.
- Consultation methods: Face to face.

Advice & Guidance

Patient verbal education, Venous Leg ulcer leaflet, Problematic lower limb wounds, For advice and management of compression bandaging, Advice on possible infection, Exudate management.

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

 [eReferral](#)