Quick Guide for Hospital Referrers - Community Offer for Adults Requiring Enhanced Clinical Support at Home

Primary Care, LCH, LTHT, ASC, Third Sector have come together to support adults who no longer require hospital based acute clinical management and who can be managed safely at home (including where their home is a care home) focusing on:

- Covid +ve patients that are deemed a low risk of deterioration, please apply clinical judgement for those who are who are stable after day 14+ and require oxygen at 2L or less
- Patients approaching EOL +/- a Covid-19 diagnosis and their preference is to die at home
- Patients living with frailty
    - Patients **NOT** displaying signs of an Acute medical / surgical emergency, e.g. overdoses / poisonings, alcohol withdrawal / intoxication, sepsis, seizures, allergic reactions, eye conditions / change in vision, suspected significant injury after a fall / trauma, diabetic ketoacidosis or hyperosmolar hyperglycaemic state, stoke/ TIA, venous thromboembolism (VTE) and myocardial infarction

Leeds Community Offer

The following clinical management options post discharge or admission avoidance:

- Clinical response within 2 hours if required (for rapid Neighbourhood Team referrals)
- Active clinical monitoring by Advanced Clinical Practitioners including clinical observations e.g. pulse oximetry
- Timely access to consultant advice and guidance including Palliative Care
- Rapid access to diagnostics e.g. bloods, U&Es, radiology
- Clinically assisted provision of sub cut fluids (normal saline only)
- Home oxygen if required
- Intravenous therapies (CIVAS)
- Non pharmacological respiratory support (e.g. breathing techniques)
- Support at home e.g. personal care, medicines administration
- Care and support delivered over 24 hour period if required
- Onward / joint management to existing community services based on need including admission to Community Bed if required

The plan of care would be agreed with the patient following discussions with the relevant professionals e.g. Community Matron, GP, consultant.

How to make a referral:

- Please use the existing LCH referral routes to the Neighbourhood Teams using the new LCH referral form held on PPM+
- Virtual Ward (Frailty) referral can be made via SPUR on 0113 376 0369 - select option 2 (new referral); between 8am-4pm; 7 days a week
- If in doubt please call **SPUR by phone on Tel 0113 3760369**
- Community Respiratory Team & Virtual Respiratory Ward Mon-Friday 8:30-16:30 Tel 0113 8434200

Links to clinical management guidance for Covid-19 and Frailty held

https://www.leedsccg.nhs.uk/about/covid-19-primary-care/resources-for-professionals/leeds-older-people-with-frailty-and-covid-19-enhanced-care-at-home-pathway/