# Referral to Living Well Services at Blythe House Hospice

**Criteria for referral**
Adults can be referred into the Living Well Services at Blythe House with a diagnosis of cancer at any stage or with any other advanced life-threatening non-malignant disease, where the complexity of the illness or issues arising from the illness need the day services of a specialist supportive and palliative care team.
Referrals can be facilitated by

- Health or Social Care Professionals
- Self referral

**Referral process**
A referral form should be completed by a health or social care professional.
It is essential that documentation of consent to referral is agreed and ticked on the form.
Completed forms can be returned by fax or sent to Blythe House.

Individuals self referring can contact Blythe House or the Macmillan Information & Support Centre at Blythe House by email, telephone or drop in visit between 10am - 4pm, Monday -Thursday.

**What can individuals be referred for?**
Issues arising may be related to physical, psychological, social and/or spiritual problems that affect the person's ability to adapt, rehabilitate, manage or live with their condition or the impact and consequences of the disease or treatments. Issues may also be existential requiring advanced communication skills, interventions or psychological support and advanced care planning.

**How are referrals prioritised?**
A multi-disciplinary team (MDT) discusses referrals every Tuesday morning at the weekly triage meeting and prioritises them according to the complexity of problems presented:

- **High priority referrals:** the client(s) are contacted within one week and invited to assessment within this time frame if mutually convenient for the client(s). Where clients self referring are a high priority they may be offered advice and support at the time of referral and/or directed to other health professionals to manage symptoms or maintain their wellbeing and safety.

- **Medium priority referrals:** the client(s) are contacted within one week and invited to assessment within two weeks of this date.

- **Low priority referrals:** the client(s) are contacted within one week and invited to assessment within three weeks of this date.

nb: Any variances on the above are identified and documented in the client's notes.

New referrals are allocated a Living Well Service key worker who is a trained Registered General Nurse. The key worker contacts the client to arrange a mutually convenient appointment for an initial holistic needs assessment to take place, which will take approximately one hour. Clients are able to negotiate with their key worker an individual programme of support to address the issues for which they have been

referred. Clients may attend for this assessment with a relative, friend or carer if they wish. Health professional referrers and the client's GP are advised of acceptance into the Living Well Services and requested to provide an up to date medical history including recent diagnosis.

**How do clients access the Living Well Services?**
Clients are allocated a specific day, Tuesday, Wednesday or Thursday, to attend the Living Well Services depending on their level of need and availability.
They may attend for their specified day, half a day, or purely for 1:1 appointments.
This will be discussed at their initial assessment and can be flexible according to need.
In some instances 1:1 appointments may have to be arranged on alternative days as some services e.g. physiotherapy and acupuncture, are only available at specific times.

Reassessments take place between key workers and their clients on a regular basis, usually six-weekly. This is to ensure that the individual programme is addressing issues as planned or responding to any changing needs.

There is no charge for services except for self-selected lunches. In some circumstances volunteer transport may be available to support attendance.

**Discharge**
The length of time that clients attend the Living Well Services at Blythe House can vary as programmes of support are individual to a client's needs. However, Blythe House is not a long stay facility. Any clients accessing services for more than six months are discussed and reviewed on a monthly basis at the weekly triage meeting.

The ethos of the Living Well Service model is one of recuperation, rehabilitation and self management therefore if, on reassessment, it is identified that the programme of support has achieved the required aims and objectives, and/or alternative long term support is required, discharge planning is discussed and a negotiated discharge date agreed.

Clients from the Tuesday and Wednesday services can, if they choose, be referred on to the 'Moving On Programme' that provides the opportunity to attend a monthly two-hour Living Well support group over a period of six months. The group discusses aspects and challenges of discharge from the Living Well Services and continues practice to support self management skills.

Clients attending the Living Well Day service on Thursday can, if they choose, be referred into the Stepping Stones support group, which takes place on alternate Mondays, 11am -1pm, at Blythe House.

**Re-referral**
If, after discharge, clients experience problems associated with further diagnosis, recurrence, metastases, relapse or advancing disease, re-referral can be initiated.

**Blythe House Eccles Fold Chapel-en-le-Frith High Peak SK23 9TJ**
**Email: info@blythehouse.co.uk**
**Tel: Blythe House: 01298 815388 Fax: 01298 814744**
**Tel: Macmillan Information & Support Centre: 01298 875080**