

## **Eligibility Criteria for Specialist Palliative Care for Adults in Bradford, Airedale, Wharfedale and Craven (BAWC)**

These are general eligibility criteria for the specialist palliative care services in BAWC. Individual teams or hospices may develop more detailed criteria for some of their activities. Our aim is always to be flexible and sensitive to the needs of individual patients and those important to them.

### **Eligibility criteria for referral to specialist palliative care services**

- The patient has active, progressive and usually advanced disease for which the prognosis is limited (although it can be several years) and the focus of care is quality of life.

### **AND**

- The patient has one or more of the following needs which are unmet:
  - Uncontrolled or complicated symptoms.
  - Specialised nursing/therapy requirements.
  - Complex psychological/emotional issues.
  - Complex social issues.
  - Difficult decision making about future care.

### **How to refer**

Referrals are normally made by health or social care professional colleagues but self-referral (by patients and those important to them) is possible. Self-referrals are discussed with the primary health care team.

Electronic referrals to the hospices and community teams (preferred method) should be made via the EPaCCS template in SystmOne

Written referrals may be made using the Common Referral form, downloadable from the Palliative Care Managed Clinical Network website:

<http://www.palliativecare.bradford.nhs.uk/Documents/Common%20Referral%20Form%20Revised%20Oct%202014.pdf>

Action on a referral depends on its priority and the availability of resources. Each referral is discussed with the referrer and the professionals currently involved in the patient's care. Either advice is given or an assessment planned. Following assessment the need for continuing involvement of the team and the appropriate level of intervention will be negotiated with the patient, those important to them and professionals involved.

## Discharge Criteria

Individual teams will have discharge criteria for patients whose condition stabilises and no longer have specialist needs.

Reason for discharge to be recorded on SystemOne.

## Eligibility criteria for hospice inpatient admission

The general criteria for referral to specialist palliative care services need to be met. The reason for an admission will then usually fall into one of the categories below. It is important to realise that the specific needs of patients and those important to them are frequently changeable; hence, the need for continuing hospice inpatient care is routinely assessed at weekly intervals.

- **Care for people thought to be in the last days of life**
- **Symptom control / Assessment / Reassessment / Rehabilitation:** where the patient's physical, social, psychological or spiritual problems have proved difficult to manage.
- **Crisis Respite:** e.g. for carer fatigue/illness or breakdown of care package.

Respite care is an imprecise term used in a variety of ways. Crisis Respite Care in a hospice is more likely to be appropriate when the prognosis is short i.e. weeks or months. Those with longer prognoses and/or whose condition is stable are often more appropriately offered respite care in a care home setting. **Due to the limited number of beds, the Hospices are unable to provide regular respite or booked holiday respite**