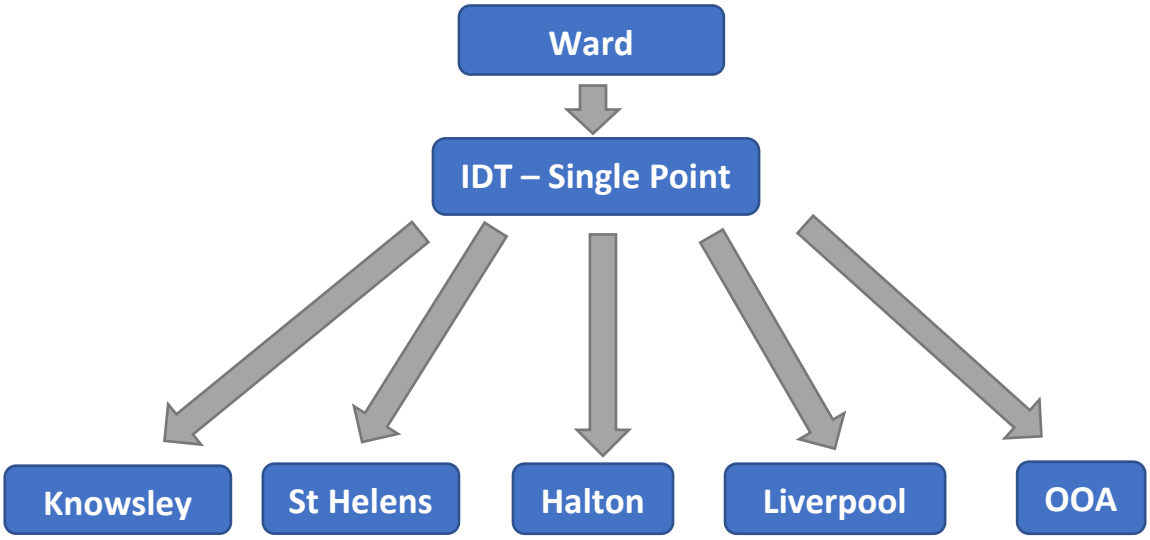
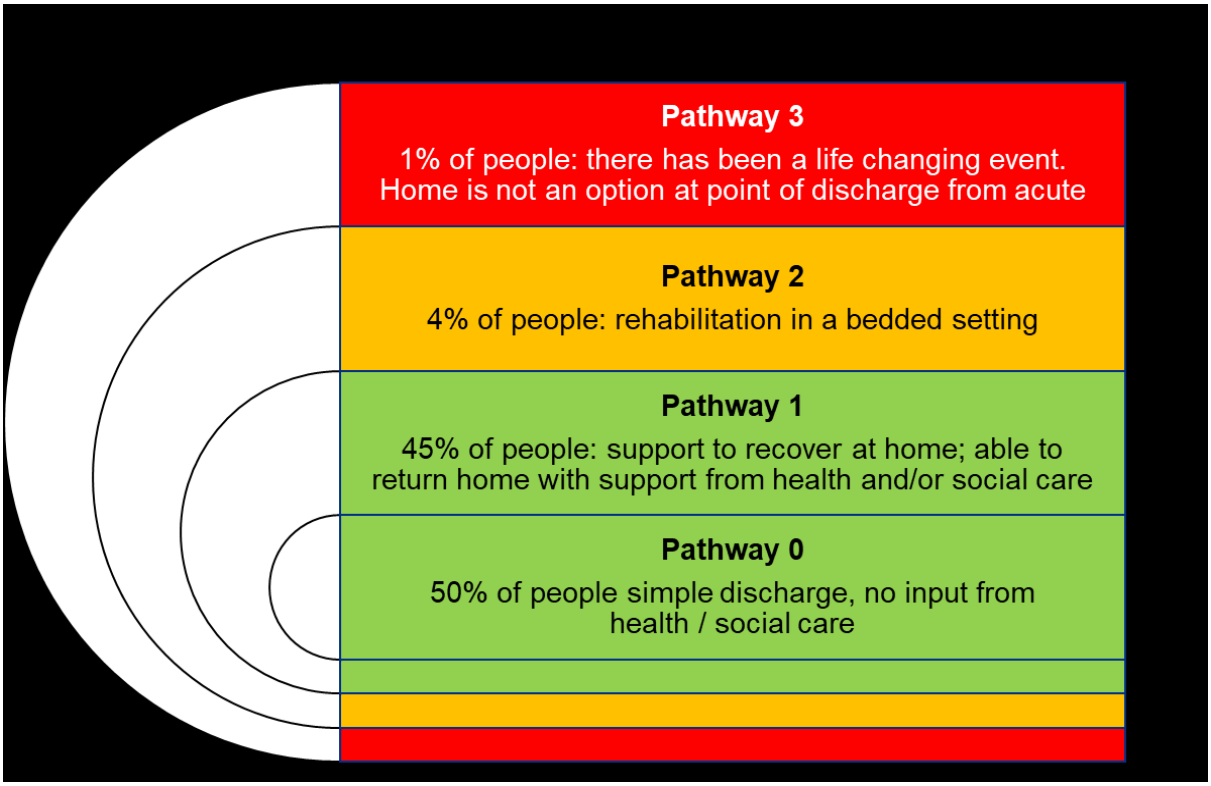
Integrated Discharge Process – Contact Cares SPOC

This process supports Whiston and the Intermediate Care Units.

Overview of Process:



- IDT Clerical will receive Section 2 and forward as appropriate.
- IDT Clerical will receive second notification of immediate discharge and Pathway determined by the ward and Boroughs notified
- IDT will act as the Single Point of Contact
- Discharge Tracking Lists (DTL) are to be received at 10.00 am and 1.00pm and 10.00 am Saturday and Sunday.



- We have received the mobile phone numbers for the Discharge Coordinators to enable easier access to direct ward information. The Trust have been given the VIP Rostrvm number to bypass the usual call queue.

- The ward will determine which pathway is relevant for each patient based on the vulnerability guidance adapted below:

Pathway
Identification Tool (Li

- Utilising the Discharge Referral Form:

160620 Hospital
Discharge Referral Fo

Pathway 0 – All patients will be given a leaflet which is already available on the wards to advise people how to seek help if needed once discharged. The numbers for each borough will be on the leaflet. The Acute Trust may follow up vulnerable patients.

Pathway 1 – For all other boroughs notified by IDT as above at both notification points and will mobilise their teams:

HALTON:

- **Discharge facilitated by IDT- For Halton Social Care and OT referrals – Initial Assessment Team (adult social care) email IAT and 0151 511 7676**

- **Halton Health Pathway – below.**

Pathway 1 for Health referrals in Halton

- **District Nurse Referrals**

- bchft.widnesDNservice@nhs.net
- bchft.runcornDNservice@nhs.net
- bchft.HaltonoohDNservice@nhs.net

  Day DN services Mon – Fri - 9-6

  Out of hours DN service is Mon – Fri- 6pm -8am and all day weekends and bank holidays

- **Frailty referrals-** Team operational Mon – Fri 8am – 8 pm in pandemic – normally Mon – Fri 9-5

  bchft.HIFS@nhs.net

  Tel - 0151 495 5291

- **Community matron referrals –** Team operational Mon – Fri 9-5pm
- **bchft.widnescommunitymatrons@nhs.net**
- **bchft.runcorncommunitymatrons@nhs.net**

- **Learning Disability matron referrals (whole of Halton)**

  Telephone referrals through 0151 4955302 – Mon – Fri 9-5

- **Macmillan referrals**

  The contact number for the team is 01928 714927. This number is covered daily from 09:00 - 17:00 and messages left at the weekend are picked up regularly.

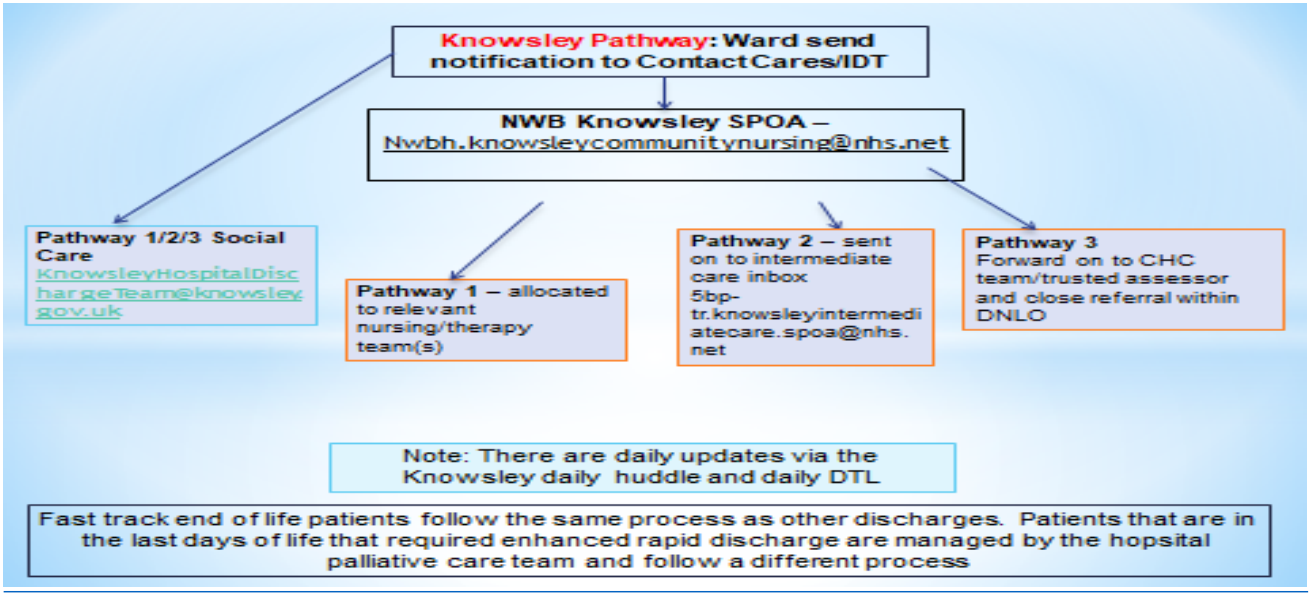
- bchft.haltonspct@nhs.net Mon – Fri 9-5pm

- **Halton Treatment rooms** tel number - 08081961425
- Halton patients (with a Halton G.P.) to ring up **themselves** direct to make an appointment. Medication administration forms can be emailed from contact cares to the treatment room email inbox and any pertinent discharge info that would need to be uploaded to the patient records on EMIS for any patients that are going to ring up e.g a referral form detailing removal of sutures etc. The call center in

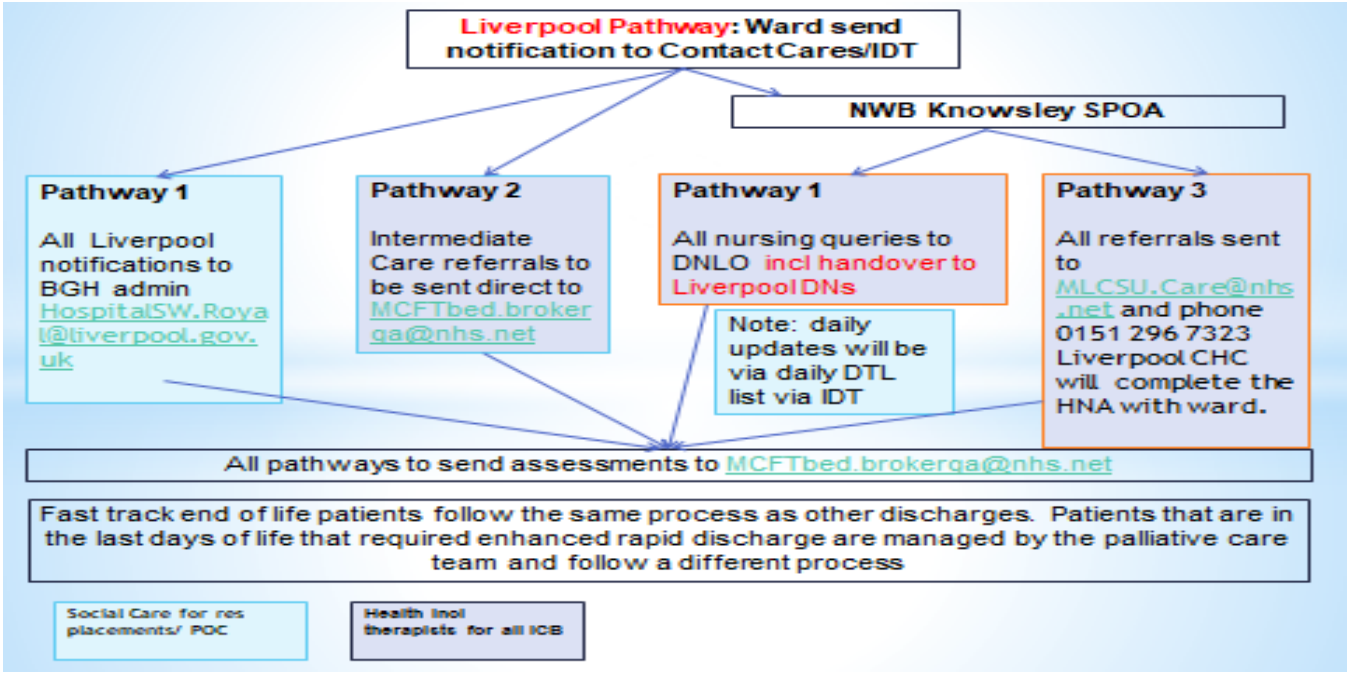
Halton will not ring the patient to offer an appointment as they do not have the capacity to do so, the patient needs to ring up themselves.

- bchft.treatmentroomhalton@nhs.net

KNOWSLEY: KnowsleyHospitalDischargeTeam@knowsley.gov.uk



LIVERPOOL:



ST HELENS:

- Discharge facilitated by IDT
- Social care needs identified referred to Contact Cares
- Routine and End of Life (DNLO) will go through the usual pathway once it is referred to Contact Cares by IDT.
- For St Helens Health referrals requiring a Community Matron to triage for therapy or a matron CC Managers please email referral to **nwbh.sthelenscommunitymatrons@nhs.net**
- St Helens Therapy referrals will be screened by MDT and forwarded to NWBH team (LWJ Team) net account - nwbh.sthcommunityphysioteam@nhs.net

Pathway 2: All Boroughs:

- Pathway 2 referrals come to IDT
- Then referred to specific Boroughs to assess appropriateness of patients and capacity
- Discussed at DTL if there is an issue with COVID status and capacity patients may move between Boroughs
- Assessment form currently differs between working towards a single form.

Pathway 3 – St Helens

- IDT to send referral to OT Trusted Assessor LAS tray at the point of the first Section 2.
- For people needing nursing/residential care the Trusted Assessor will assess.
- The IDT staff will coordinate discharge as usual.
- A contact will then be sent by the IDT staff to the Contact Cares intake tray to request a Social Work follow up assessment.

Pathway 3 – Knowsley

- Trusted assessor will place patients and will liaise on a daily basis with Knowsley Hospital Discharge Team.

Pathway 3 – Halton

- IDT refer to Initial Assessment Team (IAT) who will place patient.

Pathway 3 – Liverpool

- IDT will refer to bed brokerage

N.B - This process is a work in progress and will be reviewed on a monthly basis and/or if there are significant changes to processes in the Early Supported Discharge Strategic Group.

Please note: Telephone numbers and email addresses in this document are for professional use and not to be shared with the General public.