How can I make a referral?

Request a referral form by emailing Macmillan.Barnsley@swyt.nhs.uk or by using the Barnsley BEST Portal (https://best.barnsleyccg.nhs.uk). Email your completed referral form to the single point of access team: rightcarebarnsleyintegratedspa@swyt.nhs.uk

For Trust community services, referrals can be made to the service via an internal corridor referral on the NNS unit or via e-referral for services not on the NNS unit. To enable the service to process and prioritise referrals, all referrals should include all appropriate information to help the team to triage.

What happens when a referral is received?

All referrals are reviewed the next working day and triaged. We currently work to the following response times:

Crisis (within 2 hours) - Firstly, contact the Macmillan CNS covering the Duty Line to seek advice and discuss.

Urgent – contact within 24 hours (usually telephone consultation initially)

Planned – contact within 7 days

Provision of proactive care – 7 days plus

Please indicate the most appropriate response time on the referral form. If you're unsure, please contact the duty line to discuss before sending the referral.

If you are making an urgent referral this should be discussed with the duty Macmillan community nurse specialist (CNS) prior to sending. Please call 01226 644575 and ask to be put through to the duty Macmillan CNS.

The community Macmillan specialist palliative care team is a multi-professional team and as such referrals will be allocated to the most appropriate member / members of the team. This may not always be a clinical nurse specialist. The service offers different levels of intervention.

Level 1: Signposting, education or telephone / written advice for professionals

Level 2: Support and education for other professionals, often includes a one-off joint visit

Level 3: Complex needs – short term specialist management

Level 4: Complex needs – ongoing specialist involvement

Discharge from the service

A person is usually discharged from the service when they meet the following criteria:

- Their and their family's needs can be met by their usual care team who have access to specialist support if required
- They no longer wish to have input from the service
- They move area. Accessing their new local service will have been discussed and enabled if required, and any necessary handover arrangements made.

We have a discharge process in place, and if a patient is discharged, they will receive a letter along with a card containing contact details.

Useful numbers and services

- BEST Barnsley https://best.barnsleyccg.nhs.uk/
- South West Yorkshire Partnership Teaching NHS Foundation Trust staff intranet https://swyt.sharepoint.com/
- PALLCALL 01226 244244
- Barnsley integrated community equipment service 01226 645400
- iHeart (out of hours GP) 01226 242419
- Barnsley Hospital 01226 730000

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NHS
South West Yorkshire Partnership Teaching
NHS Foundation Trust

Adult community Macmillan specialist palliative care service

Referral guidance for healthcare professionals

For guidance or to discuss any referrals:

Call 01226 644575 and ask to speak to the community palliative care team duty line which is covered by a Macmillan palliative care clinical nurse specialist.

Available Monday-Sunday, 9:15am-4:45pm

In collaboration with

WE ARE MACMILLAN. CANCER SUPPORT

With all of us in mind.

What is palliative care?

Generalist palliative care

Palliative care is the care of patients with advanced progressive illness, providing pain management and psychological, social and spiritual support. All health and social care professionals should provide generalist palliative care within the limits of their knowledge, skill and competence.

Specialist palliative care

This focuses on quality of life for people with progressive life-limiting illness from which they will die, and meeting needs that cannot be met by their core care team. These needs may be physical, psychological, social and/or religious or spiritual. Examples include complex symptoms, rehabilitation or family situations and ethical dilemmas regarding treatment and other decisions.

This care is provided at expert level by a trained multi-professional team to manage persisting severe or complex issues. It also provides specialist education to other professionals.

The community Macmillan specialist palliative care team includes clinical nurse specialists who are aligned to each neighbourhood. Care homes and the community hospital are supported by dedicated clinical nurse specialists in palliative care. The team also has specialist allied health professionals (AHPs) consisting of a physiotherapist, specialist social worker, an occupational therapist, and a dietician. These are standalone posts and cover the whole of Barnsley.

Outpatient appointments and home visits with palliative medicine consultants can be arranged on an individual basis where required.

Referrals

Who can make a referral?

Referrals to the community Macmillan specialist palliative care team can be made by any appropriately trained health or social care professional.

When to refer?

Referral to the community Macmillan specialist palliative care team can be considered for any patient with a life-limiting illness with complex need or whose level of needs is considered to be beyond the scope of the current care team. The service can be offered alongside treatment as determined by the treating team if appropriate.

The service is accessible to adults (aged 18 or over) with advanced, progressive, incurable conditions. This includes people who are palliative and need our services at any point in their palliative journey, as well as those who are likely to die within 12 months and who are approaching the end of their life. The service also supports their families, carers and other people important to them.

The patient must have consented to the referral with an understanding of the role of the community Macmillan specialist palliative care team, or a best interest decision made in the absence of capacity.

Some examples of referrals would include:

- Uncontrolled complicated symptoms
- Complex emotional issues involving family, children and carers
- Difficult decisions around withholding or withdrawing care – this may include advance decisions to refuse treatment, complex best interest discussions
- Difficult and complex last days of life care

Signposting to other services

To ensure that the patient is seen by the right professional at the right time, your patients may also benefit from additional / alternative referrals to:

- **Adult Social Care** – for care packages if not eligible for CHC funding 01226 773300
- **Continuing Health Care (CHC)** – for guidance of funding and fast tracks 01226 433634
- **RightCare** – for emergency care placement 01226 644575
- **Welfare Rights Barnsley** – for benefits grants and blue badge 07809 103254 or 07741 168743
- **Community NHS Supportive Care at Home Team** – for night support visits and long term condition respite 01226 644575
- **Barnsley Hospice** – for inpatient admission, counselling services and support sessions 01226 244244