

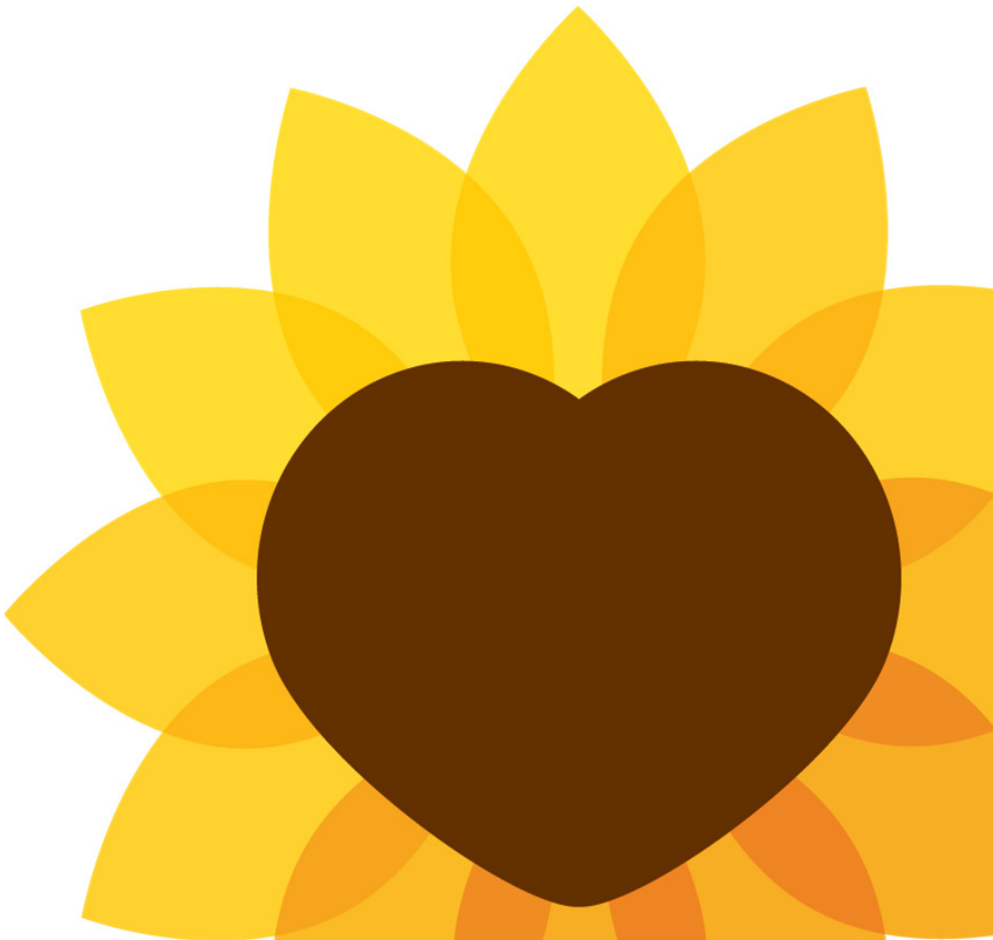


**East Cheshire
Hospice @Home**

Here when you need us most

East Cheshire Hospice @Home

An introduction for healthcare
professionals



Hospice @Home

The aim of East Cheshire Hospice @Home is to complement existing community services, working in collaboration with health & social care providers to support patients and families facing end of life. Hospice @Home will facilitate patient choice, allowing them to be cared for and to die in their preferred place preventing unwanted hospital/hospice admissions.

Hospice @Home aims to deliver an equitable service for terminally ill and frail patients and their families and carers. The service provides short term practical and emotional support, with rapid and planned response to enhance quality of life and reduce crisis.

We will share records with other health professionals via EMIS web and keep in regular contact with care co-coordinators.

Patients will access the service through:

- Any healthcare professional
- Referral from hospital
- Care Home and Nursing Home (advice & support only)

Referral criteria

To access the service, patients should:

- Be over the age of 18
- Agree to the referral
- Have life limiting illness with a non-reversible deterioration
- Have an identified need for Hospice @Home
- Have an end of life plan in place
- Ideally be on practice GSF register.

How to refer

Referral form: eastcheshirehospice.org.uk/how-to-refer

Email: cmicb-cheshire.echospiceathome@nhs.net

Services & Criteria

Referrals accepted from SPCT/GP/DN/OT/PT/Community Matron/IDRT/
Discharge Liaison/East Cheshire Hospice

Rapid Response - Patients who are in the last 3 months of life

Service Offering - Urgent care needs
Symptom management
Psychological support
Care after death

How to Refer - HCP's complete H@H referral form and send to H@H NHS email

Day Service - Patients who are in the last 3 months of life and appropriate for CHC Fast Track

Service Offering - Planned packages of Care (including/excluding Night Sits).
Commissioned by PCiP, delivered by ECH H@H.

How to Refer - HCP's complete CHC Fast Track documents including Fast Track, Fast Track Care Plan and Consent, sent directly to H@H NHS email.

Carer Break - Patients in the last 6 months of life

Service Offering - Ad hoc/Infrequent care needs
Carer breaks

How to Refer - HCP's complete H@H referral form and send to H@H HNS email

Night Sits - Patients in last 3 months of life requiring no additional package of care (night sits only)

Service Offering - Planned Night Sits, Commissioned by PCiP, delivered by Marie Curie.

How to Refer - HCP's complete Marie Curie Referral form and send directly to H@H NHS email.

Service Operating hours

The Hospice @Home service is based at East Cheshire Hospice, Millbank Drive, Macclesfield, SK10 3DR.

Co-ordinator

& Team Lead: Monday to Friday 9.30am - 5.30pm

Rapid Response: Monday to Friday 9pm - 8am
24/7 weekends & Bank Holidays

Day service

& Carer Breaks: 7 days per week 7.30am - 9.30pm

(Please note, these times may change as the service progresses, to ensure it continues to meet the ongoing needs of patients and families)

Prioritisation

A RAG system is used to prioritise referral:

P1	<ul style="list-style-type: none">• Rapid change in condition• Complex uncontrolled symptoms• Last hours/days of life• Carer crisis• Rapid discharge	<p>Response to referral same day.</p> <p>Attendance response as soon as capacity allows based on clinical assessment.</p>
P2	<ul style="list-style-type: none">• Deterioration in last days/ weeks of life• Potential carer breakdown foreseen• Support whilst awaiting care package• Carer respite	<p>Response to referral same day.</p> <p>Planned intervention within 24 - 48 hours if appropriate.</p>
P3	<ul style="list-style-type: none">• Not appropriate now but may need in the future	<p>Referral not accepted, referrer informed/ may be placed on hold</p>

Discharge

Patients supported by Hospice @Home will be assessed regularly at the East Cheshire Palliative MDT. Positive changes in circumstances may result in discharge from the service. Patients can be re-referred if condition changes.