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**Ashgate Hospice Physiotherapy Referral Criteria**

**Please note the primary care team will remain the key workers for the patient. Once patient needs are assessed as stable (low complexity) by the Physiotherapy team they may be discharged to their primary care team and/or signposted to another hospice service for ongoing support and management.**

1. Patients who are 18 and over and registered with a GP from NHS Derby and Derbyshire CCG (North Localities).
2. Have an active progressive advanced disease with a limited prognosis and the focus of care is palliative, rather than curative intent.
3. The patient has consented to:

a) The referral

b) Sharing clinical records/information

NB If the patient does not have capacity to consent then the referral must indicate that a decision has been made in the patients’ best interest according to the Mental Capacity Act. Please indicate who is acting as the patients advocate/main carer.

1. External referrals will only be accepted from Healthcare Professionals.
2. The urgency of triage and response will be decided by the Physiotherapy team based on the information provided. The referrer is required to complete the referral form fully. Any missing information on the referral form may lead to the referral being declined and delays in patient care.

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| --- | --- | --- | --- |
| Response Mon-Fri 8.30-4.30 | Emergency/Urgent | Deteriorating | Routine |
| High Complexity | Medium Complexity | Low complexity |
| 0-2 days (including emergency response of 4hrs) | 5 days | 10 days |

1. Referrals will be accepted to the Physiotherapy team for the following:

**Complex Physiotherapy needs**

* Crisis following hospital discharge and admission avoidance at end of life
* Acute breathlessness or sputum retention / patient struggling to clear secretions
* High risk of mechanical falls and (indoor and outdoor) mobility issues
* Complex moving and handling needs
* Crisis avoidance
* Fatigue impacting on quality of life
* Non-pharmacological pain management
* Chronic breathless due to anxiety and/or underlying disease which is affecting quality of life
* Rehabilitation needs to maintain/improve patient function including exercise prescription and Musculoskeletal issues

**Complex home situations and advance care planning which require Physiotherapy input**

* Complex care management and family needs requiring MDT approach
* Complex physiotherapy needs impacting on psycho-social well being
* Complex advance care planning such as ADRT, best interest, DOLs, and ReSPECT which require physio expertise to facilitate ethical decision-making.