

How to make a referral

Referral can be made by any professional, patient, carer or family

Patient over 18 years and has been identified as likely to be in the last year of life

A single point of access for 24/7 advice, support and information for patients, their families, carers and professionals across Highland

PHONE PALLIATIVE CARE HELPLINE

01463 706655

Available 24 hours, 7 days per week

Professional Phoning In

Details required: name, address, CHI, diagnosis, telephone number, NOK, KIS status, DNACPR status

Patient / Carer Phoning In

Details required: name, address, NoK, telephone number

Identified as likely to be in last year of life – following conversation with patient/carer
Provide leaflet and fridge magnet to patient/carer, this will give information and details about the helpline

An update of any referral, actions taken will be provided to you through doc.man. Any clinical need will be escalated through in hours telephone to the relevant clinicians.

The Palliative Care Helpline is a single point of access for 24/7 advice, support and information for individuals their families, carers and professionals across Highland. The helpline will provide an advisory and coordination service for people identified as being in their last year of life and aims to enhance and simplify access to necessary care. This single point of access for advice, support, and information, will be available across Highland and Argyll & Bute. Our team will resolve simple queries over the phone, wherever possible, and work closely with other health and social care services to help coordinate any additional patient support or hospital/hospice admissions or discharge when required.

Criteria

- The individual is over 18 and is expected to die in the next 12 months. www.spict.org.uk
- Malignant and non malignant disease
- The individual is aware of the prognostic limitations of their disease and the service has been introduced by the health and social care professional referring them
- Resident in NHS Highland including Argyll & Bute
- Suitable for early identification of patients in last year of life you want followed up

Service Availability

- Our team is led by highly experienced nurses who will review each call before advising you on the best course of action
- Coordinator who can link to other services
- Links to:
 - Specialist clinical advice
 - Homecare Community Nursing teams
 - Marie Curie
 - Connecting Carers
 - Equipment
 - Hospice Community Team
 - Macmillan Nursing Service
- Monitor and report on unmet need

How to Refer

- 01463 706655
- Available 24 hours, 7 days per week
- If no response please leave a message with your name and number and someone will get back to you within an hour

What can we do

- A single point of access for 24/7 advice, support and information for individuals, their families, carers and professionals across Highland and Argyll & Bute
- The service will take ownership of queries to resolve these either during the call or after to co-ordinate a response and resolution
- We also work closely with NHS Highland and other health and social care services/third sector when additional support might be required
- Support patient and carer through identifying their concerns and providing support
- Co-ordination of care across 24 hour period
- Offer a Near Me video consultation
- Follow the patient up as necessary to proactively support which can
 - Prevent crisis
 - Prevent carer breakdown
 - Prevent hospital admission

Palliative Performance Scale (PPSv2)

version 2

PPS Level	Ambulation	Activity & Evidence of Disease	Self - Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity & work Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable Normal Job/Work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/house work Significant disease	Occasional assistance necessary	Normal or reduced	Full or Confusion
50%	Mainly Sit/Lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or reduced	Full or Confusion
40%	Mainly in Bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-