

**Extended Primary Care Team Single Point of Access (SPA)**

☎: 020 8709 5555

Email: [epct.spa@nhs.net](mailto:epct.spa@nhs.net) \*see note below

All Referrals will be triaged by the clinical SPA

<b>Patient/Client Demographics (all fields mandatory)</b>			
Title	Name:	NHS Number:	DOB:
Gender:			
Permanent Address:		Current/discharge address (if different):	
Post code:		Post code:	
Home phone:		Phone:	
Mobile phone:		Access details (eg key safe number, directions):	
Email:			
Ethnicity:		Interpreter required? <b>Yes/No</b> : Language:	
Named GP:	GP practice:	GP phone:	GP fax:
GP address:			
GP email:			
<b>Patient/Client Referral Details Reason for Referral (all fields mandatory)</b>			
<b>Housebound:</b>		<b>Yes/No:</b> If no, reason patient cannot access clinic-based services:	
 <b>Reason for referral.</b> Please include referrer and patient's expectations for this treatment episode.  			
<b>Treatment during admission</b> (if Acute hospital referral)			
<i>Please include as attachment any relevant assessments, medical summary, medication lists, or recent discharge summary etc</i>			

Allergies :

Current Medication:

**Advanced care planning and resuscitation status Complete if applicable.**

Does the patient have an up-to-date AUA care plan? **Yes/No:**

Has the patient made specific advanced decisions about their care (eg Advance Directive to Refuse Treatment)? **Yes/No:** If yes, please detail in *reason for referral* section above.

Does the patient have a DNACPR decision documented? **Yes/No:** If yes, location of document:

**Profession /Discipline Required Referral Urgency**

- |  |  |
|--|--|
| <input type="checkbox"/> Rapid Response                        | <input type="checkbox"/> <b>Rapid Response (within 2 hours Immediate)</b>                      |
| <input type="checkbox"/> Occupational Therapy                  | <input type="checkbox"/> <b>Urgent (24hrs)</b> <input type="checkbox"/> <b>Routine (72hrs)</b> |
| <input type="checkbox"/> Physiotherapy                         | <input type="checkbox"/> <b>Urgent (24hrs)</b> <input type="checkbox"/> <b>Routine (72hrs)</b> |
| <input type="checkbox"/> District Nursing                      | <input type="checkbox"/> <b>Urgent (24hrs)</b> <input type="checkbox"/> <b>Routine (72hrs)</b> |
| <input type="checkbox"/> Telehealth                            | <input type="checkbox"/> <b>Urgent (24hrs)</b> <input type="checkbox"/> <b>Routine (72hrs)</b> |
| <input type="checkbox"/> Health & Social Care Navigation       | <input type="checkbox"/> <b>Urgent (24hrs)</b> <input type="checkbox"/> <b>Routine (72hrs)</b> |
| <input type="checkbox"/> Other EPCT urgent (within 24 hours)   |  |
| <input type="checkbox"/> Other EPCT routine (within 72 hours)  |  |
| <input type="checkbox"/> Dressing Clinic (By Appointment only) | <a href="#">Refer to dressing clinic leaflet for clinic locations.</a>                         |

**Appointment booking Single**  
**point of Access (SPA): 0208 709 5555**

Planned Discharge date: (Acute)

Other specific date:

**Referrer's details (all fields mandatory)** (Confirmation will be sent only if nhs.net email is provided by referrer)

Date of Referral:

Name of referrer:

Role:

Organisation:

Contact telephone:

Contact email:

**Risk Assessment (all fields mandatory)**

Known to Social Services? **Yes/No:** If yes, please detail care package:

Other social care /informal care providers involved incl family?

Known risk to self? **Yes/No:** If yes, specify:

Known risk to others? **Yes/No:** If yes, specify:

Lives alone **Yes/No:**

Are there known risks to staff visiting this patient at home? **Yes/No:** If yes, specify:

Specific risks:

- Catheter in situ (include date inserted if known) Date Inserted **Planned Duration:**
- Pressure Ulcer or wound care **Select most severe grade (EPUAP):**
- Requires support with high risk medications e.g. Insulin Injection:  Adjustment of dose  Restart  Initiation
- Tinzaparin injections: Date/Time Last injection given:
- Acute exacerbations of Chronic Obstructive Pulmonary Disease(COPD)
- Client / carer concerns potentially leading to admission or crisis
- Wheelchair user
- Antibiotic therapy
- At risk of falls
- Fractures (Hip/pelvis/joint replacement) and weight bearing status
- Long Term Conditions

**Access to patient/client (all fields mandatory)**

Next of kin or other care provider:

Relationship:

Phone: Availability:

Key holder:

Is the patient/client able to open/answer the door? **Yes/No:**

Key safe/intercom? **Yes/No:** Details:

**Service Overview**

The Extended Primary Care Team (EPCT) has been developed to provide co-ordinated health care for housebound adults in Newham. The teams are multi-disciplinary, aligned to GP Practice clusters and provide a seven-day service between the hours of 8:00am and 10:00pm.

The EPCTs comprise nursing, physiotherapy, occupational therapy, health & social care navigation to offer a range of interventions for patients with healthcare needs who require support within their own homes (The District Nurse Service will only accept referrals for house bound patients). The Rapid Response team also provides medical, social care and community psychiatric nursing for enhance patients.

The EPCT will link in with other statutory and voluntary agencies to ensure care needs identified are met by the most appropriate service.