


CO – OPERATING WITH OTHER SERVICE PROVIDERS

VERSION No	3	
REVIEWED BY	Mariana Philipova	
NUMBER OF PAGES	4	

Policy Statement

This organisation is committed to a service that prioritises the resident. As a private provider there are some business activities which, from a commercial perspective, cannot be shared. In the interests of openness and clarity we detail our co-operative working practices and when we would share and exchange information.

The Policy


















The aim of this policy is to ensure that where there is more than one provider of care and support, all multi-agency partners are aware of our commitment to our residents and to assist where possible in a smooth transfer of information between multi-agency partners and other providers.

Arrangements

Occasionally situations occur where it is important to share information so that we play our part contributing to a seamless (smooth, all-in-one) service for the resident. Appropriate information should be copied and then collated into a file, which is then passed to the appropriate personnel. In order that care planning information is shared in relation to the admission, transfer or discharge of residents, and to facilitate any emergency procedures co-ordination with the minimum of distress and anxiety, we will co-operate fully with our multi-agency partners in the exchange of information.

Information Sharing

We will ensure that any exchange of information will adhere to the Data Protection requirements and will include the following as a minimum:

-  Name
-  Gender
-  Date of birth
-  Address
-  Unique identification number or reference number
-  Emergency contact details
-  Any person who acts as representative, advocate, or who holds an LPA or equivalent, with contact details where available
-  Records of care, treatment and support provided up to the date of transfer
-  Assessed needs
-  Known preferences and any relevant diverse needs
-  Previous medical history that is relevant to the resident's present needs and any relevant GP contact details
-  Any infection that needs to be managed
-  Any medicines that need to be taken
-  Any allergies the resident has
-  Reason for transferring to the new service
-  Any advanced decision and any assessed risk of suicide or homicide or harm to self and others.
-  The above information should ensure that there are no interruptions to the continuity of care, treatment and support for the resident.

Emergency Admission to Hospital Procedure

- ✚ Where possible a member of staff should accompany the resident and take with them the information detailed above. If it is not possible for a member of staff to accompany the resident then the information should be passed to the paramedic or GP. Since time is of the essence in an emergency it may only be possible to send the minimum, which should include the medical history and list of medications;
- ✚ As soon as possible the family, LPA or representative should be informed and given details of the hospital where the resident is being admitted;
- ✚ The manager or deputy manager must be informed immediately;
- ✚ Any CQC notifications should be completed and sent online to CQC;
- ✚ Any RIDDOR notifications must be made, if relevant;
- ✚ Any accident forms should be completed and signed, if relevant
- ✚ This information should be securely transferred as soon as possible in the event of it not being sent along with the medical staff or paramedics owing to the speed of the admission;
- ✚ It is essential for the nurse in charge to keep in touch with the hospital during the time the resident is in hospital and with family or LPA as appropriate;

Multi-Agency Working

- ✓ Where multi-agency working is involved the organisation will ascertain the lead person responsible for the co-ordination of the care. We have emergency and contingency plans in place pertinent to the *Civil Contingencies Act 2004*.
- ✓ This organisation is conscious of the *Data Protection Legislation*; our confidentiality policies and procedures include sharing on a "need to know" basis. The shared information will be appropriate, measured, transferred securely, up to date and relevant.
- ✓ Information is reviewed and updated using the review system.
- ✓ If information relates to a safeguarding allegation, or disclosure is in the public interest, senior management advice is sought before any information is released to ensure the release is in accordance with relevant legislation and guidance. All staff are made aware of acceptable methods of transferring information, and how important it is that the information is relevant, factually correct and omits subjective opinions, and can be shared online with the *Data Protection Legislation* and any other relevant guidance.

Consent

On admission consent form for sharing information with other service providers is signed either by the resident or their representative, as appropriate. In an emergency if for whatever reason consent cannot be obtained it is clearly recorded, including the reasons and the necessity of sharing the information. Where possible residents are aware of the information that is being transferred and are provided with a copy when requested.

Transfer Methods

If it is not possible for the information to accompany the resident then it must be transferred in a secure and safe manner afterwards; it must be securely wrapped and when using a posting method a proof of posting must be issued; the information should be receipted at the destination and the signed receipt sent back to the service provider. Where there is particularly sensitive, personal information then our courier service should be used to ensure confidentiality.

NICE Guidelines:

Older people with social care needs and multiple long-term conditions [NG 22] Published November 2015

This guideline covers planning and delivery of social care and support for older people who have multiple long-term conditions. It promotes an integrated and person-centred approach to delivering effective health and social care services. As an organisation we are working towards ensuring these guidelines are implemented, proportionate to our service, using the tools and resources available from NICE.



Transition between inpatient hospital settings and community or care home settings for adults with social care needs. NICE guidelines [NG27] Published date: December 2015

This guideline focuses on what should happen in hospital, from admission onwards and throughout someone's stay, so that their discharge isn't rushed or unplanned. The guideline, developed by the NICE Collaborating Centre for Social Care: a partnership led by SCIE, ensures people with social care needs get the support they need to leave hospital and prevent delayed discharge from care. SCIE is keen to encourage good collaboration between health and social care. People's experience of transition between hospital and home is a key indicator on how well integration is working.

As an organisation we are aware of these guidelines and seek to work with our Health partners to improve the transition between inpatient hospital settings and their individual home setting.

Training Statement

Staff are familiar with the arrangement needed to ensure any transitional arrangement between services, know where and how to access support and advice, and are aware of the type and content of information to be shared.

Related Policies

Confidentiality

Consent

Data Protection

Cyber Security

Medication

Notifications



Bendigo Nursing Home provides INTEGRATED CARE AND SERVICES by co-ordinating and collaborating with other service providers

LOCAL AUTHORITY 

- Contracts & Purchasing Team
- Service Placement Team – Referrals of New Service Users
- Financial Team
- QMT (Quality Monitoring Team)
- Safeguarding Team
- Social Services – Case Care Workers – Reviews, Assessments


NHS PCTs

- Nursing needs assessments
- Continuing Health Care Assessments
- Professionals specialising in various med. areas
- Placements
- Referrals

CQC (CARE QUALITY COMMISSION)
Regulator


BENDIGO NH

- ☑ Staff
- ☑ People who use services



Appointments, visits, requests for referrals, meds. reviews

Clinical Instructions
Best interest decisions, DNAR

DOCTORS' SURGERIES / GPs



REFERRALS

PHARMACIST



DENTIST

- NHS
- Private
- Visiting / Surgeries




OPTICIAN



EMERGENCY SERVICES

- Ambulance
- Fire service
- Police
- Infection outbreak
- Other emergency services




NHS HOSPITAL TRUSTS


- Discharge/Transfer
- Referrals
- Outpatients' Appointments
- A & E (emergencies)
- Laboratory Tests of various specimens




DIETITIAN



TISSUE VIABILITY NURSE




AUDIOLOGIST



SPEECH THERAPIST




PHYSIO-THERAPIST




OCCUPATIONAL THERAPIST



PSYCHIATRIST



DERMATOLOGIST



PALLIATIVE CARE / END OF LIFE CARE: CANCER SPECIALIST, ONCOLOGIST, MACMILLAN NURSES

