SERS (Single Electronic Referral System) Support Guide

V1 – March 29, 2020

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Useful Links

Single Electronic Referral Form (SERF)

1. What is the purpose of the form?

The purpose of this form is to create a central, up to date list of all individuals who need care or support in a Community setting across Cornwall.

This form will collect all the necessary information about the individual, their needs and where they're being referred from. The referral can then be directed to the appropriate Community Coordination Centre (CCC) for triage.

Under the new process, all referrals will be collected in a central location to ensure that we are focusing our limited resources on the people in our community that need them the most.

2. Who will fill out the form?

The form will be filled out by anyone from the below organisations that wishes to refer any individual who needs support in the community, including support in their own home and bedded care:

- 111 Helpline
- GPs
- Acute Hospital Wards
- Community Hospital Wards
- SWASFT
- Community Assessment Unit/Community OPAL
- Cornwall Council ACCESS

People will not be able to self-refer into this system.

3. When will the form be filled out?

The forms will be completed in place of existing systems for referrals into all services within the community (bedded and community support) within Cornwall, except for the following services:

- Children's Services
- Mental Health Services
- Primary Care

Wards should fill the form out as soon as they are confident in the Estimated Discharge Date. This gives the community teams the best visibility of upcoming referrals.

Whilst **SWAST** will be able to use the referral form to refer users into community settings, this will not be an immediate response service. If the individual cannot safely wait alone for community assessment, then they are not appropriate for this system and normal procedures should be followed.

4. Which services can I refer into using the SERF?

Services that are included in the community referral are:

- Home First
- STEPS
- Acute Care @ Home
- District Nursing
- CRT (Community Rehab Team)
- Community OPAL/Community Assessment Units
- Volunteer Services
- Community Matrons
- Home Care
- Community Social Work Team

Services that are included in the bedded referral are:

- Community Hospital Beds
- Hotel Beds
- Residential Home Beds
- Nursing Home Beds
- Residential EMI Beds
- Nursing EMI Beds
- Hospice Beds

The referral form will be automatically triaged to the correct organisation based on the information entered in the form.

If bedded care is selected, it will be passed to the Bed Bureau team.

If community services required, it will be passed to the local Community Response team for the individual.

5. What information is required in this form?

The table below lists out all the relevant questions in this form, with a brief description and an example for each field.

For the purpose of the form, 'individual' refers to the person who requires support.

#	Question	Description	Data Type Required

#	Question	Description	Data Type Required
1	Individual's First Name	First name of the person who needs support.	Text
2	Individual's Surname	Surname of the person who needs support.	Text
3	Date of Birth	Date the person who needs support was born.	Date
4	Sex	Sex of person who needs support.	Text
5	NHS Number	NHS number for person who needs support. If the individual does not have an NHS number (e.g. EU National), please enter **222**.	Number
6	First Line of Address	Address for person who needs care. Please only enter the first line of the address and not the full address.	Text
7	Postcode	Postcode for person who needs care. Please follow format with space included.	Text
8	Individual's Contact Number	Contact number for person who needs care.	Number
9	GP Practice	Registered GP for person who needs care. If they are not registered, or are residents outside of Cornwall, please enter closest GP practice of current address. The list includes all GPs practices registered in Cornwall.	Drop-down list
10	Current Setting	Current care setting for person who needs care.	Drop-down list
11	Current Location	Specific location of current setting for person who needs care. This may be different to their home address.	Drop-down list
12	What date will they be ready to receive community support?	Date at which person who needs care will be able to receive the care needed. This will help ensure that support can be provided at the most appropriate time.	Date
13	What time will they be ready to receive community support?	Time at which person who needs care will be able to receive the care needed. This will help ensure that support can be provided at the most appropriate time.	Time (hhmm in 24 hour clock)
14	What does this individual need help with?	In order for the triage teams to make the best decision about what sort of support the individual needs, you will need to give an indication of what they need help with. Please rank each category in line with the scale provided.	Drop-down list
15	What is this individual's Dependency Score?	A score from 1-10 for the person who needs care's level of dependency. For more information, please see the below section on Dependency Score.	Drop-down list (1-10)
16	Would you recommend this individual for bedded care?	Please state if you think that this individual is in need of a bed in one of the bedded care settings. It is important to remember that in the current climate, beds may be limited so this is not a guarantee that the individual will be allocated a bed.	Drop-down list (Yes / No)
17	Rationale for bedded care recommendation	If the person who needs care required bedded care, please enter a brief explanation as to why you believe they would need a bed. This will be used for prioritisation purposes.	Text
18	Is this individual on the stroke pathway?	Please indicate if the individual is on the stroke pathway	Drop-down list (Yes / No)

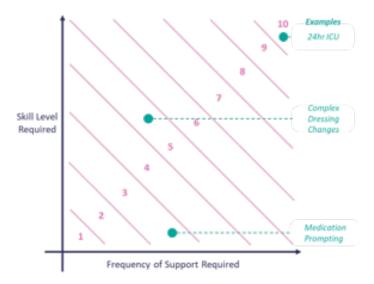| #	Question	Description	Data Type Required
19	Has this individual been tested for COVID-19?	If person who needs care has been tested for COVID-19, please select the appropriate option.	Drop-down list (Yes / No)
20	Date of Test	If COVID 19 tested, the date at which this test was carried out.	Date
21	Result of Test	If COVID 19 tested, please choose appropriate option for their test result.	Drop-down list
22	Relevant medical history	Brief description of the person who needs care's medical history. Please provide any information that you think may be relevant to ensuring the correct support is provided. This could include information such as non-COVID 19 infection information, if the individual needs a catheter or any psychological needs.	Text
23	Is the individual EoL?	Please indicate if the individual has been deemed to be End of Life	Drop-down list (Yes / No)
24	EoL information	If they are on 'End of Life', please add a brief description about this including preferred place of death and estimate lifespan.	Text
25	Does this individual have existing support that could be restarted?	Please indicate if the individual has an existing support package to be restarted.	Drop-down list (Yes / No)
26	Tell us about the individual's normal living situation. Include formal and informal support arrangements, complications in accommodation or family circumstances etc	Brief description regarding the person who needs care normal living situation, to include any support they are currently receiving. Example content could include supporting a dependent relative, any housing issues or informal support from neighbour.	Text
27	Referrer's Name	Enter your name	Text
28	Referrer's Contact Number	Enter your contact number	Number
29	Referrer's Organisation	Enter the name of the organisation that you work for	Text
30	Referrers Role	Enter your role	Text

6.   What is the Dependency Scale?

In order to help the triage teams understand what sort of support is needed within the community and to ensure that help is given to those who need it most, we have create a Dependency Scale.

When allocating a dependency score, you should think about:

1. The **complexity** of the support required, *e.g. does it need clinical knowledge?*

2. The **frequency** of the support required, *e.g. do they need to see someone everyday?*

The following diagrams show you how the scale works as well as giving some examples of the types of support that may be required.

Please note that this is not an exhausted list but rather a guide to give an idea of what types of support falls into which level.

Dependency Score	Description	Examples
1	Limited welfare support required	*Turning on Heating or Isolation Support*
2	Welfare support required	*Eating, Drinking or Food Prep*
3	Simple medical support required	*Medication Prompting*
4	Intimate personal care	*Toileting or Washing*
5	Medical support required	*Dressing Changes or Insulin Injections*
6	Decompensating long term condition	*COPD, Heart failure, Angina, Diabetes, Neurological or Dementia/Delirium*
7	High medical needs	*Acute Care at Home (cannular, assisted food)*
8	Non acute, complex medical support or Safeguarding Issue	*Palliative support at home*
9	Acute required	*24hr non Intensive Care*
10	Highest level acute care required	*24hr Intensive Care Support*

7. Example of Inputted Data

Below you can find an example of the completed questions using **example** data.

#	Question	Example Answer
1	Individual's First Name	Emma
2	Individual's Surname	Anderson
3	Date of Birth	18/10/1974
4	Sex	Female
5	NHS Number	1285758483
6	First Line of Address	2 Canterbury Road, Hawkinge
7	Postcode	NN16 9DH
8	Individual's Contact Number	0725752507
9	GP Practice	Wadebridge and Camel Estuary Practice
10	Current Setting	Nursing Bed
11	Current Location	Liskeard Community Hospital
12	What date will they be ready to receive community support?	3/30/2020
13	What time will they be ready to receive community support?	1700
14	What does this individual need help with?	Washing (not bath or shower) - Single Handed Assistance Showering/ Bathing - Single Handed Assistance Dressing - Single Handed Assistance Eating/drinking - Independent Food Prep - Single Handed Assistance Toileting - Needs Supervision Mobility - Needs Supervision Transfer - Needs Supervision Medication - Single Handed Assistance
15	What is this individual's Dependency Score?	6
16	Would you recommend this individual for bedded care?	No
17	Rationale for bedded care recommendation	N/A
18	Is this individual on the stroke pathway?	Yes
19	Has this individual been tested for COVID-19?	Yes
20	Date of Test	03/25/2020
21	Result of Test	Positive
22	Relevant medical history	Diabetes
23	Is the individual EoL?	No
24	EoL information	N/A
25	Does this individual have existing support that could be restarted?	Yes
26	Tell us about the individual's normal living situation. Include formal and informal support arrangements, complications in accommodation or family circumstances etc	Currently living with son who is a medical nurse working actively on COVID-19 response.
27	Referrer's Name	Vanessa Miller
28	Referrer's Contact Number	0725311337
29	Referrer's Organisation	Cornwall Council ACCESS
30	Referrers Role	Social Worker

NHS Kernow Clinical Commissioning Group   NHS Cornwall Partnership NHS Foundation Trust   CORNWALL COUNCIL   CORSERV

Bedded to Community Triage Form

1. What is the purpose of the form?

The purpose of this form is to support with a central repository of all referrals of individuals who need care / support in a Community setting. This form will transfer referrals from the Bed Bureau team to the relevant community team for those patients for whom a bedded setting is not appropriate. Under the new process, all referrals will be collected in a central location to best prioritise cases and speed up bed/non-bed setting allocation during the COVID-19 crisis.

2. Who will fill out the form?

The form will be filled out by the Bed Bureau Team or the local PCN teams. The PCN teams will only fill out a form if they can choose to view bedded referrals too and determine that someone could be cared for in their own home. If they do this, they will be expected to tell the Bed Bureau team directly that this is the case before completing the form.

3. When will the form be filled out?

The forms will be completed only for those referrals that have been allocated to the Bed Bureau team because the referrer has indicated that they think the individual should be in a bedded setting but for whom the decision is made that this is not the most appropriate setting. This may happen for a number of reasons:

1. The individual was never suitable for bedded setting because there needs could be better met with community support at home.
2. Beds in the bedded setting are full of individuals with a higher demand score than that of the individual.

In both these cases, the referral will be automatically passed onto the community team for triage using this form unless the Bed Bureau team believes that they can go home without support.

4. What information is required in this form?

The table below lists out all the relevant questions in this form, with a brief description and an example for each field.

For the purpose of the form, individual refers to the person who requires support.

#	Question	Description	Data Type

			Required
1	Referral ID	This can be found on the SERS dashboard.	Number
2	NHS Number	If an individual does not have an NHS number for whatever reason, the replacement number can be found on the SERS dashboard.	Number
3	Full Name of Decision Maker	Please provide your full name so that others know who to contact with any queries	Text
4	Team Making Decision	Please indicate whether you are part of the Bed Bureau team or one of the PCN areas	Drop Down
5	Reason for Decision	This will be one of the two options discussed above.	Drop Down
6	Rationale for Community Referral	Please give a brief explanation of the rationale behind deciding that the individual fitted into one of the two above categories.	Text

5. Example of Inputted Data

Below you can find an example of the completed questions using example data.

#	Question	Example Answer
1	Referral ID	74
2	NHS Number	1285758483
3	Full Name of Decision Maker	Fred Morgan
4	Team Making Decision	Bed Bureau Team
5	Reason for Decision	Individual does not need a bed
6	Rationale for Community Referral	Individual does not need 24 hour supervision and his medical needs could be met by community providers at home.

Referral Completion Form

1. What is the purpose of the form?

The purpose of this form is to help create a central repository of all referrals of individuals who need care / support in a Community setting. This form will confirm that a referral has been completed and therefore allow it to be removed from the Single Electronic Referral System (SERS). It will also allows us to see exactly where a patient has gone and when.

2. Who will fill out the form?

The form will be filled out by from the Bed Bureau Team or PCN Triage Teams who completes a referral.

3. When will the form be filled out?

The forms will be completed whenever a referral from the SERS dashboard is completed. It will be completed regardless of outcome (including the decision not to provide any support for the individual). It will not be used to transfer open referrals between teams.

4. What information is required in this form?

The table below lists out all the relevant questions in this form, with a brief description and an example for each field.

For the purpose of the form, individual refers to the person who requires support.

#	Question	Description	Data Type Required
1	Referral ID	This can be found on the SERS dashboard	Number
2	NHS Number	If the individual does not have a number, the replacement can be found on the SERS dashboard	Number
3	Name of Decision Maker	Please provide your name to allow follow up if needed	Text
4	Team Making Decision	Please confirm which team you are a part of	Drop down
5	Referral Outcome	Please list the outcome decided for the individual referral.	Drop down
6	Date of Death	If individual has passed away, please provide a date of death.	Date
7	New Referral ID	If the referral is being closed because it is superseded by a new referral, then you will need to enter the ID number of that new referral which can be found on the SERS dashboard	Number
8	Bed Type	If the outcome is the transfer of the individual to a bedded setting, please confirm which type of bed they have moved to.	Drop down
9	Is this a restart?	If choosing either a community or bed setting, please confirm whether this involves a restarting of a package of care even if additional support has been added.	Y/N
10	Does this person require a follow up assessment?	If a further follow up is required to assess the individual in the new setting, please confirm.	Y/N

11	Bed Location	Specific location of current setting for person who needs care. This may be different to their home address.	Drop-down list
12	Community Support Detail	For any individual going home with community support, please indicate which service is providing that support.	Drop down list
13	What date did this individual move to the outcome?	Please confirm the date the individual moved to the outcome chosen above.	Date
14	What time did this individual move to the outcome?	Please confirm the time the individual moved to the outcome chosen above.	Time HHMM
15	Rationale for this outcome	Please explain why the outcome was chosen for the individual	Text

5. Example of Inputted Data

Below you can find an example of the completed questions using example data.

#	Question	Example Answer
1	Referral ID	32
2	NHS Number	1285758483
3	Name of Decision Maker	Kate Moor
4	Team Making Decision	Watergate PCN
5	Referral Outcome	Home with community support
6	Date of Death	N/A
7	New Referral ID	N/A
8	Bed Type	N/A
9	Is this a restart?	No
10	Does this person require a follow up assessment?	N/A
11	Bed Location	N/A
12	Community Support Detail	CRT
13	What date did this individual move to the outcome?	23/3/20
14	What time did this individual move to the outcome?	1330
15	Rationale for this outcome	District nursing are able to cover the medical needs around their dressing

Single Electronic Referral System (SERS)

1. What is the purpose of the system?
The purpose of the System is to allow all referrals for community support and bedded care to be seen in one place rather than picked up by the individual organisations.

This visibility will mean we can make sure care gets to the individuals in the system who need it most, especially at times of extreme pressure on resources.

2. Who will use the system?

The dashboard will be used by the teams involved in triaging the referrals. This is currently the Bed Bureau team who will triage referrals with bedded setting recommendations and PCN teams for all other referrals.

3. What is the system used for?

The system gives visibility over all referrals coming into the system and therefore allows for prioritisation of individuals. It displays all referrals that are yet to be triaged as well as capturing all the onward referral data when a referral has been completed. This allows us to prioritise care for the individuals who need it most and understand what outcomes are being achieved for the individuals in the system and where we need to prioritise resources and support.

The system will not send the triage information to onward services. The process of allocating services to an individual will carry on as normal. For example, if an individual is deemed appropriate for a residential bed by the Bed Bureau, they will still have to contact the residential home directly to confirm this.

The system is an iterative one and we will be continuously developing it based on your feedback so please do email SERS@newtoneurope.com if you have any suggestions.
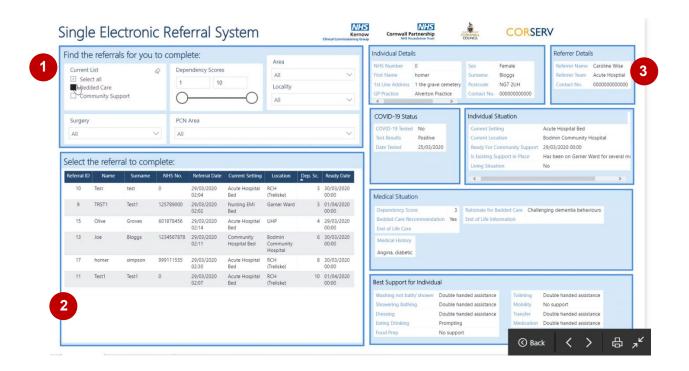
4. How do I use the system?

Referrals

There are three sections to the referrals page

1. Find your referrals
2. Select an individual
3. View their referral information

In section one, you can use the filters to see only those referrals that are most relevant to your work. The referrals can be filtered in several different ways including by type of referral, dependency score and area.

Section two will show you a full list of all those referrals that match your filter requirements. From here, you can easily scroll and find the individual that you are looking for as well as getting a sense of the demand in your area.

Section three shows you the details of an individual's referral including the individual's details and medical situation as well as details of the referrer so you can contact them directly if needed. To see the details of a referral, you just need to click on the referral in the list in section 2.
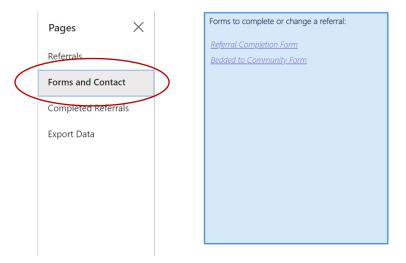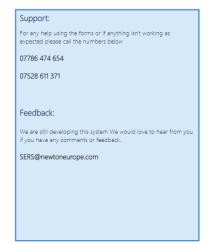

Forms and Contact

Once you have viewed the appropriate referral information about an individual and made the appropriate decisions, you will need to fill out either the Referral Completion Form or the Bedded to Community Triage Form. Both can be found by navigating to the Forms and Contact page on the left. For more information on when to use these forms, please see the sections below.
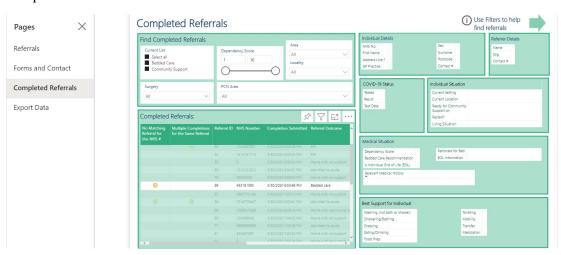
Complete referrals

This page can be used to view all complete referrals. You can use the filters on the right hand side to help you find the referral that you are looking for. An orange circle with an exclamation mark in it shows that the completed referral does not match up directly with one in the system. This may be because you have mis entered the NHS number or because there is more than one completed referral for that individual.
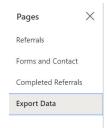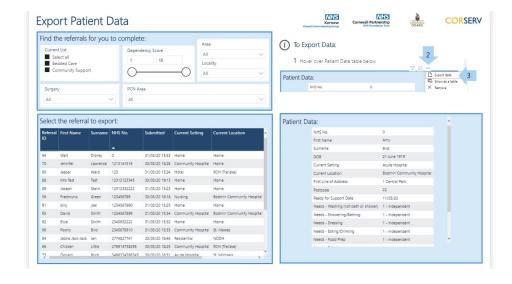

Export Data

This page can be used to export data to Excel for a patient before completing their referral if it would be useful to complete the onward referral process. It will download as an Excel file that can then be printed or uploaded into another system.

FAQs

I've filled in my form wrong. What should I do?

Contact the technical support team on SERS@newtoneurope.com or call them on *07786 474654* or *07528 611371*

How do I know where to send my referral form?

You don't need to worry about sending your form to the correct support service. The system will automatically know where to send it based on the information you enter into the form.

How do I access this form?

This form can be accessed on any device with an internet browser function including a computer or mobile phone.

What information do I need to provide?

All the fields marked with an asterisk (*) are mandatory. We would ask though that you fill in all the fields that you think hold information relevant to helping decide what is the best support for an individual.

How do I move easily between fields?

By pressing the tab key when in a box on the form, it will automatically move you to the next one which should help you fill in the form quicker.

What kind of bed is included in the bedded care setting?

Any care that cannot happen in an individual's own home. This includes all community hospital, residential, nursing, hospice, hotel and EMI beds.

Where can I enter information about an individual's current medical needs (e.g. dressing changes)?

Please use the medical history section to add any medical needs an individual may have, including psychological needs.