**About This Service:**

* This is an outpatient based rapid response service for joint decision making between primary and secondary care physicians.
* It is aimed at situations where the **health of a patient is deteriorating rapidly** and **hospital admission** may be the outcome unless there is access to diagnostics and senior clinical opinion.

**We can offer:**

* A rapid clinic review within 1 week according to need (Red on RAG rated referrals).
* A Consultant led Comprehensive Geriatric assessment (CGA)
* Access to X-ray, CT head and limited access to further CT and Ultrasound investigations.
* Access to same day blood tests
* A summary letter will be sent to your surgery by 3.00pm the following day

**\*In any situation where you feel that admission is likely, but there is some uncertainty then we encourage you to\***

**Please CALL the “Geriatrician of the Day” on 07738859048 or via NBT switchboard**

**This is answered Mon-Fri 0800-1600 pm**

For **ANY NON CLINICAL** questions, transport, changing booking or anything else:

**Please call the Rapid Access Older Persons clinic secretary on 0117 414 6005**

**Please provide a Mobile phone number or an Urgent Contact number**

**When does this service run?**

* New Patients are seen Wednesday and Thursday mornings. **N.B. the appointment may take up to four hours-Please allow a four hour transport window**

**Referral to this service is by completion of the proforma below**

**Please e mail to:**[**nbn-tr.olderpersonsrapidaccess@nhs.net**](file:///\\northbristol.local\home\Documents\nbn-tr.olderpersonsrapidaccess@nhs.net)

**Criteria for Referral**

**Frail patients most likely to benefit:**

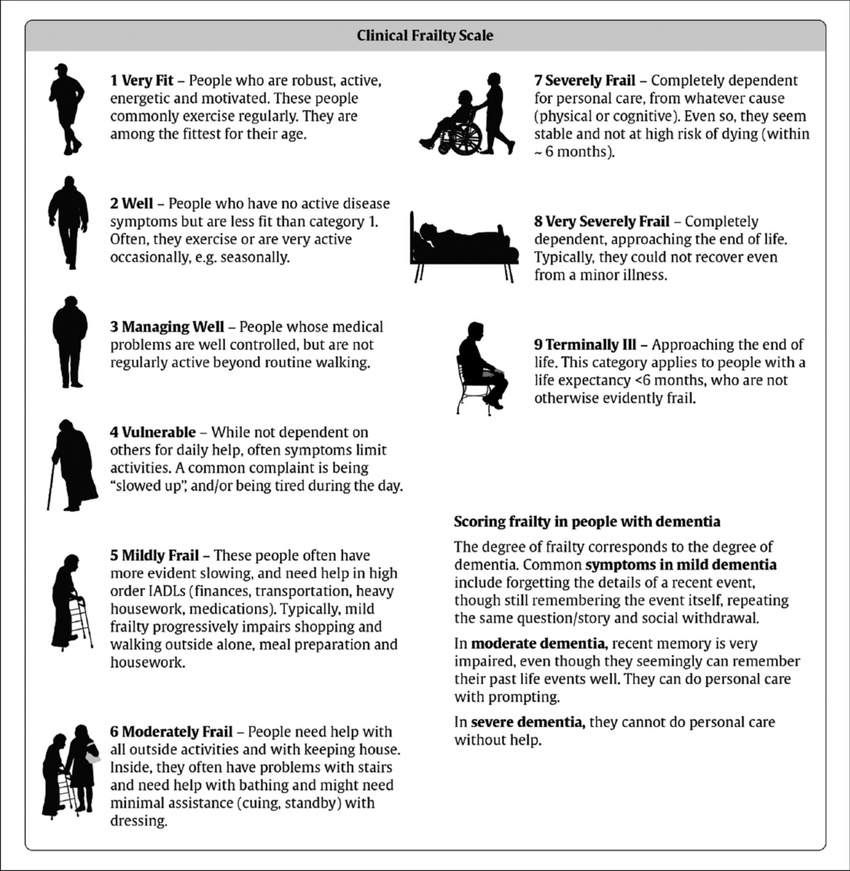
* Pathology in multiple organ systems leading to the patient deterioration.
* Medically unexplained falls/ New medically unexplained deterioration in mobility
* Acute unexplained increase in care needs
* Unexplained/unintentional weight loss in frail patient

**Which patients are eligible?**

* Patients must be over 60 years old with a clinical frailty score of 4 or over (Rockwood-see below)
* Not obviously requiring immediate emergency admission
* Social circumstances clear, no intractable social crises

**Clinical Frailty Scale score:**

**(Rockwood Frailty score)**

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**Older Person Rapid Access Referral Form**

**Please E mail this form to:** [nbn-tr.olderpersonsrapidaccess@nhs.net](mailto:nbn-tr.olderpersonsrapidaccess@nhs.net)

**Patient Details: Referral Date:** **Short date letter merged**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Patient’s Name:** | Full Name | | | | |
| **Date of birth:** | Date of Birth | | **NHS number:** | | NHS Number |
| **Address:** | Home Full Address (stacked) | | | | |
| **Home Tel:** | Patient Home Telephone | **Mobile Tel:** | | | Patient Mobile Telephone |
| **Ethnicity:** | Ethnic Origin | | | Interpreter needed  Language? | |
| **Nursing or Care Home resident:** | | |  | | |
| **DNAR form and status** | | |  | | |

**GP Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Usual GP:** | Usual GP Full Name | **Referring GP & Mobile Number** |  |
| **Practice:** | Organisation Name | **Practice Address:** | Organisation Full Address (stacked) |
| **Practice Tel:** | | Organisation Telephone Number | |

|  |  |  |
| --- | --- | --- |
| **Next of Kin** | | |
| Name: | Relationship: | Telephone |

**REASON FOR REFERRAL – Please give as much detail as possible:**

**(Please describe issues you want the clinic to address, rather than just pasting information in from clinical record)**

|  |  |
| --- | --- |
| **Main Clinical Problem** |  |
| **Please describe the clinical history and any specific** **questions you may have:** |  |