**Halton Community Matron Service**

**Referral Criteria**

The patient must have 2 long term conditions (COPD/HF/Diabetes/CVD) **AND** 2 or more of the following: -

* 3 or more admissions in the last 6 months relating to long term condition.
* 3 or more A&E attendances in last 6 months relating to long term condition.
* Recent admission >4 weeks duration relating to long term condition.

**Exclusion Criteria: -**

* Sole management of dementia, health anxiety or mental health conditions
* Drug and alcohol issues harmful to health.
* Frequent contact of GP services, not relating to LTC
* Sole social issues
* Sole completion of ACP/DNACPR and conversations surrounding this

If there are any questions about the referral criteria and you wish to discuss before completing the form, please contact us on the means below.

|  |  |
| --- | --- |
| Patient Name: |  |
| Address:  |  |
| Postcode: |  |
| Telephone no. : |  |
| Date of Birth: |  |
| NHS no.:  |  |
| Next of Kin/carer: |  |
| Next of Kin/carer contact number: |  |

|  |  |
| --- | --- |
| GP Surgery: |  |
| Telephone no.: |  |

**Reason for Referral**

**………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**Any known risks relating to patient/carer/environment:**

**………………………………………………………………………………………………………………………………**

**Has patient consented to referral:** Yes No

All referrals will be subject to assessment by the individual matron.

|  |  |
| --- | --- |
| Referrer Name: |  |
| Designation: |  |
| Team: |  |
| Email Address: |  |
| Contact No.:  |  |
| Date:  |  |

Please send completed referral teams to relevant email address:-

Widnes Community Matrons: - bchft.widnescommunitymatrons@nhs.net

Runcorn Community Matrons: - bchft.runcorncommunitymatrons@nhs.net