


How to complete the referral form – updated 12 June 2020

Before completing a referral please see our FAQ's for any eligibility or more technical questions.

They can be found here - www.nrshealthcare.com/professionals/westsussex

Once you have registered and saved your details, you can go ahead and make a referral.

Anywhere you see this  [Click for info](#) there is further information available about the field.

Those fields marked with * are mandatory and you will not be able to send the form until these are completed.

There is an automatic time-out on the form after twenty minutes of inactivity. There is a timer at the top of your screen which shows how long you have left. If the timer runs out, you will not be able to successfully make the referral.

When you first go to make a referral, this is what you will see

West Sussex Technology Enabled Care Service referral

For further information, a guide to completing this referral form and access to FAQ's for professionals, please visit www.nrshealthcare.com/professionals/westsussex.

If you still have questions or would like further information, please contact the NRS Technology Enabled Care team on [01903 948200](tel:01903948200) or tecs@westsussex.nrs-uk.net

** Required fields*

Type of Referral
Priority of Referral
Customer Details and Consent
Customer GP Details
Reason For Referral and Risks
Installation Information
Contact for Property Access and Installation and Family/Friend Carer Details
Family/Friends Carer Support (if relevant)
TEC Outcomes
TEC Benefits
Primary Support Reason
Fire and Rescue Referral For Safe And Well Check (Select all that apply)
Referrer Details

Each of the light blue headings can be expanded to show the questions within that section (as shown on the following page)

West Sussex Technology Enabled Care Service referral

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* Required fields

Type of Referral
* Type Of Referral Please select...
Priority of Referral <input type="radio"/> Standard <input type="radio"/> Urgent Click for info
Customer Details and Consent
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Some sections will have more questions than others.

It's important that where you are asked to pick just one option that you pick the most relevant/most important.

Specific information about each section

Type of referral

Type of Referral
* Type Of Referral Short Term Need Longer Term Need

Please select whether the TEC is required for short term or longer term need from the drop down.

For further information about eligibility for each category please see the FAQ's

Priority of referral

Priority of Referral [Click for info](#)

Standard
 Urgent

Fast Track basic telecare package option: ONLY to be used for hospital discharge or prevention of admission. NRS Healthcare will only install and not complete a further assessment unless you indicate the need for this below. The responder details must be completed in full to prevent delay to installation.

Telecare home unit with pendant
 Telecare home unit with fall detector

Wrist worn
 Neck cord

Smoke alarm(s)
 Keysafe

Please select whether the referral is Standard or Urgent.

- When a referral is marked as **'urgent'** and received before 1pm Mon-Fri – NRS will contact the customer and attempt assessment/installation on the same day as the Referral (or if received after 1pm it will be before 12pm the next day or
- When a referral is marked as **'standard'** NRS will contact the customer and attempt assessment/installation within two working days of the referral.
- Working days are Monday – Friday.

If you are discharging someone from hospital or require urgent TEC to prevent a hospital admission you can select some options of equipment – if you select equipment from this section, NRS Healthcare will installed what has been requested and a further assessment will not be undertaken.

Responder details **must** be completed in full.

Initially you can select *either* Telecare home unit with pendant *or* Telecare home unit with fall detector.

If you select Telecare home unit with fall detector – you will be offered the option of a wrist worn detector or a neck cord.

Only if you have selected *either* Telecare home unit with pendant *or* Telecare home unit with fall detector will you be able to choose to add on smoke alarm(s) and/or key safes.

Customer Details and consent

Customer Details and Consent

NHS ID (if known)

Mosaic

Ethnicity
White English/Welsh/Scottish/Northern Irish/British Irish

Identified Gender
Please select...

* Title * First Name * Last Name

Name they like to be called * Date of Birth (DD/MM/YYYY)
 DD MM YYYY

* Customer Address
Address line 1

Address line 2

City

Post Code

* Tenure
Please select...

Are there any additional communication needs (i.e Spoken language /interpreter or other)

* Primary Telephone number of customer

Are there any current Safeguarding Issues we need to be aware of? Yes / No (If Yes referrer needs to contact NRS on 01903 948200 asap. Referral will be unable to progress until this is received.)
 Yes No

Does Adult have capacity to consent to TEC assessment / installation
Please select...

Reported Health Conditions / Functional History (include relevant conditions affecting memory loss, wandering, falls, mobility)

* Is customer able to take action if they are informed of fire, flood, gas leak etc
Please select...

* Is the customer likely to leave home, get lost or confused?
Please select...

* Has the customer or any member of their immediate family ever served in the armed forces? [Click for info](#)
Please select...

All these details help NRS Healthcare when they come to triage and arrange assessment/installation.

We understand that you or the customer might not know all of the answers but please include as much information as possible.

It is vital that you contact NRS should there be any current safeguarding issues which we need to be aware of.

We ask whether the customer or any member of their immediate family have ever served in the armed forces as part of West Sussex County Council's commitment to the Armed Forces Covenant.

Customer GP Details

Customer GP Details
Name
<input type="text"/>
Surgery
<input type="text"/>
Tel No
<input type="text"/>

These details are not mandatory but could provide useful information for the TECS team and in the future.

Reason for referral and risks

Reason For Referral and Risks
* Details of customer's current situation (please provide a full explanation)
<input type="text"/>
* What outcome(s) or goal(s) does the customer want to achieve?
<input type="text"/>
* Outline the reason for referral including the identified risks, i.e. getting lost, ability to respond to fire, flood?
<input type="text"/>
Any suggestions of appropriate TEC Solutions you may be aware of?
<input type="text"/>

Please provide as much information as possible to help the NRS Healthcare TECS team determine the best course of action.

Suggestions of TEC will be considered but may not always be followed as the TECS team may have a greater range of products/knowledge/experience at their disposal.

Installation information

Installation Information

* Is Landline in situ? Telephone number/mobile of customer needed for monitoring purposes

Please select...

Who is the telephone provider (if known)

Please select...

* Is there an electric socket within 2 metres of phone point?

Please select...

* Is a Joint visit with referrer required?

Please select...

Hospital discharge date (if relevant)

Are there any preferred times and/or days when the installation could not take place?

Please select...

* Other provider system installed?

Please select...

Any further information (eg. Dog at premises / customer confined to bed)

This section helps the technicians who will visit the property. In non-complex cases, it's possible that an installation may be made following triage and this information about the property will provide valuable insight.

In some cases it may also help to speed up discharge from hospital as it may allow the TECS team to schedule install for discharge date.

Contact for property access and installation and family/friend carer details

Contact for Property Access and Installation and Family/Friend Carer Details

(Customer must have someone present if significant memory loss/ confusion or communication needs)

* Is Customer main contact

Yes

Emergency contact 1 for the monitoring centre

Name	Telephone	Relationship

Emergency contact 2 for the monitoring centre

Name	Telephone	Relationship

Emergency contact 3 for the monitoring centre

Name	Telephone	Relationship

Confirm agreement to pass details to NRS?

Please select...

This provides information to the triage team and to the monitoring centre, please complete as fully as possible.

Family/friends carer support (if relevant)

Family/Friends Carer Support (if relevant)

Is the TEC equipment to support Family or Friends Carers?

Yes No

Is the Carer registered with Carers Support West Sussex?

Yes No

* What is their CSWS Carer number?

We work closely with Carers Support West Sussex and wherever possible, recognise carers and provide additional support.

If it's clear that a carer is not aware of West Sussex Carers Support or the benefits they can provide, please signpost the carer to their service.

TEC outcomes

TEC Outcomes

TEC Outcome (Choose only one)

Please select...

- To support a person to request/access help when needed
- To support a person with an incident related to smoke, gas or flooding
- To support a person with epilepsy or diabetes
- To support memory issues
- To support property access for a person or their visitors
- To support independence and/or self-management of long-term conditions incl. frailty
- To provide support/reassurance/respite for Family and Friend carers
- To support a person risk of falls
- To support the safety of person at risk of becoming disorientated / or with dementia
- To support medication management
- To support mental health needs/anxiety
- To support a person at risk of social isolation/enable safer access to the community
- Other (please explain)

Choose the most important or relevant outcome to your client

TEC benefits

TEC Benefits

For TEC Benefits 1-7 please estimate below the hours or months (as appropriate) potentially saved to the best of your knowledge.

Please select...

1. Prevent/reduce domiciliary care / or prevent increase
2. Prevent/reduce supported living costs
3. Prevent/delay admission into a care home
4. Prevent temporary/short term (up to 8 weeks) admission into a care home
5. Reduce reablement
6. Reduce night-time support
7. Reduce 1-1 support
8. Facilitate timely discharge from hospital avoiding delayed transfers of care
9. Avoid admission/readmission to hospital
10. Provide support/respite to Family or Friend carers
11. Provide short term support in a crisis or urgent situation (please explain)

Choose the most important or relevant benefit, you will then be asked to assess the potential saving in terms of hours/months.

Primary support reason

Primary Support Reason

Choose only one

Please select...

- Physical Support: Access and mobility only
- Sensory Support: Visual impairment
- Sensory Support: Hearing impairment
- Sensory Support: Dual impairment
- Support with Memory and Cognition
- Learning Disability Support
- Mental Health Support
- Social Support: Support for Social Isolation/Other

Select the primary support reason

Fire and rescue referral for safe and well check (select all that apply)

Fire and Rescue Referral For Safe And Well Check (Select all that apply)

- Cannot hear a standard smoke detector AND lives alone
- Has permanent physical disability or frailty affecting their ability to either summon help or escape safely in an emergency
- A long term illness; and where medication has an impact on them responding in an emergency
- Permanent mobility difficulty
- Smokes inside the home; signs of burn marks or smoking in bed
- Hoarding at clutter rating 5 and above; affecting access to rooms, loading and escape routes
- Cognitive impairment affecting their ability to react and respond in an emergency
- Equipment that has impact on safety in the home; oxygen therapy, air flow mattress, mobility scooters, walking aids, e-cigarettes
- Arson threat; domestic violence affecting their safety and escape from their home
- Substance abuse where it impacts safety in the home
- Any other health, wellbeing or safety issue

If you complete this part of the referral form the client can be referred to the Fire and Rescue service, please make the client and/or carer aware of this.

Please select **all** the reasons you think it is important that this client is referred to the Fire and Rescue service.

If the client is not happy about their details being passed to the Fire and Rescue service, please advise the TECS on 01903 948200.

Referrer details

Referrer Details

* Name of person completing form

* Role of person completing form

* Team

Other (please state)

* What organisation do you work for?

Please select...

* Email CC Team Email address

* Direct Phone Number

TECS PIN (if known)

As long as you have completed the “Edit profile” process – please see the **How to edit your profile** document on www.nrshealthcare.com/professionals/westsussex these details will be auto completed on each form.

If you refer on behalf of two teams or have two roles which you refer for, please use your most common role/team on your profile, you can change these details on individual forms.

If your details change at any point, please remember to update your profile to reflect the changes.

What happens next?


Once you have completed the form, press submit.

This will send the form directly to the NRS Healthcare TECS team, if you have any questions about the form please contact them on 01903 948200 or at tecs@westsussex.nrs-uk.net

Once you have submitted the form, you will be prompted to download a PDF copy, please download if needed for your own records or for social care staff to upload to Moasic.

You will receive a confirmation that your referral has been submitted.

If you have any questions about completing the form or any referrals you have made, please contact the NRS Healthcare TECS team on:

 01903 948200

 tecs@westsussex.nrs-uk.net

