

**Process to follow when referring to East Lothian/  
Midlothian/ West Lothian and Edinburgh district nursing teams.  
(For the purposes of the pilot), this needs to include patients on the  
caseload.**

District nurses provide high quality nursing interventions to individuals, adults who are housebound or in clinically agreed circumstances where care is best provided in their homes. District nursing works in partnership with individuals, their family and carers, primary care, acute care, social care, independent and voluntary sector, all specialist community health teams, older persons mental health or learning disabilities teams and independent rehabilitation teams.

Treatment plans will be explicitly agreed with individuals, using an evidence-based approach to help them regain maximum independence and health, including but not limited to the following:

- ✓ Wound care assessments.
- ✓ Administration of treatment or medication using specialist nursing equipment.
- ✓ Continence assessments and care planning if housebound and on district nursing caseload.
- ✓ Pressure area assessments and care.
- ✓ Admission avoidance support which requires nursing Interventions.
- ✓ Health needs assessments of chronic disease management requiring generalist nursing input.
- ✓ Palliative or end-of-life care.
- ✓ Health promotion for housebound patients and their carers assessment and appropriate provision of specialist nursing equipment for patients in their own homes.
- ✓ Teaching self-care procedures to re-enable patients, and their carers, to manage their own healthcare needs within the confines of their own home.

**Reasons for not referring to the district nursing teams:**

- Diagnostic or support visits requiring a general practitioner's or mental health practitioner's specialist skills.
- Patients requiring routine bloods (including INRs) who have no nursing needs that require specialist district nursing interventions.
- Patients requiring vaccinations who have no nursing needs that require specialist district nursing interventions.
- Check visits' without clearly identified and agreed nursing needs.
- Emptying or changing urine bags
- Routine skin care that does not require trained nursing skills.
- Administration of ophthalmic, nasal or oral medication.
- Filling Dosette boxes or collecting and delivering prescriptions.
- Filling in medication administration charts for patients that the district nurses are not already actively seeing.
- Supporting people with social care needs alone. Patients who need help with personal hygiene, bathing, meals, housework, toileting, applying/removing hosiery, getting up / going to bed, access to day centre or respite care should be referred directly to Social Services
- Ordering/fitting equipment assessed by other professionals.

**Process for submitting a referral to district nursing services from other Professionals and Secondary Care.**

**General Practitioner Colleagues during the pilot will submit details by e-mail from Monday the 13<sup>th</sup> of January 2025.**

