



The Police Treatment Centres

Clinical Admission Criteria & Clinical Reporting Policy

Clinical Admission Criteria and Clinical Reporting Policy

Responsible Manager:			Chief Executive
Issue date:	Board of Trustees: Approved: 21 November 2008. Effective: 1 January 2009 Revised: 1 January 2011 1 January 2012 1 January 2014 Board of Trustees: Approved: 8 May 2014 5 February 2015 FPSC 23 April 2015	Policy Review:	Three years from date of issue, OR , where legislative or other issues prompt an earlier review

Policy Statement:

This policy sets out the clinical admission assessment criteria and process which has been developed so that the Charity understands the circumstances and needs of the applicant for admission and can decide, organise and schedule appropriate treatment to support the applicant in a return to better health and wellbeing.

Purpose:

The purpose of this policy is:

- To provide a framework and process to assist clinical decision making in respect of an application for admission for treatment
- To provide a framework and process for the potential provision of clinical reports following treatment

Legal Safeguard:

The Treatment Centres at St Andrews and Castlebrae are not registered care homes within the meaning of the Care Standards Acts of England & Wales, Scotland and Northern Ireland. Consequently the Centres are not approved, nor capable of providing acute, long term or intermediate care.

All decisions on admission for treatment will always be based on the merits of each individual case and admission prioritised on the need for treatment.

Responsibility for application of the policy:

The responsibility for the application of the policy will be that of the Chief Executive. An applicant for admission who believes that they have been unfairly treated under this policy, or their representative, should in the first instance raise the matter, normally in writing (including email), with the Chief Executive.

Should the matter not be resolved by the Chief Executive the applicant, or their representative, should bring the matter to the attention, normally in writing (including email), of the Chairman of the Board of Trustees without undue delay.

There are a number of factors to take into account in developing a framework to assist in making decisions about admission. These include:

- Care Quality Commission and Care Standard Acts and their content,
- Criteria based upon the 'Activities of Daily Living' (ADL); (Roper, Logan & Tierney).
- Criteria based around patient safety and the use of PTC facilities
- Issues of nursing and personal care in relation to persons who are, or have been:
 - Suffering from an illness;
 - Experiencing mental health issues;
 - Disabled or infirm;
 - Dependent on alcohol and/or drugs.
- Musculo-skeletal acute and chronic circumstances:
 - Acute: Early admission can often be beneficial to treatment outcome
 - Sub-acute: generally no problem in considering an application for admission
 - Chronic: normally no long term resolution to the condition, there can be varying degrees of success in rehabilitation

Clinical Criteria: Admission – general conditions:

The Charity's provision is intended to be by way of short intensive treatment with the aim of helping the individual to make progress in resolving, or alleviating, a treatable condition.

Applications for admission must be supported by evidence of a clinical need that can be addressed by the Clinical Teams at the PTCs and a positive demonstrable clinical outcome achieved.

At the conclusion of a period of admission at the PTCs if the opinion of the clinical team is that no further treatment is likely to be beneficial for the same condition, particularly after several admissions, consideration may be given to not approving a further admission as no practical long term benefit can be achieved through use of our scarce resources.

Individuals (see the PTC Eligibility Policy) who make application for admission and who are considered for physiotherapy, nursing treatment and support, as either a residential IN-patient or as an OUT-patient should:

- a) Normally be capable of independently undertaking the 'Activities of Daily Living' (ADL) including self-care and self-medication however,

b). Where the circumstances of the applicant for admission do not meet the criteria of a) above:

- Each and every application will be sympathetically considered as a 'significant and unique' case on its own individual merits in relation to the level of support an individual may need with 'Activities of Daily Living (ADL), self-care and self-medication.
- Account will be taken of the support an individual could themselves marshal to assist their circumstances e.g. accompanied by a 'companion' e.g. spouse/partner, son/daughter; friend.

***NOTES:**

- *No decision made in respect of any 'significant and unique' case will breach the registration requirements of the relevant Care Standards Acts or Care Quality Commission Standards.*
- *Any decision in respect of a 'significant and unique case' will not form a precedent for that individual or any other application for admission.*
- *Where the applicant themselves is a 'carer' for a dependent child or dependent adult sympathetic consideration will be given to attendance in appropriate Centre accommodation whilst the applicant themselves receives treatment.*
- *Companions: A Companion's Application Form should be completed in such cases to accompany the individual's application for admission – see 'Companions' on page 15).*

Admission:

Overall principle:

The Charity's priority aim within the Articles of Association is that serving police officers receive priority for treatment. The PTC has discretion, where capacity (occupancy, treatment and financial) allows, to consider applications from retired police officers who request admission for treatment.

The definitions of 'police officer' and 'retired police officer' are contained within the PTC Eligibility Policy (which is at the beginning of the User Guide). To be eligible for treatment, a Retired Officer would normally be expected to have made donations for at least the last ten years of their service, and to be able to provide evidence of doing so. This does not guarantee admission, which will still be prioritised for serving officers and for retired officers where capacity allows, and where there is evidence that a stay at the PTC will result in positive clinical benefit.

General conditions:

All applications for treatment, or to be accompanied by a 'companion', must be submitted on the Charity's current application forms. The most up to date versions can be found on the PTC website (www.thepolicetreatmentcentres.org).

Applications for admission must be supported by evidence of a clinical need that can be addressed by the Charity's treatment.

Applications for a further admission should not normally be made until at least 12 months has elapsed since a previous admission period. **UNLESS:**

- The PTC clinical assessment at the conclusion of that previous admission recommends an earlier admission, **OR**,
- There is a significant change in the current condition/circumstances which merits an earlier admission, **OR**,
- A new circumstance or condition has arisen that would prompt the consideration of an earlier admission.

Where the PTC clinical assessment at the conclusion of a period of admission recommends no further clinical treatment is necessary for the same condition, particularly after several admissions, consideration may be given to:

- The clinical need for non-physio treatment, **OR**,
- Not approving a further admission because no practical or long term benefit can be achieved through use of the Charity's scarce resources.
- PTC Clinicians are able to provide advice on specific cases and questions.

General conditions - Periods of admission:

The Charity's Treatment Centres are open for treatment throughout the year excluding the period in which Christmas and New Year fall. On all other Bank Holidays the Centres are open for admission and treatment.

Admission to the Centres for treatment will normally be for a one or two week duration although an extended period (normally of a further week) may be advised by a physiotherapist or nurse and will be considered taking all factors into account e.g. occupancy demand.

Provision for non-residential treatment as an OUT-patient may also be considered in appropriate circumstances e.g. proximity of home address, or temporary residence, and travel time to and from either Centre

General conditions - Serving officers:

The period of admission for a serving officer is normally two weeks during which it is considered that the maximum benefit from treatment can be achieved. Admission will normally take place on a Monday; bedrooms may not be ready for occupation before 1200, however, treatment assessments may commence from 0930.

- Personal circumstances or duty requirements may mean that a one week admission for treatment is more beneficial than no admission at all. If so, this will normally be Monday to Friday only (four nights' duration); however, consideration **may** be given to a Sunday admission with arrival after 1430.
- Where an assessment at the conclusion of a period of treatment recommends a further (and earlier than the elapse of 12 months) admission for treatment to optimise the benefits of treatment this further period will normally be Monday to Friday (four nights' duration).
- A Sunday arrival prior to a period of admission will normally only be offered where an individual's 'significant and unique' personal or travel circumstances merit consideration of such.

- In any circumstance, patients must vacate their bedroom by 1030 on the day of departure (lunch may be provided on request before a later departure from the Centre itself).

General conditions – Retired Officers:

Dependent upon serving officer demand for admission, and subject to capacity (accommodation, treatment and financial), retired officers who apply for admission and who meet the clinical criteria will normally be offered a one week period of admission.

- The one week period of admission will normally be:
 - Sunday arrival – not before 1430.
 - Friday departure - vacating the room by 1030 (lunch may be provided on request before a later departure from the Centre itself).
- Retired officers will be required to attend a nursing assessment on the Sunday of their arrival in order to avoid undue delay in their access to Monday treatment.
- Monday arrival and departure will only be considered where there are 'significant and unique' circumstances present and each case will be considered on its individual merits, e.g. where NARPO/RPOAS or force transport is being arranged.
- Where an assessment at the conclusion of a period of treatment recommends a further (and earlier than the elapse of 12 months) admission for treatment to optimise the benefits of treatment this further period will normally be Monday to Friday (four nights' duration).
- Retired Officers are requested to note that the priority for treatment at the PTC in line with our Articles of Association will be for Serving Officers.
- Retired Officers continue to be welcomed at the PTC, but where capacity and financial conditions and resources make this possible.
- Retired Officers' application forms for treatment will be assessed on the basis of what practical and long term clinical benefit may be achieved through a stay at the PTC. Where there is little evidence that this is achievable, other applications are likely to be rejected or assigned a lower loading priority.

Cancellation and changes of admission date:

Following the allocation of an admission date there may be occasions where this date becomes unsuitable for a range of good reason e.g. required at court; duty requirements; NHS appointment for treatment/surgery.

Currently around 40% of all dates offered are changed for differing reasons creating an additional demand on the resources of the charity. In order to reduce the level of change to dates requested, the Charity will operate a policy of only allowing officers to change their dates on two occasions after which the application for treatment will be cancelled and a new application form will be required. This will assist in reducing the potential loss of treatment opportunities for other applicants.

Regrettably, not all notice of cancellations are forwarded to the PTC which sometimes means that the first notice of a cancellation is when a patient fails to attend for admission on the allocated date. This results in an unexpected vacancy

which, had notice of cancellation been received, could have been allocated to another applicant potentially allowing an earlier admission for that individual.

Notification of cancellation:

Therefore, notwithstanding that they may have notified their in-force arrangements, the applicant themselves must notify the PTC in writing (an email will suffice) of any cancellation or requested change of admission date and also provide 'dates to avoid' within the following twelve weeks to help with re-arranging their admission date.

Timeliness of admission date:

When the admission date that the PTC can offer, whether first, second or third, admission date, is more than 12 weeks since the date of the original application further enquiries will normally be undertaken to assess the current clinical need to attend for treatment.

These further enquiries may include the provision of advice regarding other treatment or activity which could be undertaken in the intervening period before any potential admission. The advice may also include referral to more local provision in appropriate cases e.g. force local provision; NWPBF - St Michael's/Mather Avenue; N Ireland – PRRT.

In some cases it may be necessary, because of the passage of time, to require a further application to be submitted with up to date information of the current clinical condition and treatment need, and any multiple cancellations or requests for delayed admission, may be referred back to the Individual's Federation for supporting evidence.

Companions:

Having regard to the Clinical Criteria, referred to on page 13 in the User Guide, account will be taken of the support a patient can themselves marshal where there is a need for support to them in the 'activities of daily living' whilst an IN-patient e.g. help in getting dressed or undressed.

Where this is the case the applicant must also submit a Companion's Application Form providing sufficient information upon which to make a decision to allow a companion to also attend the Centre. This is particularly important where the 'companion' themselves may have clinical or special needs that should be taken account of e.g. accommodation, diet, etc.

All applicants requesting to be accompanied by a 'companion' will be contacted by one of the Charity's nurses to verify the need to be accompanied.

Approval **may** be given for a 'companion' to attend with the applicant to provide the necessary assistance required e.g. spouse/partner, son/daughter; friend.

Companion's Charge:

With increases in cost continuing to be experienced it has been necessary to review whether or not a charge should be made to cover the additional cost of providing accommodation, food and services for a companion.

At the Board of Trustees meeting on 21 November 2013 it was agreed that with effect from 01 January 2014 Companion's applications received after that date would be subject to a charge of £150 per week to cover these additional costs. This was amended in November 2014 to exempt those that are in receipt of a Carer's Allowance upon providing the charity of evidence of the allowance.

In significant and unique cases e.g. severe financial hardship; this charge may be waived at the Chief Executive's discretion. Written evidence (including via e-mail) of the significant and unique reason must be supplied to support the application to waive the companion's charge.

The companion's charge must be paid in advance of admission e.g. by cheque or credit card payment.

Cottages:

The cottages at each Centre may be available to assist in accommodating patients who have a family or personal circumstance where 'family' accommodation would support their ability to attend for treatment e.g. resident dependant/disabled member of the family:

- Admission will normally be for one week:
 - Monday to Sunday - arrival not before 1430.
 - Sunday departure - vacating the cottage by 1030.

Provision of Clinical Reports

It is not possible for the Charity to make any clinical assessment against standardised criteria to assess the level of fitness for duty of any individual police officer with regard to their functional capability. This is the legal responsibility of the officer's employer.

Therefore, the only clinical reports that can be provided by the Charity are in relation to the nature and assessment of the condition of the patient upon admission; treatment provision then accessed and undertaken and the outcomes of that treatment e.g. increased mobility, reduced pain etc.

At the conclusion of a programme of treatment a brief clinical report **may** be made available to the individual or, with their consent, to a third party.

Additional detailed clinical reports requested by an individual or, with their consent, a third party, may be subject to a charge for their provision in accord with standard costs agreed by professional or legal bodies e.g. BMA, Law Society, ACPO & ACPO(S). The report will be provided once payment has been received by the PTC.

Ends

----- oo0oo -----