REASONS FOR REFERRAL

The Sussex Beacon Inpatient Unit offers 7 categories of care and support provided by our HIV specialist team. All referrals include a pre-admission assessment; where the aims and objectives for admission will be discussed and a plan of care will be agreed by the client and the assessing nurse. All admissions include an individualised plan of care that incorporates health promotion opportunities and maximises self-management.

1 CONTINUING CARE

Acute Admission

- Post-operative convalescence.
- Nursing support for patients who no longer need input from an acute hospital setting but require nursing intervention.

Adjusting to a New Diagnosis

- Physical, education and emotional support following new HIV diagnosis.
- Support with cancer diagnosis and treatment.

Management of Long Term Conditions

Supporting patients to manage co-morbidities such as diabetes, frailty, cardiac disease.

Step-Up Care

Supporting acute trust by avoiding acute admissions when issues may not be managed in the community.

Maintaining Self-Management

Supporting engagement with services, adherence to medications, including Antiretrovirals, any changes in circumstances that have a significant impact on an individuals ability to maintain their health and wellbeing.

Monitoring

Supporting patients who have ongoing unresolved issues (physical, emotional, financial or social) that continue to affect their day to day functioning and impacts their ability to manage at home.

Ageing and Frailty

- Providing physical, psychological and emotional support for older people living with HIV.
- Access to the Positive Living Programme

2 CRISIS PREVENTION

Providing a safe and supportive environment for patients who are vulnerable to and at risk of deteriorating ill-health due to their social, economic or psychological circumstances.

Multidisciplinary Care

This type of admission enables other healthcare professionals involved in the care of an individual to intervene and plan a package of care that supports the immediate and longer term needs of the client.

3 MENTAL HEALTH SUPPORT

New and ongoing mental ill-health support. Key areas of this category of care are:

Crisis Management

- Patients will be supported to explore triggers and causes of anxiety, build coping mechanisms and develop personal action plans.
- Any mental ill-health or psychological distress that requires professional interventions that cannot be managed at home.

Social Isolation

- Exploring factors that contribute to loneliness and social isolation.
- Building personal confidence and communication skills.
- Patients will be encouraged to access and attend community projects.

Resources

Mindfulness, Stages of Change tool and peer support are just some of the resources available.

4 MEDICATION

- Starting or restarting Antiretrovirals [ARVs] where additional non-manageable needs have been identified.
- Initiation of new medications for patients who are unable to manage dose adjusting or potential side effects at home.

Adherence Support and Monitoring

- Directly Observed Therapy [DOT].
- Our unique Self Administration of Medications [SAM] Assessment provides a clear programme of support for patients who struggle with adherence and other areas of their medication management.
- Introduction of tools to support adherence

Symptom control

- Management of side effects.

5 DRUG & ALCOHOL DETOX PROGRAMME

A planned two-week admission for drug/alcohol detox which includes a signed contract between the nursing team and a patient.

Week 1 - Medical detox

Week 2 - Stages of Change intervention tool is incorporated into the programme to explore motivation, confidence and readiness to maintain sobriety.

Maintaining Abstinence

Patients are required to make register with their local drug/alcohol service or similar prior to their admission.

the sussex beacon

6 HIGH DEPENDENCY CARE

Providing care for people presenting with a number of highly complex nursing and medical needs.

Multidisciplinary Care

- Providing comprehensive nursing support.
- Occupational and physiotherapy input where appropriate.
- Case Management and ongoing medical and multi-agency review.

7 PALLIATIVE & END OF LIFE CARE

A holistic and client focused approach to support of end life.

Personalised care

- Support for patients who are receiving chemotherapy, radiotherapy and other palliative interventions.
- Advanced care planning
- Symptom management.

BRIGHTON & HOVE

The Sussex Beacon works in partnership with multisector organisations within Brighton and Hove providing care and support for people living with HIV. These include Community HIV Services, Lawson Unit, Mental Health Teams, THT, Lunch Positive, Peer Mentors, Pavilions and The Sussex Beacon Health Management Service. This multi-disciplinary approach promotes individualised case management and care planning that supports people to maintain health, 'live well' and develop self-management skills.

MAKE A REFERRAL

To refer a patient to the Inpatient Unit visit www.sussexbeacon.org.uk/refer to complete our secure online referral portal. Please indicate the category of care for admission explained above, that best describes the needs of your patient/client. Alternatively you can download our PDF form to complete and send to referrals@sussexbeacon.org.uk

Once you have submitted the form, it will be reviewed by our medical team. The client will be invited to a pre-assessment appointment at The Sussex Beacon to discuss their medical needs and arrange an inpatient stay if required.

If you require any assistance making a referral, or seeking funding from your Clinical Commissioning Group, please do not hesitate to get in touch on 01273 694222 or referrals@sussexbeacon.org.uk and our team will be happy to help.