

The Police Treatment Centres

Clinical admission criteria and Clinical Reporting Policy

Responsible Manager:			Chief Executive
Issue date:	Approved at Board of Trustees: 21 Nov 2008. <u>Effective</u> from: 1 Jan 2009	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 needs of the applicant for admission and can decide, organise and schedule appropriate treatments to support the applicant in a return to better health and wellbeing.

At the conclusion of a programme of treatment clinical reports may be made available to the individual, or with their consent to a third party, for which in some cases there may be an appropriate charge.

Purpose:

The purpose of this policy is:

- To provide a framework and process to assist clinical decision making in respect of 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 with the meaning of the Care Standards Acts of England & Wales, Scotland and N. Ireland. Consequently the Centres are not approved, nor capable of providing acute, long term or intermediate care. 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.

There are a number of issues to take into account in developing a framework to assist in admission decisions, including:

- Care Commission and Care Standard Acts and their content,
- Criteria based upon 'Activities of Daily Living' (ADL); (Roper, Logan & Tierney).
- Issues of nursing and personal care; persons who are or have been ill; mental disorders; disabled or infirmity; alcohol and/or drugs dependencies.



(Clinical admission criteria and Clinical Reporting Policy continued)

- Acute and chronic circumstances:
Acute: normally no admission e.g. wait until acute issue is under control
Sub acute: generally no problems
Chronic: no long term resolution to condition, varying degrees of success in respite achieved
- Repeat visits with some conditions and consideration of not normally re-admitting within 12 months unless PTC clinical assessment recommends earlier admission, **OR**,
- Significant change in current condition/circumstances, **OR**,
- New circumstances would prompt re-admission consideration
- Where PTC clinical assessment recommends no further clinical treatment is necessary for the same condition, particularly after several admissions, consideration may be given to non-physio and respite treatment, **OR**, not offering admission because no practical benefit can be achieved through use of the charity's resources.

Clinical Criteria:

Eligible individuals (see Eligibility Policy) who apply and are considered for admission in respect of physiotherapy, nursing treatment or 'respite' treatment and care, 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 would be taken of the support that an individual could themselves marshal to assist their circumstances.

NOTE:

No decision made in respect of any 'significant and unique' case will breach the registration requirements of the relevant Care Standards Acts or Care Commission Standards.

- *Any decision in respect of these 'significant and unique cases' will not form a precedent for that individual or any other application for admission.*
- *Where the applicant themselves is a 'carer' for a dependant child or parent sympathetic consideration will be given to attendance in appropriate Centre accommodation whilst the applicant receives treatment.*

Provision of Clinical Reports:

There is no standard 'police fitness test' and it is therefore not possible for the charity to make any clinical assessment against a standardised criteria to assess the level of fitness for duty of any individual police officer.

Therefore the only clinical reports that can be provided by the charity are in relation to the nature of the condition upon admission, treatment provision assessed and then undertaken, together with the results of that treatment e.g. increased mobility.



(Clinical admission criteria and Clinical Reporting Policy continued)

Consideration will be given to PTC developing a system and process where, at the conclusion of a programme of treatment, a simple standardised clinical report may be made available to the individual, or with their consent to a third party. These simple discharge reports may assist identification of further treatment options or assist workplace decision making upon the individuals return to force.

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).

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.

-Ends-

