BrisDoc Patient care by people who care

Proudly employee owned.

The BrisDoc Burren Transfer of Care Hub (BToCH) Service Handbook

Version:	Owner:	Created:
V1.1	Rebecca Cooke (Deputy Medical Director) Renuka Suriyaraachchi (Head of Nursing)	20th November 2026
Published:	**Approving Director:**	**Next Review**
23/11/2026	Rhys Hancock (Interim Director of Service Delivery and Performance)	20/05/2026

Contents

The Burren Transfer of Care Hub – Introduction *4*

The BrisDoc Primary Care Service Provision *5*
- Clinical Practitioner on site 5
- GP support from BrisDoc Practice Teams 5
- Pharmacy Support from BrisDoc Practice Teams 5
- OOH Support from SevernSide IUC 5

Your MDT Team *6*
- Sirona 6
- Bristol City Council 6
- Bristol Foundation Trust (Hospital) 6
- The Burren 6
- Collaborative Working 6

Patient Cohort and Journey Overview *7*
- Service Start date and phased roll out 7

How will the service run? *8*
- Acceptance to The BToCH 8
- Patient arrival 8
- Admission Review by BrisDoc Clinical Practitioner 8
- Daily Sitrep & Afternoon Huddle 9

Patient Reviews *9*
- Regular Routine Review (RRR) 9
- Clinical Escalation Review 10

Ward Rounds *10*

Handover between BrisDoc Clinical Practitioners *10*

Leaving the BToCH *10*
- Discharge Summary 11
- Deaths 11

Specific Guidance for your Clinical Work *11*

Investigations *12*

Referrals *12*

Medication *12*

Clinical Escalation Routes for BToCH patients *13*
- BToCH MDT escalation to BrisDoc Clinical Practitioner 13
- BrisDoc Clinical Practitioner escalation to GP 13
- BrisDoc Clinical Practitioner escalation to Secondary Care 14
- BrisDoc Clinical Practitioner escalation to Community based services 14
- OOH Clinical Escalation 14

Digital systems and Equipment *14*

EMIS 14
Nourish 14
Camascope 15
Daily BToCH Handover and Input Tracker Spreadsheet 15
Laptop 15
Mobile 15

Equipment *15*

Facilities and Access *15*

Absence Notification *16*

Governance *16*
Learning Events 16
Complaints 16
Service Feedback and Improvements 16

Safeguarding *16*

Policies *16*

Business Continuity *17*

Version Tracker *17*

Appendicies *18*
Appendix 1 - Exclusion Criteria for BToCH admission 18
Appendix 2 – Admission Review Checklist 19
Appendix 3 – Regular Routine Review 20
Appendix 4 – Leaving the BToCH Checklist 20
Appendix 5 – Business Continuity 21
Appendix 6 - The Burren - Stock Check 23

The Burren Transfer of Care Hub – Introduction

The Burren Transfer of Care Hub (BToCH) is an intermediate care bed service, commissioned by Bristol NHS Foundation Trust, which will be delivered at The Burren Nursing Home in South Bristol.

BToCH comprises 32 intermediate care beds, plus up to 4 Bariatric Intermediate Care beds. The service is for people who are medically suitable for discharge into a community setting but who need some extra rehabilitation support or assessment before they can return home or move to another care setting. The beds are similar to P2 beds (patients who require rehab but cannot have this at home), or P3 beds (patients who need further assessment to see if they can return home or need a long-term placement).

People staying at The Burren are supported by a range of health and care professionals, working together with them and their families or carers.

The aim is to help people recover, regain their independence and return home wherever possible.

This handbook has been written to support BrisDoc colleagues working at BToCH and should be considered alongside other BrisDoc and Partner policies.

The BrisDoc Primary Care Service Provision

BrisDoc has been commissioned to provide the primary care service medical cover for the BToCH patients residing at The Burren. To enable this, patients will be temporarily registered with Broadmead Medical Centre during their stay. This primary care provision will be delivered jointly by SevernSide and Practice Services.

Please note that BrisDoc are not commissioned to provide primary care services for non-BToCH NH residents. Therefore, clinical queries or concerns about these non BToCH Nursing Home residents at The Burren should be managed through The Burren's usual clinical processes with their respective GP surgery/s.

Clinical Practitioner on site

A Clinical Practitioner from BrisDoc will be on site at The Burren from 8am until 6.30pm Monday – Friday. On Saturdays, a Clinical Practitioner will be on site for 4 hours (9am-1pm). The Clinical Practitioner will be responsible for the clinical care of the BToCH patients on a daily basis. This will include identifying, investigating, and managing any acute or evolving healthcare needs, as well as considering and managing existing or chronic problems.

If any member of the BToCH MDT has a concern about a patient's medical care, they will raise this with the BrisDoc Clinical Practitioner on site at The Burren.

If the BrisDoc Clinical Practitioner would like to discuss a clinical management plan with a GP, this will be facilitated by the agreed daily discussion slot. This is scheduled for 2-3pm in the afternoon, on a Teams call, if a ward round is not taking place on that day.

The Clinical Practitioner will accompany the GP on the ward round. Tasks resulting from this ward round, e.g. bloods/medication changes, will be managed by the Clinical Practitioner. It is also expected investigation results requested by the BrisDoc Clinical Practitioners are followed up and managed by the Clinical Practitioner.

Clinical Practitioners can arrange secondary care admissions if required, through usual admission routes.

GP support from BrisDoc Practice Teams

If the BrisDoc Clinical Practitioner would like to discuss a clinical management plan with a GP, this will be facilitated by the agreed daily discussion slot Mon-Fri. This will be either remotely, or during the twice weekly ward round. A GP ward round will take place twice weekly in-person at The BToCH. This will normally be on Tuesday and Friday mornings. Selected patients will be identified for this ward round in advance, by the CP.

Pharmacy Support from BrisDoc Practice Teams

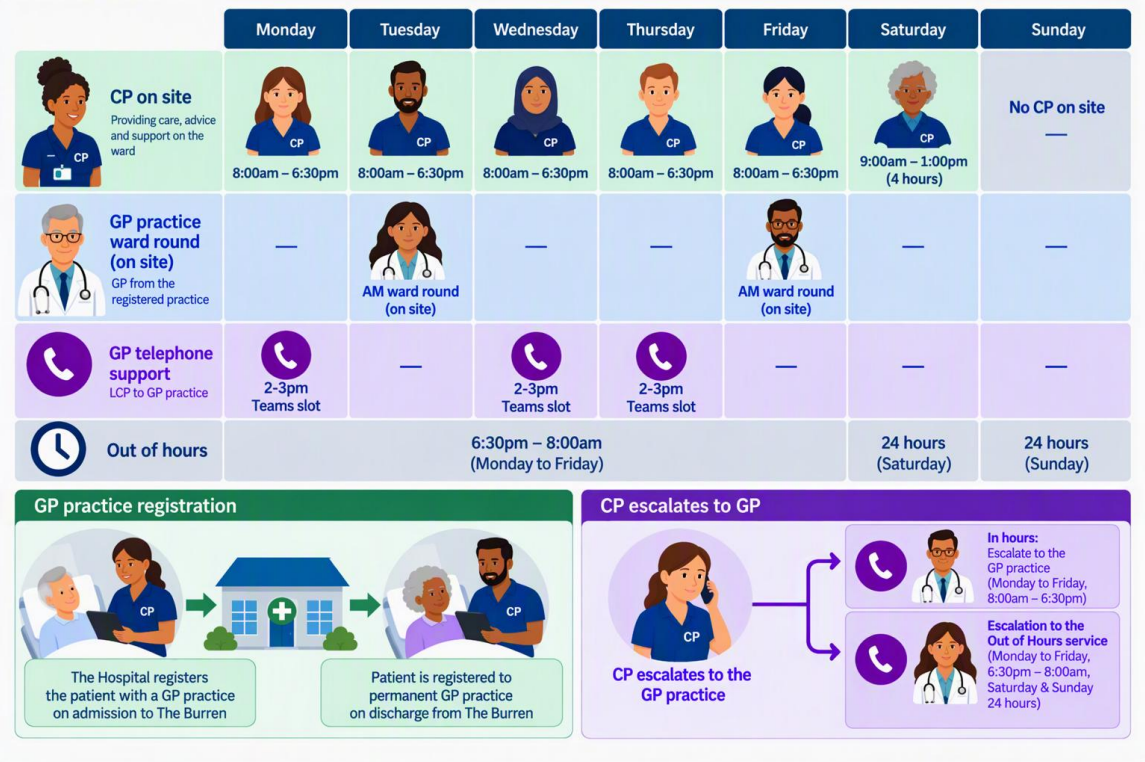
A pharmacist will attend the ward rounds at The Burren on Tuesday and Friday.

On Mondays, Wednesdays and Thursdays, a pharmacist will be available to provide clinical or prescribing support and to respond to any medication queries.

OOH Support from SevernSide IUC

If OOH input is required, then this can be accessed via the SevernSide IUC Professional Line.

An illustration of this model is below.



Your MDT Team

We will be working together as an MDT with colleagues from:

Sirona

- Therapy provision: Mon – Fri 8am – 6pm
- Sirona CToCH staff cover Mon- Fri 8am – 6pm

Bristol City Council

- 2 social workers and one Senior Practitioner on site 9am-5pm (Mon-Fri), with acute duty phone available on Sat.

Bristol Foundation Trust (Hospital)

- BFT will provide on-site Transfer of Care Hub team cover from 8am- 4pm, with remote cover from the ToCH between 4pm-6pm. Remote support available 8am-4pm at weekends

The Burren

- Nursing Team working at The Burren 24/7.

Collaborative Working

The service will be underpinned by a culture of collaboration, with all partners contributing their expertise to deliver person-centred support and achieve the best possible outcomes for individuals.

The following are shared expectations across the whole MDT team:

- **Case management and coordination** – collective responsibility for flow and discharge progression
- **Documentation & governance** – accurate, timely record-keeping and adherence to standards
- **Service development** – contributing to continuous improvement and innovation
- **Performance** – awareness of targets, flow, and outcomes
- **Team working** – active participation in MDT and system collaboration
- **Professional practice** – maintaining standards, accountability, and ongoing development

Patient Cohort and Journey Overview

Patients have to be accepted by the BToCH MDT before they are discharged from hospital to the BToCH service at The Burren. There is clear guidance for this MDT on what type of patient can or may not be supported by the service.

The full exclusion criteria are listed in the Appendix.

Once care and social needs have been met, BToCH patients will leave The Burren and be transferred to the care of their onward GP.

Current P2/P3 target length of stay in BNSSG is in the region of 4-5 weeks, and we anticipate that BToCH patients will have a shorter length of stay at The Burren, enabled by the MDT working together on site.

Service Start date and phased roll out

The service is due to commence on Monday 23rd November, with a phased roll out of admissions as follows:

Week	Date	Mon	Tues	Weds	Thurs	Fri	Weekly admissions	Cumulative frequency
week 1	23rd Nov		1 person	2 persons		2 persons	5	5
week 2	30th Nov	1 person		2 persons		2 persons	5	10
week 3	7th Dec	1 person	2 persons		1 person	2 persons	6	16
week 4	14th Dec	1 person		2 persons		2 persons	5	21
week 5	21st dec	2 persons			Pause & Course Correct	Pause & Course Correct	2	23
week 6	28th Dec	Pause & Course Correct	Pause & Course Correct	Pause & Course Correct	Pause & Course Correct	Pause & Course Correct	2	23
week 7	4th Jan	1 person	2 persons		1 person	2 persons	6	29
week 8	11th Jan	1 person		2 persons	BAU	BAU	3	32

Bank Holidays

We will not have a Clinical Practitioner on site on Christmas Day. Other bank holidays will mirror Saturday service provision of four hours of Clinical Practitioner on site.

How will the service run?

Acceptance to The BToCH

Referrals will either be accepted or declined within one working day from request, with The Burren Registered Manager/Clinical Lead making the final decision where appropriate.

Suitability of the individuals' and situational acuity mix will be considered before any admission.

Initially, bariatric patients will also receive a face-to-face assessment by The Burren Clinical Lead or Registered Manager before being transferred to BToCH.

Temporary registration with Broadmead Medical Centre will be enabled on the day of discharge from hospital. This will be actioned by the BFT BToCH team using the BMC registration web page and completed by the BMC admin team on the day of receipt.

Patient arrival

Patients will arrive Monday to Friday between 10am-6pm, with advance notice of this communicated through the daily sitrep and huddles.

Patients will arrive with

- 4 weeks supply of their discharge medication in over-labelled boxes (no dossett boxes)
- A copy of their hospital discharge summary
- Complex wound care plan (if indicated) and if needed, 1 week's supply of dressings.
- A copy of their current ReSPECT form

Mobility aids will be sent to The Burren on the day of discharge from hospital. Patient's NOK details will be available from The Burren team. On arrival The Burren staff will create a Nourish care record and complete nursing and care assessments. This will include baseline observations and weight.

Admission Review by BrisDoc Clinical Practitioner

All new BToCH patients will receive an Admission Review by the Clinical Practitioner within one working day of their arrival. This would ordinarily be on the day they arrive, however could be undertaken on the next working day for later arrivals.

The purpose of this Admission Review is to:

- Identify and manage any immediate medical needs
- Document and code on EMIS current medical issues, acute and chronic, so that these are managed proactively during their residence at The Burren. This should include a review of their allergy status.
- Note and action any discharge summary tasks

- Review and add current medication to the EMIS record
- Add an EMIS alert to the EMIS medical record to signal that the patient is currently residing at BToCH.

Please refer to the **Admission Review Checklist** that can be found in the Appendix to support consistency and safety. We anticipate this checklist will develop and evolve over time

The Admission Review documentation is particularly important as the patient is temporarily registered at Broadmead, therefore their EMIS record will not automatically pull through entries from their permanent GP record. **This means that the Admission Review documentation will serve as an important record that will be referred to throughout their BToCH stay.**

Subsequent reviews will be in response to clinical escalation needs or 'Regular Routine Reviews' (see Patient Review section).

Daily Sitrep & Afternoon Huddle

The Daily Sitrep meeting takes place at 9.30am (Mon-Fri). The purpose of this meeting is to review all BtoCH patients' needs and discharge plans, and may discuss pending arrivals.

The Daily Sitrep will be attended by representatives from all organisations in the BToCH MDT. The BrisDoc Clinical Practitioner must attend this meeting, which will take approximately 30 mins.

Each afternoon, there will be a 3pm 'huddle', to review the current position and any changes.

These sessions will be led by the Burren Nurse in Charge and/or the BFT Patient Flow lead.

Patient Reviews

In addition to the Admission Review, patients should be reviewed regularly during their stay.

Regular Routine Review (RRR)

The Clinical Practitioner should maintain oversight of all BToCH patients at The Burren so that issues can be identified and addressed proactively wherever possible. We would expect every patient to have a Clinical Practitioner review at least once a fortnight even if no acute issues are arising.

The content of this 'Regular Routine Review' will be established over time. As a minimum, this will include:

- RESPECT form review and update
- Updates for patients and their families
- Discharge planning preparation

Please refer to the **Regular Routine Review Checklist** that can be found in the Appendix to support consistency and safety. We anticipate this checklist will develop and evolve over time

Clinical Escalation Review

Patients may require a Clinical Escalation Review as follows:

- If requested at the Daily SitRep meeting.
- At the request of any member of The Burren or BToCH MDT.
- As part of your standard CP handover plans

Ward Rounds

A GP ward round will take place twice weekly at The Burren. This will normally be on Tuesday and Friday mornings. Selected patients will be identified for this ward round in advance, by the CP and added to EMIS appointment diary. The CP will usually accompany the GP on this ward round. The Clinical Practitioner will undertake tasks arising from this ward round.

As per all clinical interactions, this should be documented on EMIS (and Nourish).

The Brisdoc Pharmacist will also be in attendance at the Ward Round, to support pharmacy queries and action.

Handover between BrisDoc Clinical Practitioners

Communication between Clinical Practitioners is very important to make sure we are managing patients safely, effectively, and in a timely way.

The Clinical Practitioners will use the **Daily BToCH Handover and Input Tracker Spreadsheet** to check any key information from the previous working day and share important information for the next shift.

The Daily BToCH Handover and Input Tracker Spreadsheet will highlight key next steps/actions. This will form part of the Clinical Practitioner 'to do' list.

Clinical Practitioners must ensure the Daily BToCH Handover and Input Tracker Spreadsheet is checked at the beginning of each shift and completed with relevant updates at the end of each shift.

This does not replace the responsibility to record information on the patient's EMIS record.

Leaving the BToCH

Discharge planning from BToCH will begin on admission and will be supported by the MDT, with updates at the Daily Sitrep.

BrisDoc Clinical Practitioners will have a key role in ensuring a safe and effective handover of the medical aspects of the patient journey as they transfer to their new residence and GP surgery.

This includes

- Prescribing a 2-week supply of medications so that these are available on the day the patient leaves The Burren.
- Creating a discharge summary, inclusive of accurate medication record, to ensure this is clear for the onward GP.
- Provision of an up to-date RESPECT form
- Removing the EMIS alert that signals that the patient is a BToCH patient

Please refer to the **Leaving the BToCH Checklist** that can be found in the Appendix to support consistency and safety of leaving BToCH. We anticipate this checklist will develop and evolve over time.

The BFT ToCH team will register the patient at their onward GP Surgery. Weekend discharges can happen and will be planned and agreed in advance during the preceding week.

Discharge Summary

Patients leaving BToCH will require a BToCH Discharge Summary to be completed. This summarises key events during their stay and will contain information from medical, nursing and therapy teams.

The BToCH discharge summary will be part auto-populated from EMIS.

As not all members of the MDT can access the EMIS, Clinical Practitioners will be responsible for assimilating information from respective teams to add to the BToCH discharge summary. It is anticipated that each team will document their summaries on Nourish so that these can be transferred over to the discharge template on EMIS by the Clinical Practitioner.

The final document will also be shared with the patient.

Deaths

In the event that a patient dies during their stay at BToCH, standard process will be followed. This includes the recording of a BrisDoc learning event.

Specific Guidance for your Clinical Work

We have dedicated guidance in the following areas to support your clinical work at BToCH:

- Investigations
- Medications
- Referrals
- Clinical escalation routes

Investigations

Requesting Investigations

Investigations will be requested through EMIS. As the requesting clinician may not be there the next working day it is important that any pending results are clearly documented on the Daily BToCH Handover and Input Tracker Spreadsheet.

The paper request forms will be available at The Burren. The Broadmead practice code for these samples is Y02578.

Clinical Practitioners cannot currently request imaging, and so if imaging is required this will need to be requested by the BrisDoc GP.

Sample collection

Sample collection and labelling is the responsibility of the Clinical Practitioner. There will be an ICE label printer at The Burren to support these samples. Samples will be collected by from the BToCH Reception Desk as follows:

- Monday to Friday 11.00-11.30 and 15.00-15.30
- Weekend Saturday and Sunday 12.30 from South Bristol Community Hospital which will be transported by The Burren Nursing Home Team

There will be collection bags for sample transportation left at BToCH Reception.

Investigation results

Results will be visible on EMIS and would normally go back to the requesting clinician for filing. Pending results that remain outstanding must be clearly logged and handed over on Daily BToCH Handover and Input Tracker Spreadsheet.

Referrals

The Clinical Practitioner will be responsible for referrals required for BToCH patients that arise as part of the primary care medical review.

Some of these, e.g. 2 week wait referrals, will be made via EMIS, others will be via standard community routes such as phoning The Weekday Professional Line. The BToCH MDT can also assist with referrals, for example, to Sirona who will be part of your MDT on site.

NHS@Home would not usually support BToCH patients residing at The Burren. The one exception to this is those patients with VAC dressings. However, if a referral to NHS@Home is required for a BToCH patient *leaving* The Burren, then this could be made by the BrisDoc Clinical Practitioner to support their onward journey.

Medication

Medication on arrival

Patients will arrive with 4 weeks of medication from the hospital. The Burren Nursing team will log this medication on a system called Camascope, which links in with the Nourish system. The Burren nursing team will administer prescribed medications to patients. The

BrisDoc CPs will not have access to Camascope and entries on this will be undertaken by the Burren Nursing team alone.

Medication reviews

As part of your Clinical Practitioner Admission Review of the patient, all medication on the discharge summary will be compared with the medication received from hospital.

If there are any discrepancies noted on this review reconciliation (that are not clinically explained or documented on the discharge summary itself), please consider this +/- discussion with the Pharmacy support or GP team as required.

In addition, all medication currently being taken by a BToCH patient will need to be added to the EMIS medication record by the Clinical Practitioner as part of the Admission Review Process

You will have access to a BrisDoc Pharmacist for support with medication reviews and queries. This is either via the GP Ward Round or via the Daily Discussion Slots, as they will be in attendance at these too.

New medication or amendments to medication

Any amendments to a patient's medication must be recorded on EMIS. This includes new medication, amendments to existing medication, or stopping medication for any reason.

Any medication changes must always be communicated to the Burren Nurse in Charge. This is so they can amend the Camascope medication charts they use to administer meds. This Camascope record will then link into Nourish automatically.

Pharmacy selection and collection

If the BrisDoc Clinical Practitioner prescribes a new medication this should be sent via EPS. Ordinarily this would be Boots Longwell Green branch, which has daily deliveries to The Burren. If this medication is needed more urgently, Boots Imperial Park pharmacy is an alternative option.

It is The Burren staff's responsibility to collect prescribed medication, but it is the CPs responsibility to ensure that any prescribed medication is clearly communicated to the Nurse in Charge to ensure that they can facilitate collection of these medications and also amend the Camascope records accordingly.

Clinical Escalation Routes for BToCH patients

BToCH MDT escalation to BrisDoc Clinical Practitioner

Clinical concerns about BToCH patients at The Burren can be escalated by any member of The Burren/ BToCH MDT directly to the BrisDoc Clinical Practitioner during normal working hours. The Daily Sitrep also provides an opportunity to identify patients who may require BrisDoc Clinical Practitioner clinical review.

BrisDoc Clinical Practitioner escalation to GP

The BrisDoc Clinical Practitioner has the opportunity to discuss clinical concerns and management plans with a GP in a daily slot Monday to Friday. This will either be via a

remote discussion (Mon/Weds/Thurs), or during the in-person Ward Round with the GP (Tues/Fri),

If you have any concerns requiring immediate escalation then you will need to discuss relevant specialist teams, e.g. Weekday Professional Line or other relevant speciality.

BrisDoc Clinical Practitioner escalation to Secondary Care

The BrisDoc Clinical Practitioner can refer patients directly to secondary care teams via standard community pathways. For in-hours referrals to medical teams, this is via the SevernSide IUC Weekday Professional Line. The BrisDoc Clinical Practitioner can contact the Geriatric Advice Line Service (GALS), in line with other community clinicians, if required.

If a patient requires referral to secondary care, this would ordinarily be to the Bristol Royal Infirmary site, unless the patient requires a speciality based only at an alternative site (e.g. acute stroke requiring NBT). This is even if their originating hospital pre arrival at the BToCH was not the BRI.

BrisDoc Clinical Practitioner escalation to Community based services

The BrisDoc Clinical Practitioner can refer to BToCH Sirona colleagues for support with Sirona-supported services as required.

OOH Clinical Escalation

If a clinical concern arises about a BToCH patient in the OOH period, requiring a primary care response, this can be escalated to SevernSide IUC Professional line.

All calls to the SevernSide Professional line must be made by a registered healthcare professional. If a community Sirona Urgent Care Response is required, it is expected that this would be escalated to Sirona.

If an action is required in the OOHs period by primary care to support the patient to remain in the community, this can also be handed over via the BrisDoc IUC Professional Line.

Digital systems and Equipment

EMIS

Both BrisDoc's Clinical Practitioner and GPs will be using Broadmead EMIS access to document on EMIS. Patients will be temporarily registered at Broadmead Medical Centre during their time in the BToCH service.

All consultations will be recorded in the patient's EMIS record. These records also need to be transferred to Nourish for the benefit of the wider MDT; this transfer will be the responsibility of the CP.

EMIS codes 16593 / Practice code Y02578

Nourish

Nourish is The Burren's clinical system that holds the contemporaneous patient notes whilst at BToCH. Clinical Practitioners will have access to Nourish and should update Nourish with all clinical notes (which can be copied or summarised from EMIS).

Camascope

The Burren nursing team will use Camascope to log and administer medications, but the BrisDoc Clinicians will not require access to this system directly.

Daily BToCH Handover and Input Tracker Spreadsheet

This is held on the shared drive and performs two key functions:

- **Daily Handover**: This will be a key part of the daily handover between BrisDoc Clinical Practitioners.
- **Input Tracker** - This is to ensure BrisDoc can report on activities required for BToCH patients. Clinical Practitioners must ensure this is updated and reviewed daily.

You will receive additional guidance on how to use the Daily BToCH Handover and Input Tracker Spreadsheet as part of your induction.

The Daily BToCH Handover and Input Tracker Spreadsheet excel spreadsheet is saved in the following location on the S drive: **S:/BTOCH/Handover.**

Laptop

Clinicians operating at the Burren will have access to a BrisDoc laptop.

Mobile

Clinical Practitioners will have access to a shared BrisDoc mobile phone. The number of this phone is 07769472199. The code to unlock the phone is 3698.

Equipment

BrisDoc will have a dedicated Clinical Bag containing equipment needed for your clinical assessments and investigations. See The Appendix for the contents.

The Clinical Bag will be kept in a clinical room on the first floor of The Burren. There is also a cupboard within that room for additional consumables you may need. Gloves, masks and aprons will be provided by The Burren.

There is a defib on site in reception. Please note that there will not be a dedicated resuscitation bag on-site. In the event of a cardiac arrest and resuscitation attempt 999 must be called immediately.

Facilities and Access

On arrival at The Burren, please ensure you always register at the digital reception as this is used for the fire register. All regular BToCH team members will also be provided with a swipe card to support access within The Burren. More ad-hoc attendees will use visitor cards.

BToCH non-bariatric patients will be residing on the first floor of The Burren on either Emerald or Garnet wings. Beds for the 4 bariatric patients will be on the ground floor in Topaz wing.

There are spaces for MDT working between Emerald and Garnet wings, plus a staff room for break and refreshments.

Absence Notification

If you are due to be on shift at The BToCH and cannot attend as planned for any reason please contact the SevernSide Shift manager on the following contact details:

- Mon – Sun 08:00- 23:00: **0117 345 9083**
- Mon – Sun 23:00 – 08:00: **07748 931 309**

Governance

Learning Events

All Learning Events should be logged through the BrisDoc Learning Event portal on the BrisDoc Weblinks page. In addition, they should be logged on Nourish. If you are a Ward Round GP who does not have access to Nourish, please ask the CP to log this on your behalf.

Complaints

If you are made aware of a complaint relating to BToCH please log this via the BrisDoc Governance Team - brisdoc.governance@nhs.net.

Service Feedback and Improvements

The BToCH is a new service which will develop over time. We welcome feedback and suggestions from all clinicians working at The BToCH. Equally, if you have concerns that for any reason are not resolved within the BToCH MDT, then please contact your clinical lead to discuss.

Safeguarding

Safeguarding concerns should be managed in the usual manner through referral via the Bristol City Council website. This is *in addition* to in-person discussion with the wider BToCH MDT. This MDT discussion would include confirmation of who will (or who has) actioned the submission of the Safeguarding concern through usual processes.

Policies

As we will working on site at the Burren, it is expected that all MDT members on site comply with Burren-specific policies including but not limited to:

- Dress code/Appearance

- Infection Control
- Moving and Handling
- Data Protection and Confidentiality
- Health and Safety
- Security
- Standards of Conduct, Performance and Ethics
- Fire Safety.

Please take time to read these policies which will be shared with you as part of your induction.

Business Continuity

Should the internet go down at The Burren then you can use the mobile phone as a personal hotspot for your laptop and continue working as usual.

If you have no access to EMIS for any reason, please refer to the Severnside Business Continuity Handbook 'Loss of/No access to EMIS' plan on **Radar** and contact your Line Manager.

Version Tracker

Date	Version	Author	Change Details
20th November 2026	1.0	BC / RS /LG/ RH	New Handbook
20th November 2026	1.1	RS / LG	Business Continuity Plan

Appendicies

Appendix 1 - Exclusion Criteria for BToCH admission

Individuals with the following conditions cannot be supported by the Service and should not be referred.

Physiological instability, including:

- Requiring acute medical or surgical intervention
- Unstable observations or deteriorating clinical trajectory
- Actively dying (last days/weeks of life requiring intensive end of life management)
- Active risk of serious self-harm or suicide where risk is current and predominant
- Tracheostomy intensive treatment

Active substance misuse:

- Alcohol dependence with ongoing excessive consumption and refusal of treatment
- Recent or active serious violence posing risk to others
- Class A/B drug use

Known high-risk behaviours:

- Arson
- Significant risk to property, staff, or residents
- Active Self Harm

Clinical interventions not deliverable in care home setting:

- NG feeding
- IV therapy administration (including fluids)
- Ventilation support (excluding low-level CPAP)
- Chemotherapy administration
- Surgical procedures
- Medium - high risk CPAP
- High risk spinal injuries
- High risk PEG
- Complex collar care

Primary diagnosis outside registration scope:

- Learning Disability (as primary need)

Mental Health:

- Section 2 or 3 of the Mental Health Act
- Acute mental health episode
- Personality disorder
- History of self-harm
- Active methadone treatment

The Burren does not administer chemotherapy. People may be admitted where chemotherapy forms part of their treatment plan, provided they are clinically stable and able to attend hospital appointments, with additional support commissioned where required.

Appendix 2 – Admission Review Checklist

The admission documentation should be entered on EMIS using the EMIS code **'Living temporarily in a Care Home'**

Clinical Actions

- Review hospital discharge summary including actions or tasks that are required.
- Review clinical history with reference to d/c summary and connecting care record
- Review medication on discharge summary and cross reference with what has been received from hospital.
- Review ReSPECT form
- Meet and greet the patient to explain your role, addressing any immediate or urgent clinical concerns.
- Check and update allergy status
- Contact the patient's usual GP surgery to inform them that the patient is currently resident at The BToCH and will be temporarily registered with Broadmead during this period. This is for information and to ensure they do not re-issue routine medication during this period.

EMIS Actions

- The admission documentation should be entered on EMIS using the EMIS code **'Living temporarily in a Care Home'**
- Add BToCH Alert message as follows:

'This patient is currently temporarily registered at Broadmead Medical Centre and is a resident at The Burren Transfer of Care Hub

- Code all existing medical conditions, acute and chronic, on EMIS.
- Add all medications currently being taken to EMIS record.
- Add / update Allergy Status on EMIS record.

Daily Burren Handover and Input Tracker Actions

- Add patient to the 'patient overview' section
- Log your Admission Review as a clinical review on the input tracker as per any clinical encounter
- Add any relevant tasks to the handover section.

MDT Actions

- Update the Nurse in charge with any relevant updates post your Admission Review. This should include any medication changes required, noting that the Burren nursing team will have used the discharge summary to populate Camascope and Nourish.

Appendix 3 – Regular Routine Review

This list is not exhaustive and should be tailored according to clinical discretion and will likely evolve over time as the service develops.

- Review and update ReSPECT form.
- Patient / family discussion
- Other actions as required, eg discharge planning preparation

Appendix 4 – Leaving the BToCH Checklist

Create and review discharge summary documentation

- Assimilate discharge summary statements from the following members of the BToCH MDT:
- Sirona Therapy Team
- Sirona CToCH team
- Bristol City Council Social Worker
- The Burren Nursing Team
- Ensure medication list on the discharge summary document is accurate reflecting current medication taken

Please save the final discharge summary in EMIS and code this on EMIS as ' **Discharged from Service'**

Medication to take away

- All patients leaving the Burren must have a 2 week supply of the medications they are taking at the point of leaving BToCH.
- To enable this, please link in with the Burren Nurse in Charge to establish what quantity they have remaining and EPS any further requirements in advance of the discharge date. The Burren NIC will need to arrange for this to be delivered or collected in advance of the leaving date so please think ahead.

ReSPECT form

- The ReSPECT form should have been reviewed for all patients during their stay at BToCH. Please ensure that the patient has a printed copy of their most up to date form.
- Please also ensure that the most recent ReSPECT form is emailed to their onward GP surgery.

Handover to onward GP surgery

- All finalised discharge summaries will need to be emailed to the onward GP surgery.
- A copy of the ReSPECT form should be included in the same email.
- Contact the patient's usual GP to hand over any specific actions or concerns.

EMIS Actions

- Remove BToCH Alert message

Appendix 5 – Business Continuity

This document must be kept and returned to the BrisDoc Governance Team

Date: _____ **Time:** _____

Patient Details

Patient Name: _____

DOB: _____ **NHS No (if known):** _____

Clinician Details

Clinician Name: _____

Role (delete a appropriate): Clinical Practitioner / GP Ward Round

Consultation

Presenting Complaint / Reason for Contact

Consultation Notes

Assessment

Treatment Provided

Medication / Prescription Issued

Advice / Safety Netting

Outcome

☐ Self-Care

☐ GP Follow-Up

☐ Hospital Admission

☐ Other: _____

Clinician Declaration

I confirm this record accurately reflects the consultation undertaken.

Clinician Signature: _____

Date: _____

BCP Administration – to be completed once EMIS access is restored

EMIS Record Entered: ☐ Yes

Entered By: _____

Date Entered: _____

This document must be kept and returned to the BrisDoc Governance Team

BrisDoc Patient care by people who care

Proudly employee owned.

Appendix 6 - The Burren - Stock Check

Date:

Equipment List	Quantity	Date monthly check carried out
Stethoscope	1	
Blood pressure machine plus small / medium cuff / barriatric cuff	1	
Otoscope / Opthalmoscope	1	
Pulse Oximeter	1	
Thermometer	1	
Tape measure	1	
Tuning fork	1	
Tendon hammer	1	
Peak flow meter	1	(To be cleaned once a month by Facilities)
Blood glucose / ketone machine (including test strips & solutions)	1	(Complete log book)
Eye torch	1	

** Calibration of equipment arranged by Facilities.*

Consumables	Minimum quantity	Current stock levels
Pathology forms - 1 pack of each	1 pack of each	
Batteries - AA	1 pack	
Batteries - AAA	1 pack	
Batteries - LR44	5	
Batteries - LR41	5	
Batteries - 2042	1	

Swabs - Purple	10	
Swabs - Viral	10	
Urine pots	Bag of 50	
Green urine vacutainers & straws	Tray of 100	
Sharps bins	2	
Peak flow adult mouth piece	10	
Clinnell wipes	2	
Tongue depressors	1 box	
Thermometer covers	1 box of 200	
Otoscope covers 2.5	2 packs	
Otoscope covers 4.5	2 packs	

Blood taking equipment	**Minimum quantity**	**Current stock levels**
Butterfly Vacutainers (Inc. attachment)	10	
Safety Needles 23g (Blue)	10	
Safety Needles 21g (Green)	10	
Tourniquets	10	
Blood vacutainers Blue	10	
Blood vacutainers Brown	10	
Blood vacutainers Purple	10	
Blood vacutainers Grey	10	
Micropore tape 2.5cm	1	
Gauze	1 Pack	
Vacutainers with needles 21g	5	
Vacutainers with needles 22g	5	
Sterets	50	

Cannula Green	5	
Cannula Pink	5	
Cannula Blue	5	
Cannula White	5	
Lubricating gel	20	

Please complete this form during the 1st week of the month and email it to facilities.brisdoc@nhs.net. Facilities will prepare stock required and deliver to The Burren if necessary.