

**Out of Area Provider Guidance – Community Equipment for Repatriation of North Yorkshire CCG Registered Patients from Out of Area Providers**

Please note that out of area providers will not be given access to the Medequip system to order equipment directly for the discharge of patients.

If patients require equipment for discharge please follow the following steps:

**Does the patient already have CHC funded package in place?**

**Yes**

**No**

**Contact: Continuing Health Care (CHC)\*:**

0300 303 8674

**The following will need to be completed by the discharging provider for co-ordination of discharge, if not it could delay discharge\*:**

- OT Assessment completed
- Case of Need completed (see page 3)
- 1 quote if specialist bespoke equipment
- Is the need likely to be long or short-term

**Please contact the team below to whom patient care is being discharged, they will then assist in the co-ordination of the discharge.**

**Community teams Health (DNs, Physios, OTs) \*:**

**Community Therapy Scarborough and Ryedale:**

Single Point of Access referral: 01653 609609 (all hours)

**Community Therapy Hambleton and Richmondshire Localities:**

[ste-tr.IntegratedCareReferrals@nhs.net](mailto:ste-tr.IntegratedCareReferrals@nhs.net)

**Community Therapy Team Whitby:**

[HNF-TR.WhitbyNcs@nhs.net](mailto:HNF-TR.WhitbyNcs@nhs.net)

For Whitby: Telephone: 01947 899238 District Nurses, 01947 899239 Therapy Team or 01947 899240 Bladder and Bowel Service

**Community Care Teams Harrogate and Rural District:**

**Single Point of Access (Monday to Friday 8am-5pm)**

Tel: 01423 554632

**Email:** [hdftr.singlepoint@nhs.net](mailto:hdftr.singlepoint@nhs.net) (Only monitored Mon to Fri 8am-5pm)

**Out of hours, Weekends and Bank holidays**

Tel: 01423 554632

**Social Care (North Yorkshire County Council)\*:**

01609 780780

(Please note Social Care items are only available to NY residents)

**NY CCG Member General Practices:**

**Harrogate and Rural District GP Practices:**

<https://www.harrogateandruraldistrictccg.nhs.uk/who-we-are/our-practices/>

**Hambleton, Richmondshire and Whitby GP Practices:**

<https://www.hambletonrichmondshireandwhitbyccg.nhs.uk/our-gp-practices>

**Scarborough and Ryedale GP Practices:**

<https://www.scarboroughryedaleccg.nhs.uk/who-we-are/our-member-gp-practices/>

**CASE OF NEED (EQUIPMENT)**

**All sections must be completed or there may be a delay in authorisation and the request will have to be resubmitted.**

<b>Full Name:-</b>	<b>D.O.B:-</b>	Ensure home address is correct on TCES and change if it is not	
<b>NHS Number:-</b>	<b>Home Postcode:-</b>		
<b>Condition/Risks:</b>		<b>Problems experienced:</b>	
<b>Recommendation:</b>		<b>Cost:</b>	<b>Clinical reasoning:</b>
<b>Alternative Options:</b>		<b>Clinical Reasoning for non-consideration:</b>	
<b>Is equipment subject to Moving and Handling Regulations?</b>	YES	NO	If Yes include M & H Risk and plan please remember you have a legal duty to provide this to carers. (Formal or informal). If this can be uploaded it is helpful for the social care annual review in 12 months' time.

<b>Have you completed a M &amp; H Risk and plan.</b> Must be completed or will not be approved as this is a legal requirement from the person who assessed for the equipment.	YES	NO			
<b>Who will be using the equipment?</b>  <b>Issuing clinician is responsible for ensuring users know how to use. Select all that apply.</b>	<b>Person themselves only.</b>  (Have they or will you give instructions on use YES/NO)	<b>Family</b>  (Have they or will you give instructions on use YES/NO)	<b>Formal Carers</b>  (Have they or will you give instructions on use YES/NO)	Supporting Information on use of equipment:	
Name of requesting clinician PLEASE PRINT			Contact telephone number		

**Medequip will fit equipment if requested but will not assess suitability this is the requesting clinician's responsibility. Any follow up required immediately after discharge is the requesting clinician's responsibility and NYCC/NHS will not follow up on this request except in exceptional circumstances with prior agreement from NYCC/NHS.**  
**If in the future the person feels the equipment is not suitable they MUST be advised to contact NYCC/NHS for a reassessment.**