** **

Proud to be part of West Yorkshire

Health and Care Partnership

# Dynamic Support Register Self-Referral Form

This form is to help you find out if you can be added to the Dynamic Support Register.

If you have any questions or need help completing this form, please contact 07584 823503

## What is a Dynamic Support Register?

A Dynamic support register is sometimes called a DSR.

A DSR is a list of people with a learning disability and autistic people who need additional support and are at risk of going into hospital if they do not get the right care and treatment in the community.

The register tells health and care staff about the type of support a person with a learning disability or an autistic person needs to stay well at home. They work together with healthcare providers and caregivers to make sure the people on the register get the right care and support at the right time.

## Accessibility and reasonable adjustments.

Please let us now if you have any accessibility needs or need help completing this form.

You may find it helpful to complete an [Easy Read reasonable adjustment care plan.](https://www.kirkleeshcp.co.uk/wp-content/uploads/2021/05/Reasonable-adjustments-generic-Kirklees-2020-2021.pdf)

Full web address: [www.kirkleeshcp.co.uk/wp-content/uploads/2021/05/Reasonable-adjustments-generic-Kirklees-2020-2021.pdf](http://www.kirkleeshcp.co.uk/wp-content/uploads/2021/05/Reasonable-adjustments-generic-Kirklees-2020-2021.pdf)

| Your details | Please enter the name of person being referred, their date of birth, address and contact details in the form below |
| --- | --- |
| Full name  |  |
| Date of birth |  |
| Address |  |
| Telephone number |  |
| Email address |  |

You can find out how West Yorkshire ICB, Wakefield Place will use and process your information at our privacy notice [www.westyorkshire.icb.nhs.uk/privacy-notice/dynamic-support-register](http://www.westyorkshire.icb.nhs.uk/privacy-notice/dynamic-support-register) ). This includes details about the rights you have in relation to personal information held and processed by West Yorkshire ICB, Wakefield Place.

## Consent

If you are being referred, you must agree to it. This is called consent. To be able to give consent, you must have capacity to do so. This means you understand and can or are able to weigh up enough information to make the decision and have communicated it.

If the referral is being completed by someone other than the person themselves, please ensure you have discussed this with the person being referred. If that person lacks capacity to give consent, a best interest meeting will need to take place and be documented.

If someone is under 16 years of age their parents or guardian would need to give consent for them. The child or young person should be asked if they give their consent too.

You will need to consent to your information being shared with other professionals who support the DSR.

Please indicate below how consent was given and attach the documentation when submitting this form.

**Consent was given, the consent form was completed and attached:**

**Yes**  [ ]  **No** [ ]

**If you are unable to give consent.**

**The best interest meeting forms have been attached:**

**Yes** [ ]   **No** [ ]

**Resources**

* [Easy read information about agreeing to a DSR.](https://www.england.nhs.uk/wp-content/uploads/2023/01/Easy-read-version-of-the-Dynamic-support-register-and-Care-Education-and-Treatment-Review-policy-and-guide-Jan.pdf)
* Full website address: [www.england.nhs.uk/wp-content/uploads/2023/01/Easy-read-version-of-the-Dynamic-support-register-and-Care-Education-and-Treatment-Review-policy-and-guide-Jan.pdf](http://www.england.nhs.uk/wp-content/uploads/2023/01/Easy-read-version-of-the-Dynamic-support-register-and-Care-Education-and-Treatment-Review-policy-and-guide-Jan.pdf)
* Further easy read information on capacity and consent can be found at [SeeAbility](https://www.seeability.org/resources/consent-and-capacity-easy-read)
* [www.seeability.org/resources/consent-and-capacity-easy-read](http://www.seeability.org/resources/consent-and-capacity-easy-read)

## Health information

| Please provide any further medical history and current health conditions below |
| --- |
|  |

## Reason for Referral

| Do you have a learning disability or are you Autistic? Or both?Please tell us about your current situation and your concerns that has led to this referral:Please tell us what type of help might have already tried that may have not worked. Tell us how often it was used or was in place:  |
| --- |
|  |

## Current Support

| What support, if any, do you currently receive? |
| --- |
|  |

## Supporting documents

Please attach any additional information or documents you feel may be relevant such as recent medical reports, assessments or current medication taken.

| If you have any additional information you would like to share, please use the box below |
| --- |
|  |

## Contact Preferences

| Please let us know below if you have a preferred method of communication or any specific communication needs or requirements. |
| --- |
|  |

## Emergency Contacts

| Please provide below any names and contact information of a family member or a person you trust that we could contact in the case of an emergency. |
| --- |
|  |

## Please send the referral to

Post FAO Michelle McVittie , White Rose House , 1 West Parade, Wakefield, WF1 1LT

Adults wyicb-wak.ldandacommissioning@nhs.net

Children and Young People wyicb-wak.cypcommissioning@nhs.net

## Date of referral

Please tell us the date you sent the referral form.

## Assessment and Outcome:

The information you provide will be assessed against the DSR criteria.

We will let you know the outcome of this referral and if you meet the criteria to be added to the DSR.

If you do not meet the criteria, we will signpost you to support which may help you.

Other information and support can be found at:

* The West Yorkshire Key Worker Service for people up to the age of 25

[www.westyorkshirekeyworkerservice.org.uk](http://www.westyorkshirekeyworkerservice.org.uk)

0113 393 3240

## Next steps

**What happens next?**

The Dynamic support Lead will contact you to inform you if they need further information and if you meet the criteria for the dynamic support register. They can also help refer you or signpost you on to a more appropriate service.

**How is the risk rating determined?**

Based on the information gathered, professionals will rate the level of risk. This rating helps them prioritise support.

**Can I be Involved in the process?**

Absolutely! Your input and involvement are important throughout the risk assessment process. You have the right to be heard and to contribute your thoughts, choices, and concerns. Your perspective is valued and helps professionals gain a better understanding of your unique situation.

Remember, risk assessments are aimed at helping to ensure your safety and well-being. By identifying and addressing potential risks, professionals can support you in living a fulfilling life while minimising any potential harm.

## Process and Timescales for the Referral Response

* The DSR team will confirm they have received the referral within 5 working days.
* At the DSR meeting the Panel will discuss the referral, review it, and rate the risk level.
* Feedback will be sent to the organisation or person who made the referral (the referrer) within 24 hours after DSR meeting.
* The process for receiving referrals, rating the risk and informing the referrer and the person/their carer/family of the outcome should be completed within four weeks from the point of the referral being received.

| Details of the person who helped make this referral | Please enter name, relationship, address and contact details in the form below |
| --- | --- |
| Full name  |  |
| Relationship to the person referred.(e.g., family member, friend, healthcare professional) |  |
| Telephone number |  |
| Email address |  |
| Consent was given for this information to be stored and used to make contact if needed? | Yes ☐ No ☐ |

Did someone else help you to complete this form? If so please tell us their details below

| **For Office Use Only** | Enter information below |
| --- | --- |
| Date referral received: |  |
| Date/time of first contact |  |
| Date of risk rating with service user / family / carer input |  |
| Outcome: (signposted, requires more information, accepted) |  |