

*London: All Age Pan-London Specialist Palliative Care Referral Form*

Version 2

Circulated Date: 29 October 2021

Agreed Date: 17 September 2021

Review Date: 29 October 2022

*This document will continue to be reviewed and re-released to reflect new and emerging evidence.*

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| **PLEASE INCLUDE WITH THIS FORM ADDITIONAL INFORMATION - HOSPTIAL DISCHARGE SUMMARY, LETTERS, GP SUMMARY AND BLOOD TEST RESULTS.**  |

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| **IS REFERRAL URGENT? *(assess within 24/48 hours)* Yes** [ ]  **No** [ ] ***IF YES, PLEASE TELEPHONE SERVICE TO DISCUSS*** |
| **Referrer’s Details** |
| **Referrer’s Signature:**  | **Name:**  |
| **Job Title:**       | **Contact Number:**        | **Bleep No:**       |
| **Referring Organisation:**       | **Date:**       |
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| **Essential Patient Details** |
| **NHS Number:**       | **Surname:** | **First Name:** | **DoB:** | **Age:** |
| **Ethnicity:**  | **Declared Gender:** **Is declared gender the same as sex assigned at birth:** **Yes** [ ]  **No** [ ]  **Further information:**  | **Marital Status:** |
| **Address:** | **Postcode:** |
| **Email:**  | **Tel:** | **Mob:** |
| **Patient Representative / Key Contact:** **Name:****Address:****Postcode:****Telephone:****Relationship to Patient:****Is patient representative first point of contact?** **Yes** [ ]  **No** [ ]  | **Main Carer or 2nd Patient Representative:****Name:****Telephone:****Relationship to Patient:****Any further details:** | General Practitioner (*please inform GP of referral*)*:*Name of GP Practice:      Address:      **Postcode:**Telephone:      Email:      |
| **PAEDIATRICS ONLY** ***Name and age of sibling(s)***  |
| **Does patient live alone? Yes** [ ]  **No** [ ]  **Risks for visiting? Yes** [ ]  **No** [ ] **Further details:** | **Any access issues (e.g. key safe)? Yes** [ ]  **No** [ ] **Further details:** |
| **Has this referral been discussed with the patient? Yes** [ ]  **No** [ ]  **If no – please explain why not:** **If patient lacked capacity to consent to referral, who consented? Lasting Power of Attorney (adults)** [ ]  **Best Interest Decision made (adult)** [ ] **Other** [ ]  **Details:**      **PAEDIATRICS ONLY: Has parent consented to referral? Yes** [ ]  **No** [ ]  **If no – please explain why not:**  |

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| Reason(s) for Referral | Patient NHS Number:  |
| **Symptom Control** [ ]  **Emotional/Psychological Support** [ ]  **Social/Financial** [ ]  **Carer Support** [ ]  **Palliative Rehabilitation** [ ]  **Other reason** **(please provide details)** [ ]         |
| **Service requested** |
| **Home Assessment and Support** [ ]  **Day Services** [ ]  **Outpatient Service** [ ]  **Hospice at Home** [ ]  **Admission** [ ]  **Other reason (please give details):** **Please specify reason for admission:**  **Respite** [ ]  **Symptom Control** [ ]  **Terminal Care** [ ]  |
| **Services patient is already known to *or* referred to** |
| **Community Children Nursing** [ ]  **District Nursing** [ ]  **Social Services** [ ]  **Other** [ ] **Further details**:       |
| Further details of current palliative care problems  |
| 1.       |
| 2.       |
| 3.       |

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| Primary Diagnosis(es)       |
| Brief History of Diagnosis(es) and Key Treatments (Discharge / GP Summary included Yes [ ]  No [ ]  ) |
| Date | Progression of disease(s) and investigations/treatment(s) | Consultant and Hospital |
|                 |  |  |
|                 |  |  |
|                 |  |  |
| Prognosis: Death anticipated within Years [ ]  Months [ ]  Weeks [ ]  Days [ ]  Any further information:        |
| Does the patient have a urgent digital care plan? Yes [ ]  No [ ]  Unknown [ ]  If not, please give reason:       **If no urgent digital care plan, please consider creating if appropriate.****DNACPR in Place? Yes** [ ]  **No** [ ]  | **Other Advance Care Planning information (Preferred place of care / death/ Treatment Escalation Plan etc.)** |
| Other Past Medical and Psychiatric History (Discharge / GP Summary Included Yes [ ]  No [ ]  ) |
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| Infectious Disease(s) |
| **COVID-19 infection status: Positive** [ ]  **Negative** [ ]  **Not known** [ ]  **If positive date of positive test/ symptoms started**       **COVID-19 Vaccine: Yes** [ ]  **No** [ ]  **Declined** [ ]  **If yes, date of doses if known:**       **Any other communicable infection e.g. Clostridium difficile / MRSA etc (*please give further details):***        |
| Special Device in situ? Yes [ ]  No [ ]  *If yes, give details* (e.g. Tracheostomy /Drain /Pacemaker / PEG / ICD / NIPPV):       |

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| **Current Medication(s)** | **Patient NHS Number:**       |
|  **Please attach a medication list to this form. Use the space below for any further comments.** |
| **Known Drug Sensitivities/Allergies: Yes** [ ]  **No** [ ] Further details:       |

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| Communication |
| **What matters to the patient most?****Has patient been told diagnosis? Yes** [ ]  **No** [ ]  **Does the patient discuss the illness freely? Yes** [ ]  **No** [ ] **Is the patient representative aware of patient’s diagnosis? Yes** [ ]  **No** [ ] **Does the representative discuss the illness freely (if applicable) Yes** [ ]  **No** [ ] **Fluent in English? Yes** [ ]  **No** [ ]  **First Language, if not English:       Is an Interpreter Needed? Yes** [ ]  **No** [ ] **Other barriers to communication/registered disabilities:****Spirituality: What gives the person strength/meaning?**        |

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| **Safeguarding** |
| **ADULTS** **Is the patient an adult at risk of abuse or neglect?****Yes** [ ]  **No** [ ]  **Further details:****Is there an ongoing safeguarding investigation? Yes** [ ]  **No** [ ] **Further details:** **Is a Deprivation of Liberty Safeguard in place? Yes** [ ]  **No** [ ] **Further details:** | **PAEDIATRICS****Is the child on a Child in Need plan?** **Yes** [ ]  **No** [ ] **Is the child a looked after child? Yes** [ ]  **No** [ ] **Further details:**       |

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| **Current Location of Patient** |
| At Home [ ]  In Hospital [ ]  (if in hospital, complete section below) Other e.g. Nursing /Care Home [ ]  **Further details if any:**       |

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| For Patients in Hospital  |
| **Hospital:**       | **Hospital No:**       |
| **Ward** :      | **Direct Ward Ext**:       | **Telephone:**       |
| **Consultant:**       | **Date of Discharge:** *(****if known****)*       |
| **Is Patient Ventilated?** **Yes** [ ]  **No** [ ]   | **Is Palliative care team involved?**  **Yes** [ ]  **No** [ ]  |
| **Is the referral for out of hospital extubation? Yes** [ ]  **No** [ ]  | **Any other comments/information:**       |

Each acute hospital has an **adult** Specialist Palliative Care team: if your patient is a *hospital inpatient*, please contact the team, via the relevant hospital switchboard.

**Contact Details for all Adult Services (see following page for SWL adult services)**

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| **ICS**  | **Service Name, Postcode** **Borough(s) served** | **Telephone number** | **Email address for referral form** |
| NEL | [ ]  Saint Francis Hospice, RM4 1QH **Community service**: Barking & Dagenham, Havering, Brentwood**Inpatient services:** Barking & Dagenham, Havering, Redbridge | 01708 758606 | NELCSU.saintfrancishospicereferrals@nhs.net |
| [ ]  The Margaret Centre, Whipps Cross Hospital, E11 1NR **Inpatient services:** Waltham Forest, Redbridge | 02085356604 | BHNT.margaretcentrereferrals@nhs.net |
| [ ] Saint Joseph’s Hospice, E8 4SA**Community service**: Hackney, Tower Hamlets (TH), Newham**Inpatient services:** Hackney, TH, Newham, Islington, Haringey, W’am Forest | 0300 30 30 400 | stjosephs.firstcontact@nhs.net |
| [ ]  Redbridge Community Palliative Care Team, IG2 7SR **Community service**: Redbridge | 0300 300 1901 | RedbridgeSPCT@nelft.nhs.uk |
| NCL | [ ]  North London Hospice, N12 8TT **Community** **& inpatient services:** Barnet, Enfield, Haringey | 020 8343 8841 | Northlondonhospice.firstcontact@nhs.net |
| [ ]  South Camden community Palliative Care Team, NW1 0PE **Community service**: South Camden | 020 3317 5777 | palliative.southcamden@nhs.net |
| [ ]  Islington Community Palliative Care Team, NW1 0PE **Community service**: Islington | 020 3317 5777 | palliative.islington@nhs.net |
| [ ]  Marie Curie Hospice Hampstead, Camden, NW3 5NS **Inpatient services:** Barnet, Camden, Enfield, Haringey, Islington, Brent**Outpatient services**: Barnet, Camden, Enfield, Haringey, Islington, Brent | 02078533400 | Inpatientunit.hampsteadhospice@nhs.nethampstead.hospice@mariecurie.org.ukoutpatientunit.hampsteadhospice@nhs.net |
| [ ]  The Royal Free - North Camden Palliative Care Team, NW3 2QG **Community service**: North Camden | 020 7830290502077940500 (weekends & bank holidays) | rf.palliativecare@nhs.net |
| NWL | [ ]  Michael Sobell including Harlington Hospice, UB3 5AB **Community & inpatient services**: Hillingdon | 0203 824 1268. | nhsnwlccg.mshreferrals@nhs.net |
| [ ]  Meadow House Hospice, UB1 3HW **Community** **& inpatient services**: Ealing, Hounslow  | 020 8967 5179 | referralsmeadowhouse@nhs.net |
| [ ]  St Luke’s Hospice, HA3 0YG **Community service:** North Brent **Inpatient services:** Brent and Harrow (via Hospice Services Navigator) | 020 8382 80130759313530302083828046(out of hours) | LNWH-tr.referralsstlukes@nhs.net |
| [ ]  St John’s Hospice, NW8 9NH**Community service**: some of Central London**Inpatient services:** Brent, Camden, Central London, Islington, West London, Hammersmith & Fulham (H&F) | 020 7806 4040 | nhsnwlccg.stjohnsreferrals@nhs.net |
| [ ]  Pembridge Hospice, W10 6DZ **Community service**: South Brent, some of West London and some of Hammersmith & Fulham (H&F).  | 020 8102 5000 | Clcht.pembridgeunit@nhs.netclcht.spa.referral@nhs.net |
| [ ]  Hillingdon Community Palliative Care Team, UB8 1QG **Community service**: Hillingdon | 01895 485235  | cnw-tr.hchcontactcentrerefs@nhs.net |
| [ ]  Harrow Community Team, HA3 0YG **Community service**: Harrow | 020 8382 8084 | CLCHT.HarrowPalliativeCare@nhs.net |
| SEL | [ ]  St Christopher’s Hospice, SE26 6DZ **Community service**: Bromley, Croydon, some of Lambeth, Lewisham, some of Southwark**Inpatient services:** Bromley, Croydon, Lambeth, Lewisham, Southwark | 020 87684582 | st.christophers@nhs.net |
| [ ]  Greenwich & Bexley Community Hospice SE2 0GB **Community & inpatient services:** Greenwich, Bexley | 020 8320 5837 | gbch.referrals@nhs.net |
| [ ]  Guy’s & St Thomas’ Community Team, SE1 9RT **Community palliative care**: some of Lambeth, some of Southwark | 020 7188 4754 | gst-tr.gstt-palliativecare@nhs.net |
| Adult services continued |
| SWL | [ ]  St Raphael’s Hospice, SM3 9DX **Community & inpatient services:** Merton, Sutton, some of Wandsworth | 020 8099 7777 | srh.referrals@nhs.net |
| [ ]  Princess Alice Hospice, Esher, KT10 8NA **Community & inpatient services:** Richmond, Kingston | 03001020100 (option 1)  | SDCCG.clinicaladminpah@nhs.net |
| [ ]  Royal Trinity Hospice, SW4 0RN **Community service**: some of Central London, some of Hammersmith & Fulham, Wandsworth, some of West London**Inpatient services:** Central London, Hammersmith & Fulham, Wandsworth, West London, Lambeth | 020 7787106502077871062 | rth.referrals@nhs.net |

**Contact Details for all Pediatric Services**

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| **ICS**  | **Service Name, Postcode (Borough(s) served)**  | **Telephone number** | **Email address for referral form** |
| NEL | [ ]  Diana Children's Community Palliative Care Team E16 1LQ (Newham) | 0203 738 7063  | elft.dianateamnewham@nhs.net  |
| [ ]  Richard House Children’s Hospice, E16 3RG (Newham, Barking and Dagenham, City & Hackney, Tower Hamlets, Waltham Forest, Redbridge, Havering) | 020 7511 0222 | info@richardhouse.org.uk  |
| [ ]  **Haven House Children’s Hospice,** IG8 9LB (Waltham Forest, Redbridge, Havering, Barking & Dagenham, some of Enfield) | 020 8505 9944 | haven.house@nhs.net |
| NCL | [ ]  Enfield Specialist Nursing, Bereavement and Play Team, EN2 0JB (Enfield) | 0208 702 5620 | beh-tr.specialistnursingbereavementandplayteam@nhs.net |
| [ ]  Life Force Team, N7 6LB(Camden, Haringey & Islington) | 0203 316 1950 | Lifeforce.whitthealth@nhs.net  |
| [ ]  **Louis Dundas Palliative Care Team** **Great Ormond Street WC1N 3JH**(All **London Boroughs)**  | 020 7829 8678 | Louisdundas.centre@nhs.net  |
| [ ]  Noah’s Ark Children’s Hospice, EN5 4NP (Barnet, Camden, Enfield, Haringey, and Islington or adjoining boroughs where hospice services are not available) | **020 3994 4134 07713 071116** | General: noahs.referrals@nhs.netUrgent: noahs.nurses@nhs.net |
| **NWL** | [ ]  **Kaleidoscope community palliative care team, W9 3XZ (Central London, Hammersmith & Fulham, West London)** | 020 7266 8840 | Clcht.chirp@nhs.net |
| **SWL** | [ ]  Shooting Star Children’s Hospice, TW12 3RA (Richmond, Merton, Sutton, Kingston, Croydon, Wandsworth) | 020 8783 2000 | ssch.referrals@nhs.net |
| [ ]  SPACE specialist service (All SWL boroughs) | 01483230980 | SSCH.spaceteam@nhs.net |
| SEL | [ ]  **Evelina London Children’s Hospital Palliative care team (All London boroughs plus any child known to the ELCH network)**  | 0207 1887188 ext.56278/53823 | gst-tr.elchpaedpalliativereferrals@nhs.net  |
| [ ]  Demelza Hospice Care SE9 5AB (Bexley, Bromley, Lewisham, Lambeth, Southwark, Greenwich, Croydon) | 020 8859 980001795 845 25307919 891 216 | Demelza.referrals@demelza.org.ukDemelza.referrals@nhs.net |

**Further information:**
 **Adult hospice services** - visit <http://www.hospiceuk.org/about-hospice-care/find-a-hospice> and enter the postcode or name of hospice

**Children’s hospice services** - visit: <https://chal.org.uk/about-us/#hospices_list>