



**London**

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

Version 2

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

## Pan-London All Age Specialist Palliative Care Referral Form V2 – Outpatient, Community and Hospice Services

See service contact details at end of form

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

**IS REFERRAL URGENT? (assess within 24/48 hours) Yes  No**   
**IF YES, PLEASE TELEPHONE SERVICE TO DISCUSS**

<b>Referrer's Details</b>		
Referrer's Signature:	Name:	
Job Title:	Contact Number:	Bleep No:
Referring Organisation:		Date:

<b>Essential Patient Details</b>				
NHS Number:	Surname:	First Name:	DoB:	Age:
Ethnicity:		Declared Gender: Is declared gender the same as sex assigned at birth: Yes <input type="checkbox"/> No <input type="checkbox"/> Further information:		Marital Status:
Address:			Postcode:	
Email:		Tel:		Mob:
Patient Representative / Key Contact:		Main Carer or 2 <sup>nd</sup> Patient Representative:		General Practitioner ( <i>please inform GP of referral</i> ):
Name:		Name:		Name of GP Practice:
Address:		Telephone:		Address:
Postcode:		Relationship to Patient:		Postcode:
Telephone:		Any further details:		Telephone:
Relationship to Patient:				Email:
Is patient representative first point of contact? Yes <input type="checkbox"/> No <input type="checkbox"/>				

<b>PAEDIATRICS ONLY</b> <i>Name and age of sibling(s)</i>	
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Does patient live alone? Yes <input type="checkbox"/> No <input type="checkbox"/> Risks for visiting? Yes <input type="checkbox"/> No <input type="checkbox"/> Further details:	Any access issues (e.g. key safe)? Yes <input type="checkbox"/> No <input type="checkbox"/> Further details:
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Has this referral been discussed with the patient? Yes <input type="checkbox"/> No <input type="checkbox"/> If no – please explain why not:	
If patient lacked capacity to consent to referral, who consented? Lasting Power of Attorney (adults) <input type="checkbox"/> Best Interest Decision made (adult) <input type="checkbox"/> Other <input type="checkbox"/> Details:	
<b>PAEDIATRICS ONLY:</b> Has parent consented to referral? Yes <input type="checkbox"/> No <input type="checkbox"/> If no – please explain why not:	

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<b>Reason(s) for Referral</b>		<b>Patient NHS Number:</b>
Symptom Control <input type="checkbox"/> Emotional/Psychological Support <input type="checkbox"/> Social/Financial <input type="checkbox"/> Carer Support <input type="checkbox"/> Palliative Rehabilitation <input type="checkbox"/> Other reason (please provide details) <input type="checkbox"/>		
<b>Service requested</b>		
Home Assessment and Support <input type="checkbox"/> Day Services <input type="checkbox"/> Outpatient Service <input type="checkbox"/> Hospice at Home <input type="checkbox"/> Admission <input type="checkbox"/> Other reason (please give details): Please specify reason for admission: Respite <input type="checkbox"/> Symptom Control <input type="checkbox"/> Terminal Care <input type="checkbox"/>		
<b>Services patient is already known to or referred to</b>		
Community Children Nursing <input type="checkbox"/> District Nursing <input type="checkbox"/> Social Services <input type="checkbox"/> Other <input type="checkbox"/> Further details:		
<b>Further details of current palliative care problems</b>		
1.		
2.		
3.		
<b>Primary Diagnosis(es)</b>		
Brief History of Diagnosis(es) and Key Treatments (Discharge / GP Summary included Yes <input type="checkbox"/> No <input type="checkbox"/> )		
Date	Progression of disease(s) and investigations/treatment(s)	Consultant and Hospital
Prognosis: Death anticipated within Years <input type="checkbox"/> Months <input type="checkbox"/> Weeks <input type="checkbox"/> Days <input type="checkbox"/> Any further information:		
Does the patient have a urgent digital care plan? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If not, please give reason:  If no urgent digital care plan, please consider creating if appropriate. DNACPR in Place? Yes <input type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/> )		
<b>Infectious Disease(s)</b>		
COVID-19 infection status: Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not known <input type="checkbox"/> If positive date of positive test/ symptoms started COVID-19 Vaccine: Yes <input type="checkbox"/> No <input type="checkbox"/> Declined <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> If yes, give details (e.g. Tracheostomy / Drain / Pacemaker / PEG / ICD / NIPPV):		

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<b>Current Medication(s)</b>	<b>Patient NHS Number:</b>
Please attach a medication list to this form. Use the space below for any further comments	
Known Drug Sensitivities/Allergies: Yes <input type="checkbox"/> No <input type="checkbox"/> Further details:	

<b>Communication</b>
<p>What matters to the patient most?</p> <p>Has patient been told diagnosis? Yes <input type="checkbox"/> No <input type="checkbox"/> Does the patient discuss the illness freely? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is the patient representative aware of patient's diagnosis? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does the representative discuss the illness freely (if applicable) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Fluent in English? Yes <input type="checkbox"/> No <input type="checkbox"/> First Language, if not English: _____ Is an Interpreter Needed? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Other barriers to communication/registered disabilities:</p> <p>Spirituality: What gives the person strength/meaning?</p>

<b>Safeguarding</b>	
<p><b>ADULTS</b></p> <p>Is the patient an adult at risk of abuse or neglect? Yes <input type="checkbox"/> No <input type="checkbox"/> Further details:</p> <p>Is there an ongoing safeguarding investigation? Yes <input type="checkbox"/> No <input type="checkbox"/> Further details:</p> <p>Is a Deprivation of Liberty Safeguard in place? Yes <input type="checkbox"/> No <input type="checkbox"/> Further details:</p>	<p><b>PAEDIATRICS</b></p> <p>Is the child on a Child in Need plan? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is the child a looked after child? Yes <input type="checkbox"/> No <input type="checkbox"/> Further details:</p>

<b>Current Location of Patient</b>
At Home <input type="checkbox"/> In Hospital <input type="checkbox"/> (if in hospital, complete section below) Other e.g. Nursing /Care Home <input type="checkbox"/> Further details if any:

<b>For Patients in Hospital</b>			
Hospital:	Hospital No:	Telephone:	Date of Discharge: <i>(if known)</i>
Ward :	Direct Ward Ext:	Is Palliative care team involved? Yes <input type="checkbox"/> No <input type="checkbox"/>	Any other comments/information:
Consultant:	Is Patient Ventilated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the referral for out of hospital extubation? Yes <input type="checkbox"/> No <input type="checkbox"/>	

## Pan-London All Age Specialist Palliative Care Referral Form V2 – Outpatient, Community and Hospice Services

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)**

ICS	Service Name, Postcode Borough(s) served	Telephone number	Email address for referral form
NEL	<input type="checkbox"/> Saint Francis Hospice, RM4 1QH <b>Community service:</b> Barking & Dagenham, Havering, Brentwood <b>Inpatient services:</b> Barking & Dagenham, Havering, Redbridge	01708 758606	<a href="mailto:NELCSU.saintfrancishospicereferrals@nhs.net">NELCSU.saintfrancishospicereferrals@nhs.net</a>
	<input type="checkbox"/> The Margaret Centre, Whipps Cross Hospital, E11 1NR <b>Inpatient services:</b> Waltham Forest, Redbridge	02085356604	<a href="mailto:BHNT.margaretcentreferrals@nhs.net">BHNT.margaretcentreferrals@nhs.net</a>
	<input type="checkbox"/> Saint Joseph's Hospice, E8 4SA <b>Community service:</b> Hackney, Tower Hamlets (TH), Newham <b>Inpatient services:</b> Hackney, TH, Newham, Islington, Haringey, W'am Forest	0300 30 30 400	<a href="mailto:stjosephs.firstcontact@nhs.net">stjosephs.firstcontact@nhs.net</a>
	<input type="checkbox"/> Redbridge Community Palliative Care Team, IG2 7SR <b>Community service:</b> Redbridge	0300 300 1901	<a href="mailto:RedbridgeSPCT@nelft.nhs.uk">RedbridgeSPCT@nelft.nhs.uk</a>
NCL	<input type="checkbox"/> North London Hospice, N12 8TT <b>Community &amp; inpatient services:</b> Barnet, Enfield, Haringey	020 8343 8841	<a href="mailto:Northlondonhospice.firstcontact@nhs.net">Northlondonhospice.firstcontact@nhs.net</a>
	<input type="checkbox"/> South Camden community Palliative Care Team, NW1 0PE <b>Community service:</b> South Camden	020 3317 5777	<a href="mailto:palliative.southcamden@nhs.net">palliative.southcamden@nhs.net</a>
	<input type="checkbox"/> Islington Community Palliative Care Team, NW1 0PE <b>Community service:</b> Islington	020 3317 5777	<a href="mailto:palliative.islington@nhs.net">palliative.islington@nhs.net</a>
	<input type="checkbox"/> Marie Curie Hospice Hampstead, Camden, NW3 5NS <b>Inpatient services:</b> Barnet, Camden, Enfield, Haringey, Islington, Brent <b>Outpatient services:</b> Barnet, Camden, Enfield, Haringey, Islington, Brent	02078533400	<a href="mailto:Inpatientunit.hampsteadhospice@nhs.net">Inpatientunit.hampsteadhospice@nhs.net</a> <a href="mailto:hampstead.hospice@mariecurie.org.uk">hampstead.hospice@mariecurie.org.uk</a> <a href="mailto:outpatientunit.hampsteadhospice@nhs.net">outpatientunit.hampsteadhospice@nhs.net</a>
	<input type="checkbox"/> The Royal Free - North Camden Palliative Care Team, NW3 2QG <b>Community service:</b> North Camden	020 78302905 02077940500 (weekends & bank holidays)	<a href="mailto:rf.palliativecare@nhs.net">rf.palliativecare@nhs.net</a>
NWL	<input type="checkbox"/> Michael Sobell including Harlington Hospice, UB3 5AB <b>Community &amp; inpatient services:</b> Hillingdon	0203 824 1268.	<a href="mailto:nhsnwlccg.mshreferrals@nhs.net">nhsnwlccg.mshreferrals@nhs.net</a>
	<input type="checkbox"/> Meadow House Hospice, UB1 3HW <b>Community &amp; inpatient services:</b> Ealing, Hounslow	020 8967 5179	<a href="mailto:referralsmeadowhouse@nhs.net">referralsmeadowhouse@nhs.net</a>
	<input type="checkbox"/> St Luke's Hospice, HA3 0YG <b>Community service:</b> North Brent <b>Inpatient services:</b> Brent and Harrow (via Hospice Services Navigator)	020 8382 8013 07593135303 02083828046 (out of hours)	<a href="mailto:LNWH-tr.referralsstlukes@nhs.net">LNWH-tr.referralsstlukes@nhs.net</a>
	<input type="checkbox"/> St John's Hospice, NW8 9NH <b>Community service:</b> some of Central London <b>Inpatient services:</b> Brent, Camden, Central London, Islington, West London, Hammersmith & Fulham (H&F)	020 7806 4040	<a href="mailto:nhsnwlccg.stjohnsreferrals@nhs.net">nhsnwlccg.stjohnsreferrals@nhs.net</a>
	<input type="checkbox"/> Pembridge Hospice, W10 6DZ <b>Community service:</b> South Brent, some of West London and some of Hammersmith & Fulham (H&F).	02081025000	<a href="mailto:Clcht.pembridgeunit@nhs.net">Clcht.pembridgeunit@nhs.net</a> <a href="mailto:clcht.spa.referral@nhs.net">clcht.spa.referral@nhs.net</a>
	<input type="checkbox"/> Hillingdon Community Palliative Care Team, UB8 1QG <b>Community service:</b> Hillingdon	01895 485235	<a href="mailto:cnw-tr.hchcontactcentrerefs@nhs.net">cnw-tr.hchcontactcentrerefs@nhs.net</a>
	<input type="checkbox"/> Harrow Community Team, HA3 0YG <b>Community service:</b> Harrow	020 8382 8084	<a href="mailto:CLCHT.HarrowPalliativeCare@nhs.net">CLCHT.HarrowPalliativeCare@nhs.net</a>
SEL	<input type="checkbox"/> St Christopher's Hospice, SE26 6DZ <b>Community service:</b> Bromley, Croydon, some of Lambeth, Lewisham, some of Southwark <b>Inpatient services:</b> Bromley, Croydon, Lambeth, Lewisham, Southwark	020 87684582	<a href="mailto:st.christophers@nhs.net">st.christophers@nhs.net</a>
	<input type="checkbox"/> Greenwich & Bexley Community Hospice SE2 0GB <b>Community &amp; inpatient services:</b> Greenwich, Bexley	020 8320 5837	<a href="mailto:gbch.referrals@nhs.net">gbch.referrals@nhs.net</a>
	<input type="checkbox"/> Guy's & St Thomas' Community Team, SE1 9RT <b>Community palliative care:</b> some of Lambeth, some of Southwark	020 7188 4754	<a href="mailto:gst-tr.gstt-palliativecare@nhs.net">gst-tr.gstt-palliativecare@nhs.net</a>

## Pan-London All Age Specialist Palliative Care Referral Form V2 – Outpatient, Community and Hospice Services

Adult services continued

SWL	<input type="checkbox"/> St Raphael's Hospice, SM3 9DX <b>Community &amp; inpatient services:</b> Merton, Sutton, some of Wandsworth	020 8099 7777	<a href="mailto:srh.referrals@nhs.net">srh.referrals@nhs.net</a>
	<input type="checkbox"/> Princess Alice Hospice, Esher, KT10 8NA <b>Community &amp; inpatient services:</b> Richmond, Kingston	03001020100 (option 1)	<a href="mailto:SDCCG.clinicaladminpah@nhs.net">SDCCG.clinicaladminpah@nhs.net</a>
	<input type="checkbox"/> Royal Trinity Hospice, SW4 0RN <b>Community service:</b> some of Central London, some of Hammersmith & Fulham, Wandsworth, some of West London <b>Inpatient services:</b> Central London, Hammersmith & Fulham, Wandsworth, West London, Lambeth	020 77871065 02077871062	<a href="mailto:rth.referrals@nhs.net">rth.referrals@nhs.net</a>

### Contact Details for all Pediatric Services

ICS	Service Name, Postcode (Borough(s) served)	Telephone number	Email address for referral form
NEL	<input type="checkbox"/> Diana Children's Community Palliative Care Team E16 1LQ (Newham)	0203 738 7063	<a href="mailto:elft.dianateamnewham@nhs.net">elft.dianateamnewham@nhs.net</a>
	<input type="checkbox"/> Richard House Children's Hospice, E16 3RG (Newham, Barking and Dagenham, City & Hackney, Tower Hamlets, Waltham Forest, Redbridge, Havering)	020 7511 0222	<a href="mailto:info@richardhouse.org.uk">info@richardhouse.org.uk</a>
	<input type="checkbox"/> Haven House Children's Hospice, IG8 9LB (Waltham Forest, Redbridge, Havering, Barking & Dagenham, some of Enfield)	020 8505 9944	<a href="mailto:haven.house@nhs.net">haven.house@nhs.net</a>
NCL	<input type="checkbox"/> Enfield Specialist Nursing, Bereavement and Play Team, EN2 0JB (Enfield)	0208 702 5620	<a href="mailto:beh-tr.specialistnursingbereavementandplayteam@nhs.net">beh-tr.specialistnursingbereavementandplayteam@nhs.net</a>
	<input type="checkbox"/> Life Force Team, N7 6LB (Camden, Haringey & Islington)	0203 316 1950	<a href="mailto:Lifeforce.whitthealth@nhs.net">Lifeforce.whitthealth@nhs.net</a>
	<input type="checkbox"/> Louis Dundas Palliative Care Team Great Ormond Street WC1N 3JH (All London Boroughs)	020 7829 8678	<a href="mailto:Louisdundas.centre@nhs.net">Louisdundas.centre@nhs.net</a>
	<input type="checkbox"/> 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: <a href="mailto:noahs.referrals@nhs.net">noahs.referrals@nhs.net</a> Urgent: <a href="mailto:noahs.nurses@nhs.net">noahs.nurses@nhs.net</a>
NWL	<input type="checkbox"/> Kaleidoscope community palliative care team, W9 3XZ (Central London, Hammersmith & Fulham, West London)	020 7266 8840	<a href="mailto:Clcht.chirp@nhs.net">Clcht.chirp@nhs.net</a>
SWL	<input type="checkbox"/> Shooting Star Children's Hospice, TW12 3RA (Richmond, Merton, Sutton, Kingston, Croydon, Wandsworth)	020 8783 2000	<a href="mailto:ssch.referrals@nhs.net">ssch.referrals@nhs.net</a>
	<input type="checkbox"/> SPACE specialist service (All SWL boroughs)	01483230980	<a href="mailto:SSCH.spaceteam@nhs.net">SSCH.spaceteam@nhs.net</a>
SEL	<input type="checkbox"/> Evelina London Children's Hospital Palliative care team (All London boroughs plus any child known to the ELCH network)	0207 1887188 ext.56278/53823	<a href="mailto:gst-tr.elchpaedpalliativereferrals@nhs.net">gst-tr.elchpaedpalliativereferrals@nhs.net</a>
	<input type="checkbox"/> Demelza Hospice Care SE9 5AB (Bexley, Bromley, Lewisham, Lambeth, Southwark, Greenwich, Croydon)	020 8859 9800 01795 845 253 07919 891 216	<a href="mailto:Demelza.referrals@demelza.org.uk">Demelza.referrals@demelza.org.uk</a> <a href="mailto:Demelza.referrals@nhs.net">Demelza.referrals@nhs.net</a>

#### 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](https://chal.org.uk/about-us/#hospices_list)