



London

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

Version 3

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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 V3 – 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

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

Essential Patient Details				
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 nd 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"/>				

PAEDIATRICS ONLY <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 patient lacked capacity to consent to referral, who consented? Lasting Power of Attorney (adults) <input type="checkbox"/> Other <input type="checkbox"/> Details:	If no – please explain why not: Best Interest Decision made (adult) <input type="checkbox"/>
PAEDIATRICS ONLY: Has parent consented to referral? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no – please explain why not:

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Reason(s) for Referral		Patient NHS Number:
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"/>		
Service requested		
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"/>		
Services patient is already known to or referred to		
Community Children Nursing <input type="checkbox"/> District Nursing <input type="checkbox"/> Social Services <input type="checkbox"/> Other <input type="checkbox"/> Further details:		
Further details of current palliative care problems		
1.		
2.		
3.		
Primary Diagnosis(es)		
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"/>)		
Infectious Disease(s)		
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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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 <input type="checkbox"/> No <input type="checkbox"/> Further details:	

Communication
<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>

Safeguarding	
<p>ADULTS</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>PAEDIATRICS</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>

Current Location of Patient
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:

For Patients in Hospital			
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 V3 – Outpatient, Community and Hospice Services

Service contact details

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 Community service: Barking & Dagenham, Havering, Brentwood Inpatient services: Barking & Dagenham, Havering, Redbridge	01708 758606	NELCSU.saintfrancishospicereferrals@nhs.net
	<input type="checkbox"/> The Margaret Centre, Whipps Cross Hospital, E11 1NR Inpatient services: Waltham Forest, Redbridge Community service: Waltham Forest	020 8535 6604 020 8535 6714	BHNT.margaretcentrereferrals@nhs.net
	<input type="checkbox"/> 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
	<input type="checkbox"/> Redbridge Community Palliative Care Team, IG2 7SR Community service: Redbridge	0300 300 1901	RedbridgeSPCT@nelft.nhs.uk
NCL	<input type="checkbox"/> North London Hospice, N12 8TT Community & inpatient services: Barnet, Enfield, Haringey	020 8343 8841	Northlondonhospice.firstcontact@nhs.net
	<input type="checkbox"/> South Camden community Palliative Care Team, NW1 0PE Community service: South Camden	020 3317 5777	palliative.southcamden@nhs.net
	<input type="checkbox"/> Islington Community Palliative Care Team, NW1 0PE Community service: Islington	020 3317 5777	palliative.islington@nhs.net
	<input type="checkbox"/> Marie Curie Hospice Hampstead, Camden, NW3 5NS Inpatient services: Barnet, Camden, Enfield, Haringey, Islington, Brent Outpatient services: Barnet, Camden, Enfield, Haringey, Islington, Brent	020 7853 3400	Inpatientunit.hampsteadhospice@nhs.net outpatientunit.hampsteadhospice@nhs.net
	<input type="checkbox"/> The Royal Free - North Camden Palliative Care Team, NW3 2QG Community service: North Camden	020 7830 2905 020 7794 0500 (weekends & bank holidays)	rf.palliativecare@nhs.net
NWL	<input type="checkbox"/> Michael Sobell including Harlington Hospice, UB3 5AB Community & inpatient services: Hillingdon	020 3824 1268.	nhsnwccg.mshreferrals@nhs.net
	<input type="checkbox"/> Meadow House Hospice, UB1 3HW Community & inpatient services: Ealing, Hounslow	020 8967 5179	referralsmeadowhouse@nhs.net
	<input type="checkbox"/> St Luke's Hospice, HA3 0YG Community service: North Brent Inpatient services: Brent and Harrow (via Hospice Services Navigator)	020 8382 8000 020 8382 8013 07593135303 020 8382 8046 (out of hours)	LNWH-tr.referralsstlukes@nhs.net
	<input type="checkbox"/> 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	nhsnwl.stjohnsreferrals@nhs.net
	<input type="checkbox"/> 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.net clcht.spa.referral@nhs.net
	<input type="checkbox"/> Hillingdon Community Palliative Care Team, UB8 1QG Community service: Hillingdon	01895 485235	cnw-tr.hchcontactcentrerefs@nhs.net
	<input type="checkbox"/> Harrow Community Team, HA3 0YG Community service: Harrow	020 8382 8084	CLCHT.HarrowPalliativeCare@nhs.net
SEL	<input type="checkbox"/> 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

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Adult services continued

	<input type="checkbox"/> Greenwich & Bexley Community Hospice SE2 0GB Community & inpatient services: Greenwich, Bexley	020 8320 5837	gbch.referrals@nhs.net
	<input type="checkbox"/> 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
SWL	<input type="checkbox"/> St Raphael's Hospice, SM3 9DX Community & inpatient services: Merton, Sutton, some of Wandsworth	020 8099 7777	srh.referrals@nhs.net
	<input type="checkbox"/> Princess Alice Hospice, Esher, KT10 8NA Community & inpatient services: Richmond, Kingston	0300 102 0100 (option 1)	syheartlandsicb.clinicaladminpah@nhs.net
	<input type="checkbox"/> 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 77871062 020 7787 1000	rth.referrals@nhs.net

Contact Details for all Paediatric 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	elft.dianateamnewham@nhs.net
	<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 020 7540 0243	info@richardhouse.org.uk care@richardhouse.org.uk
	<input type="checkbox"/> Haven House Children's Hospice, IG8 9LB (Waltham Forest, Redbridge, Havering, Barking & Dagenham, some of Enfield)	020 8505 9944 020 8506 5513 07872 198285 (out of hours)	haven.house@nhs.net
NCL	<input type="checkbox"/> Enfield Specialist Nursing, Bereavement and Play Team, EN2 0JB (Enfield)	020 8702 5620	beh-tr.specialistnursingbereavementandplayteam@nhs.net
	<input type="checkbox"/> Life Force Team, N7 6LB (Camden, Haringey & Islington)	020 3316 1950	Lifeforce.whitthealth@nhs.net
	<input type="checkbox"/> Louis Dundas Palliative Care Team Great Ormond Street WC1N 3JH (All London Boroughs)	020 7829 8678	Louisdundas.centre@nhs.net
	<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: noahs.referrals@nhs.net Urgent: noahs.nurses@nhs.net
NWL	<input type="checkbox"/> Kaleidoscope community palliative care team, W9 3XZ (Central London, Hammersmith & Fulham, West London)	020 7266 8840	Clcht.chirp@nhs.net
	<input type="checkbox"/> Shooting Star Children's Hospice, TW12 3RA (Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow, Kensington & Chelsea, Westminster)	020 8783 2000 01483 230960	ssch.referrals@nhs.net
	<input type="checkbox"/> Noah's Ark Children's Hospice, EN5 4NP (Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow, Kensington & Chelsea, Westminster)	020 3994 4134 07713 071116	General: noahs.referrals@nhs.net Urgent: noahs.nurses@nhs.net
SWL	<input type="checkbox"/> Shooting Star Children's Hospice, TW12 3RA (Richmond, Merton, Sutton, Kingston, Croydon, Wandsworth)	020 8783 2000 01483 230960	ssch.referrals@nhs.net
	<input type="checkbox"/> SPACE specialist service (Richmond, Merton, Sutton, Kingston, Croydon, Wandsworth)	01483 230980	SSCH.spaceteam@nhs.net
	<input type="checkbox"/> PATCH specialist service (Richmond, Merton, Sutton, Kingston, Croydon, Wandsworth)	020 8661 3625	patch.team@nhs.net
SEL	<input type="checkbox"/> Evelina London Children's Hospital Palliative care team (All London boroughs plus any child known to the ELCH network)	020 71887188 ext.53278/53823	gst-tr.elchpaedpalliativereferrals@nhs.net gst-tr.PPCadmin@nhs.net

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<input type="checkbox"/> PATCH specialist service (Bexley, Bromley, Greenwich, Lambeth, Lewisham, Southwark)	020 8661 3625	patch.team@nhs.net
<input type="checkbox"/> Demelza Hospice Care SE9 5AB (Bexley, Bromley, Lewisham, Lambeth, Southwark, Greenwich, Croydon)	020 8859 9800 01795 845 253 07919 891 216	Demelza.referrals@demelza.org.uk Demelza.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