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*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 |
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| 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](mailto:Clccg.stjohnsreferrals@nhs.net) |
| The Margaret Centre, Whipps Cross Hospital, E11 1NR  **Inpatient services:** Waltham Forest, Redbridge | 02085356604 | [BHNT.margaretcentrereferrals@nhs.net](mailto: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](mailto:stjosephs.firstcontact@nhs.net) |
| Redbridge Community Palliative Care Team, IG2 7SR  **Community service**: Redbridge | 0300 300 1901 | [RedbridgeSPCT@nelft.nhs.uk](mailto:RedbridgeSPCT@nelft.nhs.uk) |
| NCL | North London Hospice, N12 8TT  **Community** **& inpatient services:** Barnet, Enfield, Haringey | 020 8343 8841 | [Northlondonhospice.firstcontact@nhs.net](mailto:Northlondonhospice.firstcontact@nhs.net) |
| South Camden community Palliative Care Team, NW1 0PE  **Community service**: South Camden | 020 3317 5777 | [palliative.southcamden@nhs.net](mailto:palliative.southcamden@nhs.net) |
| Islington Community Palliative Care Team, NW1 0PE  **Community service**: Islington | 020 3317 5777 | [palliative.islington@nhs.net](mailto: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.net](mailto:Inpatientunit.hampsteadhospice@nhs.net)  [hampstead.hospice@mariecurie.org.uk](mailto:hampstead.hospice@mariecurie.org.uk)  outpatientunit.hampsteadhospice@nhs.net |
| The Royal Free - North Camden Palliative Care Team, NW3 2QG  **Community service**: North Camden | 020 78302905  02077940500 (weekends & bank holidays) | [rf.palliativecare@nhs.net](mailto: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](mailto:referralsmeadowhouse@nhs.net) |
| St Luke’s Hospice, HA3 0YG  **Community service:** North Brent  **Inpatient services:** Brent and Harrow (via Hospice Services Navigator) | 020 8382 8013  07593135303  02083828046  (out of hours) | [LNWH-tr.referralsstlukes@nhs.net](mailto: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](mailto: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.net  [clcht.spa.referral@nhs.net](mailto:clcht.spa.referral@nhs.net) |
| Hillingdon Community Palliative Care Team, UB8 1QG  **Community service**: Hillingdon | 01895 485235 | [cnw-tr.hchcontactcentrerefs@nhs.net](mailto: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](mailto:st.christophers@nhs.net) |
| Greenwich & Bexley Community Hospice SE2 0GB  **Community & inpatient services:** Greenwich, Bexley | 020 8320 5837 | [gbch.referrals@nhs.net](mailto: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](mailto: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](mailto:srh.referrals@nhs.net) |
| Princess Alice Hospice, Esher, KT10 8NA  **Community & inpatient services:** Richmond, Kingston | 03001020100 (option 1) | [SDCCG.clinicaladminpah@nhs.net](mailto: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 77871065  02077871062 | [rth.referrals@nhs.net](mailto: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](mailto: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](mailto: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](mailto:haven.house@nhs.net) |
| NCL | Enfield Specialist Nursing, Bereavement and Play Team, EN2 0JB (Enfield) | 0208 702 5620 | [beh-tr.specialistnursingbereavementandplayteam@nhs.net](mailto:beh-tr.specialistnursingbereavementandplayteam@nhs.net) |
| Life Force Team, N7 6LB  (Camden, Haringey & Islington) | 0203 316 1950 | [Lifeforce.whitthealth@nhs.net](mailto:Lifeforce.whitthealth@nhs.net) |
| **Louis Dundas Palliative Care Team**  **Great Ormond Street WC1N 3JH**  (All **London Boroughs)** | 020 7829 8678 | [Louisdundas.centre@nhs.net](mailto: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.net](mailto:noahs.referrals@nhs.net)  Urgent: [noahs.nurses@nhs.net](mailto: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](mailto: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](mailto:ssch.referrals@nhs.net) |
| SPACE specialist service (All SWL boroughs) | 01483230980 | [SSCH.spaceteam@nhs.net](mailto: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](mailto:gst-tr.elchpaedpalliativereferrals@nhs.net) |
| 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](mailto: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>