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

Version 4.1

Agreed Date: 10/04/24

Circulated Date: December 2024

Review Date: 10/04/26

*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 - HOSPITAL DISCHARGE SUMMARY, LETTERS, GP SUMMARY AND BLOOD TEST RESULTS.** |

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| **IS REFERRAL URGENT? *(requiring assessment within 24-48 hours)***  **Yes  *IF YES, MUST TELEPHONE SERVICE TO DISCUSS***  **No** | | | | | | | | |
| **Referrer’s signature:** | | | | **Referrer’s name:** | | | | |
| **Referrer’s job title:** | | | | **Referrer’s contact number:** | | | **Bleep no.:** | |
| **Referring organisation:** | | | | | | | **Date of referral:** | |
| **Essential patient details** | | | | | | | | |
| **NHS number:** | **Surname:** | | **First name:** | | | **DoB:** | | **Age:** |
| **Ethnicity:**  **Religion/faith:** | | | **Declared gender (optional):**  **Further information (optional):** | | | | | **Marital status:** |
| **Address:** | | | | | | **Postcode:** | | |
| **Who does the patient live with?**  **Risks for visiting? Yes  No  Further details:** | | | | | **Any access issues (e.g. key safe)? Yes  No**  **Further details:** | | | |
| **Email:** | | **Telephone number:** | | | | **Mobile number:** | | |
| **Fluent in English? Yes  No**  **First language if not English:** | | **Is an interpreter needed? Yes  No**  **If yes, please state language/type of interpreter needed:** | | | | **Other barriers to communication/further details on communication:** | | |
| **Has the patient consented to this referral? Yes  No  If no – please explain why not:**  **If** patient **lacked capacity to consent to referral, who consented? Lasting Power of Attorney for health and wellbeing (adults)  Best Interest Decision made (adult)  Other  Name of person/details:**  **Has patient been told diagnosis? Yes  No  Does the patient discuss the illness freely? Yes  No**  **PAEDIATRICS ONLY: Has parent consented to referral? Yes  No  If no – please explain why not:** | | | | | | | | |
| **Is the patient an adult at risk of abuse or neglect? Yes  No  If yes, further details:**  **Is there an ongoing safeguarding investigation? Yes  No**  **If yes, further details:**  **Is a Deprivation of Liberty Safeguard in place? Yes  No  If yes, further details:**  **Any other safeguarding information?** | | | | | | | | |
| **Patient representative / key contact:**  **Name:**  **Do they live with the patient? Yes  No**  **Address:**  **Postcode:**  **Telephone:**  **Email:**  **Relationship to patient:**  **Does the patient representative hold a LPA for health and wellbeing? Yes  No**  **Is patient representative the first point of contact?**  **Yes  No**  **Are they aware of patient’s diagnosis? Yes  No**  **Does the representative discuss the illness freely (if applicable)? Yes  No** | | **Main carer or 2nd patient representative:**  **Name:**  **Telephone:**  **Email:**  **Relationship to patient:**  **Does the carer/patient representative hold a LPA for health and wellbeing?**  **Yes  No**  **Is the carer/patient representative aware of patient’s diagnosis? Yes  No**  **Does the carer/representative discuss the illness freely (if applicable)? Yes  No**  **Any further details:** | | | | General practitioner*:*Name of GP Practice:Address: **Postcode:** Telephone:Email: **Is the GP aware of the referral? Yes  No  If no, please inform GP**  **Discharge/GP summary included? Yes  No** | | |

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| Patient NHS number: Surname:       First name:       DoB: |
| ***PAEDIATRICS ONLY***  ***Who has parental responsibility for the patient?***  ***Name and date of birth of sibling(s)***  ***Name/details of school:***  ***Any safeguarding concerns? Yes  No  If yes, please provide details***  ***Is the child on a child in need or child protection plan?******Yes  No  Is the child a looked after child? Yes  No***  ***Is the child’s family known to social services? Yes  No  Does the child have a named social worker? Yes  No***  ***Further details:*** |
| Any other relevant details about patient information? |
| Diagnosis leading to referral:State primary diagnosis(es) leading to referral hereGive brief history of diagnosis(es) and key treatments including consultant and hospital: |
| Prognosis:Death anticipated within: Years  Months  Weeks  Days  Uncertain Any further information: |
| Service requested: **Home assessment and support**  **Day services**  **Outpatient service**  **Hospice at home**  **Admission**   **Paediatrics post-death care**   **Paediatrics bereavement support**  **Other reason (please give details):** Please specify reason for admission: Respite  Symptom control  Terminal care |
| Reason(s) for referral: **Symptom control**  **Emotional/psychological support**  **Social/financial**  **Carer support**  **Palliative rehabilitation** End of life care  Other reason (please provide details in box below) |
| **Further details of current palliative care problems (for paediatrics, state if unknown):** |
| **Services patient is already known to *or* referred to:**  **Community children nursing  District nursing  Social services  Other**  **Further details**: |
| Care planning **DNACPR in place? Yes  No** Does the patient have a universal care plan? Yes  No  Unknown  If not, please give reason: **If no universal care plan, please consider creating if appropriate.**  **Other advance care planning information (preferred place of care / death/ treatment escalation plan / advance decision to refuse treatment etc.)? Yes  No**  **If yes, please give details:** |
| Infectious disease(s) **Any communicable infection e.g. Clostridium difficile / MRSA / flu etc.? Yes  No**  **If yes, *please give further details:***  **If yes, does patient need barrier nursing? Yes  No** |

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| **Patient NHS number:** **Surname:**  **First name:**  **DoB:** |

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| Special device(s) and equipment |
| Does the patient have a special device in situ? Yes  No If yes, give details(e.g. tracheostomy / drain / pacemaker / percutaneous endoscopic gastrostomy / implantable cardioverter defibrillator / noninvasive ventilation) and specify the type of device:Does the patient need special equipment (e.g. bariatric or ventilation equipment)? Yes  No If yes, give detailsand specify the type of equipment needed: |

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| Other past relevant medical and psychiatric history |
| Please provide brief details:For paediatrics state any behavioural/neurodevelopmental/neurodiversity diagnosis(es): |

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| **Medication(s)** |
| **Please attach a current medication list to this form. Use the space below for any further comments including any relevant past medications.** |
| **Has the patient got anticipatory subcut medication(s)? Yes  No**  **Further details:** |
| **Known drug sensitivities/allergies? Yes  No** Further details: |

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| Patient wishes and spiritual needs |
| **What matters to the patient most?**      **Spirituality: What gives the person strength/meaning?** |

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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 palliative care team involved?**  **Yes  No** | | |
| **Any other comments/information:** | | |

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)**

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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, Brentwood, W Essex | 01708 758606 | [nelondonicb.saintfrancishospicereferrals@nhs.net](mailto:nelondonicb.saintfrancishospicereferrals@nhs.net) |
| 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](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 | 0800 343 8841 | [nlondonhospice.fc@nhs.net](mailto:nlondonhospice.fc@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 | 020 7853 3400 | mclondon.referrals@nhs.net |
| The Royal Free - North Camden Palliative Care Team, NW3 2QG  **Community service**: North Camden | 020 7830 2905  020 7794 0500 (weekends & bank holidays) | [rf-tr.palliativecare@nhs.net](mailto:rf-tr.palliativecare@nhs.net) |
| NWL | Michael Sobell including Harlington Hospice, UB3 5AB  **Community & inpatient services**: Hillingdon | 020 3824 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 8000  020 8382 8013  07593135303  020 8382 8046  (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 | nhsnwl.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 | [community.hospice@nhs.net](mailto:community.hospice@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) |
| **Contact details for 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 | 0300 102 0100 (option 1) | syheartlandsicb.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 77871062  020 7787 1000 | [rth.referrals@nhs.net](mailto:rth.referrals@nhs.net) |

**Contact details for all paediatric 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  020 7540 0243 | [https://richardhouse.org.uk/referral/](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Frichardhouse.org.uk%2Freferral%2F&data=05%7C02%7Cengland.londonpeolcscn%40nhs.net%7C729b8c9e9b4348f20e0d08dc0199e945%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638387008044066570%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C20000%7C%7C%7C&sdata=naOf5wkbPq7N%2BdYG5A5Dogiq1w3lJfzfFPqf2arPNu8%3D&reserved=0)  care@richardhouse.org.uk |
| **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](mailto:haven.house@nhs.net) |
| NCL | Enfield Specialist Nursing, Bereavement and Play Team, EN2 0JB (Enfield) | 020 8702 5620 | [beh-tr.specialistnursingbereavementandplayteam@nhs.net](mailto:beh-tr.specialistnursingbereavementandplayteam@nhs.net) |
| LifeForce Children's Community Palliative Care Team (Camden, Haringey & Islington) | 020 3316 1950 | whh-tr.lifeforce@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) |
| 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 |
| **SWL** | Shooting Star Children’s Hospice, TW12 3RA  (Richmond, Merton, Sutton, Kingston, Croydon, Wandsworth) | 020 8783 2000  01483 230960 | [ssch.referrals@nhs.net](mailto:ssch.referrals@nhs.net) |
| SPACE specialist service (Richmond, Merton, Sutton, Kingston, Croydon, Wandsworth) | 01483 230980 | [SSCH.spaceteam@nhs.net](mailto:SSCH.spaceteam@nhs.net) |
| Royal Marsden Paediatric Palliative Care Team – ONCOLOGY ONLY (Merton, Sutton, Kingston, Croydon, Wandsworth) | 020 8661 3625 | [patch.team@nhs.net](mailto:patch.team@nhs.net) |
| SEL | **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](mailto:gst-tr.elchpaedpalliativereferrals@nhs.net)  gst-tr.PPCadmin@nhs.net |
| Royal Marsden Paediatric Palliative Care Team – ONCOLOGY ONLY (Bexley, Bromley, Greenwich, Lambeth, Lewisham, Southwark) | 020 8661 3625 | [patch.team@nhs.net](mailto:patch.team@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>