

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

Version 4

Agreed Date: 10/04/24

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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 here      Give 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 |
| [ ]  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 |
| [ ] 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 | 0800 343 8841 | nlondonhospice.fc@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 | 020 7853 3400 | mclondon.referrals@nhs.net |
| [ ]  The Royal Free - North Camden Palliative Care Team, NW3 2QG **Community service**: North Camden | 020 7830 2905020 7794 0500 (weekends & bank holidays) | rf.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 |
| [ ]  St Luke’s Hospice, HA3 0YG **Community service:** North Brent **Inpatient services:** Brent and Harrow (via Hospice Services Navigator) | 020 8382 8000020 8382 801307593135303020 8382 8046(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 | 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.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 |
| **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 |
| [ ]  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 77871062020 7787 1000 | 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  |
| [ ]  Richard House Children’s Hospice, E16 3RG (Newham, Barking and Dagenham, City & Hackney, Tower Hamlets, Waltham Forest, Redbridge, Havering) | 020 7511 0222020 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 9944020 8506 551307872 198285 (out of hours) | haven.house@nhs.net |
| NCL | [ ]  Enfield Specialist Nursing, Bereavement and Play Team, EN2 0JB (Enfield) | 020 8702 5620 | 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  |
| [ ]  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 |
| [ ]  Shooting Star Children’s Hospice, TW12 3RA (Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow, Kensington & Chelsea, Westminster) | 020 8783 200001483 230960 | ssch.referrals@nhs.net |
| **SWL** | [ ]  Shooting Star Children’s Hospice, TW12 3RA (Richmond, Merton, Sutton, Kingston, Croydon, Wandsworth) | 020 8783 200001483 230960 | ssch.referrals@nhs.net |
| [ ]  SPACE specialist service (Richmond, Merton, Sutton, Kingston, Croydon, Wandsworth) | 01483 230980 | SSCH.spaceteam@nhs.net |
| [ ]  Royal Marsden Paediatric Palliative Care Team – ONCOLOGY ONLY (Merton, Sutton, Kingston, Croydon, Wandsworth) | 020 8661 3625 | 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 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  |
| [ ]  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>