



# CLINICAL GUIDELINE

**Document No: C Pro 25**

<b>TITLE</b>	<b>Referral Guidelines</b>
<b>SUMMARY</b>	This document provides instruction and guidance to staff, volunteers, students, managers (henceforth staff) and all referrers to Teesside Hospice Care Foundation (THCF) Specialist Palliative Care (SPC) Services including Bereavement Counselling and Lymphoedema.
<b>APPROVED VIA</b>	Clinical Governance Committee
<b>DISTRIBUTION</b>	For distribution to all clinical departments via Teesside Hospice Human Resource Department.  These guidelines will also be published on Teesside Hospice website <a href="http://www.teessidehospice.org/help-support/professionals">http://www.teessidehospice.org/help-support/professionals</a> and shared with appropriate health and social care professionals.
<b>RELATED DOCUMENTS</b>	Referral forms attached as appendices
<b>AUTHOR(S) / FURTHER INFORMATION</b>	Consultant in Palliative Medicine, Director of Patient Services (DPS), Deputy Director of Patient Services, Associate Specialist Palliative Care, Nurse Practitioner, Day Hospice Sister, Outreach Nurse Practitioner.
<b>OTHER INFORMATION</b>	<a href="http://www.teessidehospice.org">www.teessidehospice.org</a>

**ISSUED BY:**  
Chief Executive



## Referral Guidelines for all Teesside Hospice Services



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## **1. Introduction**

### **1.1 Commissioning Arrangements**

Teesside Hospice is committed to provide a Consultant led specialist palliative care service free of charge to patients and carers. We are commissioned to provide specialist palliative care (SPC) to the residents of Middlesbrough and Redcar & Cleveland areas via South Tees Clinical Commissioning Group.

Patients from Stockton & Hartlepool are also able to access our services under these commissioning agreements. However, funding for patients from out of the Teesside area e.g. North Yorkshire is negotiated on a case-by-case basis with their Commissioner.

The Bereavement Counselling Service is also funded in the same way by the CCG. This service is available to all bereaved adults and children from the Middlesbrough and Redcar & Cleveland areas and not just those who may have had a previous connection to THCF. However, the service is only able to offer a counselling service for anticipatory grief to families who are already associated to Teesside Hospice

### **1.2 Information for Referrers to SPC Services**

Patients are suffering from life limiting conditions. We offer a holistic approach to care encompassing the physical, psychological, social and spiritual needs of patients.

Palliative care is delivered by two distinct categories of health and social care professionals:

- The patient and families usual carers i.e. District Nurse, General Practitioner. This level of care can be described as general palliative care. It is a vital and integral part of everyday clinical practice
- Health and social care professionals who specialise in palliative care: Specialist palliative care services are provided for patients and their families where there is a moderate to high complexity of need. The services provided at Teesside Hospice fall into this category.

Referral should be with the full knowledge and agreement/consent of the patient, doctor, and nurse undertaking the patient's usual care and management.

## **2. THCF Specialist Palliative Care Team (SPC)**

THCF Consultant led SPC team includes doctors, nurses, physiotherapist, occupational therapist, dietician, social worker, chaplain, complementary therapist and bereavement counsellors. The team offer a wide range of services: -

- Inpatient admissions for pain and symptom management including psychological issues and end of life care.

- A range of Day Hospice services for pain and symptom management, psychosocial support, and respite.
- Outpatient appointments and domiciliary visits.
- Telephone advice
- Specialist lymphoedema care
- Bereavement counselling services for adults and children

## 2.1 Referral Process for IPU and Day Hospice

Referral to THCF can be made in several ways:

For the Inpatient unit (IPU) and the Day Hospice on normal working hours (Monday to Friday 9 -5 pm)

- **Electronic referral via SystmOne.** These should be sent to the IPU and Day Hospice secretaries. This will appear as a task on their computer which they will then accept and register the patient. See appendix 5 for referral information required for electronic referrals and appendix 6 How to make an electronic referral.
- If there is no access to SystmOne, a Teesside Hospice referral form (Appendix one) can be completed and faxed to 01642 811076 for the attention of the IPU and Day Hospice secretaries or sent via NHS mail to [stees.teessidehospice.cas@nhs.net](mailto:stees.teessidehospice.cas@nhs.net). The form can also be found on THCF website, downloaded and sent as identified above. This will be scanned into the electronic record following registration of the patient on to SystmOne. OOH hours a telephone referral can be made to IPU and a referral form in Appendix 1 must be completed.
- **PLEASE NOTE:** We are phasing out the use of fax machines and will only be able to accept faxed referrals up to the end of March 2020.
- On THCF website there is a facility to send referrals by going to the website and then clicking on referrals. At the bottom of the page there is an option to choose Hospice Care Referral Form, Counselling Referral and Lymphoedema Referral form. Click on the most appropriate referral form and fill in the details. These referrals are then received in an NHS e-mail account accessed by the secretarial team, the appropriate team would then register the patient.
- In emergencies or Out of Hours THCF will accept a telephone referral by telephoning the inpatient unit on 01642811061. A member of the team will take down details over the telephone before a referral can be accepted.

Any queries will be directed to the appropriate member of the SPC team by contacting the **IPU/Day Hospice Secretary on (01642) 811062 or 01642 811064.**

## 2.2 Referral process for the lymphoedema service is Monday – Friday 9-5 pm.

- THCF services can be accessed by completing a referral form (Appendix 3) and either faxing it to THCF at (01642) 811076 or emailing via NHS mail to [stees.teessidehospice.cas@nhs.net](mailto:stees.teessidehospice.cas@nhs.net).
- Electronic referrals via SystmOne and through the website via NHS mail are also accepted.

Any queries will be directed to the appropriate member of the team by contacting the **Lymphoedema Secretary on (01642) 01642811068 ex 426**

In order for us to process the referral request quickly **ALL** details on the referral form need to be completed.

### **2.3 Mental Capacity**

The SPC team at THCF recognise and abide by the practices outlined in the Mental Capacity Act and Code of Practice (2005) for those patients who lack capacity.

### **2.4 Non Smoking Policy**

THCF is a non-smoking organisation and smoking is not permitted by staff, patients and visitors in any of our premises. A small designated area in the garden is available for **patients** who smoke.

We recognise that this information is significant for some patients in deciding their appropriate place of care and request that they are informed about this **prior to referral**.

## **3. Inpatient Services**

THCF has 10 single patient bedrooms that have en-suite facilities.

### **3.1 Referral Criteria**

- **Pain and Symptom Management:** The inpatient unit provides treatment for the management of pain and other difficult symptoms, including psychological issues which cannot be managed in the patient's current environment, and require Specialist support, regular assessment and monitoring.
- **End of Life Care:** We will do our best to offer a bed for patients who have expressed their preferred place of death as being at THCF. However, due to demand and bed occupancy this may not always be possible.

### **3.1 Discharge**

Due to the demands on our service we are unable to provide long term care and we aim to discharge patients back into the community where appropriate.

There is an Outreach Nurse Practitioner service available at THCF and after an MDT discussion patients may be supported following discharge in their own home for an agreed length of time by the Outreach Nurse Practitioner.

Patients who are unable to return to their own home and do not require SPC will be transferred to alternative accommodation including transfer to nursing home, following discussion with the patient, family and appropriate professionals. Our current average length of stay is 19.5 days (MDS data 2017).

### **3.2 Allocation of beds**

Unless marked as urgent or the referral is out of normal working hours **ALL** referrals are discussed at the morning briefing meeting held at 9:00 am Monday to Friday. Patients are prioritised and offered beds as available. Admission is determined by priority of clinical need. We will contact the referrer to inform them of the bed situation and will try to estimate when a bed is likely to be available. Patients should also be kept informed.

The Outreach Nurse Practitioner or another designated member of the team may contact the referrer if the referral form is incomplete or there is inadequate information on which to base a plan for admission.

### **3.3 Referral for same day admission/Out of Hours (OOH) referral**

THCF **does** accept referrals for same day admissions both during working hours and out of hours including weekends. However, any request for an urgent admission must be discussed with the senior nurse or doctor on duty. In exceptional circumstances the hospice accepts telephone referrals and OOH telephone referral maybe preferable to e-referral, fax or NHS mail. If a telephone referral is received a member of the IPU team must complete the referral form in Appendix 1. The referral will be discussed with the doctor and the nurse in charge and the referrer will be notified as soon as possible.

### **3.4 Admission arrangements**

If possible planned admissions should arrive at THCF between **10:00 and 11:00**. It is the responsibility of the current care team to assess the patient to ensure that the patient is fit to travel and to arrange suitable transport.

Patients being admitted from hospital should have either a copy of their hospital notes or a full discharge letter. Patients admitted from the community must be accompanied by all relevant community, medical or nursing documentation including DNACPR, any ACP documentation or syringe driver documentation. All current medications should be brought in with the patient.

## **4. Day Hospice Services**

The Edward and Glenis Guy Day Hospice facility at THCF provides a range of services to patients, their families and carers affected by life limiting illnesses. We offer patients a thorough assessment of their needs, support to manage their symptoms, emotional, social, and spiritual support and carer support. We also offer respite care for patients with more complex issues. We aim to be flexible and responsive to patients needs in order to enhance their independence and quality of life.

Following their initial assessment patients are allocated the most appropriate service to meet their needs. These include:

- Monday- a Neurological Service for patients and family
- Tuesday and Wednesday- a traditional Day Hospice service
- Thursday- a Drop in Service open to patients, family members and professionals that is open 10 am – 6 pm
- Friday pm- a Be in Charge programme (A survivorship model of support)
- Friday am –the Together Group (a social patient support group)

We also provide complementary therapies and creative therapies.

#### **4.1 Day Hospice Assessment**

Following a referral, patients are invited to attend an initial assessment where a member of the SPC team (either a doctor or nurse) will undertake a detailed history and holistic assessment. On occasion it may be appropriate for our Outreach Nurse Practitioner to do a home visit to carry out an initial assessment.

Following referral and the initial assessment THCF team in partnership with the patient will signpost the patient to the most appropriate Day Hospice service and a plan of support for the patient that best supports their needs will be agreed.

If Day Hospice support is appropriate a place will be offered for a period of assessment (usually 6 weeks) in order to identify goals and needs. During this time the patient and family will have access to the wider MDT (physiotherapist, complementary therapist, social worker and occupational therapist). An ongoing review of the plan of care will take place and if required the patient may need to be referred into a different Hospice Service to meet their needs. It may be appropriate to offer additional Day Hospice support which is tailored to a patient's individual need beyond the 6 weeks assessment period. However, if after a period of time the agreed plan of care has been met or the patient does not have ongoing specialist needs then discharge from THCF will be planned with the patient and their family.

#### **4.2 Referral Criteria**

All patients should be referred in accordance with section 2.1 of these guidelines. All referrals will be triaged by the MDT within Day Hospice and offered access to the most appropriate service.

Patients will be suffering from a life limiting illness and will have an identified need for one or more of the following:

- Psychosocial support and/or respite care e.g. those having difficulty in dealing with the knowledge of diagnosis/prognosis, those with personal/family issues.
- Ongoing support and review of symptoms by the MDT within Day Hospice.
- On-going support for those discharged home from the Inpatient Unit (IPU)
- Regular assessment of pain and symptom management and provision of supportive interventions:
  - Complementary therapies



- Physiotherapy
- Occupational therapy
- Diversional/creative therapy
- Spiritual support

Patients need to be able to travel from home to THCF. We may be able to provide transport using volunteer drivers who use their own car. Patients with restricted mobility would usually be offered THCF/NEAS ambulance transport. Information should be provided at the time of referral regarding the type of transport services that are required and if access to the property is difficult.

### **4.3 Referrals to Carers Group**

There is a Carer Support Group which is hosted within the Education and Training Centre at Teesside Hospice. The group sessions are held on the first Thursday of every month 1 -3 pm providing carers with opportunities to meet others in a similar situation.

The group is facilitated by the hospice Social Worker and a programme of speakers is also arranged to give information and advice in relation to the group's needs. Referrals can be made by contacting the Social Worker direct on 01642 811069 or 01642811064 or through the Day Hospice services.

### **4.4 Referrals to Admiral Nurse**

Referrals to our Admiral Nurse (Specialist Nurse for Dementia) are via Teesside Hospices' website. There is a referral form that can be completed and sent to the Admiral Nurse. Referrals are accepted from family, carers or professionals working with the family. Professionals must seek consent from the family before a referral is made. A referral form is also available within the Day Hospice Drop In and at Reception at the Hospice. Direct referrals can also be made by telephoning the Admiral Nurse on 01642 811062 and following this up with an electronic NHS email referral.

## **5. Outpatient Clinic appointments**

The Consultant led services at THCF accept referrals for medical outpatient clinic appointments. Referral is made **by following the referral process in section 2.1**. Every effort is made to arrange an appointment as soon as possible at a time acceptable to the patient.

## **6. Home Visits**

In the absence of the designated Community Consultant in Palliative Medicine and on request from a General Practitioner or Community Nurse a home visit may be made by the Consultant in Palliative Medicine at THCF or another member of the medical team or Outreach Nurse Practitioner to a patient who for some reason finds it difficult to attend an outpatient clinic appointment.

Requests for a home visit should initially be made to **the IPU/Day Hospice Secretary at Teesside Hospice Tel: 01642 811062 and following the referral process in section 2.1**. We aim to facilitate a home visit within 2 working days of the request.

## **7. Telephone Advice**

Teesside Hospice SPC team can provide advice, where appropriate to any health or social care professional, patient or carer requiring advice and information regarding palliative care issues and services. The telephone advice will be provided by the RGN and Doctor available within the Hospice.

Requests for advice should be made using the IPU telephone number: **01642 811061**

- Prior to giving advice the caller should provide the hospice nurse/doctor with appropriate background information i.e. Patient's details/problems and a telephone contact number. A telephone advice form (Appendix 4) will be completed by our team at the Hospice.
- Consent from the patient to share the information with member of the MDT must be requested and once verbally given this must be recorded on the form.
- If appropriate the nurse may then contact the doctor on call and agree an action plan.
- The caller will then be contacted by a member of the SPC team as soon as possible with appropriate advice or information.
- A written record on a telephone advice form (Appendix 4) will be kept of the enquiry and this will be the subject of a MDT discussion the following day. The advice form can be uploaded on SystmOne if this would help patient care and clear consent from the patient has been obtained. The record must be shared with the appropriate SPC Hospital, Community team or GP as necessary as soon as possible to support communication and target education.

**If deemed appropriate the caller may be redirected to 111 or the most appropriate professional involved already with the care.**

## **8. Tees wide Lymphoedema Service**

Teesside Hospice is commissioned to provide a specialist community lymphoedema service Tees wide. The management of lymphoedema is a lifelong commitment for the patient, involving a program of preventative skin care, exercise, self-massage and the wearing of compression, either in the form of hosiery or bandages.

Patients who are unable to undertake this programme must be prepared to accept help from family and community nurses, or if appropriate social care staff, as it is imperative that the recommended management regime is continued. It is recommended that consideration of all of these factors is undertaken before referrals are made.

Referrals should be made with the patient's consent and are accepted from health care professionals. Referrals are prioritised by senior nursing staff and in the main

palliative patients will be assessed within 2 weeks, and all other patients will be assessed within 8 weeks.

## 8.1 Referral Criteria

Referrals to the Lymphoedema service are made in the following way:

- By completing a referral form on the website. The details are outlined within section 2.1.
- By sending a referral form by NHS email or fax (see section 2.2). The fax number is 01642 811076 and should be sent for the attention of the lymphoedema secretary.

The referral form is included within Appendix 3.

Referrals are usually made for patients with the following:

- **Cancer related lymphoedema:** Swelling due to obstruction from a tumour or swelling due to treatment of cancer.
- **Non-cancer related lymphoedema:** Congenital and primary lymphoedema or lymphoedema due to other causes e.g. Trauma and tissue damage, venous disease, infection, inflammation, endocrine disease, immobility and factitious.

### 8.1.1 Contra - indications for referral:

- **Deep Vein Thrombosis** within the last 3 months.
- **Existing leg ulcer:** Advice will be given regarding cellulitis management and skin care, but not on specific wound management. This is the responsibility of the patient's District Nurse or Tissue Viability Nurse.
- **Severe or unstable cardiac failure:** It should be noted these patients would be unsuitable for referral, since the nature of the lymphoedema treatment is such that extra fluid is likely to be pushed into the circulatory system. If patients are referred with palliative care needs associated with these conditions via Day Hospice or IPU, then patients will be assessed on an individual basis. The medical team will be consulted regarding appropriate treatment options.
- **Patients under the age of 18 years**

## 8.2 Documentation / Communication

Written communication will be made with the referrer and appropriate health or social care professionals involved in the patient's care. This will usually be following the initial assessment and thereafter as treatment plans alter and if the patient is discharged from the service. The patient will also receive a copy of these letters.

## 8.3 Discharge from the Lymphoedema Service

Patients will be discharged from the service when: -

- An episode of care is complete – (The four cornerstones of lymphoedema management skincare, exercise, and simple lymphatic drainage massage and

compression hosiery are being effectively managed by the patient and their oedema is controlled) and the patient is referred back to the referrer.

- The patient moves out of the area.
- The patient no longer wishes or needs the input of the service

## **9. Bereavement Counselling Services for Adults and Children**

The purpose of this service is to offer bereavement support to adults, children, young people and families where bereavement is the presenting problem.

### **9.1 Children's Service**

Children between the ages of 7 – 18, who have experienced the death of a significant person in their life. The service operates for children living in South Tees CCG localities.

In addition we offer a counselling service for anticipatory grief to families who are accessing other services in Teesside Hospice.

### **9.2 Adult Service**

Adults who have lost a significant person by death. The service operates for adults living in South Tees CCG localities.

In addition we offer a counselling service for anticipatory grief to families who are connected to Teesside Hospice.

#### **Referral Criteria:**

- All client's needs to have the emotional resilience and mental capacity as well as environmental support and resources to be able to engage within a bereavement counselling framework.
- The client's presenting problem needs to be bereavement or anticipatory grief (as above).
- Adults need to be motivated to undertake counselling, and need to have made an informed choice to begin the process.
- Children need to choose to access the service voluntarily.
- Children aged 7-18, who are accessing the service, must be accompanied by a responsible adult at every appointment and the adult is expected to remain on Hospice premises for the duration of the appointment.
- At the initial assessment appointment we require the child to be accompanied by the parent or legal guardian.

#### **Clients who should not be referred:**

- Those who have a history of enduring mental health issues.
- Those who are already engaged in therapy with other mental health or therapeutic services.

- Those who are exhibiting aggressive behaviour which may pose a risk to staff and others within the service.
- Those clients who are considered a risk of suicide or have on assessment, a history of self-harming.
- Those clients who would find it difficult to engage in the counselling process or meet the referral criteria due to substance or alcohol use.
- Those clients who have complex psychological needs.
- Those clients who have complex social needs which are significantly affecting their ability to function and focus on the bereavement.

It is important to note we are not a crisis service.

Staff in the Bereavement Counselling Service are happy to discuss referrals and also to offer consultative support to professionals working with bereaved children and adults.

### **Referral procedure for counselling:**

- Individuals can self-refer into the Counselling Service by telephoning on either 01642 811063 or 811075
- Referrals from a third party (e.g. Other agencies, GP's, CAHMS) should be in writing and can be sent in three ways
  - 1) By letter to Teesside Hospice Counselling Service, 1 Northgate Road, Linthorpe, Middlesbrough TS5 5NW
  - 2) By fax to 01642 811076 (**being phased out at end of March 2020**)
  - 3) Via NHS mail to [stees.teessidehospice.cas@nhs.net](mailto:stees.teessidehospice.cas@nhs.net)
  - 4) Via the referral form on the Hospice website  
<https://www.teessidehospice.org/bereavement-counselling>

## **10. Useful information & contact details**

Further information about our services and copies of referral forms can be downloaded from our web site - <http://www.teessidehospice.org/about-us>

### **Teesside Hospice Care Foundation**

1, Northgate Road  
Linthorpe  
Middlesbrough  
TS5 5NW

Registered Charity 512875

**Medical Secretary:**      **Tel:** (01642) 811062  
   **Fax:** (01642) 811076 (being phased out at end of  
   **March 2020)**  
**Admin Team**                      **Email:** [stees.teessidehospice.cas@nhs.net](mailto:stees.teessidehospice.cas@nhs.net)  
**Telephone Advice (IPU):** **Tel:** (01642) 811061

**Bereavement Counselling Service: Tel: (01642) 811063**

**Ratified By:**

**Name: Dr Lucy Roth      Signature:**

**Designation: Consultant in Palliative Medicine**

**Date: ..... / ..... / .....**

**(On behalf of the Clinical Governance Committee)**

**Name: Andrea Clark      Signature:**

**Designation: Director of Patient Services**

**Date: ..... / ..... / .....**

**(On behalf of Teesside Hospice Care Foundation)**

**USE REFERRAL CRITERIA FOR GUIDANCE****Referral Form for IPU or Day Hospice Services**

Tel: 01642 811062 ,

NHS mail: [stees.teessidehospice.cas@nhs.net](mailto:stees.teessidehospice.cas@nhs.net)

Fax: 01642 811076 (To be phased out by end of March 2020)

Please also send copies of any clinical correspondence with this form

<b>PATIENT DETAILS</b>	
<b>Patient's Name:</b>	<b>Patient / Carer consent to referral: YES / NO</b> (consent can be verbal over the telephone)
<b>DOB:</b>	<b>Does the patient live alone? YES / NO</b>
<b>NHS No:</b>	<b>Likes to be known as:</b>
<b>Address</b> (including post code)	<b>Main Carer/NOK name:</b>
	<b>Relationship to patient:</b>
	<b>Address</b> (including post code)
Tel No:	
Mobile:	Tel No:
Occupation:	Work No:
Hospital D No:	Mobile No:
<b>MEDICAL DETAILS</b>	
<b>Diagnosis:</b>	<b>Date:</b>
<b>Metastases:</b>	<b>Date:</b>
<b>Recurrence:</b>	<b>Date:</b>
<b>Previous treatment:</b>	
<b>Consultants involved:</b>	
<b>GP:</b>	
<b>Surgery:</b>	
<b>Tel No:</b>	
<b>Patient aware of diagnosis: YES / NO</b>	<b>Prognosis: YES / NO</b>
<b>Carer aware of diagnosis: YES / NO</b>	<b>Prognosis: YES / NO</b>
<b>Does the patient have a completed DNACPR form? YES / NO</b>	<b>Preferred place of death: Home / Hospital / Hospice / Not known / Other (Please specify)</b> .....
<b>Does the patient have any recorded advance decisions YES / NO</b>	
<b>Is there any history of hospital acquired infection? Please specify and include current status: .....</b>	
<b>Is the patient aware of THCF smoking policy? YES / NO</b>	

<b>Patient's Name:</b>		<b>NHS No:</b>		
<b>SPECIFIC REASON FOR REFERRAL (Please tick)</b>				
<b>IN PATIENT ADMISSION</b>				
<input type="checkbox"/> Pain <input type="checkbox"/> Symptom Management <input type="checkbox"/> Complex Psychological <input type="checkbox"/> End of Life Care <input type="checkbox"/> Other (please state) .....				
<b>DAY HOSPICE</b>		<b>OUTPATIENT CARE</b>		
<input type="checkbox"/> Symptom Management <input type="checkbox"/> Psychosocial Support <input type="checkbox"/> Respite Care <input type="checkbox"/> BIC Group		<input type="checkbox"/> Out Patient appointment <input type="checkbox"/> Domiciliary Visit <input type="checkbox"/> Carer support		
<b>MAIN PROBLEMS / ISSUES</b>				
<b>PREVIOUS INVESTIGATIONS / TREATMENT</b>				
<b>PREVIOUS MEDICAL HISTORY</b>				
<b>CURRENT / PLANNED TREATMENT</b>				
<b>CURRENT MEDICATION / ALLERGIES</b>				
<b>HEALTH &amp; SOCIAL SERVICES ALREADY INVOLVED</b>				
<b>Social Worker / Care Manager:</b>			<b>Tel No:</b>	
<b>Macmillan Nurse:</b>			<b>Tel No:</b>	
<b>Specialist Nurse / Community Matron:</b>			<b>Tel No:</b>	
<b>District Nurse:</b>			<b>Tel No:</b>	
<b>Other: (Please state)</b>			<b>Tel No:</b>	
<b>Is patient:</b> <input type="checkbox"/> At home <input type="checkbox"/> Hospital (If hospital please state Ward) .....				
<b>Referred by:</b>	<b>Designation:</b>	<b>Department:</b>	<b>Tel No:</b>	<b>Date of referral:</b>





## Lymphoedema Referral Form

Tel: 01642 811068

NHS Email: [stees.teessidehospice.cas@nhs.net](mailto:stees.teessidehospice.cas@nhs.net)

Fax: 01642 811076 (To be phased out by end of March 2020)

**PLEASE NOTE: WE ARE NOT ABLE NOT ACCEPT REFERRAL IF ANY OF THE FOLLOWING APPLY:**

- Patients who have had a DVT within the last 3 months
- Existing leg ulcers – these should be healed before being referred
- Severe or unstable cardiac failure
- Patients under the age of 18

PATIENT DETAILS	
Patient's Name:	Patient agreement to referral: YES / NO
DOB:	Does the patient live alone? YES / NO
NHS No:	Likes to be known as:
Address – including post code	Main Carer/NOK name:
	Relationship to patient:
	Address – including post code:
Tel No:	
Mobile:	Tel No:
Occupation:	Work No:
Hospital D No:	Mobile No:
MEDICAL DETAILS	
Diagnosis:	Date:
Metastases:	Date:
Recurrence:	Date:
Previous treatment:	
Consultants:	
GP:	
Surgery:	
Tel No:	
Patient aware of diagnosis: YES / NO	Prognosis: YES / NO
Carer aware of diagnosis: YES / NO	Prognosis: YES / NO
Is there a history of hospital acquired infection? Please specify and include current status: .....	
Is the patient aware of THCF no smoking policy? YES / NO	

<b>Patient's Name:</b>		<b>NHS No:</b>	
<b>HISTORY OF ONSET OF OEDEMA – MAIN PROBLEMS / ISSUES RELATING TO THIS</b>			
<b>CANCER HISTORY</b>			
<b>Cancer status ACTIVE</b>		<b>Cancer status INACTIVE</b>	
<b>Lymph node operation</b>		<b>Sampling of lymph node</b>	<b>Lymphocele</b>
<b>Wound infection</b>		<b>Wound Seroma</b>	
<b>Radiotherapy</b>			
<b>Chemotherapy</b>			
<b>Hormone Therapy</b>			
<b>PREVIOUS MEDICAL HISTORY (Please tick)</b>			
<b>H/O Asthma</b>		<b>H/O Hypertension</b>	<b>H/O Cutaneous Cellulitis</b>
<b>H/O Thrombosis</b>		<b>H/O Heart failure</b>	<b>Dermatitis</b>
<b>H/O Diabetes</b>		<b>H/O Hypothyroidism</b>	<b>H/O Eczema</b>
<b>H/O COPD</b>		<b>H/O Obesity</b>	<b>H/O Psoriasis</b>
<b>H/O DVT</b>		<b>H/O Osteoarthritis</b>	<b>Skin ulcer</b>
<b>H/O Kidney disease</b>		<b>H/O Varicose veins</b>	
<b>H/O Neurological disorder</b>		<b>H/O Ischaemic Heart disease</b>	
<b>Other relevant history</b>			
<b>Height (m)</b>		<b>Weight (kg)</b>	
<b>BMI (kg/m<sup>2</sup>)</b>		<b>BP (mmHg)</b>	
<b>CURRENT MEDICATION / ALLERGIES</b>			
<b>SERVICES INVOLVED</b>			
<b>Social Worker / Care Manager:</b>		<b>Tel No:</b>	
<b>Macmillan Nurse:</b>		<b>Tel No:</b>	
<b>Specialist Nurse / Community Matron:</b>		<b>Tel No:</b>	
<b>District Nurse:</b>		<b>Tel No:</b>	
<b>Other: (Please state)</b>		<b>Tel No:</b>	
<b>Is patient:</b> <input type="checkbox"/> <b>At home</b> <input type="checkbox"/> <b>Hospital (If hospital please state Ward)</b> .....			
<b>Referred by:</b>	<b>Designation:</b>	<b>Department:</b>	<b>Date of referral:</b>



**Next MDT Briefing Meeting**

**Date:** \_\_\_\_\_

**Reason for call (Please circle):**

1. Pain control
2. Symptom control
3. Hospice Referral or information re other Hospice services
4. Non clinical information
5. Other reason (Please specify)

**Follow up action:**

**To be sent to: Community SPCT**

**GP**

**Hospital SPCT**

**Other** .....

**Name of person reviewing at MDT:**

**Signature:**



Appendix 4:

## Referral form for Bereavement Counselling Service

<b>Referral date:</b>	<b>NHS No: (if known)</b>	
<b>Name:</b> <b>Please state status: Mr/Mrs/Miss/Ms:</b>	<b>Date of birth:</b> <b>Age:</b>	
<b>Address:</b>  <b>Tel:</b> <b>Mob:</b>	<b>(If Referral for child)</b> <b>Name of School:</b>  <b>Parent/Carer Details:</b>	
<b>Referred by:</b> <b>Referrer's address: (if different from above)</b>  <b>Tel:</b>		
<b>Next of kin:</b>	<b>Relationship:</b>	<b>Contact Tel:</b>
<b>Brief details of Bereavement:</b>          		
<b>Availability to attend assessment:</b>   		
<b>GP Name and Address:</b>     		
<b>Please note we may contact you for further details if required.</b>		

**Electronic referral information**

- Service Required
- Referral Reason
- Diagnosis
- Main Problem
- Current Location
- Future Planning Decisions/Information: DNACPR/Advance Decision Discussion/Appointed LPA
- Relevant Medication
- Host Team Consultant Involved
- Does Patient Live Alone

## How to make an Electronic Referral

### Electronic Referrals

#### Referring Service - Sending an Electronic Referral

1. **Open** a Patient Record, **right click** on the **Referrals** node on the Clinical Tree then select **New Electronic Referral**
2. Select the appropriate Service from the list and click **Ok**

Entries made in the address book will be available for electronic referrals if the default referral type is 'Electronic' and they are linked to a SystemOne user or organisation.

Staff Member ▾	Unit	Address	Notes
	H&R Specialist Palliative Care	Unit 12, Omega Business Village, Thurston Road, Northallerton, DL6 2NJ	
	NT&HFT Specialist Palliative Care	2nd Floor, Farndale House, Hardwick Road, Stockton-on-Tees, TS19 8PE	
	South of Tees Dietetic and Nutrition Service	Langbaugh House, Bow Street, Guisborough, TS14 7AA	
	STHFT Acute Specialist Palliative Care Team	James Cook University Hospital, Marton Road, Middlesbrough, Middlesbrough, TS4 3BW	
	STHFT Community Specialist Palliative Care	Chaloner Building, Church Lane, Guisborough, TS14 6DD	
	Teesside Hospice Care Foundation	1 Northgate Road, Middlesbrough, TS5 5NW	

Ok Cancel Not Listed

3. Enter appropriate **Referral text** ensuring **all** the information that the accepting Service requires has been input
4. Select the **Referrer Name** (Caseload/Team can be populated if known)

Other Details... Exact date & time Mon 07 Aug 2017 16:36

Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button [Hide Warning](#)

Referrer: RICHARDS, Denise (Mrs) (Nurse Access Role) Configure

Recipient:  Address Book

Recipient ID:  Organisation ID:

Caseload / team:

Task recipient:

Read code:

Type:  Advanced

Re-referral

Urgency:

Referral summary:

Presets

**B** *I* U SansSerif 12

SERVICE REQUIRED:  
 REFERRAL REASON:  
 DIAGNOSIS:  
 MAIN PROBLEM:  
 CURRENT LOCATION:  
 FUTURE PLANNING DECISION/ DNACPR/ADVANCE DECISION DISCUSSION/APPOINTED LPA:  
 RELEVANT MEDICATION:  
 HOST TEAM CONSULTANT INVOLVED:  
 DOES PT LIVE ALONE

Ok Cancel

5. Choose the correct **Type** i.e. Hospital, Community and tick **Re-referral** if appropriate
6. Select a **Reason for Referral** and **Urgency** adding any appropriate **Referral Summary** information that is required for referrals to JCUH palliative care team, community Macmillan and Teesside Hospice
  - **Service Required**
  - **Referral Reason**
  - **Diagnosis**
  - **Main Problem**
  - **Current Location**
  - **Future Planning Decisions/Information: DNACPR/Advance Decision Discussion/Appointed LPA**



- **Relevant Medication**
  - **Host Team Consultant Involved**
  - **Does Patient Live Alone**
7. Click **Ok** to continue or **Ok & Another** if additional referrals need to be sent
  8. Once the record is **Saved** the electronic referral will be sent to the relevant organisation