

## Notes on completing General Referral Form

The referral form is a prioritisation tool for us to obtain all the information we need to allocate the right patient an appropriate place at the right time within the right service.

We cannot possibly obtain all clinical information using this form. What we are asking for on the form is what we need to allocate a place. It is essential that appropriate care and detail is given to the referral form content as we may be discussing several at any time.

We also ask for relevant clinical correspondence to be sent with the referral:

At least the last 3 relevant clinic letters/reviews and most recent scan and blood results should ideally accompany any referral for admission. Patients admitted to the Inpatient Unit and attending Day Hospice for the first time will need to bring their current medication (or if not possible then an up-to-date list). We welcome any additional information regarding patients which you feel is important for us to know prior to us meeting them.

**Page 1: At the top please tick the box for the service you are referring to and Patient's preferred location for care. We may offer admission where ever a bed becomes available if we feel the patient requires urgent admission.**

Complete all sections of page 1 with as much detail as possible within the space provided. When reviewing many referrals at allocation we cannot read through several pages of information – we rely on your summary of the situation on the form itself.

Any details left blank may lead to a delay in allocation of a place if there is insufficient information as we will need to spend time collecting that information for ourselves.

### Section A: Patient Details:

Please complete each subsection in full.

**Other services involved:** Please list services already involved (e.g. organised carers and frequency, Hospice at Home, Marie Curie night sitters). Please also inform us as to whether the patient has Continuing (Health) Care Funding or whether they have been referred.

### Section B: Clinical Details:

Please complete each subsection in full.

**Diagnosis:** We need date originally diagnosed and if cancer ideally the histology/cell type.

**Stage:** For cancer – the extent of spread - actual site and date metastases were diagnosed; For non-cancer – the degree of organ failure [as shown on form e.g. GFR for renal failure] or for conditions such as MND – a guide to the speed of deterioration.

**Estimated prognosis:** If your or patient have not been told previously please try to give us your estimated prognosis as this guide will help us prioritise the patient appropriately.

**Other significant Medical Condition:** Please list (e.g. Diabetes, angina, osteoarthritis, COPD).

**Active Hospital Treatment within last month:** We need to know date and details of recent chemotherapy/radiotherapy/other (e.g. dialysis or surgery).

**Current Problem List:** Please list only here (e.g. Nausea and Vomiting, Anxiety, Pain) but provide details later on relevant section on page 2.

**Particular requirements for patient:** Please describe individual patient's needs (e.g. interpreter; hoisted; tracheostomy requiring suction; on continuous oxygen, TPN).

**Children (0-18 yrs) involved:** This will help us to prioritise the patient for Children's Counselling Services if appropriate.

**CPR Status:** if this decision has been made we want to know the decision. We will reassess and make our own judgement when the patient is under our care.

**Patient fully aware of this Referral:** Patient must be aware of and agree to referral if they have capacity, if they don't have capacity then referral must be thought to be in the patient's best interests.

**Patient fully aware of Diagnosis/Prognosis:** Complete this to the best of your knowledge – if uncertain if patient is fully aware of prognosis please state this.

**Page 2: Section C/D: Referral for Inpatient Care/Day Hospice**

Please complete this section. This is your opportunity to advocate for the patient in your care. Giving more detail here regarding the reason for referral and what you hope patient will gain from our input. Please consider whether the patient needs could be met elsewhere.

**Referrer's Name/Title/Tel. no:** We need this information on both pages in case the pages become separated and we need to contact you. Please ensure the telephone number you give us will enable us to contact you (mobile number or alternative colleague if you will be unavailable).

Emergency referrals should be discussed with the allocation team who can be contacted using the numbers listed below.

**At the time of admission:**

It is the referrer's responsibility to arrange transport to the unit and ensure that the patient's GP and any other agencies involved are aware of the admission.

Please send a printout of the patient's current medication and recent blood tests and investigations either by fax prior to admission to 01926 495455 or with the patient when they arrive. We welcome any additional information regarding patients which you feel is important for us to know prior to us meeting them.

Booked admissions need to arrive on the inpatient unit by 11am. The patient must bring all their medication with them if they come from home. Hospital transfers need only bring medication that may not be stocked at the Hospice. However, they must bring an up to date drug chart and hospital notes at all times. If patients are on PEG feeds, nebulisers or are diabetic then appropriate supplies must also come in with them.

Emergency admissions must be sent with all their medication and a letter containing relevant clinical details and a list of medication.

**Contact numbers:**

**For all queries regarding allocation of beds phone:**

**Warwick Myton Hospice**

**Telephone: 01926 838889**

Please ask to speak to the allocation team between 9am and 5pm Monday to Friday or the Nurse in Charge outside of these hours. **If there are any changes to a planned admission to either hospice please also contact the allocation team as soon as possible on:**

**01926 838889**

**Central Allocation Fax: 01926 495455**

## Day Hospice Referral Guidance

### Who can be referred:

Day Hospice aims to provide patients with quality palliative care in a safe; homely environment and to give carers a much needed break. Our aim is to support patients with advanced progressive, life-limiting disease (Cancer or non-Cancer) in a social and therapeutic setting. The patient should be registered with a Coventry or Warwickshire GP.

### What we can offer:

The Day Hospice is a Specialist Palliative Care nurse led unit. Our team of specially trained staff consist of nurses, occupational therapists, physiotherapists, art facilitator, chaplain, complementary therapists and volunteers. Following assessment, patients may be referred to the wider hospice team of doctors, counsellors and psychologist.

While attending Day Hospice, patients remain under the care of their District Nurse and GP who need to be made aware of the Day Hospice referral. The Hospice team will liaise with them as appropriate during the patient's attendance. Patients are reviewed regularly every three months to ensure their needs are being met.

### Who can make referrals:

GPs  
Macmillan Nurses  
Clinical Nurse Specialists  
Community Matrons  
District Nurses  
Hospital Specialists  
Other Relevant Health Care Professionals  
Other Myton Services

### How to refer

Referral should be made on the Myton Hospices General Referral Form and faxed to the Day Hospice team or allocation team on the numbers listed below. Please include copies of recent specialist clinic letters and any other information that will help us to prioritise the referrals. Please also tell us whether the patient:

- Uses any aids or needs assistance to mobilise
- Can get into a standard sized car or whether they will need an ambulance

Patients will be contacted by telephone and offered the opportunity to informally visit the Day Hospice. Depending on our waiting list, this initial contact may take a little time but we will endeavour to keep the referrer informed of any delay. If there is any change in the patient's circumstances please update the Day Hospice staff. After the informal visit, if the patient has agreed to attend, they will be offered a place for one day per week.

### Contact numbers:

For all queries regarding allocation of places phone:

#### Warwick Myton Hospice

Telephone: 01926 838889

Central Allocation Fax: 01926 495455

Please ask to speak to the Nurse in Charge

Regarding an admission which has been allocated for:

#### Rugby Myton Hospice

Telephone: 01788 550085 (RMH reception)

Ask to speak with the Nurse in Charge.

#### Coventry Myton Hospice

Telephone: 02476 841900 (CMH reception)

Ask to speak with the Nurse in Charge

## Inpatient Unit Referral Guidance

### Who can be referred:

Admission will be considered for any patient with **complex** or **specialist palliative care** needs due to advanced, progressive, life limiting disease (Cancer or Non-Cancer). The patient should be registered with a Coventry or Warwickshire GP.

### What we can offer

Referrals can be for:

- Symptom control
- Psychological support
- Terminal care
- Respite (we have designated beds for dated respite admissions)
- Specialist Rehabilitation ( in certain circumstances- please discuss with the allocation team prior to referral)

It is not appropriate to refer patients for inpatient admission in the following circumstances:

- Patients without specialist palliative care needs who require nursing home care or an increased home care package.
- Oncological emergencies such as neutropenic sepsis or spinal cord compression.
- Patients requiring multiple investigations who would be better managed in hospital.
- Patients who require post-surgical rehabilitation or intermediate care

The length of stay will depend on need. **The Myton Hospices do not provide long term care.**

Emergency admissions may be accepted out of hours according to the patient's needs at the discretion of the senior on call doctor in discussion with the senior nurse in charge of the ward.

### Who can make referrals:

Referrals can be made by the patient's Macmillan Nurse, Clinical Nurse Specialist, GP or Hospital Specialist. Referrals from Community Matrons and District Nurses will be considered provided that the Clinical Nurse Specialist, Macmillan Nurse or GP is aware of the referral.

### How to refer

Referral should be made on the Myton Hospices General Referral Form and faxed to the Central Allocation team on **01926 838889**. Please include information about the reason for the admission, drugs already tried for the current problem and the reason they were stopped and any other information that will help us to prioritise the referrals. Please include the last three specialist clinic letters and any recent scans.

The patient must agree to the referral before the form is sent or if this is not possible admission must be considered to be in their best interests. If a patient refuses a bed, when offered, the referral may be removed from the waiting list unless an acceptable or unavoidable reason is given. A new referral will be required if they change their mind and wish to be admitted in the future.

Referrals will be prioritised according to the clinical need. It is the duty of the referrer to update the bed allocation team if the patient's condition changes for better or worse.