**Arthur Rank Hospice Charity and Alan Hudson Centre services REFERRAL FORM**

Arthur Rank Hospice Charity provides palliative care to people with advanced life-limiting illnesses who have complex needs that cannot be addressed or resolved by generalist services. Patients eligible to access our specialist services will have an actively deteriorating condition and/or escalating complex needs.

Email completed referral form to:

**Email** **Arthur Rank Hospice:** **nee.arthurrank@nhs.net**

If this referral is for **emergency contact with the** **patient today**, telephone 9.00am – 5.00pm.

Arthur Rank Hospice on **01223 675800.**

**Email Alan Hudson Centre:** **nee.alanhudson@nhs.net**

If this referral is for **emergency contact with the patient today**, telephone 01945 669620. 9.00am – 4.30pm.

Please allow adequate time to respond and do not leave a message requesting urgent contact.

Referrals will be processed within 3 days and contact made with the patient based on the urgency of identified needs.

**Please indicate which Hospice service you consider appropriate:**

**Arthur Rank Hospice (Cambridge):**

|  |  |  |  |
| --- | --- | --- | --- |
| Community Specialist Palliative Care Team  |  | Inpatient Unit (after medical review) |  |
| Living Well Service  |  | Lymphoedema Service |  |
| Young Adult Transitional Service |  | Medical Team  |  |
| \*Pain Management Group (see guide) |  | \*Specialist OT/Physiotherapy (see guide) |  |

**Alan Hudson Centre (Wisbech):**

|  |  |  |  |
| --- | --- | --- | --- |
| Community Specialist Palliative Care Team |  | Treatment Services |  |
| Living Well Service  |  | Complementary Therapy |  |
| Bereavement Support |  | Hospice at Home (Day Care only)  |  |

**Referrals to Hospice at Home Day Care – By Fast Track only, via CHC**

**NB: Without patient consent or a best interests decision, the referral may not be accepted**

Has the patient consented to this referral?

[ ] **YES**

[ ] **NO**

[ ] **BEST INTERESTS DECISION**

If No, has the patient representative / Legal power of Attorney for Health & Welfare agreed to referral

[ ] **YES**

[ ] **NO**

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| --- |
| **Patient Demographics:** |
| **Title:** | **First name:** | **Last name:** |
|  |  |  |

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| --- | --- | --- | --- |
|  | **NHS Number:** | **DOB:** | **Marital status:** |
|  |  |  |  |
|  |  |
| **Patient’s address:****Postcode:** |
| **Telephone No.:** |  |
| **Mobile No.:** |  |

|  |  |
| --- | --- |
| **Patient’s current location:** |  |

**NB: If in hospital, referrals to the community specialist palliative care home team will be accepted only on or after day of discharge.**

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| --- | --- |
| **Ethnicity:** |  |
| **Patients’ first language:** |  |
| **Interpreter required?** |  |

|  |  |
| --- | --- |
| **Diagnosis:** |  |
| **Estimated prognosis:(if known)** |  |
| **DNACPR/ReSPECT Form?** |  ReSPECT [ ]  DNACPR [ ]  None [ ]  |

|  |  |
| --- | --- |
| **Main carer’s details**  |  |
| Name: Address:Contact No:Relationship: | Is this person Next of Kin:[ ] YES [ ] NOIf No, who is?  |
|  |
| **GP details** |
| Surgery name: Telephone No:  | Other teams involved: HCP Name:Contact No: |
| **ARHC uses SystmOne. Please supply supporting evidence for your referral, eg: GP summary, most recent clinic letters, recent hospital discharge summary(s), hospital scans & blood results unless the referral is being made via SystmOne.** |
| **\*Why is the referral is being made now:** |
| **\*Identified specialist or supportive care need(s): Mandatory** For example: complex symptoms including pain, ongoing psychological distress, specialist advance care planning, complex social needs, ongoing spiritual distress, etc. |
| **\*Interventions already taken to address needs:** **NB: If you are referring to multiple service areas simultaneously, please state why and which is the primary service required for example. IPU required, but hospice at home is needed if a bed is not available within the next few days.** |

|  |  |
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| Any risk factors or specific communication needs: |  |

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| **Referrers Details** |
| Name of Referrer: |  |
| Job Title: |  |
| Referrers contact No: |  |

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| **Referral completion:** |
| Date: | Time: |  |

**Arthur Rank Hospice Referral Guidelines for healthcare professionals:**

**When should I consider a referral to the Hospice Services?**

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| Anyone living with a life shortening or advanced chronic disease can be referred. This can be at any time based on the persons’ needs. **Please refer based on the person’s current identified needs.** In our experience referrals for an ‘introduction to the service’ or for general ‘support in the future’ are often declined by the person referred because there is nothing we can assist with at that point. Illness-specific triggers for considering referral and assessment of needs are when the person: 1. Is on maximal disease modifying treatment or is on active treatment, including palliative cancer therapies. The patient identifies a need that would improve their quality of life. Consider the [**Living Well Service**](https://www.arhc.org.uk/supporting-you/care-services/living-well/)**,** listed below, or **specific services** eg lymphoedema.
2. Experiences a change in their focus of care eg, at the end of active treatment **AND** there are ongoing symptoms, needs or concerns. Consider specialist community services for an initial holistic assessment.
3. Is recognised to be approaching end of life (last days, weeks or months) and experiencing complex symptoms or needs that would benefit from support in addition to primary care involvement. Consider specialist community services or in -patient unit. Personal care is provided by hospice-at-home.
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Please complete the referral form, ensuring that all the relevant information is included to process the referral without delay. **If the referral is for contact with the patient in working hours the same or next day, telephone the Central Referrals team on 01223 675800 or 01945 669620 (for referrals to Alan Hudson Centre) to discuss the referral. Please do not leave messages requesting urgent contact. Otherwise** email as below allowing up to 3 days for processing the referral.

* Cambridge, Arthur Rank Hospice (ARHC) services: nee.arthurrank@nhs.net
* Wisbech, Alan Hudson Centre (AHDTC) services: nee.alanhudson@nhs.net

[**Community Specialist Palliative Care Home Teams (SPCHT)**](https://www.arhc.org.uk/supporting-you/care-services/community-team/specialist-palliative-care-home-team/)

**Cambridge City, South and East Cambridgeshire:**

For advice, out-patient, domiciliary, on-line, telephone appointments. Initial telephone triage by a Clinical Nurse Specialist. Refer for complex needs that require specialist holistic assessment and input. Nurse prescribers and doctors in the team prescribe and support but DO NOT replace the role of the GP or DN.

**Cambridge City, South and East Cambs** - Operates 5 days a week from 9.00am to 5.00pm. Weekend emergencies only 9.00am to 5.00pm. **Tel: 01223 675830**

**Wisbech**: Small team covering 4 GP surgeries - Operates 4 days a week 8.30am – 4.30pm. **Tel: 01945 669620**

[**In-patient beds**](https://www.arhc.org.uk/supporting-you/care-services/inpatient-unit/) **– 12 beds: Arthur Rank Hospice Cambridge: 01223 675900.**

Specialist Beds: For complex needs at any stage of life requiring medical and multi-disciplinary input. Short stay (weeks). Same or next day admissions 9.00am – 5.00pm weekdays. Can accommodate some intravenous therapies, NIV, tracheostomy care, PEGs, piped oxygen, high flow nasal oxygen. No respite, blood transfusions, interim or step-down beds. Out of area patients accepted only with agreed funding. Patients must have had a face-to-face assessment by a GP, registrar/consultant, or CNS on the day of referral to exclude acute medical problems requiring hospital care. District nurses, paramedics, hospice at home, other community nurse or ward nurses may initiate a referral, but medical review is essential before the referral can proceed.

[**Pain Management Group**](https://www.arhc.org.uk/supporting-you/care-services/pain-management-group/) **(PMG):**

For complex pain due to a palliative condition in patients eligible for other ARHC services. Patients already under, or who have declined other pain services are unlikely to benefit. Separate to CUH pain and MSK (Musculo skeletal) services. Mostly internal referrals but external referrals for patients will be considered only after discussion with Dr Petersen to ensure eligibility.

[**Medical team**](https://www.arhc.org.uk/professionals/the-medical-team/)**:**

Refer for complex symptoms, advance care planning, second opinion, advice, or access to PMG.

**[Patient and Family Support Team](https://www.arhc.org.uk/supporting-you/care-services/patient-family-support/):** (Internal & self-referrals only)

Support with complex spiritual or psychological needs of patient.  Internal referrals for psychological/spiritual support for family/friends of a patient who is receiving care from ARHC services.  Self-referrals for bereaved relatives/friends of someone who has previously received Arthur Rank Hospice care prior to death. Please note: some bereavement referrals may be directed to services nearer to the individuals place of residence if their address is not in the locality of the Hospice in Cambridge.

[**Specialist Occupational & Physiotherapy Team**](https://www.arhc.org.uk/supporting-you/care-services/therapy-teams/)**:** (no referrals for general equipment please)

For support with complex needs or specialist specific goals. Offers a non-pharmacological approach for symptom management, such as fatigue, anxiety, breathlessness, pain, sleep hygiene, and can provide coping strategies to enable patients to self-manage at home.

[**Complementary Therapy**](https://www.arhc.org.uk/supporting-you/care-services/therapy-teams/complementary-therapy/): (Internal referrals only)

For patients already under the care of ARHC services, to offer support in a holistic capacity for symptom and/or psychological needs using touch through different forms of massage therapy, including aromatherapy. Carer/relative support to aid the effects of stress and anxiety of caring for a loved one. Can also be offered as extra support after bereavement. Both domiciliary and outpatient appts, as appropriate.

Wisbech and Fenland - For external referrals please call to discuss 01945 669620

[**Lymphoedema** **Service**](https://www.arhc.org.uk/supporting-you/care-services/lymphoedema-service/):

Cambridge City, South and East GP (including some Royston GPs). Assess and treat chronic and cancer related lymphoedema. For wet legs/ wounds & chronic oedema, follow CPFT wet leg pathway or discuss with tissue viability service. Can advise re: toes/ thighs whilst legs bandaged & help to arrange compression once dry. Can treat paediatric lymphoedema after assessment by a specialist service and funding approved (please enquire). Lipoedema patients - assessment and advice only. For any queries call 01223 675765.

[**Living Well Services**](https://www.arhc.org.uk/supporting-you/care-services/living-well/): Supportive care for people living with long -term or palliative illnesses

Multiple ways to self-manage and access peer and professional support. Programmes include, advance care planning, symptom management, fatigue, anxiety and breathlessness management exercise, complementary therapy and spiritual support, tailored to needs. All medical care remains with the patients’ GP and hospital teams. For further information, contact the Cambridge team on 01223 675820. Wisbech and Fenland 01945 669620

**[Transitional Young Adults](https://www.arhc.org.uk/supporting-you/care-services/young-people/):**

Support, advocacy, and signposting for young people with life limiting and complex illnesses from aged 18 years, as the young person adjusts to adult services for healthcare, social care, education and employment. Referrals can be made after 16th birthday for transition planning alongside paediatric services, but care at ARHC will commence at 18 years. For further advice and information please contact nee.yptransitioncoordinator@nhs.net.

[**Treatment Services, Wisbech and Fenland**](https://www.arhc.org.uk/supporting-you/care-services/alan-hudson-day-treatment-centre/)**:** please call to discuss 01945 669620, the team can administer blood transfusions and intravenous therapies and support central line care.