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|  **East Cheshire Hospice 24-hour Advice line 01625 666999** |
| 1. **Patient Details**
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 |
| Title:  |  | Surname:   |  |  | Full Name:  |  |
| Forename(s):  |  |  | Relationship to Patient:  |  |
| D.O.B:  |   | Gender:  |  |  | Contact Phone No:   |  |
| NHS Number:  |  |  |  |  |
| Home Address: |  |  |  |  |
| Postcode:  |  |  | 1. **GP Details**
 |  |
| Home Phone:  |  |  | GP Surgery Name: |  |
| Mobile Phone: |  |  |
| Lives Alone?  |  ⬜ Yes ⬜ No  |  |  |  |
| Current Location of patient(Incl ward if Inpatient):  |  |  |  |  |
| 1. **Clinical Information about the patient**
 |  |  |  |
| Diagnosis:  |  |
| Does the patient consent to the referral (please tick): | ⬜ Yes ⬜ No ⬜ Best interest decision |
| 1. **Reason for referral and current situation** (please give as much detail as possible below, including Advance Care Planning and Resus decisions)
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1. **Please tick service/s required.**

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| **Macmillan Specialist Palliative Care Team.****email** **ecn-tr.palliativecareteam@nhs.net** **- Tel: 01625 663177 - Bleep 1004 - Hospital CNS Mobile: 07976 519095** |
|  | **Inpatient Hospital Review -** For all patients within the hospital setting who require specialist palliative care input. |
|  | **Community Review -** For all patients with an East Cheshire GP who require specialist palliative care input within the community. |
|  | **Palliative Medicine Consultant Outpatient Clinic -** For patients with an East Cheshire GP who have complex specialist palliative care needs requiring consultant input. |

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| **Macmillan Lung Cancer/Palliative Care Team - email** **ecn-tr.macmillanlungcancernurses@nhs.net** **- Tel: 01625 661997 - Bleep: 9602** |
|  | **Hospital Inpatient Review -** for patients at any point in pathway for primary Lung Cancer and Mesothelioma. |
|  | **Community Review -** for housebound patients only at any point in pathway for primary Lung Cancer and Mesothelioma. |
|  | **Nurse led Outpatient Clinic (MDGH) -** for patients at any point in pathway for primary Lung Cancer and Mesothelioma. Clinic held twice weekly in outpatient department. |

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| **Community Palliative Therapies - all assessment and treatments are carried out within the home.** **email** **ecn-tr.macclesfieldcommunityspa@nhs.net** **- Admin Tel: 01625 501922** |
|  | **Occupational Therapy (OT) -** provide support with activities of daily living within the home and provision of equipment. |
|  | **Physiotherapy - r**efer for Complete Functional Assessments, mobility, transfers, stairs with / without various aids to maintain independence. Fatigue, Anxiety and Respiratory management. |

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| **EAST CHESHIRE HOSPICE - 24-hour Advice line 01625 666999** |
| **Inpatient Unit - email** **cmicb-cheshire.echospiceipu@nhs.net** **- Tel: 01625 665683** |
|  | **Symptom management -** a short term period of specialist assessment for complex symptoms, medical and/or nursing needs which are proving difficult to manage in other settings. |
|  | **Optimisation/rehabilitation -** a short term period of optimisation following an acute illness/episode or palliative interventions e.g., radiotherapy. |
|  | **End of Life Care -** Care and support in the last 1-2 weeks of life for those with complex needs OR for those who have expressed a preference to die at East Cheshire Hospice (depending on bed availability). |
|  | **Respite -** a pre-planned week of care for patients who wish to give their unpaid carers or families a rest from caring. Up to 2 respite weeks per year. |
|  | **Blood Transfusion -** for patients who are medically stable but symptomatic from anaemia, a non-urgent blood transfusion as a day case or with an overnight stay. |

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| **Sunflower Centre - Day and Outpatient Services - email** **cmicb-cheshire.echospicesfc@nhs.net** **- Tel: 01625 665685** |
| **Day Services** |
|  | **Wellbeing Program -** once a week attendance for 12 weeks open to anyone with a life limiting diagnosis. |
|  | **Live Well** – educational support programme available from point of diagnosis of a life limiting condition, 6 weeks. |
|  | **FAB (Fatigue, Anxiety & Breathlessness)** – a set programme delivering strategies to manage day by day symptoms, 6 weeks. |
| Dementia Services - specific referral forms are available on the Hospice web site – eastcheshirehospice.org.uk/professionals/how-to-referPlease see the programme calendar on our website for available therapeutic workshops. |
| **Outpatient Services** |
|  | **Art Psychotherapy** - 1:1 support through self-expression with the use of art materials. |
|  | **Lymphoedema** - clinic assessment for lymphoedema secondary to cancer. |
|  | **Complementary** **Therapy** - access to holistic treatments to aid the management of symptoms, anxiety and stress. |
|  | **Physiotherapy** - 1:1 clinic sessions to assess and offer treatments e.g., acupuncture. |
| Bereavement Services - specific referral forms are available on the Hospice web site – eastcheshirehospice.org.uk/professionals/how-to-refer |
| **Monthly Support Services** |
|  | **Friends** **and** F**amily** **Support** **Group** - peer support and a listening ear for anyone caring for a friend or relative suffering with a life limiting illness. |
|  | **MND** (**Motor** **Neurone** **Disease**) - monthly support and educational information for person with MND and their carer. |
|  | **Neurological** **Respite** **Group** - monthly attendance for people suffering with a neurological condition. |

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| **Hospice at Home - email** **cmicb-cheshire.echospiceathome@nhs.net** **- Tel: 01625 664999** |
|  | **Rapid Response/Out of Hours (OOH) -** Rapid Response/Out of Hours (OOH’s only) - care and support for patients with a palliative diagnosis and deteriorating condition. Includes urgent care, symptom management, crisis and psychological support. |
|  | **Night Sits (delivered by Marie Curie) -** triaged and planned by H@H on a daily basis, for patients with a palliative diagnosis and deteriorating condition, allowing carers to rest overnight (Sunday to Thursday). |
|  | **Carer Breaks -** ad hoc visit for patients likely to be entering the last 6 to 9 months of life, allowing for 2.5 hours of respite for carer, who must live with the patient. |
| **Existing POC?**  | Yes / No | **CHC Funded?**  | Yes / No | **If POC in situ, who provides this care?** |  |
| **Day Service / Planned Packages of Care** - at home up to a maximum of 4 times daily (based upon assessment of patient need). Only referrable by completing **CHC FT Consent, Tool and Care Plan at** www.eastcheshirehospice.org.uk/professionals/hospice-home |

1. **Referrer Details**

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| Referrers Name: |  | Contact Number: |  |
| Designation: |  | Date: |  |