

st michael's hospice

**Criteria and Guidance  
for Referral to Specialist  
Palliative Care Services**

March 2014

## Introduction

This guidance is for health professionals caring for patients who may need referral to specialist palliative care services within Hasting and Rother. It does not represent new policy on service provision but rather describes arrangements for the existing and ongoing services. It is supplemented by local guidance and by our local referral form.

Palliative care is provided for patients whose disease is no longer amenable to curative treatment. Not all patients who fall into this category, however, need specialist palliative care. Palliative care is quite rightly provided to them by the health professionals who are caring for them whether in primary or in secondary care. All teams should make use of local and national guidelines for advice on the use of first line drugs in symptom control. Specialist palliative care is needed when there are problems needing more intensive or more expert input such as complex symptom control, emotional and psychological support. The guidance here is intended to help the professional to identify which patients might benefit from referral. It is hard to define precise distinctions, however, between those who do and those who do not need specialist palliative care. For this reason, informal contact by phone, or face to face, or through site-specific cancer MDT meetings for advice on the appropriateness of a referral is encouraged.

**Ongoing active treatment should not delay referral of patients who may benefit from specialist advice.** Increasing numbers of patients with cancer are benefiting from active oncological treatment with palliative intent. Many of them also have palliative care needs and prompt referral should be considered.

Although specialist palliative care is usually concerned with advancing disease there may be patients with curable disease who can benefit from this expertise, for instance in the management of more complex cancer pain. Historically most specialist palliative care teams have dealt predominantly with patients with cancer. However, the use of a specialist palliative care approach by teams caring for patients with life-limiting disease from any diagnosis is also encouraged. Early discussion in all cases is encouraged for advice or with a view to a referral.

## Referrals to the Service

Refer if the patient

has progressive disease with an appropriate diagnosis; for non-cancer diagnoses discuss with team.

AND

lives within the Hastings and Rother area or is registered with a GP within the area or is a hospital inpatient.

AND

is willing to see the palliative care team (if able to discuss), OR the patient is not able to discuss but relevant carer is aware of the referral to the team.

AND

Has one or more of the following:-

- pain related to progressive disease uncontrolled by simple analgesia and/or first line strong opioid and/or 1<sup>st</sup> line adjuvant.
- other physical symptom(s) uncontrolled by 1<sup>st</sup> line of drug treatment.
- any severe related symptom uncontrolled within 48 hours of starting treatment of it.
- symptoms uncontrolled after 48 hours in rapidly progressive disease.
- psychosocial distress in patient or family concerning progressive illness, dying or related issues.
- need for support and additional opinion on decisions such as whether treatments including artificial nutrition and hydration should be withheld or withdrawn.
- need for further assessment of complex symptoms or other problems, or ongoing specialist support at home, following hospital discharge.
- dying complicated by physical symptoms, psychological, social or spiritual distress in patient or family, complex care needs or other aspects of care for which specialist palliative care support or advice would be helpful.

## **What to refer for?**

Referrals can be made for: support from the Community Macmillan Nurse (according to the patient's location); day therapy; hospice at home; or inpatient admission. Referrals should indicate which service is being requested, although of course different parts of the palliative care team will refer to each other as appropriate – for instance referral to hospital or community palliative care teams will lead to consideration of whether inpatient admission is needed.

## **How to refer?**

Referrals should be made on the referral form for the services. Contact details are provided on the form. Urgent referrals are accepted by some services without a standard form if using a form would delay the referral – contact the service in question for advice on this.

## **Urgency of referrals**

Referrers should indicate the urgency of the referral as they see it. Description of the urgency is helpful so that the team can prioritise among referrals from different sources. Specialist palliative care teams are not responsible for providing emergency response (although within their working hours they may sometimes be able to respond rapidly) and emergencies are the responsibility of the primary health care team or hospital team as appropriate. Urgent referrals should be discussed by phone if possible. Patients referred urgently will be seen within two working days where possible, in line with national standards.

## **Outcome of referrals**

Intervention by the team will be at one of the four levels:

### **Level 1 – advice only**

The teams will offer advice and information to other professionals regarding a specific patient but will not have direct contact with the patient or carers.

### **Level 2 – low dependency**

The teams will do a one-off/consultative visit (often jointly with a member of the patient's primary care or hospital team) in order to offer specialist advice and assist in a plan of care.

### **Level 3 – medium dependency**

The teams will offer short-term contact and support to a patient and their carers where there are complex physical or psychological issues requiring input from a specialist team.

### **Level 4 – high dependency**

The teams will undertake more intensive or longer-term interventions for patients with ongoing complex physical or psychological issues requiring specialist multi-disciplinary support. This could either be as an in-patient or in the patient's own home.

### **Ongoing communication**

Referrers will be informed of the outcome of a referral and may be given information on progress at other times. If it is not appropriate for the patient to be accepted into a service then advice may be available about alternative strategies.

In return, it is the responsibility of the referrer to continue to communicate necessary information to the specialist palliative care team, for instance on significant investigations, changes in treatment, information given to patient and family. The easiest way to communicate this is for all correspondence to be copied to the appropriate member of the palliative care team.

### **Referrals for admission to Hospice**

Requests for admission should be discussed with the team before admission is offered to the patient or family.

## **Referral Guidance for Hospice In-Patient Unit Admission**

Patients who live within the Hastings and Rother area with progressive, advanced, life-limiting illness and any of the following:

- Physical symptoms not responding to first line management
  - E.g. pain related to progressive disease not relieved by simple analgesia +/- strong opiate +/- 1<sup>st</sup> line adjuvant.
  - E.g. any other symptom (i.e. nausea, breathlessness) related to progressive disease and not relieved within 48 hours of starting treatment for it (earlier if dying/rapid progression).
- Psychological, social and spiritual distress in patient or family concerning progressive illness, dying or related issues.
- Need for discussion/second opinion to support decisions to be made by caring team/GP about ethical issues related to End of Life Care.
  - E.g. discussions about risk/benefits of continuing a particular treatment.
- Likelihood of death in the next few days (or short) weeks where physical or psychological needs are complex.

## **Referral Criteria for Hospice at Home Services**

Patients who live within the Hastings and Rother area with progressive, advanced life-limiting illness who need:

- A 24 hour palliative care advice and support line for patients and carers/professionals looking after them.
- A 24 hour visiting service to support primary care provision of palliative care including syringe driver care and care of those who are dying at home.
- A night sitting service (subject to availability).
- Hospice Neighbours (subject to availability).

## **Referral Criteria for Day Hospice Services**

Patients who live within the Hastings and Rother area with progressive, advanced, life-limiting illness who may benefit from:

- Social interaction and support due to social isolation or psychological and spiritual distress brought on by their illness.
- Rehabilitation to maximise their potential physical capabilities.
- Spiritual input to help adjustment to the meaning of diagnosis and disease progression.
- Support with financial issues related to their progressive disease.