

Referrals

All referrals to St Nicholas Hospice Care services are processed by the Referrals Office (open 9am to 5pm Monday to Friday). Referrals are accepted from any healthcare professional and also from patients and families where appropriate.

A single referral form is available for all service areas.

Referrals can be made by completing the [referral form](#) (this can be completed electronically) and then

- faxed to 01284 732000 or
- posted to [St Nicholas Hospice Care](#)
- please do not email patient information

The Referrals Office can be contacted directly on 01284 715570.

Urgent referrals out of office hours can be made by calling 01284 766133 and asking to speak to staff on Sylvan Ward or in the Community Hospice Team.

Referrals are discussed every weekday morning at the St Nicholas Hospice Care multidisciplinary team meeting and contact will be made with the patient/client either within 24 hours if urgent, or as appropriate. Referrals are allocated to the most appropriate department for an efficient response.

Criteria for Referral

St Nicholas Hospice Care welcomes the opportunity to advise and guide professionals in managing patients end of life care and accepts all calls for advice, even if patients do not meet the criteria for referral.

Those referred need to be registered with a GP within West Suffolk (or Thetford) and agree to the referral.

The service will accept referrals from anyone (patients / families / professionals) provided they have the permission of patient / family and can supply the relevant health information.

Patients who

- Are 18 years
- Have an advanced, progressive life-limiting malignant or non-malignant disease, usually, in the last year of life
- Have unresolved needs that may include any or all of the following:

- Persistent physical, psychosocial or spiritual distress

- Need help with difficult decisions, planning, or conversations about managing end of life care

- Have risk factors that may include:

Young children under 18 in the family

Have family members with special needs (physical / mental illness / disability)

Complex social situation and / or poor communication within the family

Previous traumatic bereavement or loss.

Families or carers of the patient affected by the illness and are experiencing sustained psychosocial or spiritual distress.

Bereaved children and young people and bereaved adults known to the service.

Discharge criteria

Patients are discharged following agreement between St Nicholas Hospice Care Clinical Team, patients and family / carers and the Primary Healthcare Team (PHT) when specialist palliative care is no longer needed or has been declined or

- Patient or carer no longer has complex unmet needs, which requires the full input of the specialist team and their needs can be met by another service
- Patient moves out of catchment area.

On discharge from St Nicholas Hospice Services, the team will provide the PHT and patients / family with details about how to contact the service again in the future if needs change (including bereavement care).
