

APPENDIX N - Peer Review Measure 11-1C-104c Network Referral Guidelines for the Lung CSG

Indications for referral to another MDT are:

- Solitary metastases in distant organs, eg colorectal.
- PET positive metastases in distant organs.
- Evidence that the lung tumour is of distant primary origin eg breast, head and neck.
- Patient to a Palliative Care MDT in accordance with the GMCCN network-wide guidelines for referral to specialist palliative care (see below).

Should a patient require referral to another MDT, either within or outside of the Network (for instance if the patient has liver or brain metastases)

- Patients should be referred to a core MDT member of the appropriate team within 24 hours of the discussion with the patient.
- The referring MDT should fax a referral letter within 24 hours of the discussion with the patient, to the receiving MDT.
- All referral information should be copied to the Cancer Services Department at the appropriate hospital.
- Referring clinicians should ensure that all relevant information is provided to allow the treating clinical team to take over the management of the patient.

This includes:

- Patient demographics including current telephone number
- Any details pertaining to cancer waits eg date of 62 day referral receipt, date of upgrade
- Date of diagnosis
- Details of all staging investigations the patient has undergone
- Histology of tumour
- Details of any treatment the patient has undergone
- Date of first treatment

NETWORK WIDE GUIDELINES FOR REFERRAL TO SPECIALIST PALLIATIVE CARE GUIDELINES

Introduction

These guidelines contain the agreed core referral criteria for SPC within the Greater Manchester and Cheshire Network; they should form the basis of referral guidelines and criteria for local services, but may be added to or require modification, for them to be relevant to individual services.

- Specialist palliative care services work along side and in support of statutory and voluntary health and social care services.
- Care and support is extended to the patient and relatives or other carers.
- Referrals are accepted for patients with cancer and advanced non-malignant disease who meet the referral criteria.
- Referral criteria should be applied sensitively to the needs of individual patients.

The Timing of Referral

A referral may be appropriately made at any point in the patient pathway; key triggers to referral include:

- Time of diagnosis
- Commencement of cancer treatment
- Completion of initial care plan
- Disease recurrence or relapse
- Recognition of incurability
- End of life care
- Other 'milestones'

Criteria for Specialist Palliative Care Services

These are core criteria for all SPC services:

- Advanced progressive life threatening illness
- Difficult pain and symptom control
- Complex psychosocial problems
- End of life care and support, which may include bereavement care
- Rehabilitation/adjustment
- Hospital or primary care services unable to meet the patient/carer needs
- The patient, if competent, agrees to referral

Criteria for Individual Services (in addition to the above criteria)

Inpatient Care

Specialist palliative inpatient care required for:

- Review of symptom control and care needs
- Respite care for those with complex medical and nursing needs
- Rehabilitation

Day Care

- The patient is fit to travel and spend time away from home
- Regular assessment, and review of management required

Out Patient Clinic

- The patient is fit to attend clinic
- Specialist assessment and management plan is required

Hospital Palliative Care Team

- Provision of advice and support to ward and clinic teams
- Support and information for patient and carers
- Symptom control and support during curative treatment
- Links with other SPC services for ongoing care and support

Community Palliative Care

- Provision of advice and support to primary care teams
- Support and information for patient and carers
- Symptom control and support during curative treatment
- Primary Care Team aware of referral

Admission Criteria

See criteria for inpatient care

Discharge criteria

- Plan of management for an episode of care completed
- Currently no need of Specialist Palliative Care and needs can be met by ward based or Primary Care Services
- The patient (or if relevant the carer) no longer wishes to access services
- The patient moves out of catchment area

Local Referral Criteria

Local guidelines should be developed for each service with reference to these Network guidelines and criteria. They need to include:

- The local requirements for each service

- The geographical area covered
- The local process of referral
- Who may refer
- Any additional criteria for non malignant advanced life threatening illness