This respiratory referral form provided by King’s Health Partners (KHP) Integrated Respiratory Team (IRT) is the preferred means by which any request for the following services should be made. After reviewing the referral criteria below please forward this form to any service required using the referral channel stated.

**The service does not handle 2WW and TB referrals which should be referred directly.**

**KHP Services for people with respiratory disease and symptoms**

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| **Service** | **Description of Service** | **Referral Channel** |
| **Specialist stop smoking service** | This is a specialist stop smoking service for people with any long term condition. The service will provide intensive clinic and home-based support. NRT is available via voucher but the referring GP may be asked to prescribe appropriate oral pharmacotherapy. | **To refer email:**  Southwark: 0800 169 6002  [gst-tr.stopsmokingsouthwark@nhs.net](mailto:gst-tr.stopsmokingsouthwark@nhs.net)  Lambeth: 0800 856 3409  gst-tr.stopsmokinglambeth@nhs.net |
| **Community Lung Function Service** | This service will provide quality assured diagnostic standard spirometry/reversibility/exhaled CO/FeNO for people with new respiratory symptoms. They will also review patients where past spirometry results may not have achieved quality standards and do not support the current diagnosis. **REFERRING CLINICIAN MUST AUTHORISE BRONCHODILATOR USE – see form below** | **e-RS**  This is a directly bookable service and you can choose a number of community sites. **To book select ‘Diagnostic Physiological Measurement’** as the specialty and **‘Respiratory - Full Lung Function’** as the clinic type. The service name is **‘Community Lung Function Service – (name of location)’** |
| **Pulmonary Rehabilitation** | Any patient with a long term lung condition who is functionally limited by breathlessness can benefit from pulmonary rehabilitation. This is especially important for patients with COPD and MRC breathlessness score 2 or more as long as any cardiac disease is stable. | **e-RS**  You cannot directly book but the PR team will assess the referral and either contact the patient or return the referral with advice. **To refer select** **‘Physiotherapy’** as the specialty and **‘Respiratory’** as the clinic type. The service name is: **‘Pulmonary Rehabilitation Referral Assessment Service – King’s Health Partners Lambeth/Southwark – RJZ’** |
| **HOSAR – Home oxygen assessment and review** | Any patient requiring home oxygen therapy needs to be seen / have the prescription issued by a specialist in oxygen therapy. For long term oxygen therapy (LTOT) this service will see any new patient with persistent finger pulse oximetry less than 92% despite optimal therapy and clinical stability. Use this service also for people with Cluster Headache where a headache specialist has advised oxygen therapy. | **e-RS**  This is a directly bookable service at KCH or GSTT. **To book select ‘Respiratory Medicine’** as the specialty and **‘COPD’** or **‘Interstitial Lung Disease or Not Otherwise Specified’** as the clinic type. The service name is “**Home Oxygen Assessment and Review Service”** |
| **Integrated respiratory team home assessment** | If you have a patient with complex breathlessness the IRT can provide a holistic review and home visit if appropriate. Please ensure you provide as much detail as possible and include the details of the lead clinician for this patient. | **EMAIL and Phone**  King’s: 0203 299 6531  kch-tr.IntegratedRespiratoryTeam@nhs.net  St. Thomas’: 07796 178719  gst-tr.integratedrespiratoryteamgstt@nhs.net  Lines are available between 09:00 – 16:45 seven days |
| **Hospital Chest Clinic** | Routine out-patient clinics for respiratory disease and symptoms. Please review local Breathlessness, Cough, COPD and Asthma algorithms before referral. Please ensure patients have had quality assured spirometry through community lung function service before referral (as appropriate).  **The service does not handle 2WW and TB referrals.** | **e-RS**  This is a directly bookable service at KCH or GSTT. **To book select ‘Respiratory Medicine’ as the specialty and clinic type as appropriate.** |

|  |  |
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| **Please check below to see where services are available and select any preference. For oxygen reviews or assessment we can liaise with neighbouring borough teams. Community lung function hubs are additional and not listed here.** | |
| Kings College Hospital – *COPD, Asthma, HOSAR(oxygen), Pulmonary Rehab, Cough, Bronchiectasis, Sarcoid, Pleural, Sleep, General Chest* |  |
| Guy’s Hospital – *COPD, Asthma, HOSAR(oxygen), Interstitial lung disease, Sarcoid, Sleep* |  |
| St Thomas’ Hospital – *COPD, HOSAR (ambulatory oxygen), Pulmonary rehab, Pleural, General chest* |  |
| Streatham Ice and Leisure centre (390 Streatham High Road, London SW16 6HX) - *Pulmonary rehabilitation; community site* |  |
| Dulwich Leisure Centre (Crystal Palace Road SE22 9HB) - *Pulmonary rehabilitation; community site* |  |
| Brixton Recreation Centre (Brixton Station Road SW9 8QQ) - *Pulmonary rehabilitation; community site* |  |

Date of referral: Short date letter merged **Referrer Name:** Current User

Surgery: Organisation Full Address (single line)

Tel: Organisation Telephone Number E-mail: Organisation E-mail Address

# Patient Details

**NAME: Full Name**  **AGE: Age**  **DOB: Date of Birth**  **SEX: Gender**

**NHS Number: NHS Number**  **TEL: Patient Home Telephone** **MOBILE: Patient Mobile Telephone**

**Patient EMAIL:** **Patient E-mail Address**

**Home Full Address (single line)**

**Ethnicity:** **Ethnic Origin LANGUAGE: Main Language**

Add any further information that may help us co-ordinate this persons care e.g. transport needs:

# What is the reason for the referral?

Describe the current problem briefly below and select recent consultations if this adds useful and relevant information. Please select only what is necessary to share with the recipient both to keep it short and to avoid information governance breaches. Please ensure you answer these two questions below in order to ensure timely onward referral.

|  |  |
| --- | --- |
| What is the reason for this referral and what outcome do you and the patient expect?  Free Text Prompt |  |
| What tests or treatments have been tried so far? |  |

**Consultations**

**Problems**

**Medication**

**Allergies**

**Smoking**

**Respiratory values: Respiratory flow rates**

**Oxygen: Oxygen saturation at periphery...**

**Pro-brain natriuretic peptide: Serum pro-brain natriuretic peptide level...**

**MRC Breathlessness Scale: MRC Breathlessness Scale: grade 1...**

**Blood Pressure**

**Date and results of last chest X-ray**

**Infection risk?**

**Please attach any relevant spirometry or imaging reports.**

**If referring for spirometry, please give clinical authorisation for the administration of 400 mcg Salbutamol or 80mg Ipratropium Bromide below:**

Name of Authorised prescriber:

**Please note that spirometry cannot be performed if the patient has had any of the following in the past 6 weeks**

* Haemoptysis
* Heart attack or unstable angina
* Pulmonary embolism
* Pneumothorax
* Eye surgery
* Chest or abdominal surgery
* Chest, abdominal or cerebral aneurysm

**Integrated Respiratory Team Telephone Advice line**

Telephone support and advice for your patients with respiratory disease in Lambeth and Southwark. Providing assistance with managing exacerbations of COPD in the community. This service is provided by local Specialist Multidisciplinary Teams at King’s College and St. Thomas’ Hospital. Their contact details are;

**King’s: 0203 299 6531 /** [**kch-tr.IntegratedRespiratoryTeam@nhs.net**](mailto:kch-tr.IntegratedRespiratoryTeam@nhs.net)

**St. Thomas’: 07796 178719 /** [**gst-tr.integratedrespiratoryteamgstt@nhs.net**](mailto:gst-tr.integratedrespiratoryteamgstt@nhs.net).

Lines are available between **09:00 – 16:45 seven days per week**