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| **REFERRER DETAILS** | |
| Date of referral: | Organisation / Hospital Address: |
| Name of referrer: |
| Profession/ Job Title: |
| TEL: |
| **PATIENT DETAILS** | |
| SURNAME: | FIRST NAME(S) |
| DOB: | NHS No: |
| Male Female | Ethnicity: |
| Interpreter required Y N | Primary Spoken Lanaguage: |
| Home Address:  TEL: | GP Name:  GP Address:  TEL: |
| **NEXT OF KIN** | |
| Parent(s)/Guardian Name: | Relationship: |
| TEL: | MOB: |
| Has this referral been discussed and agreed with the parent(s)/Guardian? Y N | |
| Has the attached parent(s)/Guardian consent form been completed? Y N | |
| **REASON FOR REFERRAL** | |
|  | |
| **RELEVANT MEDICAL HISTORY** | |
| (Diagnosis, recent illness, recent hospital admissions, investigations/results, Long Term Condition, Oxygen dependant) | |
| Safeguarding issues: Y N  (if yes please add brief detail in reason for referral) | Additional reports attached Y N  (please attach as much as possible) |
| **OTHER SERVICES CURRENTLY INVOLVED IN PATIENTS CARE** | |
| (e.g. community nursing team, paediatrician, named social worker, physiotherapy, occupational therapy, SLT, Great Ormond Street Hospital, Richard House Hospice etc.) | |

**Referral criteria for The Bridge Project**

**Service Description**

The Bridge Project aims to facilitate and co-ordinate the care of very complex children in Tower Hamlets. As part of the project we will arrange meetings where each child will be discussed once a month by representatives from key services in the community. Through multidisciplinary working, we aim to provide targeted support to children with complex care needs and high rates of admissions and/or length of stay in secondary care. The Bridge Project may also deliver a reduction in referrals to secondary care admissions, inappropriate use of A&E and reduced length of stay. Most importantly, it will improve access and prevention of longer term conditions for children, young people and their families in the borough.

**\*As we are only catering for a small number of exceptionally complex children, very few referrals will be accepted with a total of 50 children on the project. Referrals will be discussed in an MDT meeting and then prioritised.**

**Inclusion criteria**

1. Children with disability actively known to the Great Ormond Street Hospital Palliative Care Team.
2. Children with complex needs who are known to Royal London Hospital **and** are known by or have been referred to Specialist Child health Services (Community Paediatricians) **and** who have additional need for support due to:
3. Unstable or poor health requiring repeated or prolonged unplanned admissions, especially ITU admissions
4. Difficulties co-ordinating the very large number of professionals and appointments involved in a child’s complex
5. Where the care of a child with complex needs is meeting potentially avoidable barriers which are impacting their health and new pathways need to be considered.
6. Additional vulnerabilities such as being looked after or on Child Protection Plan. These children may be considered, but need to be clear what the specific role will be, separate from other reviews e.g. Core Group meetings.
7. Children with complex health needs who are not known to Wellington Way Community Paediatricians may be considered if their fragile health has a significant impact on their education and daily life, such as that they have an Education Health and Care Plan e.g. a difficult to manage tracheostomy.

Children who meet these criteria will be prioritised at a multidisciplinary referral meeting.

**Exclusion criteria**

1. Children who live out of Tower Hamlets borough.
2. Children aged over 18 years (i.e. may access up until their 18th birthday).
3. Children who attend out of borough schools, whose main community care takes place at school.
4. Children with a single diagnosis which has a well organised and resourced local care pathways e.g. Cystic Fibrosis or Diabetes

**Completed referrals and consent forms must be sent to:**

The Bridge Project

Mile End Hospital

Emily Graham Building

Bancroft Road

London E1 4DG

FAX: 0208 121 4425

Email: [BHNT.bridgechildrensvirtualwardbh@nhs.net](mailto:BHNT.bridgechildrensvirtualwardbh@nhs.net)