If you are a health or social care professional and want to make a referral for a child or young person, you will need to complete a referral form. You will need to have consent for the referral from a parent or carer.

**Please note**: Urgent referrals, such as those for support with end of life care, are dealt with immediately and noted at the next panel.

ELIGIBILITY FOR OUR SERVICE

If the child/young person meets the following criteria, then the child/young person, their family and significant others (those who are perceived to be significant to the child, young person and/or family) are eligible to access services. This includes families who may be receiving support from professionals during pregnancy.

Jersey Hospice Care offers care to families with children and young people who:

* **Live in Jersey**
* **Are aged between the ages of 0-18 years based on the following criteria and in line with guidelines used by all children’s hospices in the UK:**

|  |  |
| --- | --- |
| **Group 1** | Life threatening conditions for which curative treatment may fail e.g. cancer, irreversible organ failure. |
| **Group 2** | Conditions where premature death is anticipated but intensive treatment may prolong life e.g. complicated cystic fibrosis, HIV. |
| **Group 3** | Progressive conditions without curative treatment options where treatment is exclusively palliative e.g. Battens disease.  |
| **Group 4** | Conditions causing severe neurological disability leading to susceptibility of health complications and likelihood of premature death e.g. severe cerebral palsy, multiple disabilities following brain or spinal cord insult. |

 **Group 4 –Children and young people may require additional assessment where eligibility is unclear using these criteria.**

FULL INFORMATION TO HELP OUR DECISION MAKING

 To support a timely and equitable response to an external referral, our MDT panel will seek to answer the following questions:

* What is the trigger for referral - what is the reason for referral at this point in the child’s illness?
* Does the child have a lead professional?
* What is the child’s diagnosis?
* What is the prognosis?
	+ Would the referrer be surprised if this child was alive this time next year, in 5 years or if they were to reach adulthood?
* What is the complexity of the child’s health care needs?
	+ Recent past medical history
	+ Are they technology dependent
* Does the child have any emergency management plans e.g. oxygen, seizures, resuscitation, acute deterioration?
* Are there up to date medical clinic letters?

NEXT STEPS

If the referral is for emergency or end of life care please telephone us so we can discuss this immediately.

All other referrals will be considered at our weekly MDT panel meeting.

ACCEPTED REFERRALS

* If a child or young person meets our criteria they will be accepted and we will write to them and the referrer within **7 days** of the panel decision. We will also allocate a paediatric nurse who will contact the family to arrange a home visit to start the assessment process. The family will be involved throughout the assessment process to assess their needs and identify how Jersey Hospice Care can best provide support. Initial assessment will be undertaken within **four** weeks. Once the services have been agreed with the family we will be able to start to put these in place.
* In order to complete our assessment we may need to contact other professionals involved with the child and family such as consultants, GP, school nurse or social worker to gain other information to inform our decisions.

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* Please note that all children are subject to regular reviews which will involve contacting professionals involved with the child and family medical team for up to date information as well as discussing any changing needs.

WHERE A REFERRAL IS DECLINED

* We cannot offer support to every child or young person referred to us and have to focus on those children who meet out criteria. If a child is not accepted we may be able to signpost the family to other services for support.
* You can ask us to reconsider if you think there are factors we have overlooked.
* Re- referrals are welcome at any time should the child’s condition change.

HOW TO CONTACT US

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 St Helier
 JE2 3JB

Email CYP@jerseyhospicecare.com

Telephone 01534 780 780

 Monday-Friday 9am-5pm

Website www.jerseyhospicecare.com