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**PAEDIATRIC HAEMATOLOGY / ONCOLOGY**

**INTER-PROVIDER TRANSFER/MINIMUM DATASET PROCESS**

In line with the national cancer waiting times standard for children with a suspected or confirmed diagnosis of cancer, patients should receive treatment within 31 days of referral or consultant upgrade.

It is essential that Paediatric Oncology Shared Care Units (POSCUs) provide all required patient details on the below form when referring to GOSH, to enable the appropriate clinical triage of referrals and the accurate reporting of the patient’s pathway milestones.

* **Please email a completed minimum dataset form for any outpatient or second opinion referral to** **gos-tr.cancer.mdt@nhs.net**
* **Please provide an accompanying referral letter detailing the patient’s family history, medical history and current medications.**

GOSH will adopt the following process for managing inter-provider transfers when the referring trust fails to provide the attached Haematology/Oncology minimum dataset referral form, as outlined below:

1. GOSH will contact the referring trust within 1 working day of urgent inpatient admission OR receipt of consultant referral and request the attached form within 2 working days.
2. If that approach does not elicit the information requested, the GOSH MDT Co-ordinator will contact the referring trust for a second time advising them that the referring trust has a further 2 working days from the date of the second contact to provide the information.
3. If that approach does not elicit the information requested, the GOSH Service Manager will contact the referring trust for a third time advising them that the referring trust has a further 2 working days from the date of the third contact to provide the information.
4. If the information is still not provided after the third approach, the GOSH Chief Operating Officer will contact the Chief Operating Officer of the referring trust directly via email, requesting the information within 24 hours.
5. If this does not elicit a response, the patient’s pathway will be reported with blank fields for ‘decision to refer date’ and ‘cancer referral to treatment start date’, in relation to any Open Exeter submissions.

**INTER-PROVIDER TRANSFER/MINIMUM DATASET FORM**

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| **Patient Details** |
| Patient forename |  | Patient surname |  |
| NHS number |  | Date of birth  |  |
| Address and post code  |  |
| Gender  |   | Ethnicity  |  |
| Name of/relationship to main carer  |  | Main carer mobile and home number  |  |
| Patient GP name, address and post code  |  |
| Confirmed as eligible for NHS treatment?  |  | Interpreter required? Specify language  |  |

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| **Referral Details** |
| Date Referral Sent to GOSH |  |
| Referring Consultant  |  |
| Trust Name |  |
| Trust Provider Code  |  |
| MDT Co-ordinator Name |  |
| MDT Co-ordinator Email/Phone  |  |
| Patient Pathway Unique Identifier Code |  |
| **Referral Priority Type (circle appropriate and fill in required dates):** |
| **Two Week Wait GP Referral**  | Date GP Referred to Trust |  |
| Date GP Referral Received by Trust |  |
| Date Patient First Seen at Trust |  |
| Delay to first seen reason (applicable if over 14 days) |  |
| **Urgent** | Date of Consultant Upgrade at Trust |  |
| ORDate of presentation to A&E |  |
| **Consultant/MDT Second Opinion** |  |

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| **Diagnosis and investigation details (where known)** |
| Patient diagnosis  |  |
| Diagnosis ICD-10 code |  | Date diagnosis confirmed |  |
| Has the patient undergone imaging? | Yes / NoIf Yes, please send scans via IEP to the relevant GOSH consultant  | Does the referring Trust hold pathology specimens? | Yes / NoIf Yes, GOSH will contact the Histopathology department direct |