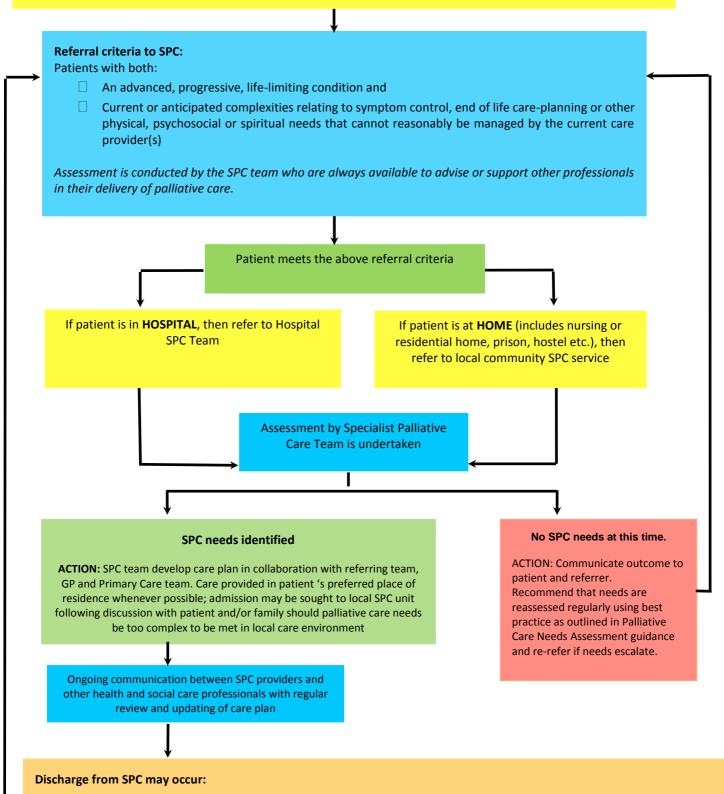
Specialist Palliative Care (SPC) Referral Pathway

The referrer should be a clinical professional who has assessed the patient, and has knowledge of the patient's disease, symptoms, treatments and likely prognosis. Referrals must be made with the knowledge of the Senior Responsible Consultant; local policies may also apply. The Palliative Care Needs Assessment guidance is a helpful companion document.



- When there is a change in disease status such that the patient no longer has any SPC needs e.g. following response to treatment; disease evident as only slowly progressive; investigations reveal less advanced disease than previously thought
- There is symptomatic improvement such that the patient no longer has SPC needs.
- Rehabilitation goals have been achieved
- Following initial SPC assessment it is determined that the patient does not have SPC needs and that ongoing needs are more
 appropriately met by other health care agencies.
- The patient, following informed discussion, requests discharge from SPC.
- The patient or family persistently prevent effective SPC input e.g. restricting access for assessment.