

How to use the service

This service delivers a report of the PET/CT scan to the referrer within nine days of the referral.

Business Days	Action
2	To contact the patient following receipt of referral
5	From referral to scan taking place
2	For delivery of report and images to referrer from scan taking place

Guidance notes for completing the PET/CT South referral form

The PET/CT referral form is designed for referral of oncology patients who are scanned under the Wave 2 PET/CT contract.

Once you have seen your patient and consider a PET/CT scan appropriate, you will be required to seek authorisation by an ARSAC (Administration of Radioactive Substance Advisory Committee) certificate holder. **You will need to forward your referral form to your local ARSAC certificate holder to complete the referral (a contact list can be found at the end of this section).** Once the referral form has been completed, it should be sent to InHealth's dedicated Patient Referral Centre (PRC)

The referral form is available in 2 formats.

1. A pdf is available on the website: www.nhspetctsouth.com/clinicians/referring-your-patient, then click on **Referral Form**. If using the pdf please ensure both sides of the form are completed before faxing or scanning.

2. A Word version of the referral form is also available on the website and can be completed electronically. If the completed referral form is sent electronically the form must be sent from the ARSAC certificate holder's NHS.net account. For electronic forms, local arrangements will have to be agreed for ensuring that the ARSAC certificate holder accepts the requester's identification.

Upon completion, these forms can be posted, scanned, faxed or emailed to the Patient Referral Centre.

Please be aware that if you fax, scan or email these forms it is important that both sides of the referral form are sent as we cannot action any referral if one page is missing.

Completing the Referral Form - Page 1 Patient Information

All patients referred must have their NHS number on the form.

It would be helpful in the future, when matching patients to their prior images and other previous records, to have the patient's hospital number and if available, the local PACS accession number.

The patient's name, address and postcode must be completed - an address label can be used if available.

It is important that we have at least one telephone number for the patient as this will be our main route of communication. If the patient has an email address, this can be added.

We require the GP's name and the PCT. This is because we have to allocate every patient to a referring PCT.

If you require an interpreter please indicate that.

If the patient is on a hospital ward there is an additional process which has to be followed. See next page.

It is very important that you indicate whether or not the patient is breast feeding or pregnant and include, for females of reproductive age, the date of the last menstrual period.

Paediatrics

16-17 year old patients may be referred but the location for scanning must be agreed with the referring clinician and the ARSAC certificate holder.

Referrals for under 16 year old patients should be sent to the PRC as normal but will be automatically sent to Guy's and St Thomas' Hospital, who will arrange the scan and subsequent reporting.

For any patients under the age of 18, please indicate this on the referral form.

Diabetic Patients

The patient should have a blood glucose level in the range of 4-10 mmols/ml at the time of their appointment. We will therefore require diabetic patients to fast from 6am on the day of the scan and will book the scan at 12 midday, whenever possible. Patients should eat as normal the day before and have a normal breakfast at 6am.

They should bring a packed lunch/snack with them to eat directly after the scan. Patients should also bring their normal diabetic medication and their usual glucose supplement to take should they become hypoglycaemic.

Frail Patients

InHealth are unable to accept patients who cannot transfer independently onto the scanner and toilet.

We cannot accept patients who require long-term oxygen.

We cannot accept patients who cannot lie down for the scan (at least 20 minutes).

We cannot accept patients who are unable to give consent and are not accompanied by a relative who can consent on their behalf.

Important Information (for ward patients or patients in a care home)

If a patient is an in-patient, the appointment and clinical/preparation instructions will be arranged through the hospital ward. It is therefore important that we have not only the name of the hospital and the address but also a telephone number and fax so that we can contact the ward for further information. We will send the ward information about the appointment, the patient's preparation for the test and also an information sheet which we require the ward staff to read, sign and return to us.

In-patients must be accompanied by a trained nurse from their ward. The ward will receive a pre-scan checklist, which must be completed and returned to InHealth before the patient's appointment is confirmed.

In-patients must be able to transfer either independently or with the assistance of their nurse escort.

Wheelchairs must be provided by the hospital.

Patients should be warmly dressed in their day clothes, not nightwear.

At some sites patients need to travel across the car park, to and from the main hospital, so outdoor clothes and shoes are required.

Drips, nasogastric tubes etc should be capped. (All medical equipment/medicine required must be brought to the unit by the ward staff). Patients are required to fast for 6 hours prior to the scan. Plain water may be taken during the fasting period.

If the patient is catheterised the accompanying nurse must manage the catheter and bag.

The ward must provide a packed meal and a drink for the patient to have after the scan.

InHealth is only able to accept patients mildly sedated with oral sedation. InHealth is unable to accept unconscious or heavily sedated patients or patients who have had IV sedation. This is because of the clinical risk associated with the mobile environment.

If an in-patient is mildly sedated with oral sedation the ward escort must take clinical responsibility for the patient and ensure that consent can be given and the patient can be transferred onto the scanner.

Request made by

This section needs to be completed by the clinician requesting the PET/CT scan. Currently the ARSAC certificate holders are only allowed to accept referrals by a consultant or specialist registrar.

The only reason we will contact the consultant or the specialist registrar is to find out additional information about the patient, usually about their previous and future treatment or to confirm eligibility for transport.

This section must be completed as although we will not generally communicate with the requesting clinician we do require this information for Department of Health records.

Pre Booked Patients

A number of patients are being booked in advance of MDTs in order to ensure that there are slots available for them. If a patient has been pre-booked, this section of the referral form should be completed and sent to the patient referral centre before 10am on the day following the MDT meeting. If the patient does not require the scan following the MDT meeting, the PRC must be informed so they can cancel the slot.

For pre-booked patients we would expect the patient to be aware of the provisional appointment and we will need to make contact with them before 12 midday on the day after the MDT meeting in order to meet the deadline for ordering FDG.

Planned Follow-Up Patient

There are an increasing number of patients who require serial PET/CT scans. These patients can be given an appointment up to 6 months in advance. If your patient requires a scan beyond the normal (5 days) waiting time you should complete this section.

Having made the appointment with the patient we would request that final confirmation of the patient's attendance is made to the PRC a week before the appointment. We also require additional information should the patient's medical condition change significantly between the receipt of the referral and the appointment for the scan.

Urgent Treatment Patient

If the patient who is being referred has to meet a deadline for their first definitive treatment this can be indicated on the form. Please provide us with a date by which the scan report must be received so that the treatment can be arranged within the cancer treatment pathway. If an appointment locally cannot be arranged for these patients we may need to ring the referring clinician to arrange an alternative site or alternatively release a slot allocated for another patient.

Patients who have been given a sedative by their GP

InHealth cannot sedate patients on the unit. Patients who have been given a sedative from their GP must not drive home and must bring somebody with them to escort them home. The patient or accompanying relative must be able to sign the consent form.

Research Trials

If the patient is being scanned as part of an approved and agreed clinical research trial, this section will need to be completed.

All correspondence and report to be returned to:

We require an NHS.net email account to which we can send all communications regarding the patient. The communication sent to this account - which will usually be the central NHS trust generic account for PET/CT includes:

1. **Confirmation of receipt of referral**
2. **Appointment date**
3. **Daily work list**
4. **Report**

We anticipate that if this communication is sent to this email address it will be distributed locally to the referring clinician ARSAC certificate holder as appropriate.

Completing the Referral Form - Page 2

The second page must contain the patient's name and NHS number. An address label can be used.

Clinical Information

The requesting clinician should complete the clinical information. This information is required by the ARSAC certificate holder in order to approve the scan and also by the reporter.

IDC10/CRIS

At present there is no requirement to complete the section on IDC10 code and CRIS code.

Reason for Scan

Please indicate the reason for scan by ticking the appropriate box.

Relevant Medical History

The relevant medical history can be précised on the referral form or notes and documentation can be attached. This information is required by the ARSAC certificate holder in order to approve the referral and also by the reporter.

Relevant Previous Imaging

Please indicate if previous imaging is available. If local reporting is in place the reporter can access previous images from local PACS. Images must be made available via the IEP (Image Exchange Portal).

Current and Proposed Treatment

It is important to complete this section, including where appropriate, the date of the last cycle of chemotherapy and the next cycle of chemotherapy. This enables the ARSAC certificate holder to confirm that the scan is being carried out at the appropriate time.

ARSAC Certificate Holder

The final section of the form has to be completed by the ARSAC Certificate Holder or their delegate. This section must have the name of the ARSAC certificate holder in capitals, their certificate number, signature (electronic is acceptable) and the date. They should also indicate the scan required.

Locally Agreed Indications

If the referral does not meet locally agreed indications for scanning, evidence of support from the PCT must be provided. Failure to provide evidence will lead to the referral being rejected.

The referral form should not be sent to the PRC until the ARSAC Certificate Holder has signed the bottom of page 2.

NB: If the referral form is sent electronically and an electronic signature is not available the referral must be sent from the ARSAC certificate holder's personal NHS.net account.

What Happens at the PRC?

On receipt of the referral form the PRC (Patient Referral Centre) agents will check that all the information is complete and that it has been signed by an ARSAC certificate holder.

If the form has not been signed or is incomplete, it will be returned to the requesting clinician for completion.

Once the referral form is completed the patient will be contacted by the Patient Referral Centre and a questionnaire will be used which will incorporate questions about the patient's medical history, experience of scanning etc. If any clinical issues emerge, the PRC agents will contact one of the InHealth clinical team. If the issue cannot be resolved, the requesting clinician will be contacted to obtain further information or discuss the case further.

Once the pre-appointment questionnaire has been completed, the patient will be offered an appointment and arrangements will be made for them to receive information about the scan and the site to which they are being referred.

If a patient's clinical condition deteriorates such that they are unable to attend the unit or they cease to be able to walk/transfer independently and are therefore unsuitable for scanning on a mobile unit, the requesting clinician or ward staff must contact us immediately so that the appointment can be cancelled.

There are circumstances where the patient's condition has deteriorated significantly since the referral was made and they may be unsuitable for scanning on the day of the appointment. In these circumstances the staff on the unit will contact the requesting clinician to discuss the patient. If the patient cannot be scanned, a record of the clinical problems will be kept for further review by the local lead clinician.

Receiving the report

Within two days of the scan taking place, you will receive a full report and image back via your PACS RIS system.

Local/ARSAC Licence Holder Contact Details

TRUST	ARSAC Certificate holder or delegate	email address for referral forms
EAST OF ENGLAND SHA		
Basildon and Thurrock University Hospitals NHS Foundation Trust	Adikesavalu Anilkumar anilkumar@nhs.net	btu-tr.BasildonPETCTBookings@nhs.net
Bedford Hospital NHS Trust	H K Cheow h.cheow@nhs.net	add-tr.petctreport@nhs.net
Cambridge University Hospitals NHS Foundation Trust	H K Cheow h.cheow@nhs.net	add-tr.petctreport@nhs.net
Colchester Hospital University NHS Foundation Trust	Will Howard williamhoward@nhs.net	jonathantodd@nhs.net
Hinchingbrooke Healthcare NHS Trust	H K Cheow h.cheow@nhs.net	add-tr.petctreport@nhs.net
(The) Ipswich Hospital NHS Trust	Clare Beadsmoore clare.beadsmoore@nhs.net	ihn-tr.petscanrequest@nhs.net
James Paget University Hospitals NHS Foundation Trust	Clare Beadsmoore clare.beadsmoore@nhs.net	nnu-tr.PETCTREQUESTS@nhs.net
Mid Essex Hospital Services NHS Trust (Scanned at Colchester)	Will Howard williamhoward@nhs.net	mie-tr.MEHTRadiology@nhs.net
Norfolk & Norwich University Hospitals NHS Foundation Trust	Clare Beadsmoore clare.beadsmoore@nhs.net	nnu-tr.PETCTREQUESTS@nhs.net
Papworth Hospital NHS Foundation Trust	Angela Tasker angelatasker@nhs.net	add-tr.petctreport@nhs.net
Peterborough and Stamford Hospitals NHS Foundation Trust	H K Cheow h.cheow@nhs.net	add-tr.petctreport@nhs.net
(The) Princess Alexandra Hospital NHS Trust	Adikesavalu Anilkumar anilkumar@nhs.net	nicoleperry@nhs.net
(The) Queen Elizabeth Hospital King's Lynn NHS Trust	Clare Beadsmoore clare.beadsmoore@nhs.net	nnu-tr.PETCTREQUESTS@nhs.net
Southend University Hospital NHS Foundation Trust	Shaifali Jain shaifali.jain@nhs.net	btu-tr.BasildonPETCTBookings@nhs.net
West Suffolk Hospital NHS Trust	H K Cheow h.cheow@nhs.net	add-tr.petctreport@nhs.net
EAST MIDLANDS SHA		
Kettering General Hospital NHS Foundation Trust	Steve Peterson speterson@nhs.net	kgh-tr.PET@nhs.net
Northampton General Hospital NHS Trust	Neil Fairlie neil.fairlie@ngh.nhs.uk	petctngh@nhs.net
University Hospitals of Leicester NHS Trust	Trevor Maskell trevormaskell@nhs.net	uho-tr.PETCTLeicester@nhs.net

SOUTH CENTRAL SHA		
Basingstoke and North Hampshire NHS Foundation Trust	Francis Sundram Francis.Sundram@nhs.net	NHH-TR.BNHFTRadiology@nhs.net
Isle of Wight NHS Primary Care Trust	Francis Sundram Francis.Sundram@nhs.net	iow-pct.pet@nhs.net
Portsmouth Hospitals NHS Trust	Hakim Megadmi hakim.megadmi@nhs.net	mark.gardner@nhs.net
Royal West Sussex NHS Trust	Nick Ashford Nick.Ashford@nhs.net	pet.rws@nhs.net
Salisbury NHS Foundation Trust	Lucy Bushby lucy.bushby@nhs.net Shaun McGee ShaunMcGee@nhs.net	shc-tr.PET-CTreports@nhs.net
Southampton University Hospitals NHS Trust	Francis Sundram Francis.Sundram@nhs.net	suh-tr.nuclearmedicine@nhs.net
Winchester & Eastleigh Healthcare NHS Trust	Nick Ashford Nick.Ashford@nhs.net	weh-tr.wehctmedicalimaging@nhs.net

SOUTH EAST COAST SHA		
Dartford & Gravesham NHS Trust	John Donaldson johndonaldson@nhs.net	Dvh.petscan@nhs.net
East Kent Hospitals University NHS Trust (Kent & Canterbury Hospital)	Gordon Ellul Gordon.Ellul@nhs.net	eastkentpetct@nhs.net
Maidstone and Tunbridge Wells NHS Trust	John Donaldson johndonaldson@nhs.net	jennifer.wright@nhs.net
Medway NHS Foundation Trust	Maria Acosta maria.acosta@nhs.net	sue.dymott@nhs.net

SOUTH WEST SHA		
Dorset County Hospital NHS Foundation Trust	Mark Barnes markbarnes@nhs.net	DCH-FT.petCT@nhs.net
Northern Devon Healthcare Trust	Tom Sulkin tom.sulkin@nhs.net Sarah Higgins shiggins@nhs.net	nod-tr.PETCT-NorthDevon@nhs.net
Plymouth Hospitals NHS Trust	Thomas GrÜning thomas.gruning@nhs.net	derrifordpetscan@nhs.net
Poole Hospital NHS Foundation Trust	Nicola Robson nicola.robson3@nhs.net	monica.shepherd@nhs.net
(The) Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	Mark Barnes markbarnes@nhs.net	bournemouth.petct@nhs.net
Royal Cornwall Hospitals NHS Trust	Tom Sulkin shiggins@nhs.net Sarah Higgins tom.sulkin@nhs.net	rch-tr.petct@nhs.net
Royal Devon and Exeter NHS Foundation Trust	Tom Sulkin tom.sulkin@nhs.net Sarah Higgins shiggins@nhs.net	petct.rdeft@nhs.net
South Devon Healthcare NHS Foundation Trust	Tom Sulkin shiggins@nhs.net Sarah Higgins tom.sulkin@nhs.net	southdevon.petct@nhs.net
Taunton and Somerset NHS Foundation Trust	Paul Burn paul.burn@nhs.net	tsn-tr.pettaunton@nhs.net
Yeovil District Hospital NHS Foundation Trust	Paul Burn paul.burn@nhs.net	ydh-ftr.uppergimdt@nhs.net