

How to use the service

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

Business Days Action

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 new 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 Substances 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, <http://www.nhspetctsouth.com/literature-and-downloads.php>, then click on New 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 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.

Having completed these forms they 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 that 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 an In Patient there is an additional process which has to be followed. See below.

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 reporting.

For any patients under the age of 18, please indicate 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 6 am 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 use should they become hypoglycemic.

Frail patients

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

We cannot accept patients who require long term oxygen.

We can not accept patients who can not 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.

Inpatient Information

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, about the patient's preparation for the test and also an information sheet which we require to be read, signed and returned to us.

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. 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 contact with them before 12 midday on the day after the MDT 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.

Ward Patients

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 patients appointment is confirmed.

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

Wheel chairs 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.

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 unable to accept unconscious or heavily sedated patients, because the transfer of such patients is not possible on the scanner and patients are required to sign consent for the scan on the unit.

If an inpatient is sedated 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.

Patients who have been given a sedative by their GP

InHealth can not 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.

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.

All correspondence and report to be returned to:

We require an NHS.net account to which we can send all communication 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 etc 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.

ICD10/CRIS

At present there is no requirement to complete the section on ICD10 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.

Previous Imaging

Please indicate if previous imaging is available. If local reporting is in place the reporter can access previous images from local PACS. Currently there is no process for making previous imaging available to non-local reporters. There are processes being designed to enable prior images to be transferred to reporters. This section will require completion when that process is in place.

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.

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 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 is completed the patient will be contacted by the patient referral centre and a questionnaire will be used which incorporates 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 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 images back via your PACS RIS system. You can see an example report at the end of this section.

Local/ARSAC Licence Holder Contact Details

East of England SHA	ARSAC Holder	ARSAC Delegates	Local Hospital Contact
Norfolk & Norwich University Hospitals NHS Foundation Trust	Clare Beadsmoore Duncan Maciver E: nnu-tr.petctrequests@nhs.net F: 01603 286806	N/A	
Cambridge University Hospitals NHS Foundation Trust	H K Cheow Kottekkattu Balan Jane Dutton E: add-tr.petctrequest@nhs.net F: 01223 349220	N/A	E: h.cheow@nhs.net
Colchester Hospital University NHS Foundation Trust	Clare Beadsmoore E: nnu-tr.petctrequests@nhs.net	Duncan Maciver F: 01603 286077	E: jonathantodd@nhs.net
Papworth Hospital NHS Foundation Trust	Angela Tasker E: phn-tr.petct@nhs.net F: 01480 364436	N/A	E: angelatasker@nhs.net
Hinchingbrooke Healthcare NHS Trust	H K Cheow Kottekkattu Balan Jane Dutton E: add-tr.petctrequest@nhs.net F: 01223 349220	N/A	E: hpctctreports@nhs.net
James Paget University Hospitals NHS Foundation Trust	Clare Beadsmoore Duncan Maciver E: nnu-tr.petctrequests@nhs.net F: 01603 286077	N/A	E: erylthomas@nhs.net E: jphpacs@nhs.net
The Queen Elizabeth Hospital King's Lynn NHS Trust	Clare Beadsmoore Duncan Maciver E: nnu-tr.petctrequests@nhs.net F: 01603 286077	N/A	E: tin@nhs.net E: klw-tr.petct@nhs.net
Peterborough and Stamford Hospitals NHS Foundation Trust	Dr El-Madbouh E: peh-tr.petctrefer@nhs.net T: 01733 874068 F: 01733 875690	N/A	Nuclear Medicine - T: 01733 874420 E: sue.rowbottom@nhs.net
Mid Essex Hospital Services NHS Trust	Clare Beadsmoore E: nnu-tr.petctrequests@nhs.net	N/A	E: basildonhospitalcancerteam@nhs.net cc. E: ruth.sparham@nhs.net F: 01268 598066 T: 0845 155 3111 ext 3630
Southend University Hospital NHS Foundation Trust	Anilkumar E: btu-tr.basildonpetct@nhs.net F: 01268 598032	N/A	
Basildon and Thurrock University Hospitals NHS Foundation Trust	Anilkumar E: btu-tr.basildonpetct@nhs.net F: 01268 598032	Clare Beadsmoore E: nnu-tr.petctrequests@nhs.net	E: anilkumar@nhs.net T: 07974 392843
West Suffolk Hospital NHS Trust	H K Cheow E: add-tr.petctrequest@nhs.net F: 01223 349220	N/A	E: wsh-tr.petctreports@nhs.net
The Ipswich Hospital NHS Trust	Clare Beadsmoore Duncan Maciver E: nnu-tr.petctrequests@nhs.net F: 01603 286077	N/A	E: robert.nightingale@nhs.net E: ihn-tr.petscanrequest@nhs.net
Bedford Hospital NHS Trust	Clare Beadsmoore E: nnu-tr.petctrequests@nhs.net	N/A	E: peter.hicks@nhs.net
The Princess Alexandra Hospital NHS Trust	Anilkumar E: anilkumar@nhs.net F: 01268 598032	N/A	

Clinical Lead - Clare Beadsmoore
SHA Commissioning Lead - Pam Evans

East Midlands SHA	ARSAC Holder	ARSAC Delegates	Local Hospital Contact
Northampton General Hospital NHS Trust	Neil Fairlie E: petctngh@nhs.net cc.neil.fairlie@nhs.net T: 01604 545629 F: 01604 523581	Trevor Maskell James Entwistle	Wendy (Dr Fairlie's secretary) T: 01604 545629 or 0116 256 3850
University Hospitals of Leicester NHS Trust			Glenfield X-Ray T: 0116 256 3850
Kettering General Hospital NHS Foundation Trust	Steve Peterson E: s.peterson@nhs.net	N/A	Kathy (Dr Peterson's secretary) T: 01536 492503 or 0116 256 3850

Clinical Lead - Neil Fairlie/Steve Peterson
SHA Commissioning Lead - Jane French

South Central SHA	ARSAC Holder	ARSAC Delegates	Local Hospital Contact
Southampton University Hospitals NHS Trust	Graham Plant E: graham.plant@nhs.net	Francis Sundram E: francis.sundram@nhs.net T: 023 8077 7222 F: 023 8079 4715 Simon Ward T: 02392 286000 ext 5302 Nick Ashford E: nick.ashford@nhs.net Vicki Major E: inl.south@nhs.net	Jacqui McAfee T: 02380 777222 ext 5285 M: 07919 560869
Portsmouth Hospitals NHS Trust			
Royal West Sussex NHS Trust			
Salisbury NHS Foundation Trust			
Winchester & Eastleigh Healthcare NHS Trust			Dr Helena Talyor E: helena.taylor@nhs.net
Basingstoke and North Hampshire NHS Foundation Trust			
Isle of Wight NHS Primary Care Trust			Peter Gilliam / Helen Eggleton E: peter.gilliam@nhs.net E: helen.eggleton@nhs.net T: 01983 552146 F: 01983 534491

Clinical Lead - Graham Plant
SHA Commissioning Lead - Joan Ward

South East Coast SHA	ARSAC Holder	ARSAC Delegates	Local Hospital Contact
Maidstone and Tunbridge Wells NHS Trust	John Donaldson E: johndonaldson@nhs.net F: 01622 225044	N/A	Sue Hooper T: 01622 225048
Medway NHS Foundation Trust	Maria Acosta E: maria.acosta@nhs.net F: 01634 846661	N/A	Sue Hooper T: 01622 225048 Maria Acosta T: 01634 830000 Ext 5405/ 5345 M: 07538 578273
East Kent Hospitals University NHS Trust	Maria Acosta/John Donaldson E: maria.acosta@nhs.net F: 01634 846661 E: johndonaldson@nhs.net F: 01622 225044	Gordon Elull (Secretary - Jenny Elvy) T: 01227 783059 E: jenny.elvy@ekht.nhs.uk	Sue Hooper T: 01622 225048 Maria Acosta T: 01634 830000 Ext 5405/ 5345 M: 07538 578273
Dartford & Gravesham NHS Trust	John Donaldson E: johndonaldson@nhs.net F: 01622 225044	N/A	Sue Hooper T: 01622 225048

If either ARSAC contact is unavailable, please contact Sue Hooper on 01622 225048.

Clinical Lead - Maria Acosta
SHA Commissioning Lead - Ken Chambers

South West SHA	ARSAC Holder	ARSAC Delegates	Local Hospital Details
Plymouth Hospitals NHS Trust	Thomas Gruning E: thomas.gruning@nhs.net F: 01752 517587	Gill Vivian E: gill.vivian@nhs.net F: 01752 517587 T: 01752 792277 Tom Sulkin E: tom.sulkin@nhs.net F: 01872 253030 T: 01872 253529 Simon Thorogood E: simon.thorogood@nhs.net F: 01872 253030 T: 01872 252348 Amanda Liddicoat E: amanda.liddicoat@nhs.net F: 01872 253030 T: 01872 252285 Sarah Higgins T: 01803 655612 Richard Seymour E: richard.seymour@nhs.net F: 01803 655664 T: 01803 655645 Phillip White T: 01803 655632 Lyn Morris E: lyn.morris@nhs.net T: 01803 655611 John Isaacs E: john.isaacs@nhs.net T: 01803 655645 Chris Bayliss T: 01392 402325 Denis Kinsella T: 01392 402331 Simon Harries T: 01392 403792 Clive Hamilton Wood	
Royal Cornwall Hospitals NHS Trust			Pat Bartholomew E: pat.bartholomew@nhs.net T: 01872 252058 Ruth Card E: ruth.card@nhs.net
Royal Devon and Exeter NHS Foundation Trust			
Yeovil District Hospital NHS Foundation Trust			Charlotte Hamilton E: charlottehamilton@nhs.net T: 01935 384905
Northern Devon Healthcare Trust			Sharon Bates E: sharon.bates2@nhs.net
South Devon Healthcare NHS Foundation Trust			Julia Steer E: julia.steer@nhs.net T: 01803 655017
Dorset County Hospital NHS Foundation Trust			Matthew Sharpe T: 01305 254827
Taunton and Somerset NHS Foundation Trust	Mark Barnes E: markbarnes@nhs.net T: 01202 303626 ext. 5838 (sec. 5789) F: 01202 704035	Clive Hamilton Wood T: 01392 402328	Karen Bentley-Hollins E: karen.bentley-hollins@nhs.net T: 01823 343592
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	Mark Barnes E: markbarnes@nhs.net T: 01202 303626 ext. 5838 (sec. 5789) F: 01202 704035 Nicola Robson T: 01202 422313 F: 01202 448566	Misbah Ismail T: 01202 422313 Arnie Drury E: arnie.drury@nhs.net F: 01202 705789 T: 01202 705789 Craig Dick T: 01305 254131	Sue Higgins T: 01202 704583/4239
Poole Hospital NHS Foundation Trust	Mark Barnes E: markbarnes@nhs.net T: 01202 303626 ext. 5838 (sec. 5789) F: 01202 704035 Nicola Robson T: 01202 422313 F: 01202 448566	Misbah Ismail T: 01202 422313 Arnie Drury E: arnie.drury@nhs.net F: 01202 705789 T: 01202 705789 Craig Dick T: 01305 254131	Gill Christian T: 01202 442484

Clinical Lead - Gill Vivian
SHA Commissioning Lead - Rod Walsh

NHS PET/CT Diagnostic Imaging Service - SOUTH

InHealth Patient Referral Centre | Beechwood Hall | Kingsmead Road | High Wycombe | Bucks HP11 1JL

Telephone: 0845 600 2953 | Fax: 0845 600 2954 | Email for referral forms: inl.petctsouth@nhs.net

Email for information: infoPETCT@inhealthgroup.com

Patient Referral Form

Electronic copies can be downloaded from www.nhspetctsouth.com



NHS PET/CT Diagnostic Imaging Service

REQUEST FORM - ONCOLOGY PATIENTS

***Compulsory Information Fields. Failure to complete these fields will result in a delay of booking a patient appointment.**

PATIENT INFORMATION

*NHS Number:

Hospital Number:

PACS Accession Number:

*Name:

*Address:

.....

.....

*Post code:

*Date of Birth: dd/mm/yyyy

*Gender Male Female

*Telephone: (Home)

(Work)

(Mobile)

.....

*Email:

*GP Name:

*PCT:

.....

Is an interpreter required: Yes No

*Patient type: Inpatient Outpatient

***Is there any possibility of the Patient being pregnant:** Yes No

*Breastfeeding Yes No

*Date of last menstrual period: dd/mm/yyyy

*Is the patient under 18 years old?

Yes No

*Is the patient diabetic? Yes No

Type I Type II

INPATIENT INFORMATION* (where applicable)

*Ward:

*Hospital:

*Address:

.....

*Telephone:

*Fax:

.....

REQUEST MADE BY

*Name:

*Consultant: Specialist Registrar:

*Telephone contact:

*Email contact:

*Referring Trust Name:

.....

Signature: Date: dd/mm/yyyy

PRE-BOOKED PATIENT FOR:

Date: dd/mm/yyyy Site:

Booked by (name of MDT contact):

.....

On:

PLANNED FOLLOW UP PATIENT:

Please book scan for week commencing:

.....

URGENT TREATMENT PATIENT:

Result of scan required by:

.....

RESEARCH TRIALS* (where applicable)

Is this patient in a research trial? If so, please give the name of the trial and the contact of the Lead Researcher:

.....

.....

Does this referral meet locally agreed indications for scanning? Yes No

All correspondence and report to be returned to

*NHS.net email: (this should be the generic Trust account)



NHS PET/CT Diagnostic Imaging Service

PATIENT INFORMATION

*NHS Number:

*Name:

CLINICAL INFORMATION

*Clinical diagnosis:

.....

ICD 10 Code:

Clinical Indication Code:

*Reason for Scan:

- | | |
|--|--|
| <input type="checkbox"/> Staging | <input type="checkbox"/> Grading |
| <input type="checkbox"/> Recurrent Disease | <input type="checkbox"/> Response to Therapy |
| <input type="checkbox"/> Identifying Primary | <input type="checkbox"/> Rising Tumour Markers |

*Relevant Medical History

.....

.....

.....

Notes/documentation attached Yes No

*Previous imaging

Notes/documentation attached Yes No

Relevant imaging: CT MRI U/S X-Ray PET/CT Other

Have these images been sent to InHealth: Yes No

Current and proposed treatment

Recent surgery/biopsy (specify):

Radiotherapy (specify):

Chemotherapy: Type: Date of last cycle: dd/mm/yyyy

Date of next cycle: dd/mm/yyyy

TO BE FILLED IN BY ARSAC CERTIFICATE HOLDER ONLY

ARSAC authorisation:

Name: Number:

Signature: Date:

Scan required:

Head and Neck scan Half Body scan (Eyes to Thighs) Half Body scan (Vertex to Thighs)

Other area (specify)

WHEN COMPLETE PLEASE SEND TO:

NHS PET/CT Diagnostic Imaging Service, IHMI Patient Referral Centre:
 Beechwood Hall | Kingsmead Road | High Wycombe | Buckinghamshire HP11 1JL
 Tel: 0845 600 2953 | Fax: 0845 600 2954 | Email: inl.petctsouth@nhs.net