

Derbyshire PLCV Referral Form

Hysterectomy for Menorrhagia

THIS FORM MUST BE COMPLETED IN FULL AND ATTACHED WITH THE APPROPRIATE CLINICAL INFORMATION TO THE E-REFERRAL SERVICE

“PLCV: - DERBYSHIRE PRIOR APPROVAL PROCESS: GYNAECOLOGY_RAS”

REFERRALS WITHOUT FORMS WILL BE REJECTED

Patient details	Referring GP details
Surname	Referring GP
Forename(s)	Practice name
Address	Practice address
Post code	Post code
Date of birth	Telephone number
NHS Number	GP practice code

Patient Consent	
	Mark or tick boxes below to confirm
I confirm the patient has consented to sharing personal and clinical information contained within this referral form. The Derbyshire Prior Approval Team will process this information, clarify data and communicate with the patient and the GP on the outcome.	<input type="checkbox"/>
By submitting this request you are confirming that you have reviewed this request against relevant policy and believe the patient meets the relevant threshold criteria and therefore you have fully explained to the patient the proposed treatment and they have consented to you raising this referral on their behalf.	<input type="checkbox"/>
Please confirm that you have given PLCV patient leaflet to the patient	<input type="checkbox"/>

Part A - PLCV criteria	
Derby and Derbyshire CCG will only fund hysterectomy for menorrhagia when all of the following criteria are met	Criteria 1, 2 AND 3 must apply
1. There has been an unsuccessful trial of a minimum 6-months with a licensed levonorgestrel intrauterine delivery system, which has failed to relieve symptoms (unless is medically inappropriate OR contraindicated)	<input type="checkbox"/>
2. The following have either failed, are not appropriate or are contraindicated in line with the National Institute for Health and Clinical Excellence (NICE) guideline NG88 Heavy Menstrual Bleeding: - Tranexamic acid and/or non-steroidal anti-inflammatory drugs (NSAIDs), such as naproxen - Oral hormonal methods, such as combined oral contraceptives, cyclical oral progesterone	<input type="checkbox"/>
3. There is evidence of severe impact on quality of life	<input type="checkbox"/>

Additional Patient Information	BOTH must apply
This patient is willing to undergo a surgical procedure should it be offered.	<input type="checkbox"/>
I have discussed with the patient the fact they will be referred for a possible procedure but there is no guarantee that a surgical intervention will be the required outcome following the consultation with the secondary care specialist.	<input type="checkbox"/>

Additional clinical information that may have a bearing on the application

Prior Approval No.

Patient Choice of Provider	
First Choice:	[Manually enter provider name]
Second Choice:	[Manually enter provider name]

I confirm that the patient meets the current clinical guideline/policy for referral for the procedure.

Name of referrer: _____ Date: _____

Part B - Reason for referral	
Salutations:	Dear colleague,
Preamble/context:	Macro to insert last consultation
	Thank you, Dr. XXX (insert your name here)

Problems - This needs to be auto pulled from the GP system

Relevant SH & FH:

<p>Date to be included</p> <p>Smoking status</p> <p>Alcohol</p> <p>Occupation</p> <p>Ethnicity</p> <p>Veteran?</p> <p>Freetext:</p> <p>Detail which might assist timely discharge:</p>	<p>Single Code Entry: Tobacco consumption</p> <p>Single Code Entry: Alcohol consumption</p> <p>Single Code Entry: Occupations</p> <p>Single Code Entry: Ethnic category - 2001 census</p> <p>Single Code Entry: Military veteran</p>
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Medication – Date to be included. The GP's need to have the option to EDIT this once it has been populated.

Allergies – Date to be included . The GP's need to have the option to EDIT this once it has been populated.

Useful values:

BP	Pulse rate	Height	Weight	BMI	HbA1C
Single Code Entry: O/E - blood pressure reading	Single Code Entry: O/E - pulse rate	Single Code Entry: O/E - height	Single Code Entry: O/E - weight	Single Code Entry: Body mass index	Date
Date					

Please embed any attached items here.

Please note any individual patient requirements here (e.g. Wheelchair user).