

Referring patients to Severn Hospice community services - February 2026

From February 2026, we are using SystemConnect to manage your referrals to our community services. It will enable your referrals to be managed more efficiently and with added data security.

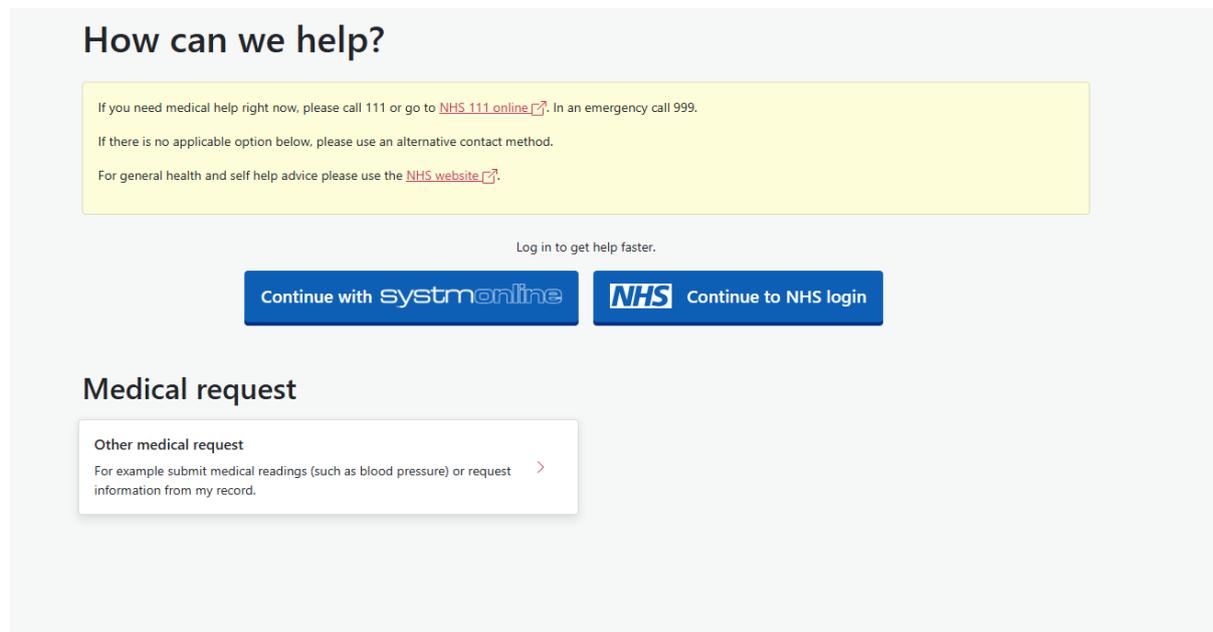
You can use it to refer a patient to ANY Severn Hospice community service.

This guide will help you when completing this new referral form.

There is no change to inpatient referrals.

Start by clicking on this link (it will open in a new window) [Referrals to Severn Hospice community nursing service](#)

You need to click on the **Other medical request** option under the heading **Medical Request**.



How can we help?

If you need medical help right now, please call 111 or go to [NHS 111 online](#). In an emergency call 999.

If there is no applicable option below, please use an alternative contact method.

For general health and self help advice please use the [NHS website](#).

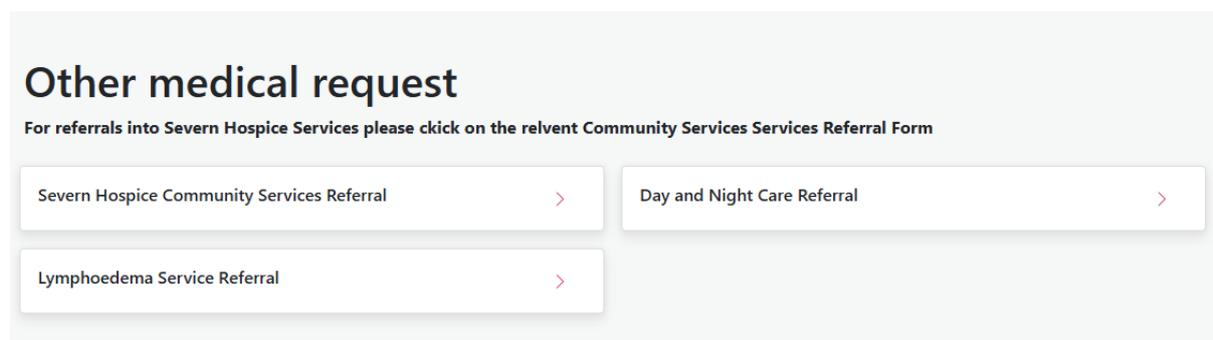
Log in to get help faster.

[Continue with systemonline](#) [NHS Continue to NHS login](#)

Medical request

Other medical request
For example submit medical readings (such as blood pressure) or request information from my record. >

Click on the required referral form from the three options.



Other medical request

For referrals into Severn Hospice Services please click on the relevant Community Services Referral Form

[Severn Hospice Community Services Referral](#) > [Day and Night Care Referral](#) >

[Lymphoedema Service Referral](#) >

The following warning box will come up, which we cannot turn off. Just click on **Continue, I have none of these** to move to the next part of the form.

Other medical request - Miscellaneous administrative request

Check it's not an emergency

You should not submit this form if the patient requires immediate treatment.

Call 999 if you have any of the following symptoms:

- **Signs of a heart attack:** chest pain, pressure, heaviness, tightness or squeezing across the chest
- **Signs of a stroke:** face drooping on one side, cannot hold both arms up, difficulty speaking
- **Sudden confusion (delirium):** cannot be sure of own name or age
- **Suicide attempt:** by taking something or self-harming
- **Severe difficulty breathing:** not being able to get words out, choking or gasping
- **Choking:** on liquids or solids right now
- **Heavy bleeding:** spraying, pouring or enough to make a puddle
- **Severe injuries:** after a serious accident or assault
- **Seizure (fit):** shaking or jerking because of a fit, or unconscious (cannot be woken up)
- **Sudden, rapid swelling:** of the lips, mouth, throat or tongue
- **Labour or childbirth:** waters breaking, more frequent intense cramps (contractions), baby coming, or just born

British Sign Language (BSL) speakers can [make an emergency call using the 999 BSL video call service](#)?

Deaf people can use 18000 to contact 999 using text relay.

Continue, I have none of these

Complete the form as presented. The form will ask for patient demographics at the end of the form

Other medical request - Miscellaneous administrative request

Please fill this in if you want help with a miscellaneous clinical request.

1 - Referral Form

* 1 - Does the patient have an incurable, life-limiting condition that is within the palliative phase?

- Yes
 No

* 2 - Has the patient consented to this referral?

- Yes - if you are making a Best Interest Decision, please retain that record securely
 No

2 - Medical Information

* 1 - Diagnosis and disease progression

All questions marked with * are mandatory, if not applicable enter N/A into the box. Click on Next when you have completed this section of the form.

Complete sections 1 – 9.

When you get to the **Your details** section of the form, first click on the **Healthcare professional** option.

Your details

Are you the patient, a healthcare professional or someone else?

Patient Healthcare professional Someone else

In the Healthcare professional information part of this page enter in **your** information. Enter in your information as accurately as you can, particularly the contact information and include your e-mail address and phone number, please.

Healthcare professional information

* Forename

* Surname

Job role

* Preferred communication method

Email Telephone

Telephone number

Email

* Enter either an email or telephone number, depending on the preferred communication method that you select.

Patient current location

Then complete information about the patient in **Patient Information** section. This will ask you for the patient's name, date of birth, sex, NHS number, and the patient's contact number and address (you can search for the patient's address by the postcode).

It is essential you add the patient's NHS number to this section.

Patient information

* Forename

* Surname

* Date of birth

Day Month Year

Sex

Female Male Unspecified

NHS number

* Preferred communication method

Email Telephone

Telephone number

Email

* Enter either an email or telephone number, depending on the preferred communication method that you select.

Postcode search

Postcode Search

House number

Then click on **Submit Request**

Submit Request

If any of the required information is missing it will let you know which piece is missing and will highlight this in red. You need to enter something into these boxes in order to be able to continue.

You will receive a submission message.

Please send supporting clinical information for example EMIS summary, recent Hospital clinic or discharge letters or scan results to severnospice.referrals@nhs.net

If you have requested a copy of the submitted referral form, you will receive this when the referral has been processed by Severn Hospice. The submission and processing of the referral does not mean automatic acceptance.