

SEL Borough Wide Community Dietetic Service Contact Details:

Borough	Referral Criteria	Contact Details / Referral Forms
<p>Bexley</p>	<p>Home enteral feeding Refer all adults with a feeding tube</p> <p>Malnutrition MUST score of 2 or above defined as: Unplanned weight loss > 10% in previous 6 months BMI < 18.5 BMI > 18.5 < 20.0 with weight loss of > 5% in previous 6 months</p> <p>Other conditions and exclusions – see separate referral criteria</p>	<p>Contact Details: Telephone: 0300 330 5777 Email: bromh.bexleycommunitydietitians@nhs.net</p> <p>Referral form: Complete form attached and send to above email address</p>
<p>Bromley</p>	<p>Home enteral feeding Refer all adults with a feeding tube</p> <p>Malnutrition requiring Oral Nutrition Support where any of the following apply Unplanned weight loss of > 10% in previous 6 months BMI < 18.5 with underlying medical condition e.g. MND, MS, Parkinson’s Disease, Stroke, Cancer, Swallowing problem following SALT assessment “MUST” Score of 2 or above</p> <p>Pressure Sores Refer with Grade 2 and above (N.B. also refer to tissue viability if appropriate)</p> <p>Other conditions and exclusions – see separate referral criteria</p>	<p>Contact Details: Telephone: 0300 330 5777 Email: bromh.cccpod3refs@nhs.net</p> <p>Referral form: Complete form attached and send to above email address</p>
<p>Greenwich</p>	<p>Primary Care Dietitians:</p> <ul style="list-style-type: none"> • Patients who 18 years old and over and registered with a Greenwich GP • Patients not house bound • Patients with a MUST score of 2 or greater OR patients who have been prescribed Oral Nutritional Supplements • Patients with an identified clinical disease that requires specialist dietetic intervention • Patients with gastroenterology illnesses including Coeliac Disease and IBS <p>Food First Team:</p>	<p>Contact details: Telephone: 020 8836 8652 Fax: 020 8836 8643 Email: oxl-tr.dieteticreferrals@nhs.net</p> <p>Referral forms: Complete form attached and send to above email address</p>

	<ul style="list-style-type: none"> • Patients who 18 years old and over and registered with a Greenwich GP • Patients who are housebound or living in a Greenwich Care Home • Patients with a MUST score of 2 or greater OR patients who have been prescribed Oral Nutritional Supplements 	
Southwark / Lambeth	<p>GP Surgery:</p> <ul style="list-style-type: none"> •Age 18 or over •At risk of malnutrition/malnourished •Unintentional weight loss •Prescribed Oral Nutritional Supplements requiring review •Weight reduction* •Irritable Bowel Syndrome •Diabetes (type 2)* •Lipid lowering advice •Other diet related advice including iron deficiency <p>Home visits:</p> <ul style="list-style-type: none"> •Age 18 or over •At risk of malnutrition/malnourished •Unintentional weight loss •Prescribed Oral Nutritional Supplements requiring review •Pressure Ulcer of category 3 or above or category 2 with nutritional concerns •Subjective signs of weight loss (MUAC measurement and poor nutritional status) •Has experienced a fall (<i>free living or housebound</i>) 	<p>Contact details:</p> <p>Telephone: 020 7188 2010</p> <p>Email: gst.tr.referralslambethsouthwarkdietetics@nhs.net</p> <p>Referral forms:</p> <p>Complete form attached and send to above email address</p> <p>OR Via EVS on EMIS</p> <p>* Check if patient appropriate for specialist service: Tier 2, Tier 3, Desmond (https://diabetesbooking.co.uk/) HEAL-D (heal-d@kcl.ac.uk) Walking Away from diabetes (Form on EMIS or DXS, email to clinical.contactcentre@nhs.net)</p>
Lewisham	<p>Practice based clinic:</p> <p>Hyperlipidaemia Hypertension IBS Allergy Gastro condition Diabetes Other (please specify)</p> <p>Weight management clinic</p> <p>Morbid Obesity BMI >40</p> <p>Nutrition Support:</p> <p>Must score 2 or more Patient discharged from hospital on ONS Patient requires review of prescribed ONS</p>	<p>Contact details:</p> <p>Telephone: N/A</p> <p>Email: bromh.lewishamdietetics@nhs.net</p> <p>Referral forms:</p> <p>Weight management / housebound or care home:</p> <p>Complete form attached and send to above email address</p> <p>Practice based clinic</p> <p>Refer via emis – add reason for referral to entry + book into practice based clinic via EMIS.</p>