

***Referral form to the MARSS – September 2022 onwards***

Referral to the Mersey and Region Stoma Service (MARSS) is only for patients with a stoma and/or fistula who are registered with a GP practice within NHS Halton Place, NHS Knowsley Place, NHS Liverpool Place, NHS St Helens Place, NHS Warrington Place or NHS Wirral Place.

Completed referrals need to be emailed to [prescriptionservice.bhg@nhs.net](mailto:prescriptionservice.bhg@nhs.net) which is monitored Monday – Friday 9am – 4pm (excluding bank holidays). Referrals are actioned within 1 working day of receipt. Incomplete referrals will not be accepted. Referrals out of hours will receive an automatic response confirming submission and providing out of hours contact information if urgent supplies are required.

**A referral to the service is NOT an order. The MARSS service will call the patient within 5 working days and complete the patient’s registration on this call. Patients will receive a call from 0151-363-2701, which is an outbound number only. If patients have a missed call from this number they need to call the MARSS on 0800 915 9046.**

The patient is/ is not (delete as appropriate) aware they have been referred to the service and is aware who is responsible for ongoing clinical care.

**The patient is being referred for (please delete as appropriate):**

- 1. Referral for product (no ongoing clinical care)      Yes / No**

\_\_\_\_\_ (insert organisation name and contact details) is responsible for ongoing clinical care of the patient (if referral is for product supply only) and the MARSS for prescribing products.

- 2. Ongoing clinical care      Yes / No**

Patient Details	
Patient Surname:	
Patient First Name:	
Title:	
DOB:	
NHS Number:	
Address:	
Postcode:	
Telephone:	
Email:	
Patients GP Practice:	
Known Allergies:	

Clinical Details	
<b>Type of stoma</b> (End/Loop; Ileostomy; Colostomy (transverse) Urostomy, Other) Emergency or Elective	
<b>Date of stoma formation &amp; Operation:</b>	
<b>History:</b> Cancer, Crohns, UC, Other	
<b>Stoma Observation:</b> Peristomal skin, problematic issues, output,	
<b>Relevant Medication:</b> e.g. loperamide, metformin	

Product Details					
Where an item is not on the MARSS formulary please provide additional information and clinical justification for the recommendation. Referrals will be rejected without this information					
Product Type	Manufacturer	Product Name	Product Code	Quantity	Directions for use / justification

Referrer Details	
<b>Name of referrer:</b>	
<b>Organisation:</b>	
<b>Telephone:</b>	
<b>Email address:</b>	
<b>Date of referral:</b>	
<b>Signature of referrer:</b>	