



Mental health out of hours service provision - guidance

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Type of document	Guidance
Target audience	Clinical and admin staff within OoHrs team east and central Cheshire
Document purpose	The purpose of this document is to provide clear operating guidance to practitioners providing the Out of Hours Mental Health Provision within East CSL.

Document consultation	East CSL Meeting - 12-Sept-2011. Attended by General Manager, Clinical Director and Medical Director	
Approving meeting	CSU - Governance and Risk Group (NOT for TW docs)	12-Sep-11
Ratification	Document Quality Group (DQG)	16-Mar-12
Original issue date	Mar-12	
Implementation date	Mar-12	
Review date	Mar-18	

CWP documents to be read in conjunction with	HR6 CP20 CP21 GR38 CP41 CP47 MH16	Trust-wide learning and development requirements including the training needs analysis (TNA) Operational policy for crisis resolution and home treatment teams within the adult mental health service line Policy for the management of beds within the adult and older people's mental health division Trust records policy Liaison Psychiatry Teams Operational Policy Trustwide hospital at night on call procedure Section 136 MHA 1983 Police arrest in public place
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Training requirements	There is specific training requirements for this document. CAMHS Awareness Training, Gatekeeping
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Financial resource implications	No
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Equality Impact Assessment (EIA)

Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
• Race	No	
• Ethnic origins (including gypsies and travellers)	No	
• Nationality	No	
• Gender	No	
• Culture	No	
• Religion or belief	No	
• Sexual orientation including lesbian, gay and bisexual people	No	

<ul style="list-style-type: none"> Age Disability - learning disabilities, physical disability, sensory impairment and mental health problems 	Yes	Under 16s presenting at MCHFT
Is there any evidence that some groups are affected differently?	No	
	Yes	Under 16s presenting at MCHFT
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? N/A		
Is the impact of the document likely to be negative?	No	
<ul style="list-style-type: none"> If so can the impact be avoided? What alternatives are there to achieving the document without the impact? Can we reduce the impact by taking different action? 	N/A	
	N/A	
	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		

If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact.

For advice in respect of answering the above questions, please contact the human resource department.

Was a full impact assessment required?	No	
What is the level of impact?	Low	

Monitoring compliance with the processes outlined within this document

Who is responsible for undertaking the monitoring?	Team Manager (Psychiatric Liaison and CRHTT), Clinical Service Manager (Access and Acute), Clinical Audit
How are they going to monitor the document?	Annual Audit of SOP, Monthly Breach Report, s136 Audit, Breaches Audit
What are they going to monitor within the document?	Adherence to SoP, Adherence to s136 Policy, A+E (Mental Health) Breaches
Where will the results be reviewed?	East CSL Meetings, Emergency Care Network, Psychiatric Liaison Interface Meetings
When will this be monitored and how often?	A+E Breaches on a monthly basis, Adherence to Pathway at 6-month and yearly thereafter, s136 Audit yearly Mental Health Breaches Audit at 6-months and yearly thereafter
If deficiencies are identified how will these be dealt with?	Supervision and training, Review of SOP
Who and where will the findings be communicated to?	Urgent Care Clinical Network, Acute Care Clinical Network, CSL Meeting
How does learning occur?	Locality Meeting and CSL Meeting
How are the board of directors assured?	6-monthly report to Board

Document change history

Changes made with rationale and impact on practice
1.

External references

References
1.

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1. Introduction

The purpose of this document is to set out a Standard Operating Procedure (SOP) for the Out of Hours Service (OoH) provided by Adult Mental Health, East.

This service is located within our two Acute Trust sites: - Leighton Hospital, Crewe and DGH, Macclesfield and aims to provide a specialist mental health assessment and a management plan and advice out of hours.

The aims of the service are to provide a timely response to referrals received and to ensure that appropriate communication with the referrer and GP is maintained. Any contact that the OoH Service has with a service user known to a CMHT, or any other CWP service will be communicated to the appropriate team at the start of the next working day as part of the handover process.

2. Definitions

Team Composition

The OoH Service will comprise of two practitioners – one based at Macclesfield and the other at Leighton, and a trainee doctor. The trainee doctor will be primarily based at Macclesfield due to it being both the site of the mental health in-patient unit and the designated Section 136 MHA assessment place of safety. There may be occasions where the trainee doctor is required to travel to Leighton, for example, to complete the assessment and treatment plans for under 16s.

2.1 Hours of operation

MCHFT		ECT	
Monday - Sunday	5pm – 9am	Monday - Thursday	5pm – 9am
		5pm Friday – 9am Monday	
Outside these hours the Acute Trusts are supported by the Psychiatric Liaison teams			

2.2 Referrals

The service will take emergency referrals for mental health presentations from A+E Departments, GP services and assist in the coordination of Section 136 assessments that will take place at the *Place of Safety* in Macclesfield A+E department, ECT.

Emergency is defined as:

- Risk of self-harm or suicide, unlikely to wait for assessment;
- Mental Health Act assessment;
- Presentation with likely acute & severe mental illness, agitated or disturbed behaviour;
- Mental health presentation to emergency department where accepted for assessment.

The On Call consultant will be available for clinical advice and to consult with in respect of Section 136 assessments in line with Trust policy and to offer advice where required in respect of under 16 presentations.

3. Procedure

- At 5pm the Liaison Service hands over to the Out of Hours team followed by a video conference handover at 8.30pm;
- The Out of Hours Practitioner contacts the A+E Department to determine the current level of activity. The Out of Hours team should work as a single team maintaining communication and coordinating work between themselves;
- Referrals are received via a Bleep system. The OoH practitioner will request the reason for referral, any history and information relating to risk factors that are known at time of the referral;
- A response time is agreed with the Acute Trust;
- A comprehensive bio-psychosocial and risk assessment is completed and management plan developed;
- All referrals are recorded on a log sheet and fully inputted onto CareNotes 4;

- The episode of care is identified as Out of Hours, East or Central;
- If admission to a mental health bed is indicated and the service user is in agreement, then transfer to Millbrook Unit from Macclesfield DGH should take place within ½ hour. If the bed is not available locally, the patient needs to wait on the Millbrook unit on an appropriate ward until allocated a bed or transfer can take place. ACP1 should be completed;
- Telephone calls via the EDT in relation to known Secondary Care users will be initially triaged to the practitioner based in East.

4. Responsibilities

4.1 Acute Trust

- To ensure that the patient is registered within the A+E Department and assessed by a medic;
- To ensure that the patient is medically fit for assessment by the Out of Hours team;
- To ensure that appropriate interpretation facilities are provided as required;
- For s135/136 referrals, to ensure that an AMHP is requested and that the s136 documentation is completed;
- To ensure that transport is arranged for admission to mental health unit;
- To collect and provide information on Mental Health breaches.

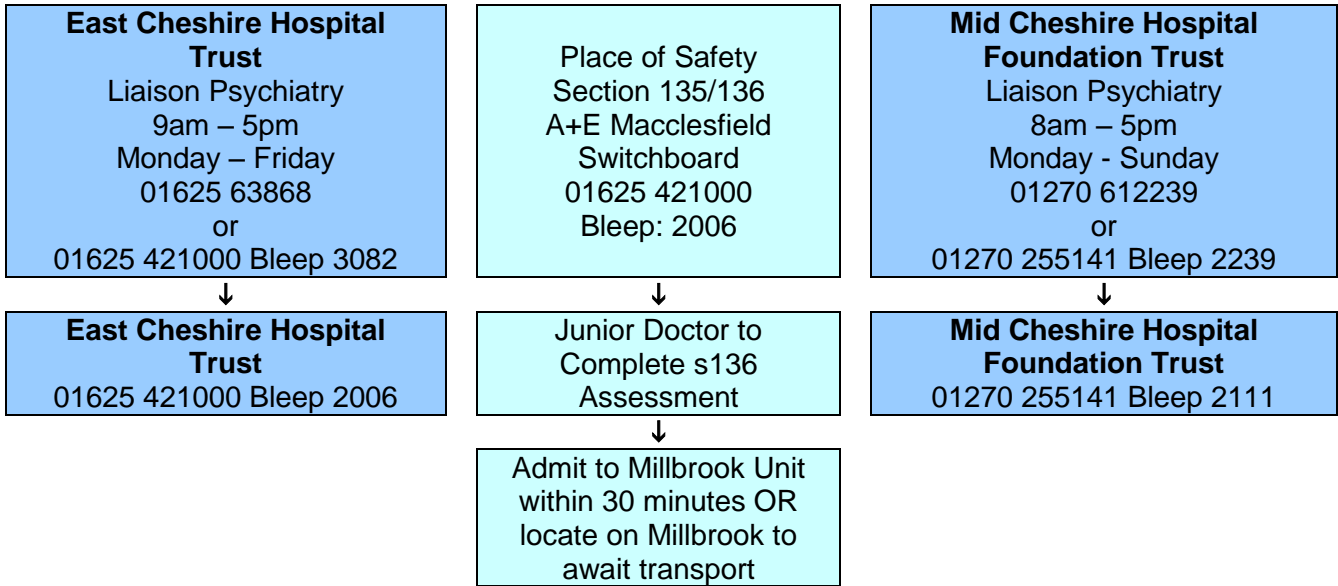
4.2 Out of hours team

- Assessment of emergency presentations at A+E with mental health problems;
- Development of a management plan;
- Communication with referrer, GP and/or Mental Health Team where appropriate;
- Management of telephone contacts via the EDT;
- Provide telephone advice only to the acute wards in relation to emergency mental health issues;
- To complete HoNOS and the clustering process;
- To complete the record keeping and CareNotes duties and to actively participate in the handover process;
- Actively engage in the handover process.

4.3 Trainee Doctor

The order of priority for duties specific to the trainee doctor should always be:

- To a medical and psychiatric emergency within the mental health unit;
- The place of safety assessment under section 136 MHA which is only on the Macclesfield site;
- The assessment of under 16s on either site (should a 136 present then they would need to go back to Macclesfield as detailed previously).



A+E Responsibilities

- Ensure that the patient is registered and assessed by a medic
- Ensure that the patient is medically fit for mental health assessment
- Ensure appropriate interpretation is provided
- Ensure that an AMHP is requested
- Ensure that transport is arranged
- Ensure that s136 documentation is completed
- Ensure that Self Harm Pathway documentation is completed

The OoHrs Team

Composition

- 2 x Band 6 Practitioners
- On Call AOP Consultant
- Junior Doctor
- On Call CAMHS Consultant

Junior doctor specific roles

- Section 135/136 assessments
- Assessment of under 16s
- Junior Dr to respond to requests from Millbrook, Saddlebridge, Greenways and the Alderley Unit

Team role

- Negotiate response time with Acute Trust
- Assessment of emergency presentations at A+E with mental health problems
- Development of a management plan
- Communication with referrer, GP and/or Mental Health Team where appropriate
- Management of telephone contacts via the EDT
- Provide advice to the acute wards in relation to emergency mental health issues.
- Actively engage in the handover process

Referrals

- **Made via BLEEP**
- **MUST** be booked into A+E
- s136 presentations
- A+E
- GP Out of Hours
- Acute Trust for Emergency
- EDT for Secondary Care clients

Emergency

- Risk of self-harm or suicide, unlikely to wait for assessment
- Mental Health Act assessment
- Presentation with likely acute & severe mental illness, agitated or disturbed behaviour
- Mental health presentation to emergency department where accepted for assessment

Information Required

- Minimum Data Set information
- Reason for referral
- History or Information relating to known risk factors

Documentation

On Referral:

- OoHrs Activity Log Sheet
- Create a CareNotes episode under

'Out of Hours – East/Central'

- Create an unscheduled care event identified as 'assessment'

At Assessment:

Clinical Note on CareNotes identifying:

- reason for presentation at A+E
- reason for referral to Out of Hours team
- The Out of Hours Practitioner's clinical impression
- A summary of risk
- A management plan
- An AUDIT assessment
- A CARSO screening followed by full CARSO if indicated
- PbR HoNOS clustering process

Communication

At Commencement of Shift:

- With Acute Trust to ascertain workload
- Video conference hand-over
- With EDT if no East practitioner to ensure phone contacts are put through to Crewe

On Receipt of Referral:

- With the Acute Trust to agree a response time

Following Assessment:

- A summary of the assessment to be faxed to the GP and a detailed letter sent within 5 working days
- Assessment letter to be attached to CareNotes
- A summary of the assessment, risk and management plan to be entered into the Acute Trust's records
- ACP1 prior to hospital admission
- With the appropriate team if known to mental health services

Referral On:

- With the agreement of the patient
- By letter to include a full mental health assessment, risk assessment and recommended treatment

End of the Shift:

- Video conference hand over

Pathway for Mental Health Presentations at ED

