



Single Point of Access
(including the Urgent Advice Line)

Operational Policy

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v3.0
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1.1 Change History

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Contents

	Page
1 Introduction	4
2 Service Aims and Objectives	4
3 Service Principles	5
4 Location and Hours of Service	6
5 Staffing	7
6 Contacting the SPA	8
7 <i>Referrals</i>	10
8 Risk Assessment and Management	22
9 Information Governance	22
10 Clinical Governance	26
11 Business Processes / KPIs	27
12 Communication	27
13 <i>Feedback</i>	27
14 Business Continuity	28

Appendix 1 - Managing Staff rota and Sickness

Appendix 2 – Out of hours on-call numbers

Appendix 3 – SPA Escalation Protocol

Appendix 4 – Triage Checklist

Appendix 5 - Talking Therapies



1. Introduction

The CNWL Single Point of Access (SPA) is a one-stop integrated referral point into adult secondary mental health services for patients residing in the North West London (NWL) boroughs of Brent, Harrow, Hillingdon, Kensington & Chelsea and Westminster. It also provides an out of hours 'urgent advice line' for residents and statutory and non-statutory services NWL and also Milton Keynes.

This document should be read in conjunction with SPA Clinical and Operational Pathway documents.

2. Service Aims and Objectives

The SPA is a multi-disciplinary service, that will ensure that referrers, patients and carers receive an efficient and timely response when accessing secondary mental health services, or needing advice, support and signposting. The service is in-line with the Mental Health Crisis Concordat (February 2014), which recommends that mental health services implement SPAs.

The service is the 24 hour a day, 7 days a week, 365 days a year single point of access into adult mental health services in NWL and provides mental health support, advice and signposting for; patients and potential users of CNWL mental health and learning disability services, their carers and relatives; and GPs, the police, London Ambulance Service and the 111 Service.

The SPA will provide a streamlined and centralised entry point to adult mental health services. It will ensure that all emergency, urgent and routine referrals from GPs, carers and other statutory and third sector referrals are processed and responded to in a timely way, following a robust clinical triage process. It will also provide support when someone feels unsafe, at risk or unable to cope without professional advice or help, by working with the caller to enable them to manage their difficulties without having to access other services.

Where a patient needs secondary adult mental health services, the SPA will book them into an appointment with the relevant team, or access the local Crisis Resolution Team in the case of emergency or urgent referrals. Or it will provide advice, signposting and short-term telephone support where ongoing input from secondary mental health service is not required.

Where a patient is already known to CNWL services, SPA staff will have access to their mental health history and any crisis / contingency / care plan that already exists.

Through telephone triage and support, the SPA will reduce the bureaucracy and confusion of accessing secondary mental health services by providing information, signposting and advice to GPs, and to carers, friends and families. It will also support and assist people to cope more effectively with their mental health issues (particularly out of hours) by assisting them with key aspects of their care plans, managing any immediate symptoms and challenges/difficulties, and working through any immediate issues in their lives which they might be struggling to deal with at the time they call.

By providing this service, the SPA will reduce the need for multiple referrals into current mental health services, and by accessing help from CNWL Crisis Resolution Teams, reduce mental health presentations to A&E Departments, Trust psychiatric walk-in services, GP Out-of-Hours Services and 111, as well as those under Section 136 of the Mental Health Act (MHA).



3. Service Principles

The SPA will:

- Act as the single point of access into all secondary adult mental health services, 24 hours a day, 7 days a week, 365 days a year.
- Work to agreed thresholds for entry into secondary adult mental health services across NWL.
- Robustly triage all calls and referrals, ensuring that patients are only passed onto secondary mental health services where there is an assessed need for that service.
- Have clear timeframes for response to all calls, working to the agreed referral deadlines of emergency (4 hours), urgent (24 hours), routine + (7 days) and routine (28 days).
- Book patients into appointments for assessments with community mental health teams.
- Provide out of hours crisis support to all mental health and learning disability services.
- Be responsible for patients referred into adult mental health services only up until the point of the assessment. (The service assessing the patient will have responsibility from the point of assessment, regardless of whether the patient subsequently DNAs that assessment).
- Have access to resources in all NWL boroughs (and also Milton Keynes).
- Be accessible to people who need to contact the service.
- Be knowledgeable about the services it is providing information about.
- Give appropriate advice in a professional and courteous manner.
- Be non-discriminatory in its approach and aware of the diversity of people that it is providing a service to.
- Acknowledge the caller's perspective, dealing with their enquiry, problem or crisis on their terms as much as possible.
- Give callers options so that they can exercise control and choice about their life.
- Ensure that practitioners do not make promises that they or CNWL cannot deliver on.
- Be honest, open and trustworthy in its approach.
- Accept any feedback, positive or negative, and reflect on and learn from criticism or any adverse events.
- Routinely record telephone calls to the service for quality control purposes in case of clinical incidents or complaints, and for also staff training and development. Callers will be informed of this when they contact the service.

The Single Point of Access will not:

- Pass judgement on other CNWL services.
- Be a prescribing / supply service for patients who have run out of medicines, or in any other circumstance.
- Be the single point of referral into Older Adults or Child and Adolescent secondary mental health services.
- Offer legal opinions.
- 'Handoff' referrals and queries from callers, but will manage and deal with all calls until a satisfactory conclusion has been reached.
- Carry out community / domiciliary visits (but will have access to book patients into appointments with relevant community teams).
- Counsel, befriend or meet callers face to face.
- Provide an ongoing counselling service, as there are many such telephone services already available.
- Provide support to people who are simply lonely and in need of social contact.



- Act as a resource for current inpatients or residents of 24-hour staffed CNWL supported accommodation, or people on leave from these establishments; as they already have access to out of hours support and advice via the ward / accommodation.

The SPA is primarily aimed at GPs, other statutory services such as the Police and London Ambulance Service, AMHP Services, Emergency Duty Teams (out of hours), 111, current patients or potential users of all CNWL mental health and learning disability services in Brent, Harrow, Hillingdon, Kensington & Chelsea and Westminster, and also patients of mental health services in Milton Keynes, as well as carers and relatives.

People may need to call the Line:

- When they feel they may need referral / may need to refer somebody into adult mental health secondary services.
- When they feel themselves or others are at risk.
- When they are experiencing severe emotional and/or psychological distress, and feel they need immediate support, which will not wait until they can speak to their usual care team.
- When they are experiencing adverse side effects of medication, are potentially considering stopping their medication, have run out of medication and need advice on options open to them.
- When they need advice about an urgent social crisis, ie. accommodation problems, abuse or economic hardship.
- When they are unclear about an aspect of their care, which may include how to contact their care co-ordinator / lead professional, or to ask when their next review is taking place, etc.

People who are not currently users of CNWL services may also call the SPA if they feel they might need to be referred into a CNWL service or need advice about how to access CNWL services, if they require urgent advice or intervention as above, or if they need advice on local services available.

4. Location and Hours of Operation

The SPA is hosted within the Borough of Westminster, as part of Jameson Division, and is operational 24 hours a day, 7 days a week, 365 days a year.

There are 3 shifts per day, and shift times will nominally be:

For Band 6 & 7 Clinical staff

Monday – Friday

Early: 8.00am-4.00pm
Late: 2.00pm-10.00pm
Night: 9.30pm-8.30am

Saturday, Sunday and Bank Holidays

Early: 8.00am-3.30pm
Late: 3.00pm-10.00pm
Night: 9.45pm-8.15am



For Band 4 Administration staff
Monday – Friday

Staff will work a mixture of Early, Late
and 9.00-5.00 (cross) shifts

Saturday, Sunday and Bank Holidays

One staff member - 9.00am-5.00pm each day

Clinical handovers will take place:

Monday-Fridays 8am – Daily huddle, to include senior member of management team
 2pm – Clinical handover and review of referrals, with the SPA Consultant
 9.30pm – Handover of any outstanding actions to be completed that day

Saturday & Sundays 8am, 3pm and 9.45pm

All staff on a shift will also attend a 'shift checkout' – facilitated by the SPA Manager, Deputy Manager or Shift Co-ordinator - at the end of their shift, just prior to their shift finishing.

5. Staffing

Overall management and responsibility for the development and monitoring of the SPA is provided by the Band 8b Service Manager.

Band 6 qualified mental health practitioners – nurses, social workers and occupational therapists - work on a shift basis and provide expert clinical input to callers to the SPA.

Band 6 clinical staff are managed by 2 Band 7 Deputy Team Managers, who provide senior clinical support and advice to the team.

A Band 4 support worker manages follow-up for calls requiring signposting and support into non-statutory / third-sector services.

Administrative support is provided by Band 4 Administrators working Monday to Friday between 8-10pm, and at weekends 9-5pm.

Band 4 administration staff are managed by a Band 6 Administration Manager, who has overall management responsibility for the SPA office and its administrative functions.

All staff working on the SPA will have received an intensive training and induction process. They will be expected to meet core competencies as appropriate to their grade, and also to participate in any ongoing training to ensure that their skills and knowledge are kept up to date.

All staff will be mapped onto the CNWL eRoster system, and rotas will be co-ordinated through this by the Band 6 Administration Manager, overseen by a Band 7 Deputy Team Manager and SPA Service Manager. (see *Appendix 1 - Managing Staff rota and Sickness*)

Medical Cover

There is currently 0.4 WTE of Consultant time for the SPA.

The SPA Consultant will work in the SPA Office Mondays, Wednesdays, Thursdays and Fridays; and be available at other times during office hours via mobile phone.

Out of hours medical support will be provided by local Borough medical on-call system. (see *Appendix 2 – Out of hours on-call numbers*)



Supervision

All SPA staff will receive ongoing regular supervision and support as per the CNWL Clinical and Managerial Supervision Policy, through a clear supervision structure.

There is a weekly Reflective Supervision session facilitated by a senior Trust Psychologist; and also a weekly staff business meeting.

Support

During office hours there will always be a senior member of staff available to provide support and be available for discussion about complex situations and to provide immediate debrief on particularly difficult incidents / phone calls.

Out of hours, where a senior member of staff is not available, SPA should access support through the Senior Nurse on-call and Senior Manager on-call.

Out of hours where there is a complex clinical issue that an SPA Practitioner needs to discuss, or a pharmacological issue on which they need advice, they should contact the on-call Higher Trainee / SpR / Staff Grade / Specialty doctor for the borough in which the patient (that the issue is about) resides. If the patient does not reside in a NWL London Borough, they should access support through the Westminster medical on-call system.

There is also an escalation protocol available, for use in times where it is not possible to resolve an issue at practitioner level (*see Appendix 3 – SPA Escalation Protocol*).

6. Contacting the SPA

Process for Telephone Calls to the SPA

All calls to the SPA will be recorded, so that:

- Calls can be tracked in case of any clinical incidents or complaints;
- For staff training, supervision and development purposes.

Callers will be informed of this when they contact the service.

Practitioners answering calls to the SPA will always answer with a standard:

“Good morning / afternoon / evening, my name is (give first name), how can I help you?”

When making outgoing calls from the SPA; SPA staff will state that calls may be recorded for training and monitoring purposes.

In addition to the SPA line, for calls from internal CNWL staff and SPA staff themselves there is also an SPA mobile phone which the Shift Co-ordinator will carry with them; and a separate landline on the SPA Admin Manager’s desk. These other numbers should not be shared on any account with any external callers/referrers, but are for internal use ONLY.

All callers to the SPA will have the option of leaving a message on the SPA Answerphone. The SPA Shift co-ordinator MUST ensure that they check this every 15 minutes and respond (or delegate response) to any messages left within 30 minutes of the message being left.



Non-phone contacts with the SPA

The only other method of contacting the SPA will be via email. The SPA will not have a Fax line. GPs and other referrers, if not making contact by phone, will be encouraged to send referrals and queries by email to the SPA central email address:

cnw-tr.SPA@nhs.net

The Shift co-ordinator will constantly monitor and deal with emails as they are received into the SPA mailbox, following the process below:

They will read all emails as they are received, and then RAG-rate them, following the SPA timeframes - RED – to be actioned by following shift; AMBER – to be actioned in next 24 hours; GREEN – to be actioned within 3 days.

They will then move them immediately into the appropriate email folder as below:

‘Feedback’ – staff should follow the Feedback process when dealing with these

‘Acknowledgements’ – for acknowledgements of previously sent emails (these may or may not require further action)

‘For Info’

‘All SPA Staff to Read’

‘Appointments’ – for requests to change appointment slots, or queries about appointments

‘Clinical Triage’ – all emails in this folder will require triage as per SPA, and should be dealt with within an hour, either by the shift co-ordinator or a delegate, and all items in this folder must be actioned by the end of each shift.

Emails in all other folders should either be processed by the Shift co-ordinator, or delegated to Admin to process, ideally within the same shift. Once emails they have been actioned, they should be ‘ticked’.

The SPA Admin Manager will audit these on at least a weekly basis, and move to an archive file.

Referrals and Queries that bypass the SPA

All CNWL services should work to the ethos that ‘No front door is the wrong front door’. In other words anybody who contacts their service should not be told they have come to the wrong place and given another number to contact. The service who has received that contact should deal with it so that the person does not feel that they are simply being ‘handed off’ somewhere else as below:

Phone calls

Where team has a CISCO phone system, these calls can be transferred directly to the SPA. Otherwise, the service receiving call should take number and assure caller that they will receive a call back from the SPA within 15 minutes. They should then immediately contact the SPA to pass on details of the call.

Emails

Should be forwarded immediately to the SPA central email address with the heading “Referral / Query for SPA from {state name of team that referral is from}”

Faxes/Letters

Should be scanned and emailed to the SPA central email address with the heading “Scanned Letter / Fax Referral / Query for SPA from {state name of team that referral is from}”



Queries that require information and signposting should simply be dealt with by that service, providing they have the information to hand. If the service receiving the query is not able to answer it, it should be passed to the SPA.

All referrals to adult secondary mental health services must be passed to the SPA. However, where the referral is clearly for a non-adult service, it should be passed immediately to them.

Response to SPA contacts

All calls / emails to the SPA will be entered onto the relevant clinical system (ie. JADE). The process for recording contacts for each clinical system is detailed in relevant QRGs available separately and on Trustnet.

Exceptions to this are:

- “Mystery Shoppers”;
- Another secondary service calling for factual information about the SPA / Trust Services;
- The person calling does not live in one of the areas covered by CNWL, and the call is not of a clinical nature. ie. asking for information about a service.
- Where the caller refuses to give the SPA any identifiable information.

In the instances detailed above, as much information should be recorded on the SPA callers not logged on JADE / RiO’ Spreadsheet.

For telephone calls, it will then be important to establish the caller’s name and telephone number as early on in the call as possible, and also to ascertain whether the person needs to be called back (particularly in cases where they are calling from a mobile phone, as 0800 numbers not free to all mobile phones).

The SPA Practitioner will then follow the SPA clinical process (available in the SPA office) as below, ascertaining if call is a referral, query or request for information, or for crisis support; and asking questions that will allow them to locate them (or the person they are calling about) on the relevant clinical system.

7. Referrals

NB. The SPA does not take referrals on behalf of Milton Keynes services, and will only manage crisis calls and queries out of usual working hours.

For patients already under the care of a CNWL service, during office hours the case should be diverted to Team that patient is receiving care from.

For patients not known, or not currently under CNWL services, SPA will need to be clear that the person meets the threshold and eligibility is for CNWL secondary adult MH services, (this would also include an assessment of social care to ascertain if they are eligible for an assessment or support around their social care needs).

Where a call/email is to refer somebody into services, this should be entered onto the clinical system immediately as a referral, noting whether referrer has marked it as ‘Emergency’, ‘Urgent’, ‘Routine +’ or ‘Routine’, and uploading into the referral any accompanying information.

Emergency referrals:

Should be passed immediately to an SPA Practitioner to Triage, triage should be started within 15 minutes of referral being received.



Urgent Referrals:

Should be passed immediately to an SPA Practitioner to Triage, triage should be started within 15 minutes hour of the referral being received.

Routine+ and Routine Referrals:

Person taking call should collect as much collateral and other information (as below). This should then be passed to an SPA Practitioner to Triage; triage should be started ideally within 1 hour of the referral being received.

In all cases, the person taking the call should ascertain as much basic information as they can in the first instance:

- Check demographic information (ie Name; Address; Date of Birth; Ethnicity; Gender; Marital Status; NHS Number) if already on clinical system, or record demographic information if not.
- Ascertain where the patient is and if patient is currently safe.
- The reason for referral.
- When the best time to contact the referrer / patient back would be, including contact information.

NB. If catchment area of address is not clear – then this can be checked through Direct.gov or NHS Choices websites (if postcode available) or by contacting the Emergency Bed Service.

If person taking the call is an SPA Practitioner then they should deal immediately with Emergency and Urgent referrals themselves. Routine referrals can be 'pending' if there are Emergency and Urgent referrals which need to be dealt with first.

Triaging Referrals

In order to fully triage referrals, contact should not only be made with the patient, but with the patient's friend / carer or relative where appropriate, with any other services involved with that person (ie. Housing provider) and with the person's GP (where possible), to ensure that as much collateral information is received as possible, this will include accessing any information available on the relevant clinical system.

Referral priority guidance

Type of Referral	Typical Presentations	Action / Response from SPA
IMMEDIATE ACTION REQUIRED Current actions viewed as endangering others (caller of any age)	<ul style="list-style-type: none"> • Suicide / serious self-harm attempt in progress • Suicidal or homicidal individuals with the means currently available • Individuals experiencing command hallucinations of a violent nature • Immediate risk of harm to children or other vulnerable adult 	CONTACT POLICE / EMERGENCY SERVICES IMMEDIATELY In interim: <ul style="list-style-type: none"> • Clarify how is the person being kept safe until services arrive (safest option if patient is alone is to keep person talking on phone until emergency services arrive) • Notify other relevant services, ie. safeguarding children / Emergency Duty Service Team out of hours, A&E Department
EMERGENCY - CRISIS RESPONSE	<ul style="list-style-type: none"> • Acute suicidal ideation or risk of harm to others with a clear plan and means and/or history of self-harm or 	SPA to attempt to de-escalate with referrer or on contact with patient.



<p>WITHIN 4 HOURS</p> <p>Very high risk of imminent harm to self or others (caller of any age)</p>	<p>aggression</p> <ul style="list-style-type: none"> Very high risk behaviour associated with perceptual/thought disturbance or impaired impulse control Evidence of significant self-neglect due to mental health symptoms Mothers with possible psychosis with a baby or child of pre-school age High risk of harm to baby or children due to severe parental mental health presentation. Extreme behavioural disturbance, ie. Agitation or restlessness 	<p>If face to face assessment indicated:</p> <p>Contact and request assessment with local Home Treatment Team within 4 hours</p> <p>Ascertain how patient will be kept safe in interim</p> <p>If SPA not able to contact patient within one hour request DV by local Home Treatment Team and police – dependent on current presenting risks; or consider sending police and / or ambulance.</p> <p>Consider whether an alert to local AMHP / EDT Team is indicated as MHA assessment may be required.</p>
<p>URGENT - ASSESSMENT REQUIRED WITHIN 24 HOURS</p> <p>High risk of harm to self or others and/or high distress especially in the absence of capable supports</p>	<ul style="list-style-type: none"> Suicide attempt with intent within the past week or patient expressing suicidal thoughts/ideas, but no immediate intent and have reliable supports present Rapidly increasing symptoms of psychosis, severe mood disorder, impaired impulse control associated with perceptual thought disorder Known patient requiring urgent intervention to prevent/contain relapse (dependent on availability of current team that they are known to) Sudden/acute changes in behaviour which may potentially place self or others at risk (ie. Restlessness, intrusiveness, agitation, aggressiveness, increasing distress) Violent incident resulting in harm to others within the past week leading to referral Severe postnatal depression Potential impact of presentation to dependent children or vulnerable adults Indication of increasing carer stress and likelihood of breakdown of current social situation 	<p>Contact the patient and / or carer by telephone to establish urgency and agree timescale for assessment. SPA to:</p> <ul style="list-style-type: none"> Decide whether assessment more appropriate to be carried out by local community team within 24 hours (if patient known / currently open to services) or by local Home Treatment Team. Contact local Community Team / Home Treatment Team by telephone to discuss case and arrange assessment. Provide interim contact by phone to the patient/carer Consider any urgent social care needs Consider referral to Social Care / Safeguarding teams, and give consideration to the needs of dependent children/adults Liaise with any other appropriate agencies
<p>ROUTINE PLUS Assessment required within 7 days</p>	<ul style="list-style-type: none"> Dependent on complexity and professional judgement Post natal depression (not requiring urgent / emergency follow-up) Will be determined primarily by the level of risk and need identified during the triage processes, 	<p>Patient /carer to be contacted to determine nature/severity/intent to decide on the speed of response.</p> <p>Consider any social care needs.</p> <p>Consider referral to Social</p>



	<p>determined on a case by case basis taking into account the summation of a variety of factors assessed during the Triage process.</p> <ul style="list-style-type: none"> Referrals that do not need to be seen within 24 hours (by the Home Treatment Team), but not felt to be able to wait up to 28 days for a face to face assessment <p>NB. Patients presenting with early memory problems or dementia with stable social situation will be referred to local Older Adults service.</p>	<p>Care/Safeguarding teams, including consideration of the needs of dependent children/adults.</p> <p>Book patient into Community Team appointment slot, inform verbally and send confirmation letter.</p> <p>Ensure patient will be safe in interim, identifying another support that might be required in meantime, and ensuring that patient knows to contact SPA if they feel they need more support.</p>
<p>ROUTINE – ASSESSMENT REQUIRED WITHIN 28 DAYS All other referrals - Lower risk of harm to self and/or others</p>	<ul style="list-style-type: none"> Chronic symptoms which have been resistant to treatment by GP and little or no improvement identified or where diagnostic clarity is required Fleeting suicidal ideation with no planning or intent Symptoms of OCD which are having a significant impact on multiple areas of functioning Reactive/adjustment disorders that create significant distress with poor support/coping mechanisms Impact of presentation to children and vulnerable adults Personality difficulties leading to poor impulse control/functioning Complex PTSD symptoms Anybody triaged to require care and support, in line with the Care Act, regardless of their likely eligibility for state-funded care / need for secondary mental health services; AND where a face to face assessment indicated as social needs too complex to be met by telephone support and signposting. 	<p>Patient /carer to be contacted to determine nature/severity/intent to decide on the speed of response.</p> <p>Consider any social care needs.</p> <p>Consider referral to Social Care/Safeguarding teams, including consideration of the needs of dependent children/adults.</p> <p>Advise patient / caller to ring back if situation changes <u>OR</u> Book patient into Community Team appointment slot, inform verbally and send confirmation letter.</p> <p>Ensure patient will be safe in interim, identifying another support that might be required in meantime, and ensuring that patient knows to contact SPA if they feel they need more support.</p> <p>NB. Patients presenting with early memory problems or dementia with stable social situation will be referred to local Older Adults service.</p>
<p>Referral received within 6-12 months of closure to CNWL services</p>		<ul style="list-style-type: none"> SPA clinician to screen referral, including telephone triage, to ensure that there aren't any immediate risks that require immediate HTT intervention and no significant changes in presentation. If there are presenting risk issues, which deem referral urgent or emergency, pass to HTT. If no imminent risk issues of changes, telephone discussion with the team patient was known to



		about their re-acceptance of patient.
CPA Transfer in from out of area		<ul style="list-style-type: none"> • SPA to request information from the transferring area and pass information to the relevant borough team to deal with.
Psychiatry	Direct referral for diagnostic assessment; Medication review; Advice from psychiatrist	<ul style="list-style-type: none"> • Enter referral onto system and discuss with SPA medic. • SPA medic to triage by contacting referrer and patient (if appropriate) to resolve, assessing whether case can be dealt with over telephone, or needs emergency, urgent or routine assessment, or signposting • Medic to pass back to SPA staff to action
Capacity Assessment	Requests for capacity assessment may increase following guidance to residential homes in 2014	If the referral is purely for an assessment of capacity then please return to the referrer as the residential or nursing home should be able to complete an assessment of capacity themselves without a referral to mental health services
Older Adult Services (No age criteria for service)	<ul style="list-style-type: none"> • Rapidly increasing / behavioural and psychological symptoms of dementia • Early memory problems, or dementia with stable social situation • People of any age with a primary dementia. • People with a mental disorder and significant physical illness or frailty which contribute(s) to, or complicate(s) the management of their mental illness. Exceptionally this may include people under 60. • People with psychological or social difficulties related to the ageing process, or end of life issues, or who feel their needs may be best met by a service for older people. This would normally include people over the age of 70. 	<p>Where referral is out of hours and felt to be imminent risk of harm to self or others, refer to local A&E department.</p> <p>If referral during office hours and / or deemed to be not emergency or urgent refer to Borough OA services.</p>
EARLY INTERVENTION IN PSYCHOSIS	<p>Aged between 14-35 inclusive (this includes people aged 35)</p> <p>Have an identified first episode of any psychotic illness, including drug-induced psychoses, with a history of 7 days of symptoms.</p> <p>Less than 6 months of engagement with another service, for psychosis; including 6 months of treatment within a hospital setting, so long as they were</p>	<p>Having completed a full clinical triage, where SPA feel somebody meets the criteria for EIS:</p> <p>This should be discussed in the first instance with the SPA Consultant, Deputy Team Manager or Service Manager.</p> <p>A Deputy Team manager should make contact with a Senior Practitioner within the relevant Borough EIS Team within</p>



	<p>referred as soon as the referring Team identified psychosis.</p> <p>Exclusion Criteria - Primary substance misuse problem (though this can still be discussed with the EIS Team)</p> <p>Severe learning disability, significant brain injury or neurological disorder – though EIS may still offer assessment and consultation to work out most appropriate care.</p> <p>Primary diagnosis of personality disorder with emerging psychotic features – can be assessed by EIS on a case-by-case basis.</p>	<p>24 Hours (excluding weekends) to discuss the case.</p> <p>SPA will complete 'referral out' / 'referral in' to the relevant EIS Team - where EIS feel the case is not suitable, they should 'not accept' the referral and document clear rationale for this on JADE.</p> <p>SPA will decide on appropriate alternative care pathway for that person.</p> <p>NB. Where a patient needs an Urgent or Emergency assessment out of hours, a referral to the local HTT should be made, with an EIS referral being pursued by the SPA the following working day.</p>
<p>TALKING THERAPIES Providing - Psychological therapies treatment only (not requiring case or crisis management)</p> <p>Mild to Moderate mental health problems GP-aligned service</p>	<p>(see also Appendix 6 - Referral Inclusion and Exclusion criteria and Borough Contacts)</p> <ul style="list-style-type: none"> • Depression • Anxiety including panic, specific phobias, health, social and generalized anxiety • PTSD (single incident and more than 3 months since) • OCD (including perinatal) • Stress and worry • Mild to moderate perinatal anxiety and depression (ante- and post-natal) • Relationship problems including bereavement, domestic violence • Reactive adjustment disorders where the patient is retaining reasonable levels of functioning • Adjustment to Long-Term Conditions (incl diabetes, COPD, cancer and cardiac events) • Impacting on health, social functioning, work and relationships <p>NB: Psychology and Psychotherapy services accessed through community teams (currently ABT) – Talking Therapies can refer to these directly</p>	<ul style="list-style-type: none"> • At triage, question whether the person has been referred elsewhere • SPA to ensure that they have person's to consent to consider referral. • SPA to ensure they have checked person's GP is within Borough they are referring to • If SPA receives GP referrals for Talking Therapies will forward to Borough generic email address • Self-referral details will be given whenever possible, with both telephone and email contacts to assist self-referrers. Encourage people to self-refer, where appropriate and straightforward. • Exclusions to self-referral: high risk / suicidality within last 3 months, history of severe and enduring mental ill-health, psychosis, primary diagnosis of personality disorder, co-morbid substantial misuse of drugs or alcohol, require case management • If SPA has triage assessment, email borough service with original referral, Talking Therapies referral form and triage notes, if primary care therapy is appropriate. Call to discuss with duty if in doubt.
<p>ADDICTIONS</p>		<p>If caller gives permission then SPA should contact the relevant Borough Service and pass on details of patient</p>



OFFENDER CARE SERVICES	<p>People who have committed a serious index offence linked to their mental health (<i>Focus Teams</i>)</p> <p>People in a Court or a Police Station who may be suffering from a mental disorder (<i>Police and Court Diversion Service</i>)</p>	<p>requiring referral.</p> <p>If not, SPA to signpost the caller to the relevant service</p> <p>Referral should be discussed with local Borough Focus Team or Clinical Lead in Offender Care services.</p> <p>Where a person resides in the catchment area for a CNWL Borough providing secondary Mental Health Services, the Service will contact the SPA, who will book the person into an appointment in the relevant community team, and inform the team of the date and time of the slot.</p>
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NB. The SPA does not manage referrals on behalf of Older Adults, Learning Disabilities CAMHS, Addictions, Offender Care, Eating Disorders; although may receive referrals for these services, which should be screened and triaged where appropriate and / or immediately passed on as above / using the relevant clinical pathway.

Referrals requiring Home Treatment Team intervention

For all referrals deemed by SPA to require Urgent or Emergency follow-up, SPA will have completed a risk assessment (including an RA1) and ascertained in discussion with patient / referrer most appropriate place for assessment to take place (based on patient need and assessed risk). The SPA will also ensure that they have contact information, so that the local Home Treatment Team can make contact with patient / referrer to arrange time / location for assessment.

Before contacting the local Home Treatment Team, the SPA will ensure that all relevant clinical information is on JADE, and will complete a 'Referral out' / 'Referral in' to the local Home Treatment Team.

The Home Treatment Team will contact patient / referrer to arrange assessment. They will see and assess the patient within the agreed timeframes, and decide whether ongoing Home Treatment (crisis resolution) intervention is required, or referral to a specialist service or signposting to another service. In the event they feel that the person requires an assessment with a community team, the SPA can be contacted to identify an appropriate appointment slot for that person. However, the local Home Treatment Team should be able to clearly indicate why they are recommending ongoing input from a secondary mental health service, and should be clear that the issue cannot be resolved by short term home treatment (crisis) intervention or other intervention. In these instances, ongoing clinical responsibility will remain with the local Home Treatment team until the time of the appointment.

Referrals requiring Community Team

For referrals deemed by the SPA to required Routine or Routine + follow up, SPA will have completed a risk assessment (RA1) and a full clinical triage.

SPA staff will complete a 'referral out' / 'referral in' on JADE to the relevant team, and the patient will be booked into an appointment via the Community Team appointment booking grid - this will be managed over the phone so that a suitable slot can be agreed straightaway with the person. These will include referrals for Psychology / Psychotherapy / Arts Psychotherapies



The SPA will either send an email to the team's generic email informing them of the appointment that has been booked, or telephone the team directly to inform them.

NB. This process will be managed manually until the Community Redesign has been implemented.

A letter will be sent to the patient, copied to the GP, confirming the appointment – until community redesign is completed this part of the process will be managed by the ABT that the patient is going to be seen by.

Clinical responsibility will remain with the SPA until the date of that appointment, so that if the situation escalates in between they can contact the SPA to obtain support over the phone, or the referral can be brought forward if situation necessitates this.

The SPA Triage

This will include:

- Thorough assessment of risk, which will be recorded on the RA1, and include:
 - Current suicide or self-harming thoughts, plans, behaviours or intent
 - Evidence of hopelessness, plans for future, protective factors
 - Thoughts, plans, intent of violence towards others
 - Evidence of self-neglect
 - Previous history of suicide attempts or self-harm
- Previous psychiatric history and current symptoms being experienced: ie. Psychosis, anxiety, depressive symptoms
- Medication history
- Alcohol or drug use
- Current physical health issues, particularly if these are impacting on mental health
- Any recent significant life events, anniversaries, etc
- Strengths and resources, how person has coped / copes in times of stress and crisis.
- Whether the person has a recovery / health & wellbeing plan?
- Whether person is happy for SPA to talk to friends, family, carer; or whether they have talked to them about the situation
- Whether person capacity to make a decision and to weigh up, retain and understand information provided
- Current social functioning (with a view to identifying social care needs and whether there is an impact on the persons mental health condition or wellbeing):
 - Support and social support network, including family and home situation
 - Whether the person has any children under 18 living with them?
 - Identification of child or adult safeguarding issues
 - Whether person has any caring responsibilities
 - Whether person is able to look after themselves
 - What their current daily routine is
 - Whether their health/mental health condition impacts on their wellbeing
- Whether person has recently been referred to any other service / organisation

All SPA Practitioners will complete a Triage Checklist (see Appendix 4)

NB. The patient will not be clustered at triage, as this is predominantly a tool for deciding on a package of care, and this should be completed during the face to face assessment process.

If, after triage, the SPA feels that the referral should be downgraded this must be discussed with a Deputy Team Manager or Service Manager and the SPA Consultant or medic covering the service, and then clearly recorded on the clinical system, and the referrer informed. In case of disagreement, this should be escalated through the SPA Escalation process.



In all cases, once a decision has been made about how the referral will be responded to, the referrer must be informed. For GP referrals, where the referral is not accepted for an assessment with a secondary mental health team an MH2 should be completed and emailed to the relevant GP surgery.

At the end of the triage process an SPA member of staff must discuss the planned outcome with the patient, the discussion must include:

- Formulation of the plan with the patient (which should be clearly recorded at the end of the progress notes).
- Formulation of a safety plan, to include:
 - an indication of the main risks and warning signs/triggers currently;
 - any coping strategies that have helped in the past / could be employed now;
 - other people that they can ask for support;
 - other agencies / networks that might be helpful for support and any other immediate plans to maintain safety.
- Where the SPA is arranging an urgent visit from the HTT, they will have ascertained when the team will be able to carry out a visit and inform the patient.
- Where the SPA are booking the patient into an appointment with a community team, they will arrange this whilst on the phone with the patient, so that they are able to identify the most suitable time.
- An offer of support from SPA to help patient to access other appropriate services.

There may be referrals which the SPA feels it is appropriate to 'hold' for a period of time. By the very nature of the timescales involved, these will not be cases which have been deemed to be Emergency or Urgent, as these would need a face to face assessment within the agreed timescale. This will be for cases where short-term telephone support will meet the current needs of the patient and referrer, and where there is no clear imminent risk to that person. By providing some telephone support, it may be that the person does not in the end require the input of secondary mental health services.

Difficult to Engage / Contact patients

There will be occasions where a patient is referred to the SPA who the service is subsequently unable to contact in order to carry out triage.

SPA staff should attempt to collect as much collateral information about that person from their GP, carer, relative, and other people involved ascertaining the nature and degree of the presenting problem and if there are any imminent risks.

Where it is clear that there is imminent risk to the patient or to others, SPA may consider requesting an urgent visit from the local police, or from the Home Treatment Team in cases where there no risk information that contra-indicates a home visit.

Where there is no imminent risk indicated, SPA will continue to attempt to contact person, whilst making an assessment of persons need for input from a mental health service at that time. If there is a clear need assessed, the SPA may consider in discussion with the local HTT or community team, whether a home visit is warranted.

If the SPA is unable to make contact with the person within 5 days, or the DV does not elicit contact with the patient, the SPA will write to the patient, cc-ing the GP, to ask them to contact the SPA within 7 days. If no contact is made, the SPA will close the referral, informing the GP, referrer and other relevant people involved.

Referrals from Other CNWL Services



The SPA does not accept internal referrals from other CNWL teams, these should be dealt with via the usual Borough interface processes; this does not include referrals from Liaison Psychiatry into CNWL community mental health teams, which should go through the SPA.

Once the SPA has made a decision about a referral and passed it onto another team, it will not accept the case back. The only exception to this being Urgent and Emergency Referrals from the SPA which have been assessed by a Home Treatment Team to require a routine + or routine appointment to be made with a community team. Any other exceptions to this should be dealt with through the SPA escalation procedure.

Referrals that do not need assessment by ongoing Secondary Mental Health input

Where referrals do not meet the criteria for referral on, the SPA will never just simply refer back to referrer, but should consider:

- Whether Talking Therapies intervention is indicated
- Whether signposting into non-statutory services is indicated
- Where some short term phone support (up to a week) could be provided by SPA

Referrals where a Social Care need is identified

Where a patient is not identified to have mental health needs that require secondary care intervention, if a moderate or high social care need is identified then they will still need to be referred into a community team for an assessment.

However, if the need is low to moderate and the SPA are able to meet the need by signposting / giving the caller information over the telephone, this is deemed under the Care Act to be a 'partial assessment'. In these cases SPA will need to send a letter to the patient confirming what advice / information was given (using available template). Where patient gives permission, this letter should be copied to the patient's GP.

Callers can also be directed to complete a self-assessment form as below:

Brent

<https://www.brent.gov.uk/services-for-residents/health-and-social-care/adult-social-services/careplace/>

Harrow

Access Harrow Social Services email: AHadults@harrow.gov.uk / Tel: 020 8901 2650

Hillingdon

<http://www.connecttosupporthillington.org>

Westminster

<http://www.peoplefirstinfo.org.uk/at-home/staying-in-your-own-home/requesting-an-assessment-in-westminster.aspx>

K&C

<http://www.peoplefirstinfo.org.uk/at-home/staying-in-your-own-home/requesting-an-assessment-in-kensington-and-chelsea.aspx>

Requests for Mental Health Act assessments

During office hours



If the person is open to a CNWL service then this should be passed to the team that they are under. If the person is not currently open to a service any requests will be triaged through the SPA triage process and if they meet the criteria for an assessment will be passed to the appropriate community team.

NB. Requests will generally need a face to face assessment first before a MHA assessment is arranged.

In situations where there is imminent risk and it is felt by the SPA that delay could cause significant harm to the patient or other, they should contact that local AMHP service to discuss further.

The following referrals can be passed directly to the AMHP service:

- Referrals from Police custody suites for a MHA assessment or appropriate adult
- Referrals from Liaison Psychiatry Teams
- Requests from the nearest relative under the Act for a MHA assessment
- Referrals from the Court Diversion scheme

Out of hours

SPA will triage and clarify if case can be 'held' until the following day, taking into consideration current risk factors and support that the person has.

SPA may consider requesting an HTT assessment, dependent on presenting problem.

Cases where there is imminent risk, or if there are children involved (and in the same place as the person calling the SPA / being referred to the SPA), should be passed to the local Emergency Duty Team, as should referrals that would normally be passed directly to the AMHP service during office hours.

Police / London Ambulance Service referrals

Police and LAS are encouraged to contact SPA directly where they have a case of concern that they feel may need mental health input, or they need some advice.

All Police Merlin reports and LAS reports will be sent to the SPA to be triaged as per agreed process in each Borough.

Medicines Information Mon-Fri (9-5pm)

For patient related medication queries for staff

Email: medinfo.cnwl@nhs.net Tel: 020 8206 7271

Patients with medicines queries can also be referred to the Medicines Helpline for patients:

Tel:



The SPA Consultant will also be available for discussion and direct conversation with GPs who may wish to discuss specific medicines issues with a doctor.

Out of hours, advice should be sought through the relevant out of hours on-call medical rota, or the Pharmacy Out of Hours On-call via St Charles Mental Health switchboard on 020 8206 7000

Out of Hours 'Crisis' ('Urgent Advice Line') Calls

Where a call is received directly from a patient or carer; if an administrator takes the call they will need to ensure that they only deal with practical / advice giving situations; however, where the call needs clinical input, this should be passed to a Practitioner.

When dealing with the call, the SPA Practitioner should ask open questions to establish a rapport. This will be the priority, and may need to happen before the caller is willing to divulge any further information. Questions should include:

- What the nature of the problem is?
- What are the callers concerns, feelings, what is happening for them now?
- What has helped in the past with the current problem – what has the caller done?
- What hasn't helped?
- What support do they have, or can get access to, right now, ie. family and friends, other networks?
- What support / help does the caller want right now?

Where the caller is not willing to divulge information about themselves, the SPA Practitioner will need to make clear to the caller at an appropriate point in the conversation, that for purposes of evaluation and governance, they do need to know the identity of the caller.

Where the caller is not known / open to services, the SPA Practitioner will need to ascertain if the call necessitates a referral into services, and follow the SPA Triage Process.

Where a call is received from a carer, friend or relative, or another service, the information should be entered on clinical system against the person they are calling about (ie. the patient). The SPA Practitioner should ascertain whether the patient knows that the person is calling, and whether they have given consent for the SPA to share information about them.

Ending 'Crisis' calls

Where a contact does not end in a referral into a service, whatever the nature of the call, the SPA Practitioner will ensure they clarify with the caller what the resolution to the call has been. It may be also appropriate for them to ask what the caller will do once the call has ended.

For more complex calls, the SPA Practitioner will summarise the agreed plan, and will also offer to email the plan to the caller.

The SPA Practitioner will also offer to ring back the caller at a later point, if they remain concerned, or feel it will be appropriate for any reason.

Many out of hours 'crisis' calls to the SPA will be straightforward, ie. somebody asking for information about a service, or wanting clarification on a care plan or next appointment. SPA Administrators / Practitioners will judge each call on its own merits, and appreciate that they are responding to the caller's reason for calling the SPA, rather than making an assumption based on possible prior knowledge or information on the clinical system.



However, where the SPA Practitioner is concerned about any element or risk, are not able to resolve the issue themselves, and do not feel it can wait until the following morning, they should consider the intervention of the Home Treatment Team, or accessing the Police, London Ambulance Service or the Emergency Duty Team (using relevant Clinical Pathway).

At the end of the call, the SPA Practitioner will attempt to clarify with the caller any other details that they need (ie, in relation to clinical system requirements, etc.).

Responding to calls from people with Communication Difficulties

The SPA is accessible to those hard of hearing patients who have access to Text Relay facility. SPA Administrators and Practitioners need to be aware that they may receive these calls and that these may take longer than usual calls.

Where somebody calls the SPA whose first language is not English, the SPA will be able to access telephone interpreting services via Language is Everything.

Where somebody calls on behalf of a patient because the patient is not able to speak English, the SPA Administrator / Practitioner will make the caller aware that they have access to telephone interpreting services and offer to speak directly to the patient.

8. Risk Assessment and Management

All clinically related calls should be passed to an SPA Practitioners who must ensure that they always assess any immediate risk.

Where the call is from or about a known patient, the SPA Practitioner will familiarise themselves with any existing risk assessment and management plan on the relevant clinical system.

Risk information must be clearly documented on the relevant clinical system. Where there is a significant change in risk or there has been an incident (ie. the patient is calling because they have self-harmed), the SPA Practitioner will review (and update if necessary) the clinical systems' Risk Assessment documentation.

Out of hours where an SPA Practitioner is concerned about a caller and the course of action is not straightforward or obvious, they should advice / support using the SPA Escalation Protocol.

9. Information Governance

Documentation

- An RA1 will be completed for all triaged referrals
- All GP referrals should be completed on an MH1, and if not, one will be completed by SPA staff.
- All Triaging information will be entered into the Progress notes, headed "Single Point of Access".
- All Progress notes will be structured with using agreed headings (as per SPA Triage Checklist), with a clear formulation and plan at the end of the notes.
- Where a referral is completed to another team, the referral information will contain an indication of the type of assessment that person requires (ie. Medical input, etc).
- For crisis calls, the progress notes should be headed "Single Point of Access - Crisis Call" and information recorded in progress notes using the following structure:
 - Reason for call / description of call,
 - What person wants from call,



- Current situation,
- Brief summary of discussion,
- Clinical (*current*) risks identified, ie. harm to self others, substance misuse, safeguarding, physical*
- Is caller feeling safe?*
- (*there may be no risks identified – if so, this should be clearly stated)
- Describe mental state (only where appropriate)
- Impression (will generally only be appropriate for clinical calls),
- Action taken,
- Identified plan.

All SPA Practitioners will be aware of the CNWL Information Governance and other related policies.

Where a call is received from a friend / carer / relative, who is giving third party information about a patient, ie. the patient is not aware / has not given permission for them to give the information; the SPA Practitioner must tick the third party information box on the relevant clinical system.

All calls / emails received must be recorded on JADE as a 'telephone' contact

Where a call / email cannot be dealt with immediately by SPA Administrator / Practitioner

A 'Referral tracking' form must be completed and placed in the Referral Tray in the SPA office

Each pending referral will be RAG rated as follows:

- RED – to be actioned by following shift
- AMBER – to be auctioned in next 24 hours
- GREEN – to be action within 3 days

NB. All referrals marked / triaged as Emergency or Urgent **MUST** be dealt with immediately.

Information related to the referral **MUST** also be entered on the whiteboard in the SPA as follows:

- JADE reference and first name of patient
- Indication of RAG Rating
- Date & time of last Action taken
- Next Action to be taken
- Who needs to follow up, ie. Admin, Clinician, Psychiatrist, or SPA Deputy Manager or Manager

The Whiteboard **MUST** be updated every time an action is completed against the referral

Data

All data will be collected using the relevant clinical system, and presented as a monthly dashboard through QIS.

SPA Practitioners will have access to patient information from all CNWL services on the relevant clinical system, but should be aware at all times of issues of confidentiality and only access the information that directly pertains to the call.

Provision of Information / Directory of Services

The SPA will hold up to date directories of local services – internal, statutory, and non-statutory - in each borough, both in paper form and electronically – this will be kept up to date by the SPA Admin Manger, as it will be important that information that SPA staff give to callers is up to date and accurate.

SPA staff will not have access to typed information to send out, ie. leaflets, etc, as, primarily the SPA is a paperless service. However, staff will be able to send out emails giving links and information in relation to enquiries (from the SPA Team email).



All Practitioners will have access to the SPA shared drive, which will contain:

- Lists of local resources for each Borough that the SPA serves, including GP lists,
- Secondary and Primary service Maps for each Borough
- Social Care / Safeguarding links – Safeguarding contacts, Carers Contacts, AMHP Teams
- London and National Resources
- Operational Policy
- Clinical Pathway documents for CNWL services, and other services such as the Police, Emergency Duty Team, etc.

Practitioners will also have access to:

- JADE / SystemOne – the Trust patient information systems.
- The internet / Trustnet
- The NHS Spine
- IAPT-us (IAPT); Framework-i (KCW LA); Mosaic (Brent & Harrow LA) and Protocol (Hillingdon) – through Deputy Team Managers and SPA Administration Manager.

Confidentiality

All SPA staff are required to work with the Trust's confidentiality policy and procedures.

Unlike a telephone service such as the Samaritans, the SPA is not an anonymous service. Callers will be expected to give basic information about themselves to the member of staff taking the call. SPA staff will need to be sensitive and mindful about how they obtain this information, and reassure the caller as to why they need to identify themselves.

Callers will be informed at the start of the call that it is being recorded, and SPA staff will inform them that details of the call recorded on the relevant clinical system, Also that where a member of staff is concerned about risk of harm to the person or to other people, they would have a duty of care to report this and take appropriate action.

Where information from a call needs to be passed on to a third party, ie. back to a care co-ordinator, or a referral on to another service; this will be discussed with the patient / caller in the first instance.

Although SPA staff have wireless handsets, they should not conduct any clinical conversations outside of the SPA Office.

Information Sharing

Other NHS Providers

Information can be shared with other NHS providers on a need to know basis and also on the basis of urgency.

There will be occasions where other professionals need information on a person quite urgently. An example might be the Ambulance Service, who are called to a person's house to find that they potentially don't need physical treatment but appear to be suffering from a mental illness, and therefore need to ascertain if they are known to CNWL and how they might be supported.

In these cases, SPA staff can share information with the caller about whether the person is known to mental health services, and what treatment they are currently receiving. Of particular relevance might be the medication that somebody is on, or whether they are prone to panic attacks. SPA staff



will assist the caller on deciding what the most appropriate outcome for the person might be at that moment in time.

However, if there is a secondary mental health team involved with the person who the call is about, and it is non-urgent, it may be appropriate to direct the query back to the main care team for that person.

The Police and other statutory services

SPA staff can give patient-related information to other statutory services, such as the police and ambulance service; particularly in situations where another service needs information urgently, such as where the police have been called to somebody's house and believe that they have a mental health issue. In these instances, where somebody needs urgent mental health support and intervention, the SPA may consider deploying the Home Treatment team to provide support and an assessment.

SPA staff can also receive information from the Police and can advise on a course of action, and can share with the police any information about the person that may be relevant or pertinent to the presenting situation. Any information shared should be specifically related to ascertaining the best care plan / pathway for the person at that point in time.

SPA staff must ensure that this is clearly documented on the relevant clinical system, along with the information that has been shared, and the individual concerned should be informed.

SPA staff **cannot** give patient-related information to a non-statutory service, without the explicit permission of that person.

Process for sharing information with other CNWL Teams

Where contact is made about a patient receiving CNWL services the SPA will clearly communicate with the relevant team in relation to the nature of this contact and what action they feel may be required.

During office hours, SPA staff should inform the team involved by telephone within 1 hour of the contact being made, dependent on the urgency of the call.

Out of hours, information will be conveyed using the Team generic email address (copying in the patient's care co-ordinator or involved lead professional), or for teams that do not have one, by leaving a message on their main team telephone number.

All emails sent to services will be sent from the generic SPA email address and will request acknowledgement of receipt and confirmation by receiver of actions they will be taking. The message will be short and simple, giving name of the patient and their clinical system id, and directing the Team to the relevant entry which will give full details about the call, including outcome and call.

In all situations, it will be the responsibility of the involved team to follow up the call and take any appropriate action – any action taken should be logged on the relevant clinical system to give a clear audit trail.

Where a situation is deemed by the SPA to be high risk and they are unable to make contact with the Team involved, they may consider deploying the Home Treatment Team to assess the situation.

Press / Media Enquiries



No information about callers or the service should be given to the press. Press Enquiries should be directed in the first instance to the Trust Communications Department.

10. Clinical Governance

All staff employed on the SPA will be expected to work in line with the relevant Trust Operational Policies and Procedures, as well as ensuring that their actions fall within their own professional codes of practice.

For patients not currently open to services who have been booked into an initial appointment with an adult community team, the SPA will hold clinical responsibility until the point of that appointment. At the point of the appointment, the Community Team will take over responsibility, this will include managing the situation if the patient subsequently DNAs.

Where calls are received from or about patients currently open to CNWL services, SPA staff must bear in mind that they are acting on behalf of the Care co-ordinator or identified Lead Professional in their interactions with the caller. Ongoing clinical responsibility will always remain with the involved professional. SPA staff will never offer advice contrary to any existing care plan, but will work towards supporting the patient to follow it.

Incidents & Serious Incidents

All incidents will be reported via the SPA Escalation Process in the first instance, and an initial DATIX incident form logged by the SPA Practitioner.

Any other immediate action required, depending on the severity of the incident, will be agreed between the SPA staff and the relevant escalation contact in line with the Trust Incidents and Serious Incidents Policy.

Where there is a CNWL Team involved with the Patient:

- During office hours, they will be contacted immediately to be informed of the situation;
- Out of hours they will be informed by email (to the generic Team email, and the Team Manager, where appropriate).
- This Team will be responsible for the ongoing follow-up and investigation (where required) of the incident.

Where the incident involves a patient who is not already receiving CNWL services, the SPA Service Manager in discussion with the Westminster Borough Director will be responsible for delegating further follow-up / investigation, where required.

Safeguarding

All staff working on the SPA will have undertaken CNWL Safeguarding training (Adult and Children Level 2&3 e-learning, via LDZ).

Where a potential Safeguarding issue arises:

During office hours –

SPA staff will discuss these with the relevant Borough Safeguarding Lead. If there is a child involved, the Borough Local Authority must be notified immediately.

Out of Hours –

Where there are any concerns of immediate danger or risk to the person, or where a child is involved the local Borough EDT / Adult Social Care Team will be contacted in the first instance. Or where it is felt that there is imminent danger or risk that cannot be managed, or where a crime has



potentially / possibly been committed and evidence must be preserved (such as alleged rape or physical assault), it will be necessary to call the Police; although EDT / ASCT should also be alerted.

Once any immediate risks are managed, the SPA will ensure this is handed over to the following day shift to discuss with the Borough Safeguarding Lead.

In all cases, where there is a CNWL Service already involved, then they should also be contacted by phone during the next day shift.

Where the person does not live in the CNWL catchment area, they will be referred onto the Trust providing mental health services for their area.

11. Business Processes / Key Performance Indicators

The SPA will be measured on our response to referrals in terms of Emergency, Urgent, Routine + and Routine. Where a referral looks likely to breach, this must be escalated through the SPA Escalation Process.

SPA will also have its own internal targets in relation to triage response times, answering calls and answerphone messages and responding to emails.

12. Communication

Crisis Cards

The SPA number is printed on Crisis Cards, which are given to all CNWL Patients, both on CPA and Lead Professional Care; and patients discharged from an inpatient setting or a Home Treatment Team.

During office hours, patients should be directed to contact the service who is providing their care, their GP, or in an emergency they can contact the SPA for urgent advice.

13. Feedback

All SPA Staff should be familiar with the CNWL Patient and Carer Feedback Policy, and should understand the process for dealing with any form of feedback. These must be all logged onto the Feedback Datix system in the first instance.

Complaints

Where a complaint is received about an aspect of the SPA, staff should endeavour not be defensive in their response to this, but will use it to positive effect to contribute to the evaluation and improvement of the service.

If the complaint is received by telephone, the SPA staff will respond to the complainant by apologising for the fact that they are unhappy with an aspect of the SPA service. They will then take as much detail about the nature of the complaint and what outcome the complainant is hoping for / what they would like to happen next, to see if they are able to resolve it over the telephone with the complainant. If they can resolve the issue, this should be recorded on Datix as a 'Concern'. If they are unable to, they will reassure the complainant that the complaint will be dealt with promptly, and will pass this on to one of the Deputy Team Managers, the Admin Manager or the SPA Manager. This should be done promptly, verbally if possible, but by email if out of hours.

The senior member of SPA staff will follow-up with the complainant the following working day, to endeavour to resolve and to ascertain whether any further action is required and / or whether this requires a longer investigation.

Where an SPA member of staff receives a complaint about another member of SPA staff as above they will apologise to the complainant, take details about the nature of the complaint and then pass on to the SPA Manager or Deputy Team Manager to deal with.

Patient involvement and Evaluation

The SPA team will work to ensure that the views of the people that use the service influence its ongoing development.

Patients and Carers will be involved in evaluating the service via the SPA Expert Reference Group in a number of ways, including:

- Mystery shopping, and qualitative feedback on the standard of service received,
- Patient and Carer questionnaires, using the Optimum Meridian software,
- Analysis of quantitative data.

The reference group will also ensure ongoing involvement of patients and carers in planning the service, and recruiting and training any new staff.

The SPA Manager and Deputy Managers will continue to meet with individual Borough User / Carer representatives and individual user and carer groups to obtain feedback and discuss views on how to develop the service.

Borough Feedback

Each Borough will hold a monthly meeting locally with relevant service leads and SPA Manager and / or Deputy Managers to discuss ongoing issues, concerns, difficult clinical cases and any interface issues. However, problems and issues should also be resolved at the time that they arise, through direct discussion with the SPA Manager, Deputies, and Consultant and using the SPA Escalation contacts.

GP Feedback

The SPA has an email address which will be made available to GPs (and also other stakeholders, patients and carers) to provide feedback on the service.