

BARNET HOSPITAL LIAISON PSYCHIATRY SERVICE SPRINGWELL UNIT, BARNET HOSPITAL, WELLHOUSE LANE, BARNET EN5 3DJ Tel: 0208 216 4876/4893 Fax: 0208 216 5206

REFERRAL PROCEDURE TO AND FROM BARNET PSYCHIATRY LIAISON POLICY & IMPLEMENTATION PLAN

Version	2.0
Policy Number	4
Policy Lead/Author & Position	Dr Enfield-Bance / Consultant
Ward/Department	Barnet Psychiatric Liaison Team
Replacing Document	Version 1.0
Approving Committee/Group	Senior Management & Consultants
Date Approved/Ratified	
Previous Review Date	Nil
Date of Current Review	27th September 2018
Date of Next Review	27th September 2019
Relevant Standards	PLAN 3.1, 12.5
Target Audience	All Contractors





Chairman: Mark Lam Chief Executive: Jinjer Kandola

BARNET HOSPITAL LIAISON PSYCHIATRY SERVICE SPRINGWELL UNIT, BARNET HOSPITAL, WELLHOUSE LANE, BARNET EN5 3DJ Tel: 0208 216 4876/4893 Fax: 0208 216 5206

Making a referral to the Liaison Team

Referral Process

If the referral is routine and from a hospital ward, ask the member of staff to complete the psychiatric liaison order on EPR. If the referral is an emergency from a ward, or from the emergency department (ED) they can bleep 2405 (Please see diagram below for flow sheet). This is currently a twenty four hour service.

Referral Criteria

- 1. Patients must be in ED or admitted to an adult ward in Barnet hospital and be 18 years or older. (If referrers would like us to review people who are either visitors or attending an outpatient clinic / ambulatory care, they will need to book into ED in order to be assessed.)
- 2. Patients must have a (possible) mental health component to their presentation.

 Note: There are no other exclusion criteria as the principle of the service is to work with patients and clinical teams wherever mental health expertise would be of benefit. The decision to assess a patient is a matter of clinical judgment exercised by the Liaison Team.

Typical presentations include:

- Primary mental health problems, presenting acutely (including self-harm, suicidality and psychosis)
- Co-morbid mental health problems (including dementia, substance misuse, and depression) that may be impacting on their physical health problem
- Medically unexplained symptoms
- Perinatal mental illness

Our input will not be limited to these patient groups – we are open to all appropriate referrals.

Drugs and alcohol

The RFH has a drug and alcohol team, who can signpost to substance misuse services, give advice and prescribe detoxification regimens. The liaison psychiatry team can review if there are additional mental health problems and we aim to work in close collaboration with the drug and alcohol team when there is dual diagnosis.

If a patient is intoxicated, we can give advice on risk management but need to wait until they are sober enough to engage in an assessment. We may request the referrer assess again at this point to determine whether referrals to us and/or drug and alcohol team (bleep 3900 / EPR referral) are needed.

Delirium

We do not need to wait until someone is ready for discharge for a review. If the patient is having mental health symptoms for the first time; there is evidence of confusion or fluctuations in mental state – delirium is more likely. Teams are advised to complete a 4AT score and follow the delirium pathway (under the dementia pages on Freenet) in the first instance and contact us for advice if required.

Discussion / telephone advice

If the case needs to be discussed with the referrer, or the referral is for phone advice only, bleep the referrer.

How to bleep

Dial 77, followed by the bleep number then the extension you are calling from and wait for the message.





Chairman: Mark Lam Chief Executive: Jinjer Kandola



BARNET HOSPITAL LIAISON PSYCHIATRY SERVICE SPRINGWELL UNIT, BARNET HOSPITAL, WELLHOUSE LANE, BARNET EN5 3DJ Tel: 0208 216 4876/4893 Fax: 0208 216 5206

ED Workflow

Patient in ED - Referrer bleeps 2405

Bleepholder answer immediately – take referral info required on data sheet, enter on EPR Ensure patient is assessable, may need to give advice in meantime until we can see

Check Rio notes / shared drive / contact other trust / GP if out of area. Open referral on Rio

If busy, may need to allocate to ensure seen within one hour. If high risk, see in pairs or with security present

Attend A&E, inform flow coordinator you have arrived, ensure wearing safety alarm

Read A&E notes and LAS sheet, ensure seen medically also as appropriate, check results on EPR

Observe patient from distance, find appropriate space to see, majors 1 if high risk

Introduce self, obtain consent if seen with others present. Take history and mental state on back of data form

Obtain collateral with consent

Give liaison leaflet and patient/carer survey

Safety evaluation: Is patient safe on own? Think observation level, need for security. Risk to self/others/abscond
Inform flow / nurse in charge plan prior to going and writing notes
If patient absconds, inform nurse in charge and security bleep 2911 or dial 3333

Write notes and liaise with other services as appropriate; consider need for MHA assessment, informal admission, recovery house, crisis team, triage team, referral to IAPT, specialist services or back to GP

A&E notes need brief summary/overview and suggestions to include level of observation, what to do if agitated or tries to leave, how to contact us. Use 'sticker' template

 $Psychiatric\ notes\ need\ full\ history\ as\ on\ back\ of\ data\ sheet.\ Progress\ notes\ and\ risk\ assessment$

Once plan formulated, inform patient / carer and give relevant info leaflet on mental health condition

Take back survey in sealed envelope

Feedback to referrer and flow coordinator, with plan to review if appropriate

Complete datasheet

Write GP letter, to be sent within 24 hours of assessment – save to shared drive, cc to patient and others as appropriate Discharge from Rio





Chairman: Mark Lam Chief Executive: Jinjer Kandola



BARNET HOSPITAL LIAISON PSYCHIATRY SERVICE SPRINGWELL UNIT, BARNET HOSPITAL, WELLHOUSE LANE, BARNET EN5 3DJ Tel: 0208 216 4876/4893 Fax: 0208 216 5206

Ward Workflow

Patient on ward – Referral on EPR, or bleep 2405 and EPR if emergency

Twice daily check EPR for new referrals, fill in data capture form, put on board

Check Rio notes / shared drive / contact other trust / GP if out of area. Open referral on Rio if appropriate

Allocate to team in handover, aim to see within 24 hours if routine, 72 hours if OT referral

If high risk, see in pairs or with security present

Attend ward, ensure wearing safety alarm. Introduce self to referrer / nurse in charge and get update/summary

Read medical notes including observations, behaviour, food, fluid, bowel charts, drug chart and LAS sheet, check results and letters on EPR

Observe patient from distance, find appropriate space to see if patient mobile

Introduce self, obtain consent if seen with others present. Take history and mental state on back of data form
Obtain collateral with consent

Give liaison leaflet and patient/carer survey

Safety evaluation: Is patient safe on own? Think observation level, need for security. Risk to self/others/abscond
Inform flow / nurse in charge plan prior to going and writing notes
If patient absconds, inform nurse in charge and security bleep 2911 or dial 3333

Write notes and liaise with other services as appropriate; consider need for MHA assessment, informal admission, recovery house, crisis team, triage team, referral to IAPT, specialist services or back to GP

Medical notes need brief summary/overview and suggestions to include level of observation, what to do if agitated or tries to leave, how to contact us

If ongoing input needed: 'we will continue to review'. If discharged: 'please contact us again if you would like further review'

Psychiatric notes need full history as on back of data sheet. Progress notes and risk assessment

Once plan formulated, inform patient / carer and give relevant info leaflet on mental health condition

Take back survey in sealed envelope

Feedback to referrer, with aim for educational element

Complete datasheet. If ongoing, file alphabetically in inpatient folder. Give to admin once complete

Write GP letter, to be sent within 7 days of discharge from Barnet Hospital – save to shared drive, cc to patient and others as appropriate. Once discharged from us but still in hospital put name on letters board to follow up

Discharge from Rio





Chairman: Mark Lam Chief Executive: Jinjer Kandola

Local smoking cessation service.

Barnet- 0800 328 2784

Enfield – 0800 652 8405

Haringey – 0800 772 0066



BARNET HOSPITAL LIAISON PSYCHIATRY SERVICE SPRINGWELL UNIT, BARNET HOSPITAL, WELLHOUSE LANE, BARNET EN5 3DJ Tel: 0208 216 4876/4893 Fax: 0208 216 5206

Receipt of Referrals sent:

- It is the referring clinicians' responsibility to take steps to ensure that the referral onwards to a different service has been received. If the clinician is working shifts then this can be more difficult to ensure, however all clinicians should remember that 'life' events can affect work and therefore following these steps is wise for all onwards referrals.
- The following appropriate steps must be taken to ensure the referral has been received:
 - 1. Telephone the service to check the referral has been received and document this
 - 2. Email the service and key individuals to inform them. When e mailing please bear in mind that not all e mails are read in a timely fashion and consider which of these may be appropriate:
 - a. Adding a 'read' receipt which will allow you to know when the e mail has been read
 - b. Copy in a colleague who you know will be in the next day
 - c. Ensuring referrals are sent to the appropriate duty referral mailbox, not only to individuals





Chairman: Mark Lam Chief Executive: Jinjer Kandola