

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
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Date of Next Review	27th September 2019
Relevant Standards	PLAN 3.1, 12.5
Target Audience	All Contractors



Local smoking cessation service.
Barnet- 0800 328 2784
Enfield – 0800 652 8405
Haringey – 0800 772 0066

Chairman: Mark Lam
Chief Executive: Jinjer Kandola

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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.



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ED Workflow



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Ward Workflow



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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