

**FOI 2019/443 Response**

1	At which general hospital(s) does your Trust provide liaison psychiatry services?	Royal Blackburn Blackpool Victoria Hospital Royal Preston Hospital Chorley Hospital Clifton Hospital
2	Is there a written policy about prioritising patients who have been referred to liaison psychiatry, or determining which referrals to accept? (If No, please move to Question 6).	Attached to the cover email is the Mental Health Liaison Standard Operating Procedure.
3	If so, is this policy made available to all (psychiatry and non-psychiatry) clinicians working within the general hospital? If so, please specify where (e.g. Trust intranet)?	This SOP is available to all staff via the Trust's intranet.
4	Please attach the policy document if possible.	Attached to the cover email is the Mental Health Liaison Standard Operating Procedure which includes response time standards based on national guidelines including PLAN and NICE. They categorise referrals into 3 categories: Emergency Urgent Routine  Each has a standard response time and definition. All ED referrals are treated as if in the emergency category.  Acceptance of referrals is purely on the basis of clinical judgement.

		<p>The SOP covers all liaison services operating within the Lancashire Footprint. Referrals are ONLY accepted from the acute trust and not from any other services (e.g. community MH services etc.) although clinical handover of information may take place between teams.</p> <p>4b</p> <p>Patients should be “medically fit for assessment”. We advocate parallel assessments with ED colleagues (and certainly the wards) as far as possible. However, where they are not necessarily fit for assessment our response would vary depending on need of both the patient and professional colleagues. E.g. can the assessment start in terms of collecting baseline information and providing initial management advice.</p> <p>As the MHL teams are predominantly nurse led all referrals are screened by practitioners first and usually the baseline assessments undertaken. Where it is clearly a request for telephone advice or medication etc. then it might be a medic who provides the initial input.</p>
5	When (if at all) was local practice last audited against this policy and what were the findings?	<p>The SOP was ratified in 2019 but is currently undergoing review to include safety alert around first episode psychosis, a change to definition of assessments AND inclusion of LSCFT Advanced Care criteria on which we decide who is the most appropriate practitioners to undertake the assessment. Copy of that is also attached. This criterion is used given that we are an all adult ages team.</p> <p>Response times are routinely recorded and compliance against ED breach times etc. are routinely reported.</p>
6	At your Trust, how do doctors refer patients to liaison psychiatry for review (e.g. by telephone, by electronic referral system, by email, by fax)?	<p>Referrals are received from other trusts. Lancashire and South Cumbria NHS Foundation Trust provides the liaison services at each acute trust site. Referrals are a mix of methods including telephone and referral forms.</p>

