Routine Referral

RIumPH
Treatment and Recovery In PsycHosis

Southern Health NHS
NHS Foundation Trust

Prevention and Early Detection

Screen

Referral received

Tel. triage using screening checklist to:

- determine urgency
- consider medication, social, psychological and physical health needs

Holistic Assessment

'At risk of psychosis' assessment:

- engagement
- medication, social, psychological and physical health needs
- patient and carer views
- outcome measures incl. PROM

MDT Discussion

Involving medical, nursing and social care staff as minimum to agree:

- provisional **formulation**/ diagnosis
- priorities for **care planning**

Care Plan/CPA

Collaborative planning from first contact:

- Safety and **crisis plan**
- Safeguarding (adult/child)
- **Social care** (incl. education, **vocation**/IPS, accommodation)
- **Medication management** (incl. Clozapine)
- **Psychological interventions** (see stepped pathway)
- **Physical health** (Lester tool and NICE); perinatal
- **Substance misuse** needs
- **Carers support**

Delivery of Care

Engagement from first contact (incl. assertive):

As indicated:

- **Social care**
- **Medication**
- **Psychological interventions**
- **Physical health**
- **Substance misuse**
- **Carers support**

Review of Care Plan

If deterioration in mental health/crisis/relapse:

- identify any deterioration early and fast track
- consider acute care pathway
- **MDT discussion** (CPA if criteria met) to review medication, social, psychological and physical health needs; update care plan
- consider advance statements
- patient and carer views
- communication with GP
- **WRAP**/Recovery College
- review outcome measures incl. PROM

Discharge

Plan with patient/service user, carers and GP if over 6-12 months:

- stable and functioning well
- no medication or stable medication
- not detained
- acute care pathway not needed

Complete **crisis** and contingency plans

Comprehensive communication with primary care, patient and carer

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Screen

Within **24 hours**

Assessment

First face to face contact within **7 days**

Medication screen within **3 days** of referral if on prescribed medication

MDT Discussion

Within **7 days** of assessment

Earlier medical review if concerns

Discharge/ signpost if psychosis pathway not appropriate

Care Plan/CPA

Allocation of a care coordinator and care plan within **14 days** of referral

Formulation by medic within **21 days** of assessment

Delivery of Care

Commence within **14 days** of referral

Review as Required by Personal Plan

Weekly face to face: if first episode

Weekly: if medication changes, changing mental state, current risks, carer concerns, specific interventions

Weekly/biweekly: if difficulties engaging in services

Every 4 weeks: consider Clozapine if no response to antipsychotic medication. If mental state is settled, consider increasing review to 3 monthly then 6 monthly

Annual review: (if not indicated sooner) of Care Plan/CPA (incl. items listed in Care Plan / CPA box above). Completion of outcome measures

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Crisis and Acute Care

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Screen

Referral received

- determine urgency
- consider medication, social, psychological and physical health needs

Holistic Assessment

Centred around views of patient and carer (review assessment if one already present)

- engagement
- medication, social, psychological and physical health needs
- patient and carer views
- outcome measures incl. PROM

MDT Discussion

Involving medical, nursing and social care staff as minimum to agree:

- provisional **formulation** /diagnosis
- priorities for **care planning**

Care Plan/CPA

- Update **care plan**
- **Risk management plan**
- **Physical health**
- Safeguarding (adult/ child)
- **Social issues**
- Family issues
- **Medication Management plan**
- **Carers support**
- Consider **psychological interventions**
- Commence **discharge planning**

Delivery of Care

- Assertively engage if needed
- Begin/adjust **medication**, (crisis management), **social care** unless contra-indicated
- Initiate **psychological interventions** (see stepped pathway)

Review

- **MDT discussion** (CPA if criteria met) to review mental state, medication, social, psychological & physical health needs; update care plan
- Advanced statement
- **WRAP**, vocational needs
- Review outcome measures incl. PROM

Worsening mental state:

- monitor risk
- monitor changes
- monitor compliance
- monitor self care

Review care plan

Review **psychological interventions** (see stepped pathway)

Transfer to Community Team

- **MDT discussion**
- Review needs and plan care including **crisis plan**
- Comprehensive communication with community team, primary care, patient and carer

Screen

Within **4 hours**

Assessment

Urgent – Face to face within **24 hours**

MHA assessment if needed

Medication review within **48 hours** of referral

MDT Discussion

Within **24 hours** of assessment

Care Plan/CPA

Within **24 hours** of assessment, consider medication

Formulation with medic within **72 hours** of assessment

Delivery of Care

Commence within **24-48 hours** of assessment

Medication review within this time frame

Allocation of a care coordinator within **14 days**

Review as per Personal Crisis Plan

In crisis: **daily or twice daily** if needed for medication compliance, interventions, review of risk and mental state and need for inpatient care, etc.

Review of frequency via MDT. Discuss response to treatment

Discharge CPA (if inpatient) **within 7 days** of assessment

7 day follow up after discharge from acute pathway

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