Routine Referral

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

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
Crisis and Acute Care

**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

**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