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| **East London NHS Foundation Trust** **Mental Health Crisis Line Services****Tower Hamlets, Newham and City & Hackney****Standard Operating Procedure including NHS 111 Warm Transfers** |

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| **Purpose**  |

**1 Aims of the Mental Health Crisis Line**

* Interface with NHS 111 so that local residents benefit from a consistent service
* Provide warm transfers in line with London Healthy Partnership guidelines for mental health helplines
* Provide risk assessment, emotional support, onward urgent referral, transfer to 999 when necessary, for callers who need emergency and urgent mental health support in a crisis, 24 hours a day, seven days a week:
* Develop systems to provide risk assessment, emotional support, onward urgent referral, transfer to 999 when necessary, and non-emergency sign-posting 111 for callers to NHS with primary care mental health needs
* Develop systems to make referrals to and receive referrals from CAMHS, Children’s social care Liaison and Diversion Services, RAID, NHS urgent care, adult social care, police street triage and Approved Mental Health Practitioners for Mental Health Act assessments
* Suicide prevention.
* Reducing secondary care admissions.
* A cohesive relationship with the police for crisis response.
	+ - * 1. **Referral Criteria and Access**

The Crisis Line is available to all residents of Tower Hamlets, Newham and City & Hackney. The mental health related crisis can be self-defined and is not subject to a threshold of nature or degree. There is a single number which is freely available to residents in GP surgeries, Pharmacies, Libraries, Hospitals, mental health services and other public sites. It is also available via the East London NHS Foundation Trust (ELFT) website and is searchable via the internet. The crisis line will accept calls from:

* People experiencing a mental health related crisis including both those known and those unknown to mental health services
* Carers of friends and relatives of people experiencing the crisis
* NHS 111 warm transfers – The NHS111 staff will call the crisis line with callers who meet the DX92 disposition code and mental health symptoms appropriate under DX02 (see Appendix 7)
* Healthcare professionals
* Mental health and social care services
* Other statutory bodies

**3 NHS 111 Call Procedure**

Once a patient has been identified by NHS Pathways and the Directory of Services (DoS) as suitable for warm transfer to a Mental Health Crisis Line, NHS 111 will contact the mental health crisis line number to locate a suitably qualified mental health professional and once connected the warm transfer process begins.

NHS 111 will provide the following information to the mental health crisis line health care professional:

* Name of patient
* Locality of patient
* Usual address of patient
* Age of patient
* NHS number
* Telephone number of patient
* Presenting issues
* Identified risks

This information will also be provided in email form to the mental health crisis line mental health professional to an identified generic nhs.net email address (see appendix 2). The mental health professional must continue to deal with the caller whilst the email is being sent.

Generally, a Health advisor will warm transfer Dx92 dispositions as these focus explicitly on patients in mental health crisis. In the event an alternative disposition is reached, such as Speak to Primary Care service within 1 hour (Dx11) and the reason for the patient’s call was related to a mental health condition, an advanced practitioner will further assess the patient. If the advanced practitioner deems the patient suitable for warm transfer, they will follow the same process outlined below.

Once the call has been handed over to the crisis line mental health professional and NHS 111 has ended the call at their end it is the responsibility of the crisis line clinician to resolve the call. If the call is lost at this point, it is the responsibility of the mental health professional to follow up the caller.

**Where the crisis line is unable to accept a NHS 111 warm transfer call**

In instances where the mental health crisis line is busy dealing with another caller, NHS 111 will wait will attempt to transfer to one of the other 2 ELFT crisis lines and wait two minutes and then follow the same process. This process should be tried until all 3 crisis lines have been attempted and the first crisis line has been returned to for a further one minute. The Health Advisor will check nothing has changed in the patient’s condition every minute whilst on hold) and the maximum time on hold will be five minutes

In the event that all three crisis lines have been tried with no contact, or contact has been made but none of the crisis lines is unable to accept the call, the Health Advisor will refuse the disposition by selecting the Early Exit function and warm transfer the patient to a clinician in the Clinical Assessment Service (CAS). The patient must be warm transferred and should not be placed into the CAS queue.

**Where the crisis line is unable to accept a call [other than NHS 111 warm transfer]**

In the event a caller rings the mental health crisis line and it is busy, the call will be transferred or will receive an telephone message, as described in Appendix 4.

**4 Operational Scope**

* Provision of advice and emotional support for people experiencing crisis and to their carers.
* To assess immediate risk to the person and/or their carers.
* To refer to the HTT/RAID or other secondary care services for further assessment and intervention or at an appropriate setting in the community
* To sign post to other community services both ELFT and voluntary sector where appropriate
* In future, to pass referral onto ELFT service for booking, or make booking electronically
* Support and advice to other non-mental health services i.e. supported housing asking for advice out of hours.

**Hours of Operation**

* 24 hours per day, 7 days per week.

**Environment/base:**

The services are provided at the following location:

* Tower Hamlets: Burdett House, Mile End Hospital
* Newham: Newham University Hospital/Newham Centre for Mental Health
* City & Hackney: City & Hackney Centre for Mental Health

**5 Governance: Quality, Safety and Monitoring**

Borough services will pilot PREMS and PROMs and obtain feedback from patient participation groups during the first six months of the service.

**Patient reported experience measure (PREM)**

* Text message inviting feedback using a scale

**Patient Related Outcome Measures (PROMS)**

The provider will develop a methodology for contacting sample of callers in*a* follow up call, agree this methodology with commissioners and implement it within the first five months of operation. The capacity to call service users will be drawn from the HTT or any suitable students or peers on placement with the Trust. It can be superseded by a digital or on-line method of recording and analysing responses. It may be extended to follow-up in routine clinical meetings after a given period. It should include identifying suitable callers and noting callers’ agreement. The questions are from the Dialog scale

* How satisfied are you with your mental health?
* How satisfied are you with your personal safety?

**Clinical Related Outcome Measure (CROMS)**

The provider will develop a methodology for contacting sample of callers in*a* follow up call, agree this methodology with commissioners and implement it within the first five months of operation. The capacity to call service users will be drawn from the HTT or any suitable students or peers on placement with the Trust. It can be superseded by a digital or on-line method of recording and analysing responses. It may be extended to follow-up in routine clinical meetings after a given period. It should include identifying suitable callers and noting callers’ agreement. The questions will be from a suitable scale proposed by ELFT taken from *Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care – Part 2: Implementing the Evidence-based Treatment Pathway for Urgent and Emergency Liaison Mental Health Services for Adults and Older Adults – Guidance* (2016) NHS England, the National Collaborating Centre for Mental Health and the National Institute for Health and Care Excellence.

Calls will be recorded for training and safety purposes. Call frequency and duration will be monitored on a weekly basis between the provider and commissioners.

**Feedback and escalation loop:**

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This feedback collected by the PREMs, PROMs AND CROMs will be reviewed on a monthly basis by senior mental health professionals in the service.

In the event of a serious incident a DATIX will be completed and investigation as appropriate. These will be reported on a monthly basis to the business/clinical governance meeting.

**Quality of calls:**

This will be monitored as follows:

* A random selection of recorded calls will be reviewed on a monthly basis by a senior member of staff in the service who will review the quality of the call and feedback to the staff handler.

The most frequent callers (defined by frequency of use of the line over an agreed period of time), to the service will be highlighted and discussed with the teams that work with them in the community. It is expected that crisis line interventions will be considered in crisis care plans.

**Support for the caller in crisis*:***

Callers who have called NHS 111 to seek treatment for an exacerbation of a mental health condition, including suicidal ideation, without a means or plan (classified as DX92) will have a risk assessment, be provided with emotional support and ongoing urgent referral or transfer to 999 as necessary and non-emergency signposting

**End to end call reviews and ongoing governance:**

A monthly conference call will occur between providers to discuss the number of successful and failed referrals and discuss any quality concerns.

A small sample of patient journeys will be investigated each month to discuss on the call.

Traditional end to end reviews will be incorporated into the IUC end to end schedule and will be available for ELFT providers and commissioners to attend.

**Staffing**

 The line is staffed by one health care professional at all times.

All staff are graded a minimum of a band 6 and qualified in psychiatric nursing, social work or an allied health profession.

All staff will be competent to carry out the role and will receive training and supervision a minimum of monthly in line with ELFT Trust policy and will work to an agreed set of competencies.

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**Business meetings:**

There will be monthly, minuted, business/clinical governance meetings with senior managers and mental health crisis line staff

There will be a 6 monthly meeting with all ELFT crisis services to review progress, issue and share learning.

**Breaches**

Failure of warm transfer calls from NHS 111 to the mental health crisis line will be considered an internal breach for assessment of causation. Breaches of this process will be reported via DATIX and managed under the procedure for providing HealthCare Professional Feedback.

In the event ELFT receives referrals considered to be inappropriate, these will also be reported via DATIX and managed under the procedure for providing HealthCare Professional Feedback.

These concerns will then be discussed at the monthly conference call in order to identify trends and possible solutions.

**DATIX**

All incidents pertaining to ELFT will be reported on DATIX, the incident reporting system. These will be reported on a monthly basis and discussed in the business meeting/steering group meeting.

**Call response times**

The standard for answering calls will be:

* Immediate response for answering the phone
* 4 hour response for completing actions from the call e.g. onward referrals, electronic GP notification

**Clinical Recording**

 If a caller is willing to disclose identifying information the service should complete a RiO check to see if they are known to mental health services under ELFT.

If known to ELFT mental health services, the crisis line service should document the content of the call and the outcome in the RiO progress notes and then email the clinician involved to make them aware of the contact and update on any risks etc.

If they are not known to an ELFT mental health service but is deemed to warrant input from an urgent mental health service the crisis line service would refer the caller to the most appropriate mental health service in accordance with the urgency of the referral and the needs of the caller. The referral procedure between the crisis line service and other MH services would need to be agreed. In all cases the relevant GP would be notified of this within 4 hours, as above.

**Documentation – known/not known:**

ELFT will ensure that records can be seen across boroughs and that information sharing agreements have been signed. ELFT will ensure that DOS access has nhs.net email address. The crisis line staff will maintain a system of recording calls for those on RIO and those not:

* Callers not known to an ELFT mental health service and not in need of secondary mental health services should be documented on the excel spreadsheet which will be compatible with GDPR requirements, if a record on RIO cannot be opened for them
* Callers known to mental health services outside of ELFT may need some communication / signposting and would also need the details documented on the spreadsheet.
* Callers who remain anonymous, by the end of the call, will have the details documented on the spreadsheet. Anonymous calls via NHS 111 to be warm-transferred as all calls within this Standard Operating procedure
* Carers or concerned 3rd party contacts should be recorded on spreadsheet

**Possible Outcomes**

NHS 111 warm transfer calls require a resolution and forward plan agreed between the caller and the crisis line health care professional before the call ends.

Crisis line calls can be resolved in a number of ways. Telephone triage and intervention may be sufficient for a large number of callers.

*For those that need ongoing support, the following may be appropriate:*

* Signposting to other organisations and/or services by providing information for the caller to make contact themselves
* Advice and problem solving
* Call back for support
* Referral for urgent assessment to the most appropriate service
* Follow-up via existing teams
* Referral to new teams giving details and reason for referral
* Referral to social services, including Child and Family

**Contacting Police or Ambulance in life threatening situations**

In a life threatening situation the following procedure will be adopted for transfer to police, ambulance or fire services:

If the service user is the caller, then Crisis Line staff should call 999 for emergency services to be despatched. The caller should be kept on the line, whilst the emergency services are being called.

If a carer/friend calls about a third party and it appears to be a life-threatening situation, it may be more appropriate to ask them to call 999. This may be the case, for example, if a description of the person in a mental health crisis is needed, or if the location of the person is complicated. If the carer has called the emergency services, the crisis line staff must verify services have been called by contacting 999 themselves afterwards to confirm the emergency service vehicle was despatched.

**6 Performance Reporting**

The service will record the number, type, time, referral source, open to ELFT and outcome. A schedule is attached in the service specification. The following table shows th lead responsible for the data.

|  |  |
| --- | --- |
| **Data** | **Lead** |
| Known to mental health services | ELFT |
| Open to mental health services | ELFT |
| Previously known to mental health services (past 5 years) | ELFT |
| Type of call | ELFT from NHS 111 patient referral summary |
| Total number of calls | Phone provider |
| Warm transfer callsAttemptedSuccessful | LAS (Mary Emery)NHS 111 |
| Crisis line calls | Phone provider/ELFT |
| Times of calls – trends | Phone provider/ELFT |
| PREMS | ELFT |
| PROMS | ELFT |
| CROMS | ELFT |
| DATIX Incidents | ELFT |
| Serious Untoward Incidents | ELFT |

**7 List of Acronyms in document:**

|  |  |
| --- | --- |
| Acronym | Meaning |
| ELFT | East London Foundation Trust |
| RAID | Rapid Assessment Interface Discharge or mental health liaison |
| HTT | Home Treatment Team |
| DoS | Directory of Services |
| DX92 | Disposition provided by NHS Pathways for patients in a Mental Health Crisis that needs to be treated within 1 hour |
| DX02 | Disposition provided by NHS Pathways for patients who require emergency level care for mental health crisis symptoms only |
| CAS | Clinician Assessment Service provided by NHS 111 LAS |

**APPENDIX 1 – How patient is triaged into ELFT Mental Health Crisis Line (DX92)**



**APPENDIX 2 – Transferring the patient from NHS 111/IUC into ELFT Mental Health Crisis**

**Patients will only be warm transferred onto the respective ELFT crisis services when they meet the referral criteria of the service (outlined in Appendix 4 of the ELFT crisis line standard operating procedure).**



Patients will only be warm transferred onto the respective ELFT crisis services when they meet the referral criteria of the service (outlined in Appendix 4 ELFT crisis line standard operating procedure).

Once Patient has been identified by NHS Pathways and the DoS, NHS 111/IUC will contact ELFT crisis service. Health Advisors/Clinicians need to provide the following information to the crisis line health care professional:

* Locality of the Patient
* Usual address of Patient
* Age of Patient

Before the warm transfer process begins, please advise the patient that there may be up to a five-minute wait. During the wait for an available clinician, NHS 111/IUC are to update the caller every minute

NHS 111/IUC then need to provide the following information to the mental health professional:

* Name of Patient
* Locality of Patient
* Usual address of Patient
* Age of Patient
* NHS Number
* Telephone Number of Patient
* Presenting Issues
* Identified Risks
* If the patient is identified as having a Care Plan or Special Patient Note (SPN), details of this will be verbally communicated by the Health advisor as part of the handover process.

**Where an ELFT service is not able to accept the call:**

If there is not a clinician avaliable in the local borough (call not picked up in four rings), the NHS 111/IUC warm transfer will not be completed. In all, the following process will be followed: wait four rings for first crisis line to reply, and transfer to the next, wait for two minutes, and if nor reply repeat for the third, and then return to first for one miunute (see section 3 above)

In the event the call is not accepted the NHS111/IUC Health Advisor will refer the call to a Clinical Advisor within NHS 111/IUC.

Based on the degree of assessed risk, the Clinical Advisor will then provide the following options to the patient:

* Provide the patient with the local Mental Health Crisis Line phone number to contact themselves
* **Direct the patient to the nearest Emergency Department if the risk will potentially escalate**

**APPENDIX 3 – ELFT process to receive patient from NHS 111/IUC**

* **1. Accept the call**
* **2. Introduce self and mental health crisis line**
* **3. Inform caller the call is being recorded**
* **4. Ask the caller for their name and contact details**
* **5. Check details on RiO incl HIE/SCR: physical health records and GP summary to establish whether known to services**

Open case on RiO and document call details and plan

Complete agreed actions and send electronic notification to GP within 1 hour of the call ending

Formulate and agree a plan to resolve/manage crisis and be clear about who the information will be shared with e.g. GP

Assess mental state and risk from start of the call

Ask the caller for the reason for their call

Caller **not known** toMental Health Services

Complete agreed actions and send electronic notification to GP within 1 hour of the call ending

Record call details on call log/spreadsheet and in RiO clinical notes

Formulate and agree a plan to resolve/manage crisis and be clear about who the information will be shared with egg. GP, CMHT

Assess mental state and risk from start of the call

Assess mental state and risks throughout the call

Check RiO records for any care plans

Caller **known** to Mental Health Services

Ask the caller for the reason for their call

Open case on RiO and document call details and plan

Complete agreed actions and send electronic notification to GP within 4 hours of the call ending

Formulate and agree a plan to resolve/manage crisis and be clear about who the information will be shared with e.g. GP

Assess mental state and risk from start of the call

Ask the caller for the reason for their call

Caller **not known** toMental Health Services

Complete agreed actions and send electronic notification to GP within 4 hours of the call ending

Record call details on call log/spreadsheet and in RiO clinical notes

Formulate and agree a plan to resolve/manage crisis and be clear about who the information will be shared with e.g. GP, CMHT

Assess mental state and risk from start of the call

Assess mental state and risks throughout the call

Check RiO records for any care plans

Caller **known** to Mental Health Services

Ask the caller for the reason for their call

**APPENDIX 4**

**ELFT Overview of Mental Health Crisis Line Services**

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| --- | --- | --- | --- | --- |
| **Area covered** | **Service name** | **Opening times** | **Service overview & referral criteria** | **Contact telephone** |
| **Tower Hamlets** | Mental Health Crisis line | 24 hours, 7 days a week | **Tower Hamlets service overview:**(1) Crisis line base: Provided by the Crisis line service based within the Home Treatment Team at Mile End Hospital.(2) Handover to other team: n/a(3) How calls we be dealt with when callers ring and find the line busy* NHS111 warm transfers: as per LAS/ELFT Standard Operating procedure
* Other NHS 111: 24/7 – there will be a message which asks the caller to either stay on the line and someone will answer their call or if they cannot wait to phone the Samaritans on 116123

(4) all inpatient admissions currently via RAID in the following hours in two borough:* + TH – 10 pm to 8 am

(5) NHS disposition codes : DX02 and DX092 (6) Staffed by experienced mental health clinicians who will answer the calls directly and engage with the caller**Referral criteria:**The Crisis Line is available to all residents of Tower Hamlets. The mental health related crisis can be self-defined and is not subject to a threshold of nature or degree. There is a single contact number which is available to residents in GP surgeries, Pharmacies, Libraries, Hospitals, Council and mental health services and other public sites. It is also available via the ELFT website and is searchable via the internet. The crisis line will accept calls from:* People experiencing a mental health related crisis including both those known and those unknown to mental health services
* Carers of friends and relatives of people experiencing the crisis
* NHS 111 warm transfers – The NHS111 staff will call the crisis line with callers who meet the DX92 disposition code and others to be agreed in future
* Healthcare professionals
* Other statutory bodies

**Exclusions:**Out of Borough callers – will re-direct to local services except City and Hackney and Newham**Further information:**Cost of calls: TBC free or local rateGeneric NHS email address: elft.th-htt@nhs.net  | 0207 771 5807 |
| **City & Hackney** |  | 24 hours, 7 days a week | **Service overview:**(1)Crisis line base: Provided by the Crisis line service based within the Home Treatment Team at the City & Hackney Centre for Mental Health at Homerton Hospital. (2)Handover to other team: n/a(3)How calls we be dealt with when callers ring and find the line busy* NHS111 warm transfers: as per LAS/ELFT Standard Operating procedure
* Other: 24/7 – there is a phone message which asks the caller to either stay on the line and someone will answer their call or if they cannot wait to phone the Samaritans on 116123

 (4) all inpatient admissions currently via RAID in the following hours :* + C&H – admissions gate-kept by HTT 24/7

(5) NHS disposition codes: DX02 and DX092 (6) Staffed by experienced mental health clinicians who will answer the calls directly and engage with the caller. Has the resources to respond within 4 hours for a home visit assessment**Referral criteria:**The Crisis Line is available to all residents of City and Hackney. The mental health related crisis can be self-defined and is not subject to a threshold of nature or degree. There is a single number which is freely available to residents in GP surgeries, Pharmacies, Libraries, Hospitals and other public sites. It is also available via the ELFT website and is searchable via the internet. The crisis line will accept calls from:* People experiencing a mental health related crisis including both those known and those unknown to mental health services
* Carers of friends and relatives of people experiencing the crisis
* NHS 111 warm transfers – The NHS111 staff will call the crisis line with callers who meet the DX92 disposition code
* Healthcare professionals
* Other statutory bodies

**Exclusions:**Out of Borough callers – will re-direct to local services except Newham and Tower Hamlets**Further information:**Cost of calls: local rates or offer to call people backGeneric NHS email address:Elft.CH-HomeTreatmentTeam@nhs.net  | Tel. 02084328020 |
| **Newham** | Mental Health Crisis line | 24 hours, 7 days a week | **Service overview:**(1)Crisis line base: Provided during the day by the HTT (2)Handover to other team: calls are diverted between 8pm and 8am to the RAID service, based in Newham University Hospital.(3)How calls will be dealt with when callers ring and find the line busy* NHS111 warm transfers: as per LAS/ELFT Standard Operating procedure
* Other: 08:00 to 20:00hrs - If the mental health crisis line is engaged the caller will be automatically be transferred to another line until the call is accepted.
* Other: 20:00 to 08:00hrs – there is an answerphone message script when the call is not answered reassuring the caller and suggesting where else to call. If the caller leaves a message the clinician calls them back

 (4) all inpatient admissions currently via RAID in the following hours:* + Newham: 8 pm to 8.00 am

 (5) NHS disposition codes DX02 and DX092 (6) Staffed by experienced mental health clinicians who will answer the calls directly and engage with the caller**Referral criteria:**The Crisis Line is available to all residents in Newham. The mental health related crisis can be self-defined and is not subject to a threshold of nature or degree. There is a single number which is freely available to residents in GP surgeries, Pharmacies, Libraries, Hospitals and other public sites. It is also available via the ELFT website and is searchable via the internet. The crisis line will accept calls from:* People experiencing a mental health related crisis including both those known and those unknown to mental health services
* Carers of friends and relatives of people experiencing the crisis
* NHS 111 warm transfers – The NHS111 staff will call the crisis line with callers who meet the DX92 disposition code
* Healthcare professionals
* Other statutory bodies

**Exclusions:**Out of Borough callers – will re-direct to local services except Tower Hamlets and City and Hackney**Further information:**Cost of calls: local rates or offer to call people backGeneric NHS email address:Elft.newhamhometreatmentteam@nhs.net  | Tel. 02075406782 |

**Appendix 5**

**Script for NHS 111/IUC to ELFT Mental health Crisis Lines**

**DX92 Actions for 111 Health or Clinical Advisor:**

On reaching an **Emergency Treatment Centre within 1 Hour (Dx92),** following an NHS Pathways assessment, callers should be warm transferred to ELFT Mental Health Crisis:

* Identify the ELFT Mental Health Crisis profile from the returns on the Directory of Services, which will contain information around service type, times of operation and telephone
* Inform the caller that they will pass the call through to someone for further assessment. If the call should be disconnected they will call them back. London script:

“*I am just going to transfer you through to someone who can help you. This may take up to five minutes. If we get cut off then please stay off of the line and I will call you back. Thank you.”*

* Upon successful connection with ELFT Mental Health Crisis, please confirm the following to ascertain suitability for referral:

“I am ringing from NHS 111 to transfer a call to ELFT Mental Health Crisis Line . *The caller is currently in <LOCATION>, is <YEARS> old and lives in <LOCATION>, can you confirm there is a clinician available to accept this call?”*

* Once ELFT Mental Health Crisis Line confirm they are able to accept the referral please provide the following details:

*“I will transfer <NAME> through to you now on the telephone, you will also receive their assessment summary in your nhs.net account. The immediate risks to the patient are <IDENTIFED RISKS> if the caller gets disconnected in transfer; please call them back on <CALLER’S NUMBER>”*

* If there is no one available after waiting 5 minutes return to the caller and advise them there is no one available at that time; then attempt the process for Appendix 2 (where ELFT Mental Health Crisis is unable to provide Warm Transfer. Then record a ‘warm transfer failure’ according to local procedure and close the call.

**Appendix 6**

**Healthy London Partnership Guidelines: Identifying Appropriate NHS 111 Callers**

* **Provide support (until an ambulance arrives**) to a caller who has rung NHS 111 with means or a plan to take their own life (these call-outs are classified *DX02 Attend Emergency Treatment Centre within an hour* by NHS 111 and as a Green 2 ambulance by London Ambulance Services)
* Provide risk assessment, emotional support, onward urgent referral, transfer to 999 when necessary, and non-emergency sign-posting for:
	+ Callers who have called NHS 111 to seek treatment for an **exacerbation of a mental health condition**, including suicidal ideation without a means or a plan (classified as DX92 and includes as a disposition in the following NHS 111 pathways: *mental health problem; worsening known mental health problem; behaviour change*
	+ Callers requiring a **call back from a GP within 1 hour**, who have a MH-specific pre-determined management plan (classified as DX11 and is included as a disposition in the following NHS 111 pathway DX11: *Speak to a Primary Care Service within 1 Hour*
	+ Callers **automatically routed or referred to a NHS 111 or IUC clinician**, who are assessed as being in a mental health crisis.
* Develop systems to enable at a future date to provide the above service (risk assessment, emotional support, onward urgent referral, transfer to 999 when necessary, and non-emergency sign-posting) to:
	+ Callers with mental health-related symptoms who require referral to a primary care service within 2 hours (DX12) or longer
	+ Subject to development and agreement with NHS 111 project team
* The following callers are currently out of scope:
	+ Callers with a MH-related Special Patient Note: they will continue to be warm transferred to a NHS 111 clinician, since they may not be calling about a MH crisis.

**Appendix 7 Symptom codes for DX92 and DX02**

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| Symptom Groups (without Z Codes) |
| Behaviour Change->ED full ED assessment and management capability |
| Behaviour Change->ED suicidal, no means nor plan |
| Deliberate Self-Harm->ED suicidal, no means nor plan |
| Drowsiness, Pregnant->ED suicidal, no means nor plan |
| Drowsiness->ED suicidal, no means nor plan |
| Drug, solvent, alcohol misuse->ED suicidal, no means nor plan |
| Headache, Pregnant->ED suicidal, no means nor plan |
| Headache->ED suicidal, no means nor plan |
| Hip, Thigh or Buttock Pain or Swelling->ED suicidal, no means nor plan |
| Mental Health Problem->ED mental health crisis |
| Mental Health Problem->ED suicidal, no means nor plan |
| NHS Pathways in House Clinician->ED mental health crisis |
| Predetermined Management Plan->ED suicidal, no means nor plan |
| Self-Harm->ED suicidal, no means nor plan |
| Sleep Difficulties->ED suicidal, no means nor plan |
| Social or Domestic Emergency->ED suicidal, no means nor plan |
| Tiredness (Fatigue), Pregnant->ED suicidal, no means nor plan |
| Tiredness (Fatigue)->ED suicidal, no means nor plan |
| Tremor->ED suicidal, no means nor plan |
| Worsening known Mental health problem->ED full ED assessment and management capability |
| Worsening known Mental health problem->ED mania/hypomania |
| Worsening known Mental health problem->ED schizophrenia |
| Worsening known Mental health problem->ED suicidal, no means nor plan |