

Service Access and referral process

Adult Mental Health Liaison Service

Combined Assessment Unit (CAU) and other ward referrals – 16-64 years of age

- 0900hrs – 2130hrs, cut off time 1900hrs for assessment, however, available for advice until 2100hrs
- Referrals are received via Clinical email. Referrals are then triaged and the Adult Mental Health Liaison Nurse (AMHLN) will contact the referrer to discuss urgency of the assessment and agree on an appropriate time to attend
- Assessment will be carried out within 24 hours depending on the patient's physical health and the AMHLN's clinical capacity
- Electronic referral forms can be found on Athena and emailed to the Clinical email address – aa.Clinical_MentalHealth_LiaisonPsychiatry_A&A@aapct.scot.nhs.uk

Referrals must be sent via clinical email to support effective triaging.

Daily clinical triage meeting between 0930hrs and 1000hrs every morning. All referrals are discussed and allocated to the appropriate disciplines within the service. When a referral is deemed inappropriate, this information will be communicated to the referrer and signposting to a more appropriate service may be discussed. This will be documented on Care Partner

The clinical inbox is checked daily at 0900hrs, 1200hrs, 1500hrs, 1800hrs and 2000hrs.

To confirm the patient being referred meets our criteria, it may be necessary to obtain further information from the referrer about the individual's needs and their current physical health

Urgent ward referrals can be made to the service by radio page through the general hospital switchboard. Telephone contact will be made to the referring ward to discuss the referral and offer advice and support. The ward will also require to follow up the telephone call with a clinical email.

Emergency Department (ED) referrals – No age limit

- 0900hrs – 2130hrs, cut off time 2030hrs for assessment, however available for advice until 2100hrs. The Mental Health Advanced Nurse Practitioner (MHANP) can be contacted via page between 2100hrs and 0900hrs
- The AMHLN will accept referrals up to 2100hrs and handover to MHANP via Clinical Email with details of referral and time received. This is documented on Care Partner
- After 1900hrs there are joint protocols in place. The Intensive Community Psychiatric Nursing Service (ICPNS) may be contacted where a joint assessment is required and the possibility the patient may require ICPNS input. An agreement should be made prior to assessment, who takes the lead and completes relevant paperwork

- The triage risk assessment should be completed by the ED triage nurse, to ensure immediate risks are identified, communicated to Adult Mental Health Liaison Service (AMHLS) and managed until assessment can commence
- Liaison staff will endeavour to support the Emergency Department Local Delivery Plan standard aimed at triage, assessment and discharge within 4 hour of attendance by responding within 1 hour, if clinical capacity allows
- Where it is unlikely that an assessment will commence within 60 minutes of referral, contact will be made with the referrer to advise them of the delay and briefly review any immediate needs and risks to ensure that the patient can be managed whilst awaiting assessment. This contact will be documented on Care Partner
- The date and time of referral, time that a patient's assessment commences and timing of their discharge will be recorded on Care Partner by the service in line with Key Performance Indicators

Alcohol Liaison

CAU and ward referrals – 16 and over. Paediatric ward for under 16

- 0900hrs – 1700hrs, Monday to Friday, cut off time 1600hrs for assessment, however, available for advice until 1700hrs
- Referrals are received via Clinical email. The Alcohol Liaison Nurse will make contact with the referrer for initial discussion regarding the management of adverse alcohol withdrawals whilst supporting staff with the use of (AAMAWS) and (GMAWS)
- Assessment will be carried out within 24 hours depending on the patient's physical health and the ALN's clinical capacity, however if the patient is already open to Community Addiction Services, assessment may not be required

Emergency Department – 16 and over

- 0900hrs – 1700hrs, cut off time 1600hrs for assessment, however, available for advice until 1700hrs
- The ALN will endeavour to support the Emergency Department Local Delivery Plan standard aimed at triage, assess and discharge within 4 hour of attendance by responding within 1 hour, if clinical capacity allows

The role of the Alcohol Liaison Service role is to assess the nature and degree of alcohol use experienced by patients admitted to the acute hospital. The team works in partnership with the acute hospital medical, nursing, community addiction services and a large range of statutory and non-statutory services that support the delivery of care and treatment whilst the patient is in an acute hospital.

The Alcohol Liaison Service aims to:

- Work with people with people that have hazardous/harmful drinking patterns as well as dependent drinking problems and associated risks who typically require more in depth alcohol and drug assessment, specific care and treatment, specialist engagement, and with the capacity to provide assertive care and to manage higher levels of risk.

- Work in partnership with patients, families and carers and other agencies to design implement and oversee comprehensive packages of health and social care where needed, to support people with complex alcohol and drug needs.
- Deliver services in a hospital environment based on an individualised assessment of need.

Non-Fatal Drug Overdose Pathway

CAU and ward referrals – 16 and over, North and East Ayrshire residents only

- 0900hrs – 1700hrs, Monday to Friday. Cut off time 1600hrs for assessment, available for advice until 1700hrs
- Referrals are received via dedicated radiopage. Referrals are then triaged and the MHLN will attend the ward within 1 hour, if clinical capacity allows
- The MHLN will provide patients with Naloxone kits where appropriate, information packs and support the Emergency Departments to provide this out of hours

Emergency Department – 16 and over

- 0900hrs – 1700hrs, cut off time 1600hrs for assessment, however, available for advice until 1700hrs
- The MHLN will endeavour to support the Emergency Department Local Delivery Plan standard aimed at triage, assess and discharge within 4 hour of attendance by responding within 1 hour if clinical capacity allows

Elderly Mental Health Liaison Service

The Elderly Mental Health Liaison Service (EMHLS) is provided for the older adult (over the age of 65) with mental health problems and for those with a diagnosis of dementia of any age within the general hospital wards. This may include:

- People with a physical illness and co-existing mental health problems
- People who attend the General Hospital after an episode of self harm
- People with physical illness and associated psychological or emotional problems

CAU, ward referrals and Community Hospital wards

- 0900hrs – 1700hrs, Monday to Friday
- Referrals are received via Clinical email and triaged next working day
- Response time for routine referrals within the Acute Hospitals is 2 working days, Community Hospitals 5 working days. Urgent referrals within 24hrs for all hospitals, with urgency confirmed by the Elderly Mental Health Liaison Nurse (EMHLN) and when clinical capacity allows

Electronic referral forms can be found on Athena and emailed to the Clinical Email address – aa.Clinical_MentalHealth_ElderlyLiaisonTeam_A&A@aapct.scot.nhs.uk

Referrals must be sent via clinical email to support effective triaging.

Daily clinical triage meetings between 0930hrs and 1000hrs every morning. All referrals are discussed and allocated to the appropriate disciplines within the service. When a referral is deemed inappropriate, this information will be communicated to the referrer and signposting to a more appropriate service may be discussed. This will be documented on Care Partner

To confirm the patient being referred meets our criteria, it may be necessary to obtain further information from the referrer about the individual's needs and their current physical health

Urgent ward referrals can be made to the service by radio page through the general hospital switchboard. Telephone contact will be made to the referring ward to discuss the referral and offer advice and support. The ward will also require to follow up the telephone call with a clinical email.