

Summary of actions

Themes	Concern	GMMH Action	
<p><u>Access</u></p> <p>Difficulty in accessing CMHT, particularly for patients who are vulnerable or require urgent review</p> <p>Delays in responding to GP referrals and GP queries</p> <p>Difficulties contacting the team</p>	No response from CMHT to urgent patient query	CMHT assessed patient the following day. A new system now in place where Duty manager is overseeing all the referrals coming into the team on a daily basis to ensure they have all been actioned by the end of the day.	
	Patient required urgent mental health input but unable to get through to CMHT for advise	<p>Mobile phones now allocated to the Duty Mental Health Practitioner working in each of the local CMHT offices. These mobile contacts allow direct access to practitioner and are dedicated for use by GPs seeking advice, particularly for urgent queries and concerns.</p> <p>The 24 hour crisis number (0161 271 0325) has not changed and GPs should continue to use this number if a patient requires urgent help.</p> <p>Link worker contact details updated and circulated to GPs. GMMH to improve link worker engagement with GP practices. GPs can seek routine advice from the named linked worker aligned directly to the GP practice, and with whom the GP may have already developed a good working relationship with.</p> <p>Contacts details for each CMHT office included. Work also underway to developed dedicated page on GMMH website for GPs.</p> <p>There is also a dedicated weekly telephone resource via which a GP is able to speak with the relevant Psychiatrist Consultant – ‘Call A Psychiatrist’.</p>	
	Previously known to mental health services. Patient no longer has care coordinator support, but this was not communicated to GP and no response from CMHT to letter from GP as to why patient was discharged	<p>Case conference held for this patient and it was agreed to discharge patient. Discharge letter was sent with 3 month quick access to service if patient condition deteriorated.</p> <p>Service Manager has contacted GP to address concerns</p> <p>CMHT Link workers to engage better with GPs so they are better informed</p>	
	Referred to memory clinic in Jan and then in July service requesting up to date bloods from GP, which means there was delay in referral being actioned	Patient seen in Feb and diagnosed in May but up to date bloods were required. Team will review standard letter sent to GPs, so that it's made clear that a diagnosis has been made. Also service will look to utilise the physical health support worker within the team who is now trained to take bloods	
	Delays in assessment of patient referred to Later Life CMHT	Service apologised to GP for delays. Team Manager to meet GP regarding concerns and improvements	
<p><u>Referral process</u></p> <p>Referrals being rejected</p> <p>Ineffective</p>	Referral to CMHT rejected	<p>A review is also underway to determine if there are any gaps in commissioned services between primary and secondary care mental health services. If this is the case, a series of options will need to be developed to resolve this, and already MHCC is working closely with the Trust and the LCO to further scope this work.</p> <p>Request was for medication review. GMMH accept</p>	

<p>triaging</p> <p>Poor quality rejection letters</p> <p>GPs asked to onward refer to IAPT instead</p>		that patient should have been reviewed by non-medical prescriber. All referrals will now be overseen by Duty manager.
	Urgent referral not accepted	NHS number not provided and this has been requested to look into individual case. Important to note that all urgent referrals are now assessed by the CMHTs and if accepted will be passed onto the Home Based Treatment service. Previously this function was undertaken by the Urgent Care Assessment Team (UCAT). These changes from November 2018 were designed to make the patient journey easier and more streamlined through one team
	Referral rejected stating it needs to be for IAPT	All onward referrals to IAPT will be made by the team and GPs will not be asked to do this in future
	Rejection letter sent back to GP of poor quality with no contact details or explanation as to why the referral was rejected	Service managers will regularly audit the quality of the letters sent back to GPs, ensuring it includes the name of the person, who triaged the referral and their contact details, reason for why the referral did not meet the criteria for CMHT, advice about GP management of patient
	Referred for diagnostic assessment for possible Bipolar Disorder	Trust accepts that the response to referrer does not answer the reason for why the referral was made. To avoid this in future, senior managers are working with staff to ensure effective triaging and communication with referrers is of high standard, ensuring referral reason is responded to specifically.
	GP not informed that an urgent referral had been rejected and should not have been rejected	CMHT accept that a small number of staff within the team not adhering to their Standard Operating Procedures. Rationales for decision making need to be robust and clinically informed and fed back in writing within timescales. To be addressed through Line management supervision and support for staff.
	Referral rejected for formal assessment of dementia	Upon review, referral should have been accepted and letter was sent to GP apologising.
Other	GP asked to provide sick note for patient already under care of Early Intervention in Psychosis – inappropriate transfer of workload	Service user applying for Universal Credit and required sick note. DWP do not accept sick notes from mental health services in support of benefit claims.
	GP referred pregnant patient to perinatal CMHT. Patient not assessed by service and instead advised that the GP prescribe anti-depressants. GP concerned to be asked to prescribe anti-depressants without assessment	Perinatal CMHT assessed patient at home and patient did not meet threshold but advised GP to commence medication following assessment.
		The Central East CMHT now have a non-medical prescriber who will be able to offer appointments and medication advice where appropriate