



**Greater Manchester
Mental Health**
NHS Foundation Trust

Information Governance
Department

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WE ARE SOCIAL



Our reference: /FOI D9479

20th December 2019

Joebloggs@email

Joe Bloggs

Dear Joe,

RE: FREEDOM OF INFORMATION ACT 2000 – INFORMATION REQUEST - REF: D9479

Please find our Trust's response in relation to your request for information under the Freedom of Information Act.

We are a group of clinicians & researchers carrying out a national evaluation of liaison psychiatry service provision in NHS hospitals across England. As part of this project, we are submitting FOI requests to all NHS Mental Health Trusts to ask about local policy and practice. We kindly request the following information as per the FOI Act 2000.

Our enquiries relate to the provision of liaison psychiatry services in adult general hospitals, including patients in inpatient wards or A&E departments. This research is conducted as part of an Academic Foundation Programme research post. No specific grant was awarded for this project. All findings will be de-identified from Hospitals or Trusts before publication.

1. *At which general hospital(s) does your Trust provide liaison psychiatry services?*
 - North Manchester General Hospital
 - Central Manchester General Hospital (MRI)
 - South Manchester General Hospital (WTWA)
 - Royal Bolton General Hospital (RBH)
 - Salford Royal General Hospital (SRFT)
 - Trafford General Hospital (TGH)- MHLS have a presence not an A&E but an Urgent Care Centre

For each of the above hospitals, please answer the questions below:

2. *Is there a written policy about prioritising patients who have been referred to liaison psychiatry, or determining which referrals to accept? (If No, please move to Question 6).*

The Trust is committed to safeguarding children, young people and vulnerable adults and requires all staff and volunteers to share this commitment.

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The Standard Operational Procedures for all MHLS highlight their effectiveness by responding to ED referrals in 1 hour, urgent ward referrals in 6 hours and routine ward referrals in 24 hours.

Also, the shift co-ordinator role on each site which utilises senior practitioner/ senior Band 6's clinical judgement to help the acute site prioritise referrals also to be a flexible, responsive service CORE 24.

There are also specific pathways to aid the practitioners regarding intoxicated patients, the high risk patient, children and young people, 136 s/users and mental health act pathway. (See appendix on SOP's attached) please.

3. *If so, is this policy made available to all (psychiatry and non-psychiatry) clinicians working within the general hospital? If so, please specify where (e.g. Trust intranet)?*

The SOPS's attached are available locally in each acute area (paper copy) and shared with the acute leads in the jointly attended operational meetings between GMMH MHLS and A&E.

The SOP is also made available on GMMH local intranet sites once reviewed and our acute partners inform any further review as MHLS are linked in to ED quality and performance meetings.

4. *Please attach the policy document if possible. We aim to extract only certain information from the policy document, so if the complete policy document cannot be sent, please send the following information:*

The SOPS's for all Manchester MHLS is attached and the Salford MHLS SOP is attached. Bolton at this time is under review with the newly formed Operational Delivery Group and holds similar guidance on prioritisation.

- a. *Details on which locations this policy covers and which patients (i.e. inpatient ward/A&E/referrals) the policy covers.*

- b. *Details on any guidelines to prioritise or determine which referrals to accept. Specifically:*

i. *Patients should be medically fit for discharge prior to review*

ii. *Patients should be medically fit for assessment prior to review*

iii. *No restriction applied; all patients are reviewed*

iv. *Any other methods used to prioritise patient referrals (please specify)*

- c. *Whether the policy states which professional group (e.g. psychiatrist, psychologist, nurse) should review the referral and/or assess the patient? If so, please specify.*

- d. *When was the policy last reviewed or updated?*

Please see SOPS for the areas above as all are covered.

5. *When (if at all) was local practice last audited against this policy and what were the findings?*

All GMMH MHLS are monitored regarding their performance monthly and this is reported to local MH commissioners and fed through local A&E acute side performance meetings and also the relevant acute Operational Delivery Groups and Urgent Care Forums.

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Any issues or concerns are flagged early to address dips in 4 hour performance, Length of stay or responsiveness to the wards or Children and Young People (CYP) issues.

6. *At your Trust, how do doctors refer patients to liaison psychiatry for review (e.g. by telephone, by electronic referral system, by email, by fax)?*

MHLS are flexible with how doctors and clinicians refer in person, by phone, by the acute's electronic system - The shift- co-ordinator is responsible for reviewing all referrals that come in to the MHLS on each site.

I hope the information provided above is to your satisfaction. If you are unhappy with the way, the Trust has handled your request you may request an internal review.

If you require an internal review please write to Sarah McDonald, Head of IM&T Service Delivery, at the address above, who will arrange a review of your case.

If you are not happy with the outcome of the internal review you have the right to apply directly to the Information Commissioner: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely

The FOI Team
Freedom of Information Department
Greater Manchester MH NHS Foundation Trust

Please note:

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For any named personnel provided in this Freedom of Information response, they do not wish to receive direct marketing, to do so would contravene GDPR and the Data Protection Act 2018.

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