

Practice Guidelines

Version	• V1.1
Approved By	• [REDACTED] - General Manager Integrated Clinical Hub
Author	• [REDACTED] - Clinical Development Manager
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Directorate	• Integrated Clinical Hub
Authorised Staff	• Clinical Advisors • Advanced Practitioners • General Practitioners • Clinical Support Advisors • Mental Health Clinical Advisors • Clinical Duty Managers • Senior Clinical Support Managers
Guidance	• Process for warm transferring patients to NHS24 Mental Health Hub including the inclusion and exclusion criteria.

BACKGROUND

Currently, patients in acute lower acuity mental health crisis who phone 999 are sent to the clinical services desk for further triage or are advised to phone NHS24 or their own GP. Patients who have been advised a clinician will call them back may have a wait before this occurs and can then often be redirected to phone NHS24 for the mental health hub (MHH) or, alternatively, the clinician does this on their behalf which can be quite time consuming. As a result of this, the current process is time consuming for clinicians and can leave patients feeling unsupported during a time of acute mental health crisis.

The mental health & dementia care team have agreed in conjunction with NHS24 a new process which will allow the transfer of patients directly to the mental health hub (MHH) at

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NHS24 utilising a prof-to-prof telephone number. This will improve the patient journey, ensure the right care is given by the right clinicians at the right time and reduce the time-consuming aspect of the current process.

Process

- Clinicians are only able to utilise this pathway after they have received appropriate training provided by the mental health & dementia care team which will allow them to better identify patients who are suitable for transfer to the NHS24 MHH.
- Patients who are deemed suitable for NHS24 MHH will be warm transferred to them using the prof-to-prof number with a fully informed handover. Suitability should be guided by your training and the attached inclusion and exclusion criteria.
- **Before placing the warm transfer call, clinicians must ensure the following scripting and process is adhered to:**

“The Scottish Ambulance Service records all calls with patients. As your contact today began with the Scottish Ambulance Service, the Scottish Ambulance Service call recording will continue when you are passed over to NHS 24 to speak to a mental health clinician. Are you happy for me to transfer your care to the NHS 24 Mental Health Hub today?”

If at this point the patient objects to the transfer: care of the patient will stay with SAS. The patient will be advised of the alternative care options e.g. waiting for an ambulance to attend.

If the patient agrees to be transferred: the patient will be advised by the ICH clinician, “There may be a wait of several minutes on hold whilst we wait for the call to connect and the line will do silent. If we get disconnected at any time, NHS 24 or I will call you back.”

If the patient’s line drops before the warm handover call is placed, SAS will call the patient back. If the patient’s line is dropped after the warm handover call is placed, NHS 24 will call the patient back.

- **If the patient is assessed as suitable for transfer to the NHS24 MHH and agrees to their care being transferred to NHS 24, the clinician will transfer the call over, handing over the following relevant patient information to NHS24 at this point.**
 - 1. Name**
 - 2. DOB**
 - 3. Telephone number**
 - 4. Home address (this is required to locate the CHI record)**
 - 5. SAS Reference number**

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6. Reasons for call including summary of the SAS Mental Health formulation-based risk assessment conducted by the clinician

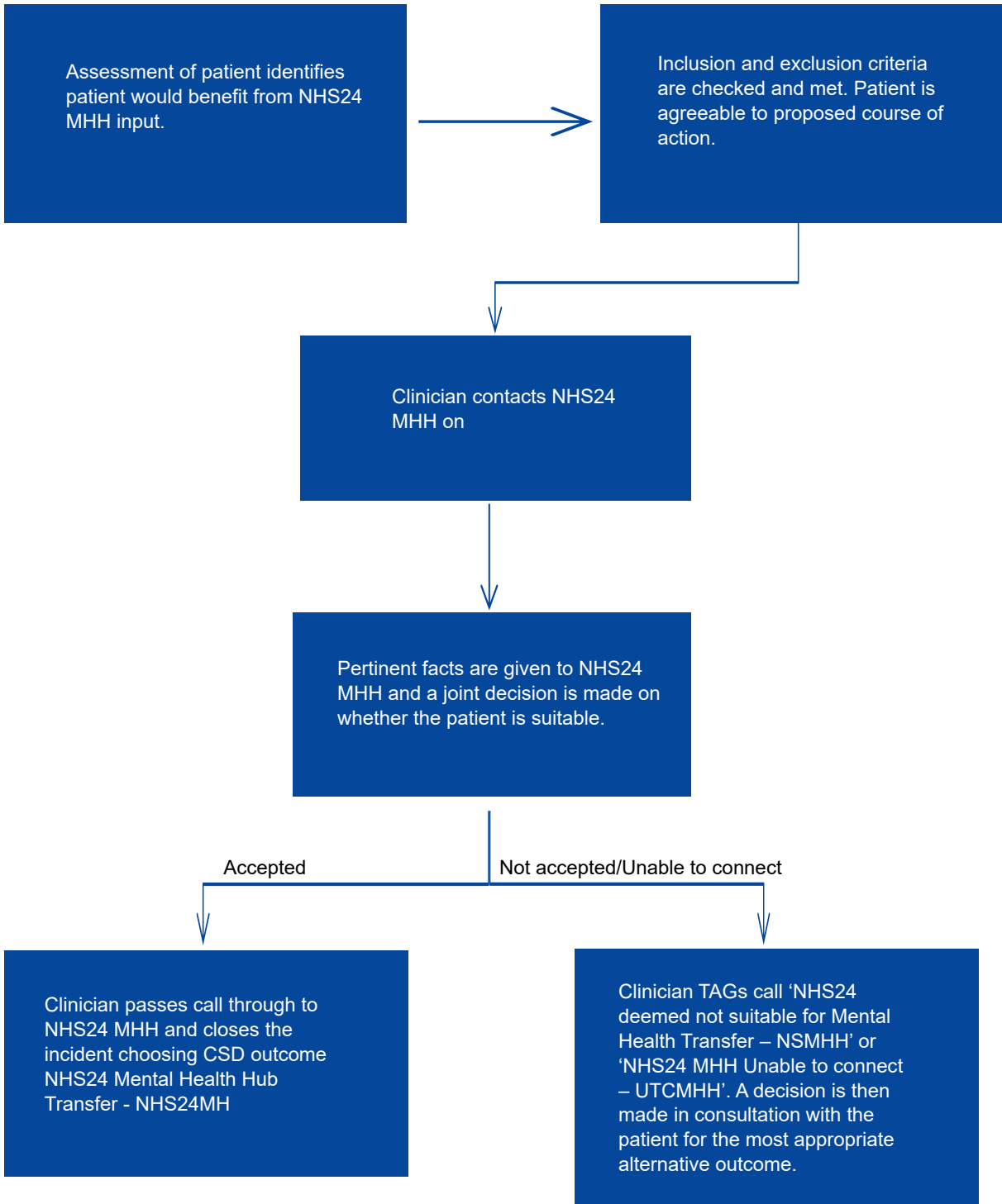
N.B. If the patient details cannot be confirmed the SAS Clinician will be asked to return to the patient to verify their details. If the PWP is still unable to find the patient record the SAS Clinician will be notified and the patient's care will remain with the Scottish Ambulance Service.

- On acceptance of the patient by the NHS24 MHH, the patient will be handed over and the incident will be closed by the clinician choosing CSD outcome 'NHS24 Mental Health Hub Transfer' - NHS24MH.
- If NHS24 MHH does not accept the transfer, the clinician should add a TAG to the incident 'NHS24 deemed not suitable for Mental Health Transfer' – NSMHH. The clinician should then decide in consultation with the patient the best course of action and choose an accordingly appropriate outcome.
- If you are unable to connect to a clinician at NHS24 MHH, the clinician should add a TAG to the incident 'NHS24 MHH Unable to connect' – UTCMHH. The clinician should then decide in consultation with the patient the best course of action and choose an accordingly appropriate outcome.
- PLEASE NOTE: the addition of the TAG is vital in allowing us to monitor the success of this new pathway and to allow for two-way feedback. This will ensure a consistent and appropriate level of care for our patients and allow us to identify what, if any, calls are not being accepted by NHS 24 or the necessary increase in resources required by NHS24.
- All actions and the rationale regarding the chosen outcome must be fully documented in the C3 notepad.
- If NHS 24 fails to answer the call after the three-minute cut off, the patient's care will remain with SAS. Please report all unanswered calls using the following MHTeams form below. This is essential for ensuring any difficulties with the pathway are highlighted promptly with NHS 24 [REDACTED]

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INCLUSION CRITERIA –

- First party caller
- Individuals whose wellbeing is impacted by symptoms of mental ill health, distress and/or crisis.
- Individuals who consent referral and are willing to engage with a PWP

EXCLUSION CRITERIA –

- Condition and/or injury requiring treatment at the Emergency Department (ED)
- Acute presentations due to a medical condition, including those requiring clinical treatment for overdose.
- People who do not wish to engage.
- People who require support under the Mental Health (Scotland) 2003 Act.

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