

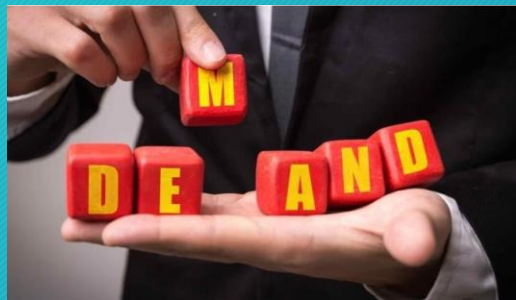
Referral For Advice Adult Mental Health Services (18-65)

Belfast Health and Social Care Trust

Dr Kathy Lark (Specialty Doctor in Psychiatry)

Current Issues...

Primary Care



Patient Journey



Secondary care



Referral for Advice, the aims of the service

- Initially to provide support during the Covid pandemic.
- Ensure rapid specialist support to GPs.
- Enable quicker access to treatment for patients and reduce the patient journey.
- Enabling conversations to occur between doctors in Primary and Secondary care leading to joint learning and cooperation

GP



Patient

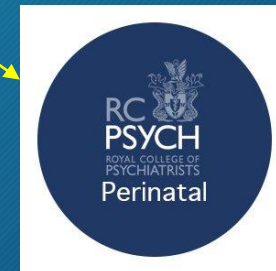
Referral for
Advice
Psychiatrist



Medical
Specialists



Pharmacist



Specialist Colleagues eg
Perinatal Psychiatrists

What sort of problems is the Referral for Advice available for.....

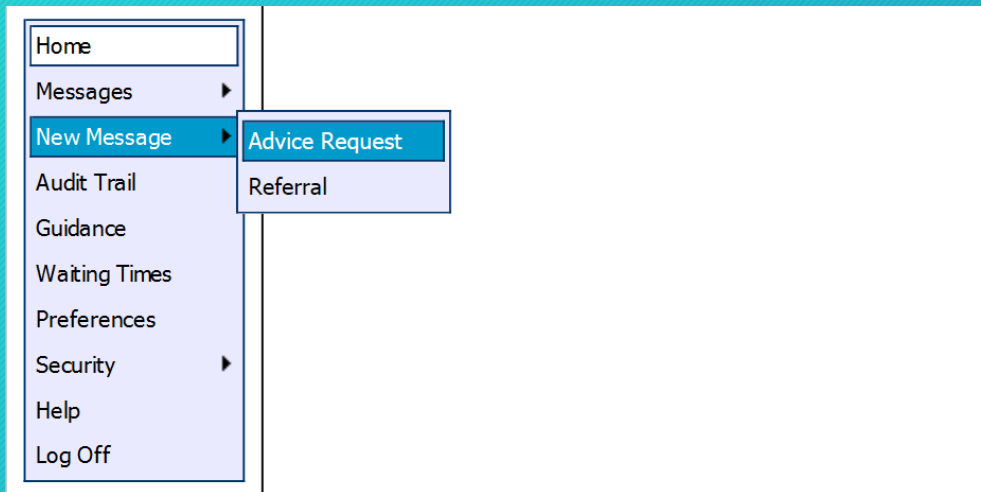
- Advice regarding change and choice of antidepressants...
- Management of medication side effects...
- Prescribing psychotropic medication on a background of physical health conditions eg epilepsy or cardiac disease...
- Ongoing treatment plans and management of patients GPs are happy to review but would like some advice and support to do so..

Referral for Advice is available if the patient is....

- 1) Aged 18-64 and living in the catchment area of Belfast Mental Health Services
- 2) **NOT** currently open to Mental Health Services
- 3) **NOT** currently requiring specialist mental health assessment

This service does not replace referrals for urgent or emergency assessments

Process of referral



A screenshot of the 'New Advice Request' form in a web application. The form is titled 'New Advice Request' in a dark blue header. On the left side, there is a user profile section for Gillian Allen, a BSO Test GP Practice (999) at Northern Health and Social Care Trust. Below the profile is a smaller version of the navigation menu seen in the previous image, with 'New Message' highlighted. The main form area contains the following fields:

- My Favourites:** A dropdown menu with the text '(Select favourite)'.
- Send to:** Four dropdown menus, each with a downward arrow. The selected values are: 'Belfast Health and Social Care Trust', 'Belfast Health and Social Care Trust Non-GP Locations/Providers', 'Mental Health Resource Centre', and 'MENTAL HEALTH AGE 18 - 64'.
- Protocol:** A dropdown menu with the text 'Advice Request'.

At the bottom of the form, there are three buttons: 'Add Favourite' (in a blue box), 'Back' (in a grey box), and 'Create' (in a blue box). The footer of the page shows the date '21 April 2020' and copyright information '© CSA (ISD) 2010' and 'RLCCGWEB1'.

Referrals are responded to within a maximum of three days but normally 24-48 hours

New Advice Request

Advice Request Protocol (v1.0)

Advice

Advice Requested*

21 April 2020
© CSA (ISD) 2010
RLCCGWEB1

Add Favourite Back Create

You have 21 new messages
Advice Response(15), Referral(6)

You have 12 Referrals in progress

CCG News

Home
Messages
New Message
Audit Trail

GPs need to look for the reply on CCG.

A copy of the referral and response is on ECR

Date	Patient	From	To
14-Mar-2020 14:09	[Redacted]	ENDOCRINOLOGY/DIABETIC	The Health Centre (140) (Advice Response)
14-Mar-2020 10:07	[Redacted]	ENDOCRINOLOGY/DIABETIC	The Health Centre (140) (Advice Response)

Referral for Advice Request

(Anonymised example)

Advice Response

22/10/2020 16:58

ADVICE REQUESTED FROM	ADVICE REQUESTED BY
Dr Kathy Lark Mental Health Resource Centre Woodstock Lodge 1-15 Woodstock Link Belfast	

ADVICE REQUIRED:-
Summary of request Choice of antidepressants associated with ophthalmic issues. Consultant Ophthalmologist suggested the need to change antidepressants. With the co-morbid conditions what would be a good choice in this case.

ADVICE GIVEN:-
Apologies for the delay in getting back to you but I was looking into your interesting query and checking a few details with our pharmacist. In summary the risks regarding raised IOP in terms of antidepressants are Lower risk are Agomelatine, bupropion (unlicensed in the UK) and vortioxetine Moderate risk are duloxetine, MAOIs, Mirtazapine, Reboxetine, SSRIs, trazadone and Venlafaxine. It is unfortunate that he has to change his antidepressant having responded well to Fluoxetine. I could not find any Ophthalmology letters on ECR but I would suggest discuss this list of options with the ophthalmologist to ensure they are happy with the alternative lower risk medications from their point of view. I would be happy to advise how to switch if required and I also have further information about ophthalmic side effects of antidepressants if you would like me to email it to you. I can be contacted via my secretary on 95043415. Kind regards Kat Lark

The first 3 months-

Survey to GPs who had used the service 20 questionnaires sent 13 returned

How straightforward did you find the process of requesting Referral for Advice?	100% Easy
How was the response time?	100% Very good
How useful did you find the advice received?	70% Really Useful 30% Useful
What would you have done if this service wasn't available?	84% Refer into services 8% Speak to a Psychologist/try to phone 8% Manage myself

The first year

- 127 referrals received.
- These came from 74 GPs and 46% of these used it more than once.
- 47 GP surgeries sent in a referral and 51% of these sent more than one.
- 66% were for medication advice eg hyperprolactinaemia, epilepsy, raised IOP, treatment resistance.
- 75% of RforA were managed without the need for referral into services.

What GPs who had used the service thought

- Very prompt and helpful advice. Very useful to be able to discuss the case doctor to doctor and create a management plan. Hope service keeps going. Many thanks.
- Keep this service as it has been really useful for more complex patients
- Excellent service. Very much appreciated. Efficient - really helpful information. Please Continue!!

Teething problems

- If a patient is known to services but the GP doesn't know what team the Referral for Advice has been used to access this information

Community Mental Health service Duty Team on
028 95041327

- If a patient needs to be seen it can be confusing if a referral for advice is sent in at the same time.
- Access by telephone can be time consuming in both directions and arranging a mutual time to talk, difficult.

I would love feedback...



- What can we do to advertise the service to increase utilisation?
- Are there any developments you would find helpful?
- Any other comments

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