GUIDANCE TO CLINICIANS WISHING TO MAKE A REFERRAL TO THE DUNDEE ADVANCED INTERVENTIONS SERVICE

REFERRAL GUIDELINES

1. Referrals are accepted from consultant psychiatrists only. All referred patients should have a nominated consultant psychiatrist who will retain clinical responsibility for the patient during the assessment process. Psychiatrists working in the private sector are referred to the information below on transfer of care.

2. Referrals are accepted on the understanding that the referring consultant retains overall clinical responsibility for the ongoing care of the patient, including the implementation of any treatment recommendations made by the service.

3. Referrals are accepted from throughout the UK and Ireland. We would recommend that referrals from outside of the UK are only made following prior discussion.

4. All referrals require a formal letter detailing current circumstances, clinical history, a summary of previous treatments, and the current treatment plan. We require referral letters to be sent by post (not e-mail).

5. We will be pleased to discuss any preliminary queries about referral by telephone, or by e-mail.

6. To facilitate the assessment process, we require timely access to **all** relevant clinical case records (psychiatric / general medical / clinical psychology). All case records should be with us ***at least 2 weeks*** before the patient is seen (see 7. below). Copies of contemporary case records are acceptable. We would expect that a comprehensive medication review will have been completed prior to referral and that ECT records (if applicable) will be provided.

7. Treatment recommendations are usually dependent upon a detailed review of previous treatments. Where case records cannot be reviewed in advance of assessment, we may be forced to defer an assessment appointment until we have had the opportunity to review the notes. We believe that it is more acceptable for patients to attend when all relevant information is available.

8. Please note that we aim to provide a comprehensive, multidisciplinary, assessment service and to generate the most suitable, evidence-based and effective treatment recommendations tailored for each individual patient. This may, or may not, involve neurosurgical treatment methods. Accordingly, we generally discourage referrers and patients from assuming in advance they are being considered for any one specific therapy.

9. For referrals originating within one of the Scottish Health Board areas, there is no requirement to seek financial authorisation for assessment.

10. For referrals originating from elsewhere in the UK, we can only proceed with assessment following receipt of written confirmation that funding has been authorised by the relevant local body (Primary Care Trust, Health Board, etc.).

11. We aim to acknowledge and to respond to your referral within 10 working days of receipt.

ASSESSMENT LOCATION

1. We anticipate that patients will normally be able to travel to Dundee for assessment. However, it is acknowledged that there are clinical circumstances where it is better for us to travel to conduct the assessment:

    a. Where the patient is currently a hospital inpatient and travel to Dundee may be impractical.

    b. Where the patient cannot attend for reasons such as: infirmity, risks related to mental state, legal status, or inability to leave home.

    c. Where it is considered of additional importance to assess the patient at home. For example, in the case of severe obsessive-compulsive disorder.

2. If you feel that your patient would be unable to attend Dundee, or that a local assessment would be preferable, please indicate this in the referral letter. We would normally make arrangements to visit the patient at the most appropriate location for them.

TRANSFERRING CARE FROM THE PRIVATE TO PUBLIC SECTOR

1. It may be the case that the patient is already being seen by an NHS consultant and they are receiving additional services within the private sector. In this case, we would advise that you discuss the matter with the patient's NHS consultant who would usually make the referral.

2. If the patient is not in contact with NHS psychiatric services, then a referral should be made by the General Practitioner (GP) to local services. This ensures that the GP remains 'in the loop' in additional to the usual expectation that mental health teams receive referrals from GPs.

3. Finally, if you are an NHS consultant psychiatrist but are seeing the patient privately, we would suggest that the referral is made via the NHS part of the patient's care. Any additional funding would have to come from their NHS Board/ Trust and it is likely that you would be best placed to seek this.

ADDRESS TO SEND REFERRALS

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