City & Hackney

SAS Doctors Local Induction Handbook

2020

Contents

Welcome to City & Hackney Centre for Mental Health

Welcome to East London Foundation Trust and welcome to City and Hackney! We hope you enjoy your time working here. We are a friendly and supportive Trust and have a growing SAS doctor network and development programme.

We have included a broad range of information in this booklet to cover inpatient and community teams. Our inpatient unit – the City and Hackney Centre for Mental Health - is based on the Homerton University Hospital Site. You will find details of the Consultants in each team and an outline of the specialist teams operating in City and Hackney in the second half of this booklet.

We have included information for both the Core Trainee and the ST4-6 on-call rota. This will be helpful if you are included on the rota or if you take on some on-calls ad-hoc.

We have a SAS Tutor - Dr Iris Gibson - who is working with the Medical Education team to put together a comprehensive programme of training and support for SAS doctors. Please ensure you make contact with them so that you are added to the mailing list. Dr Gibson has regular meetings with medical staffing, medical education and SAS representatives so do get in touch with any issues you might be having.

If you need to join a peer group please contact kate.aldersey1@nhs.net (City and Hackney SAS rep). This is an important part of your Continuous Professional Development and appraisal, and you will need to evidence your membership.

Please visit the SAS doctors page of the Medical Education website for updates and more information including links to the SAS Charter and other SAS guidelines.

Training and Development for SAS Doctors

SAS Tutor: Dr Iris Gibson

Medical Education Manager: Neetu Klair

The medical education team have arranged a programme of courses for SAS doctors for 2020/2021.

These include:

- Managing personal resources including time & stress
- Raising the profile of SAS doctors across services and trusts
- Effectively supervising junior clinicians
- Managing complaints, clinical accountability and governance
- Safer practice using human factors
- Being an online presenter including use of technology

Support for Article 14/CESR application

If you are interested in pursuing CESR please contact Dr Gibson to discuss the support available to you.

Continuing Professional Development (CPD) and Peer Groups

Continuing professional development is any learning outside of undergraduate education or postgraduate training that helps a doctor maintain and improve their performance. Every SAS doctor is encouraged to improve their knowledge and progress in their career.

Documented proof of at least 50 hours of CPD activities is required in each appraisal year.

The Royal College of Psychiatrists' CPD scheme is open to current Members, Fellows, Affiliates and Specialist Associates, who can use the College's programme to show that they are in good standing for CPD by undertaking at least 50 hours of CPD activity annually. The certificate of good standing for CPD from the College is not essential but desirable for annual appraisals.

A CPD Peer Group is a group of psychiatrists who come together at least 4 times in a year to discuss the development needs of the members of the group and consider how these needs can be met. The peer group in Hackney is held every 2 months to ensure that everyone can meet the requirement to attend 4 per year. There are opportunities for case discussions and the meetings are a good opportunity to get to know your SAS colleagues.

City and Hackney has an established peer group. Please contact kate.aldersey1@nhs.net for details.

You can find more information on CPS for SAS doctors on the Royal College of Psychiatrists website here.

GMC Revalidation and Appraisals

Revalidation is the process by which the GMC is assured by a Trust of a doctor's fitness to practice. The GMC fixes the date for the first revalidation, after which it takes place every 5 years. This is based on the information sent to the GMC for each doctor by the Responsible Officer (RO) for the Trust. This is in turn based on the evidence provided in annual appraisals.

The Trust uses SARD as its electronic platform for appraisal. Every SAS doctor (regular or NHS locum contract) is expected to complete the required sections on SARD every 12 months and then have an appraisal meeting with their appraiser.

The process takes a considerable amount of time and should include all aspects of the doctor's work.

Support, training and guidance is available from Colin Lovett, Appraisal and Rehabilitation Administrator via colin.lovett@nhs.net

Online assistance is also available from the SARD team.

Support is also available from the local SAS representative and the SAS Tutor.

Please refer to the Appraisal and Rehabilitation policy which is available on the Trust Intranet under the section of Medical Staffing.

Study Leave

Relevant documents such as study leave policy, process and application forms are available on the Trust Intranet.

The current process is as follows:

SASG completes study leave application form with event details to apply for study leave days

↓

SASG doctors obtain approval from Clinical Supervisor

↓

SASG emails signed form to Medical Education on elft.study-leave@nhs.net (for London) or elft.lutonandbedsstudyleave@nhs.net (for Luton and Beds) ideally 6 weeks in advance of the course date

↓

Medical Education checks allowance and sends acknowledgement email on receipt of the form

↓

Director of Research, Innovation and Medical education (for London) or Associate Director of Medical Education (for Luton and Beds) approves

↓

Medical Education emails SASG of approval/refusal

Process for those wanting to claim study leave expenses related to the approved study leave event

SASG completes study leave expenses form, once days have been approved, with receipts and evidence of payment

↓

SASG send **paper copies** of signed expenses form and receipts to Medical Education Department, Trust Headquarters, Robert Dolan House, 9 Alie Street, London, E1 8DE

↓

Medical Education to record, check allowance, sign and send to payroll

↓

Medical Education to email SASG to confirm forms have been processed and sent to payroll

Statutory & Mandatory Training

Training	Medical Profs	
	Consultant & SAS	Junior Med
Fire Safety	√	√
Resuscitation (basic life support)	√	√
Manual Handling		√
Health and safety	√	√
Infection control	√	√
Breakaway training	√	√
Safeguarding Children Level 1	√	√
Safeguarding Children Level 2	√	√
Safeguarding children level 3	√	√
Adult safeguarding level 1	√	√
Adult safeguarding level 2	v	v
Prevent awareness (Basic)	v	v
Prevent awareness (Advanced)	v	v
Safer prescribing	√	√
Equality and Diversity	√	√
Information Governance	√	√
Mental Capacity Act	v	v

You will need to log on to OLM using your Rio card – from a Trust computer – to access the online courses and book classroom-based courses where applicable.

Education & Training

Academic Afternoons/Local Teaching

The sessions place on every Wednesday afternoon and you welcome to attend these.

Virtual Academic Afternoon

Online Virtual teaching Programme hosted via Zoom (zoom details to join is circulated 1 week prior to the day)

Current Programme will be as stated below, for the upcoming months, should there be any changes, we will ensure to update you.

Programme

- 13:00-13:40 – Case Presentation (40 min)
  - 5 min break
- 13:45-14:25 - Additional Teaching (40 min)
  - 5 min break
- 14:30-15:10 – Journal Club (40 min)
  - 5 min break
- 15:15-16:00/ 16:15 – Balint Group (45 min- 60min) – **trainees only**

Face to Face Programme

These take place in the Education Centre at the back of the hospital.

Programme for when teaching resumes – face to face

12.30pm: Lunch
13:00pm: Additional Teaching
14:00pm: Case Presentation
15:00pm: Journal Club/Liaison Supervision Group led by Dr Chloe Beale/Dr Hugh Grant-Peterkin
16:00pm: Psychotherapy Case Based Discussion Group led by Dr Maria Eyres

Bart's Academic Afternoon Half-Days

1st Wednesday of each month, 2.00pm - 5.00 pm (except August)
In January and February – 2nd Wednesday of the month, March session is a whole day (9am – 5pm)
Morris Lecture Theatre, Robin Brook Centre, St Bartholomew's Hospital
All members of the MDT are welcome. This is a good opportunity to network with clinical colleagues from across the Trust.

Monthly Balint/Psychotherapy group for SAS doctors

We have a SAS doctor Balint group held on the 4th Wednesday of every month for all Newham and City and Hackney SAS doctors chaired by Dr Anastasia Apostolou. Please contact medical education to receive an invite. This is held as a virtual meeting using Microsoft Teams. Ensure you are able to sit somewhere with good internet connection and which is a private space.

Key Contact Details

SAS Tutor

Dr Iris Gibson — iris.gibson@nhs.net

Medical Education

East London Institute of Medical Education
East London NHS Foundation Trust
Robert Dolan House, 9 Alie Street, London, E1 8DE — elft.medical.education@nhs.net
020 7655 4000

Neetu Klair — Medical Education Manager — neetu.klair@nhs.net
020 7655 7291

Marius Johnston — Medical Education Deputy Manager — marius.johnston@nhs.net
020 7655 4193

Academic Administrator

Sharmin Khonij — Medical Education Coordinator — sharmin.khonij@nhs.net
020 7655 4914

East London NHS Foundation Trust
1st Floor, Medical Education
Robert Dolan House
9 Alie Street
London
E1 8DE

C&H Psychiatric On-Call Rota Co-Ordinator

Sandra Lewis — (City & Hackney) — sandra.lewis8@nhs.net
020 8510 8297

PA to Dr Sheraz Ahmed (City & Hackney)
2nd Floor, Management Offices
East London NHS Foundation Trust, City & Hackney Centre for Mental Health
Homerton Row
London
E9 6SR

Clinical Director for City & Hackney

Dr Sheraz Ahmad — sherazahmad@nhs.net
020 8525 1115

City and Hackney Centre for Mental Health
Homerton Hospital,
Homerton Row,
London, E9 6SR
020 8510 5555

City and Hackney Clinical Services Inpatient Unit

City & Hackney Centre for Mental Health

Location	Ward Information	Consultant
Brett Ward	A male general adult ward for the South Hackney/City Locality patients	Dr Jide Morakinyo

Location	Ward Information	Consultant
Joshua Ward	A male only general adult ward for the North Locality	Dr Thana Balamurali

Location	Ward Information	Consultant
Gardner Ward	A female only general adult ward for the North Locality	Dr Victoria Cohen

Location	Ward Information	Consultant
Ruth Seifert Ward	A male only ward for EIS and out of area patients	Dr Hannah Ali

Location	Ward Information	Consultant
Bevan Ward	A male only ward, psychiatric intensive care unit (PICU) for City and Hackney	Dr Rinku Alam

Location	Ward Information	Consultant
Mother and Baby Unit	The inpatient unit for mothers and babies in the first year of life.	Dr Olivia Protti

Location	Ward Information	Consultant
Homerton Psychological Medicine (Homerton University Hospital)	Liaison Psychiatry	Dr Hugh Grant-Peterkin and Dr Chloe Beale

Community Services and Consultants

City & Hackney

Location	Service Name	Consultant
Donald Winnicott Centre London E2 9AG	South Hackney Recovery Team	Dr Luke Mearns and Dr Sally Daly

Location	Service Name	Consultant
Vivien Cohen House	North Hackney Recovery Team	Dr Sander Kooij and Dr Ben Atwood

Location	Service Name	Consultant
Donald Winnicott Centre London E2 9AG	South Hackney Primary Care Liaison	Dr Peter Macrae and Dr Nick Price

Location	Service Name	Consultant
City & Hackney Centre for Mental Health Homerton Row London E9 6SR	North Hackney Primary Care Liaison	Dr Priscilla Kent, Dr David Bridle and Dr Mark Salter

Location	Service Name	Consultant
City & Hackney Centre for Mental Health Homerton Row London E9 6SR	Home Treatment Team	Dr Pierre Taub

Location	Service Name	Consultant
Community Rehabilitation & Recovery Team Primrose Square Resource Centre 23 Primrose Square Hackney London E9 7 TS	Rehabilitation Team	Dr Sheraz Ahmad and Dr Kirsten Ellis

Location	Service Name	Consultant
Primrose Square Resource Centre 23 Primrose Square Hackney London E9 7 TS	Early Intervention in Psychosis (EQUIP)	Dr Olivier Andlauer and Dr Susham Gupta

Location	Service Name	Consultant

City & Hackney Centre for Mental Health Homerton Row London E9 6SR	Perinatal and Mother and Baby Unit	Dr Tara Lawn

Location	Service Name	Consultant
Vivien Cohen House	Specialist Psychotherapy Service (incl. TCOS)	Dr Emma Janes and Dr Kam Bhui

Location	Service Name	Consultant
Centre for Mental Health for Older People 30 Felstead Street London E9 5LG	Older Adults Community Team	Dr Dewi Pritchard and Dr Caroline Methuen

Location	Service Name	Consultant
Diagnostic Memory Clinic 30 Felstead Street London E9 5LG	Memory Clinic	Dr Emma Teper and Dr Waleed Fawzi

Location	Service Name	Consultant
Hackney Learning Disability Team Hackney Service Centre 1 Hillman street London E8 1DY	Learning Disabilities Team	Dr Ian Hall and Dr Laura Checkley

Location	Service Name	Consultant
1 -5 Homerton Row London E9 6SR	Child and Adolescent Mental Health Service	Dr Kathleen Brooks, Dr Harriet Stewart and Dr Sharon Davies

City & Hackney Adult Mental Health Specialty Teams

PCL (Primary Care Liaison)

The primary care liaison service works closely with the point of entry team (CHAMHRAS) offering assessments and brief treatment for new referrals into secondary care mental health services. PCL interfaces closely with primary care, often seeing patients at GP surgeries, and discussing patients with GPs at lunchtime liaison meetings at the practices. We also have a role with 'Enhanced Primary Care' patients who are moving from secondary care teams back to primary care, working on recovery care plans with their EPC practitioner. A wide range of patients and different diagnoses come through PCL, it is interesting general adult psychiatry work with a community and primary care focus.

EQUIP (Early Intervention in Psychosis and At Risk Mental State Service)

EQUIP is a multidisciplinary community mental health service that provides treatment and support to people (18 to 65 years) experiencing or at high risk of developing psychosis. This includes people who may go on to receive a diagnosis of bipolar disorder or unipolar psychotic depression. This support typically continues for three years. The defining characteristic of an EIP service is its strong ethos of hope and whole-team commitment to enabling recovery through the provision of individually tailored, evidence-based interventions and support to service users and their families / carers.

Rehab

City & Hackney's community rehabilitation and recovery service is a multidisciplinary community team that works with people with chronic psychotic illness with a focus on treatment resistance, negative symptoms and challenging behaviour. We care co-ordinate 80 people. We also work across the mental health accommodation pathway and co-facilitate housing panel and carry out placement reviews for various parts of the pathway. We accept referrals from various sources and are happy to assess for both clinical input and placement advice.

TCOS (Therapeutic community and outreach service)

City & Hackney Personality Disorder & Complex Needs Treatment Services offer outreach and consultation, a therapeutic community and a step-down programme. These services focus on patients with borderline personality disorder as this is the group that commonly presents to mental health services and elicits most anxiety in professionals & carers. The limitations of a diagnosis of personality disorder are acknowledged and the service aims to work with patients with personality disorder & also those who present management problems of a similar nature without necessarily attracting the diagnosis.

We recommend you consider a referral if you have identified problems in the following areas:

- Regular self-harm.
- Concurrent risk of harm to self and others.
- Enduring and complex emotional, interpersonal and behavioural problems that affect functioning in all interpersonal arenas (intimate, family, work, education etc.). Significant distress is suffered by the individual and impacts on those they are in contact with, including children.
- Frequent, often escalating unscheduled contact across a range of services, chaotically and/or in crisis, including mental health, social services, A/E, GPs, criminal justice system.

- High levels of anxiety elicited in carers, relatives and professionals, who may feel overwhelmed and/or deskilled. Interpersonal difficulties are evident in health & social care settings and militate against engagement and participation in treatment.
- Many pharmacological & psychological treatments tried previously without success.
- Patients who appear stuck, passively withdrawn from life, socially isolated, have little meaningful contact with others & have significant difficulty expressing their distress.

Homerton Psychological Medicine (Liaison Psychiatry)

HPM is an integrated psychiatric liaison service combining expertise in adult and older adult psychiatry.

It aims to see all A&E referrals within one hour, all ACU referrals within four hours, and all other ward referrals within 24 hours.

If you have any questions or concerns about liaison psychiatry, please contact Dr Hugh Grant-Peterkin, Lead Consultant for HPM via hugh.grant-peterkin@nhs.net

If you have any urgent issues or need to discuss/ hand over a patient, please call the HPM office directly on ext 8980 or email elft.Homerton-Psychological-Medicine@nhs.net

Morning Handover for bleeps 168 and 165

- This is a formal process and should always occur in the A&E Psychiatric Liaison office 7 days a week to ensure handover of patients and documentation has been completed. The night and daytime bleep holders must attend. The bleeps themselves will not be held by HPM doctors.

Duties of the 168 Bleepholder

- Between 9am-5pm Monday-Friday, HUH patients are managed by HPM nurses and doctors. HPM will sometimes need to call on the duty doctor, if they are particularly busy and/or have a shortage of regular HPM doctors. BOTH bleeps are held by the 165 Doctor during these hours, with duties separating at 5pm. If the duty doctor is needed in liaison before 5pm, ward cover will then fall to the doctor on the rolling rota.

- **On the first Wednesday of the month (Bart's Academic Afternoon), the evening bleep 168 shift begins at 13:00 instead of 17:00. This is to allow HPM doctors to attend the academic half-day. Please arrive at the HPM office at 13:00 rather than waiting to be called. The ST doctor also starts at 1pm but can go to Bart's Academic afternoon however they should return if workload high or MHA Assessment required.**

- Out of hours, the 168 bleep holder will provide medical input for patients referred by A&E or the general wards. All referrals should be received and delegated by the psychiatric liaison nurses.

HUH Ward Referrals

- **All HUH ward referrals should be made directly to HPM. If you receive any direct referrals on bleep 168 during 9am-5pm Monday-Friday, please re-direct the referrer to bleep 270.** If you receive any direct calls or referrals to bleep 168 out of hours, you must discuss this with the psychiatric liaison nurse before going to see the patient. This is to ensure all activity is captured accurately.

- As well as making a referral via bleep or telephone, referrers are expected to complete an HPM referral form on EPR, and once the patient is seen, this is signed off by completing an HPM Assessment Outcome form. The psychiatric liaison nurses will show you how to do this (see also HPM induction pack).

Documentation

- When HPM are referring a patient, who is not on RIO, the psychiatric liaison nurses will open them on RIO so that you are able to write in the progress notes. In addition to RIO progress notes, you **MUST make an entry in the electronic medical notes** (HUH has a paperless system). This can be cut and pasted to RIO or vice versa. You all have a login for HUH computers and for EPR. **Failure to complete documentation in BOTH sets of notes is a serious governance issue and may compromise patient care.**

- The psychiatric liaison nurses will update the HPM electronic whiteboard with all new ward referrals. If you have seen a patient in A&E who is being admitted to a general ward and will need to be followed up by HPM, please ensure the HPM nurses are aware of this and have put the patient on the whiteboard.

A&E Patients

- Patients needing a psychiatric doctor review must been seen as soon as possible and **should be seen in parallel with medical assessment by A&E staff if feasible. You must not wait until patients are "medically cleared" before becoming involved**

- At discharge from A&E a letter must be written to the GP. This should have clear and unambiguous details of patient management plan and medications. A copy of your RIO notes with a covering note containing the patient's details is fine, provided the plan is clear. It is possible for your A&E notes on EPR to be entered into a discharge summary which is automatically sent to the GP; the nurses can show you how to do this. This will usually eliminate the need to send additional documentation through, thereby reducing your workload. See also HPM induction pack.

- Any onward referral for A&E patients (i.e. for psychology or to CHAMHRAS) should be made yourself after seeing the patient, rather than asking the GP to make referrals for you.

- HPM have a limited supply of a small number of medications, and an FP10 pad. If giving a patient medication from the cabinet, this must be prescribed electronically on EPR. If completing an FP10 prescription, please complete the log in the med's cupboard. Benzodiazepines in A&E come under the departments-controlled drugs policy and are kept and dispensed separately from the A&E CD cupboard.

CHCFMH Admissions

- If the patient is to be admitted to City and Hackney Centre for Mental Health (CHCFMH) the Duty Senior Nurse (bleep 500) should be contacted who will arrange admission.

- **EVERY ADMISSION MUST BE DISCUSSED WITH A SENIOR COLLEAGUE**

- **All informal admissions should be discussed first with the ST4-6 on call**

- **All first recommendations for detention under the MHA are completed by the ST4-6 on call**

- **Nurse admission pathway still involves discussion with ST and may require CT input to ensure physically well enough to be transferred to E Wing**

Senior advice/assessment

- During normal working hours, HPM consultants and trainees will provide input to all patients referred to the service. Out of hours, advice and assessment is via the on-call ST4-6 doctor and/or consultant.

Section 136 Referrals

- Occasionally, patients on S136 will be brought to A&E, for example if there are concerns about physical health. The best course of action in assessing these patients should be decided in discussion with HPM and the bleep 500. Sometimes assessment will need to take place in A&E and sometimes it may be more appropriate to transfer back to the 136 suite for assessment once medically safe to do so. As the duty doctor you should become involved as soon as possible on arrival in the department in order to plan the assessment.

- If the patient is likely to need to remain in the department for more than a brief period, and if it is safe to do so, psychiatric assessment should take place in A&E and not be delayed pending transfer to the 136 suite.

Obtaining your login details for HUH and EPR

- **All you need to do is call HUH IT twice, once for the HUH login and then again for the EPR login.**
  HUH IT - EXT 5040
  OPTION 1 - Homerton Login
  OPTION 2 - EPR

- Homerton HR have put your name on their IT tracker, so call them up and say your name is on the tracker for a new login/ EPR login.
- **EPR** - If you are calling about your EPR login make sure you make them aware what access settings you need; you need to specify that you need 'doctor' settings rather than 'psychiatrist'.

- **Please do NOT call EFLT IT as they will not be able to help you – this is for the general hospital, which is not the same as the mental health trust**

- This does not relate to access to EPR or blood results on computers at mental health trust sites, this relates to IT access in the general hospital only. HPM are not able to assist with issues outside the general hospital

- If you have any problems regarding IT access for the general hospital, please contact Rebecca Landey, HPM Administrator via rebecca.landey@nhs.net

Dr Hugh Grant-Peterkin
Updated - February 2019

Perinatal Psychiatry

If you see a pregnant or post-partum woman:

- Don't stop medication except valproate.
- Consider senior review. All in early postpartum should be discussed with senior.
- Urgent community follow- up needs to go to HTT.
- Lower threshold for admission to inpatient ward/MBU/HTT.
- Ask about suicide & thoughts to harm baby or other children.
- Consider safeguarding referral.

Red flags:

- Recent or rapidly changing significant alterations in mental state
- Emergence of new symptoms which can include psychotic symptoms or severe anxiety in particular severe anxiety in relation to her infant's (and /or other children's) welfare
- Psychotic symptoms that involve the infant (Immediate social services referral)
- Thoughts of violent self-harm or suicide
- Acts of violent self-harm or suicide
- New / persistent/ unreassurable ideas and expression of these ideas, where the woman believes she is incompetent/ inadequate as a mother or feels estranged from her infant
- Pervasive guilt and hopelessness
- Deterioration in function as a consequence of symptoms e.g. self-care, care of the infant, avoidance of the infant
- Not eating
- Severe insomnia
- Psychomotor retardation

Red flags are a warning of any impending danger or disaster. In the context of perinatal mental illness this means that either the mother, her infant or both or other members of her family are at high, immediate and potentially grave risk as a consequence of her severe mental illness and consequent disturbed thinking or perceptions or impairment of function. ***At these times the mother should not be left alone or alone with her infant and urgent senior psychiatric assessment must be sought and carried out. Instigation of safeguarding procedures and use of the Mental Health Act may be required***

Mother and Baby Unit

Referral Process
The MBU is a national unit and can accept referrals from anywhere in England. There is no need to arrange funding before admission.

The unit can accept emergencies out of hours.

If an admission is required out of hours to an MBU this should be discussed with senior nursing staff on the MBU and ST or Consultant on call.

If there is no bed locally and an MBU bed is required, then the MBU can provide details of other units to contact

Admission Criteria
- Women with a pre-existing mental illness who suffer a relapse during pregnancy or after giving birth provided risk can be safely managed on an MBU
- Women who develop an acute mental illness such as puerperal psychosis or depression during or after pregnancy provided risk can be safely managed on an MBU
- Women who are at significant risk of becoming unwell in the perinatal period who have established diagnosis of mental illness - referrals will be considered from 32 weeks' gestation
- Women with primary substance misuse or for whom they are not intended to be the primary care giver are not considered appropriate in most cases

Assessment of admission to MBU

History taking
Past Psychiatric History including in previous pregnancies include risk issues
Family history of Perinatal mental illness in female members
Current pregnancy history, details of birth and any obstetric complications
Ask about care of baby and how mother feels she is coping as this is crucial to the support she will require on the unit
Ask about self-care and level of functioning prior to admission

Current mental state
Include mother's interaction with baby as part of appearance and behaviour
Document current thoughts of harm to self/baby
Document any psychotic symptoms involving the baby have been explored

Physical Examination

Please prioritise physical health check for time of admission as some presentations can be directly related to underlying physical health concerns.

Look and document for signs of the following conditions that can complicate pregnancy/early postnatal period:
- DVT (a leading cause of maternal death)
- Sepsis (a leading cause of maternal death)
- Breast abscess / engorgement. (it is not normally appropriate to assess perineum but ask if any symptoms of pain, bladder or bowel problems)

- Ask about foetal movements, signs of labour e.g. loss of fluid or blood pv, abdominal pain or contractions and palpate abdomen.
- If there are any concerns for pregnant women then refer urgently to Labour Ward or seek advice from on call Obstetricians.
- Ensure that the ward team arrange for midwifery review including over weekends for all women who are pregnant or up to 1-month post birth.
- In women admitted postnatal pregnancy test should be performed as routine

Observations

This needs to be discussed with nursing staff, but an increased level of support and observations is advised for all women admitted to the MBU

Medication

Consider Promethazine as first line prn

Discuss the need for commencement of antipsychotics with senior team but generally Olanzapine and Haloperidol are suitable for pregnancy/breastfeeding

If mother has postnatal psychosis suspected, consider starting medication on admission as situation can rapidly deteriorate. Document risk/ benefit discussion around starting medication if pregnant or breast feeding

If called urgently to review a patient on MBU if any concerns with physical health have a low threshold to refer to obstetric services and discuss psychiatric reviews with on call ST/Consultant particularly around reduction of level of observations over the weekend

Mental Health Care for Older People (MHCOP)

For emergency presentations out of hours, not being admitted under HUH
With functional mental illness (i.e. not dementia)
Over 65s can use crisis line, crisis café, and be assessed by psychiatric liaison and bleep 165. Home Treatment Service provides a service over weekends and Bank Holidays for people over the age of 65 if their intervention can stop a hospital admission.

Any over 65's who remain under a General Adult Service can be referred to HTT in same way as those under 65.
To admit to MH unit, discuss with SpR and DSN at Tower Hamlets Centre for MH – Leadenhall ward
In hours Tim Bhoyroo is ward manager at Leadenhall 0208 121 5070
For people with suspected dementia – inpatient admissions are to Columbia ward at TH – discuss with SpR and DSN

Inpatients on wards at HUH
HPM for older adults / liaison psychiatry via HUH switch 0208 510 5555. Unlikely to need OOH reviews. If they do, discuss with SpR in all cases.

General referrals from GP and CMHT, CHAMRAS to MHCOP
Over 65s, new patients, not known to services and re-referrals
(Established patients known to CMHT transfer at 70 years)
Referrals go to Felstead Street 30 Felstead Street, E9 5LG.
In hours speak to duty worker: 020 3222 8500
Fax: 020 3222 8628
Email: elt-tr.mhcop.duty@nhs.net
Note there is also Extended Primary Care for older adults

The helpdesk is manned during office hours and referrals are discussed on Tuesday morning, SPE single point of entry and normally would be seen within one week. If it is more urgent speak to the duty worker at Felstead Street for urgent assessment. When referring, include contact details of the person, phone numbers, detailed relevant information, details of GP, details of any other professionals involved, as well as usual history.

<u>In City and Hackney there are 2 Older Adults community teams</u>
Dementia diagnostic service
- Diagnostic memory services – Dr Emma Teper

Joint Functional and organic community team for older adults
- Community Mental Health Team – Dr Dewi Pritchard (S) & Dr Caroline Methuen (N)

Inpatient facilities are at Leadenhall at Mile End (functional) and Columbia ward at Mile End (dementia

Psychiatric History from an Older Person

History: It might be helpful to modify history taking slightly, under the following headlines:

Reason for Referral: mechanics of how they got to hospital i.e. in an ambulance, police etc.
History of Presenting Complaint
Past Medical History *including history of falls*
Medications (inc all physical health meds)
Past Psychiatric History
Family of Origin History
Drug History: A*lcohol (be very specific – alcohol is a major issue for older adults), smoking, recreational drugs*
Forensic History
Personal History: *Birth, childhood, attachments, level of education, relationships, work, retirement, children, relationships with children.*
Social History/ADLs: *Where they live, ground floor, lift. With whom? Wash, dress, eat, walk, falls, money, hearing, vision, benefits.*
Premorbid Personality: *Hobbies, temperament, other people's views, religion, activities.*

Mental State Examination
Appearance and Behaviour, Speech
Mood, Thoughts
Perceptions
Cognition – at the least AMTS (see below) and consider signs of delirium – restless or slowed, poor concentration, confusion, visual or auditory hallucinations.
– for more detailed assessment ACE-III http://dementia.ie/images/uploads/site-images/ACE-III_Administration_(UK).pdf
or RUDAS
https://www.dementia.org.au/sites/default/files/20110311_2011RUDASAdminScoringGuide.pdf
Insight; Risks: *Suicide (highest risk globally is in older adults), self-care, self-neglect, exploitation inc financial, risk to others, hoarding)*

City & Hackney Learning Disabilities Service

The Consultant, one Higher Specialist Trainee (ST4-6) and one Junior/Core Trainee (CT1-3) in the psychiatry of learning disabilities are placed in the Mental Health Trust. The remaining members of the Multidisciplinary Learning Disabilities Team are located in the City and hackney Primary Care Trust and the London Borough of Hackney.

June 1999 saw the setting up of a "new" service for people with learning disabilities with staff from the Community Trust and the Local Authority moving to its present base at St Leonard's. The aim is to progress towards closer working in accordance with the Department of Health's vision of "joint up working" between health and Social Services, while maintaining a specialist focus and clear professional accountability.

A range of generic and specialist residential and day facilities are available to people with learning disabilities in The City and Hackney. In addition, a number of individuals have been placed in private and residential homes and instructions outside Hackney. There is a commitment to the resettlement of these individuals in the City and Hackney as local services develop.

In January 2000, an Assertive Outreach Team, consisting of a Community Psychiatric Nurse, Approved Social Worker and Occupational Therapist was set up to provide an intensive service for people with learning disabilities and mental health needs.

Although there are no dedicated in-patient assessment and treatment beds for the learning disabilities service, use is made of general psychiatric beds when a patient needs to be admitted. Patients with significant learning disabilities, autism, or severe behaviour difficulties are admitted to Learning Disability beds at Chase Farm Hospital and the Goodmayes Hospital. There is a medium secure unit based at the John Howard Centre to manage patients with a learning disability and forensic history.

The teams are composed of Medical staff, community nurses, social workers/care managers, behaviour therapists, occupational therapists, speech and language therapists, AOT, psychological therapies, physiotherapy.

City & Hackney Learning Disabilities Service - Contacts

Medical Team
Dr Ian Hall, Consultant Psychiatrist
Full time Higher Specialist Trainee (ST4-6)
Full time Core Specialist Trainee (CT1-3)

Office Address
Hackney Service Centre, 2nd Floor, 1 Hillman Street, Hackney, London E8 1DY
Tel: 020 8356 7444 Fax: 020 8356 7200

Clinic Address
2nd Floor, St Leonard's Hospital
Nuttall Street
Hackney
London N1 5LZ
Tel: 020 7683 4174

Assessment and Treatment Inpatient Units:
Moore Ward
Chapters House
Goodmayes Hospital
Barley Lane
Ilford, Essex, IG3 8XJ
Tel: 0844 600 1209 Fax: 020 8215 6672

Mary Seacole Unit
Chase Farm Hospital
The Ridgeway
Enfield
Middlesex EN2 8JL
Tel: 020 8375 2623
The Kingswood Centre
134 Honeypot Lane
Kingsbury
London NW9 9QY

Other ELFT Learning Disability Consultants

Dr Laura Checkley
Tower Hamlets Community Learning Disabilities Service
Beaumont House, Mile End Hospital, Bancroft Road, London E1 4DG
Tel: 020 8121 4444

Dr Deirdre O'Brady
Newham Community Team for people with Learning Disabilities
Unit 7 and 8, Stratford Office Village, 4 Romford Road, London E15 4EA
Tel: 020 8250 7500

City & Hackney Child and Adolescent Adult Mental Health Service (CAMHS)

The Service

City & Hackney CAMHS is a long-established specialist CAMHS service. It has an assessment and treatment model and is organised in Care Pathways. All new patients are seen by senior clinicians in the multidisciplinary assessment clinics, and then allocated to a treatment pathway or signposted to other services. The treatment pathways are comprised of 2 multidisciplinary Emotional & Behavioral Teams (EBT), a Neurodevelopmental Team, which has an ADHD, Learning Disability and Autism sub-teams, a Conduct Disorder/Outreach Pathway and an Adolescent Mental Health Team (Psychosis pathway and intensive case management for young people at risk of inpatient admission, presenting with complex, severe mental health problems).

From July 2016, CAMHS will only be on the Homerton Row site

Children & Young People's Centre, 15 Homerton Row, London E9 6ED

ELFT is lead organisation for the Hackney CAMHS Alliance, by which CAMHS providers in Hackney (First Steps Primary Care Psychology Service, CAMHS Disability services, CAMHS clinicians based in Social Care as well as the voluntary sector) work together to provide a seamless service for Children and young people in the Borough.

C&H CAMHS has also received CAMHS transformation funds and has established a Perinatal psychotherapy service, enhanced pediatric liaison service and is part of the East London CAMHS specialist eating disorder 'hub and spoke' service - the Community Eating Disorders Service for Children & Young People (CEDS-CYP).

Who can be referred?

City & Hackney CAMHS is a specialist mental health service for children and young people with complex, severe or persistent emotional, behavioural or developmental problems. The age range is 0 to 18 and the Service receives approximately 1,000 referrals per year. The service aims to offer a holistic assessment and treatment service to children and young people with mental health problems, to support their families and to consult to community professionals.

The sorts of problems we assess and treat include:

- Early onset psychosis and other serious mental illness
- Emergency assessments of Self-harm or acute mental illness presenting to A&E
- Paediatric Liaison Service
- Neurodevelopmental Disorders including ASD and ADHD
- Multiagency Social Communication Assessment Clinic for ASD assessment in under 13's
- Anxiety Disorders (OCD, Social phobia, PTSD and generalised anxiety)
- Attachment disorders and psychological problems associated with disturbed family relationships.

CAMHS receives referrals from GP's, schools, other agencies and self-referrals for cases closed to the service within the last 12 months. There is a duty triage clinician who will contact the family on the day of referral. We see some self-harm and urgent cases the same day, have regular urgent appointments available, and see routine referrals within 5 weeks in the assessment clinics.

Staffing

The service is staffed by a multidisciplinary team comprising nurses, child and adolescent psychiatrists, clinical psychologists, family therapists, child and adolescent psychotherapists, mental health workers and administrative staff. There are multiple training placements for therapy staff.

2 CT doctors are joined by 2 ST Doctors from the GOSH/RLH CAMHS higher training rotation, as well an FY1 and FY2 doctor. The CT placements are within the 2 E&B teams, with opportunities to join the specialist neurodevelopmental clinics. CT doctors participate in a regular assessment clinic, with consultant supervision.

Each day a clinician is allocated to the Triage or self-harm rota, and there is always a consultant psychiatrist on call to provide advice. CT Doctors participate monthly in the Triage rota, where referrals to the service are screened for urgency and allocated for assessment in the service or signposted to other agencies as appropriate. They also participate in the Self Harm rota, which provides screening and assessment for urgent self-harm referrals at Homerton Row, or referrals presenting to Homerton A&E.

Working with Children and Families

Training and Induction is provided around working with families and young people, in particular the multiagency nature of the work.

Children are subject to a complex medico legal framework and one of the learning objectives of a CAMHS placement will be to become familiar with relevant legal frameworks which include; -

The Children Act 1989
The Mental Capacity Act 2005 (over 16's)
The Mental Health Act 1983 (amended 2007)
Gillick Competence (case law – under 16's

Relevant Guidelines included below: -

Management of self-harm and acute psychiatric symptoms in A&E/CEA – daytime and out of hour

Guidelines for Management of Self-Harm & Acute Psychiatric Symptoms in Children & Young People – Daytime Hours (9am-5pm)

Patient <18 presents to A&E with psychiatric symptoms or self-harm

Following nursing assessment…

patient is <16 yrs.

Refer to Paediatric team for assessment and admission to Starlight Unit #

(who will book RMN if required)

Paeds. Team can then Refer for Child and Adolescent psychiatric assessment using CFCS Referral form fax to Homerton Row CFCS on **0203 222 5792**

If assessor feels patient is safe to be

discharged, may refer to local CFCS

and discharge #

AND

Refer to Social Care

Tel: 0208 356 5500

Fax: 0208 356 5516/7

patient is >16 yrs. <18 yrs.

Refer to Adult Psychiatry SHO/ Liaison Nurse once medically cleared (by Emergency Department or medical team) for assessment

SHO/Liaison Nurse can consult with Nurse/Doctor on CFCS duty rota via Homerton Row CFCS tel: **0203 222 5600** who may need to assess if there are concerns about risk or the assessment is difficult

needs admission

CFCS duty Nurse/Doctor will contact "home" consultant to arrange

not for admission

Refer to local CFCS using referral form

The Paediatric consultant at the Homerton should be informed

If child leaves before assessment, inform GP, duty consultant paediatrician, duty Social Work team, Police. Also, refer to CFCS and leave a copy of the A&E card for the Consultant Paediatrician.

Guidelines for Management of Self-Harm & Acute Psychiatric Symptoms in Children & Young People – Out of Hours (5pm to 9am)

(5pm-9am weekdays, weekends and bank holidays)

Patient 18 yrs presents to A&E with psychiatric symptoms or self-harm.

Following nursing assessment…

Patient is <16 yrs.

Assessed by Paediatric team

Patient is admitted overnight for review next working day by CAMHS – fax referral **0203 222 5792** and for Social Services **0208 356 5516/7**

RMN may be booked by paeds staff if psychiatric risk cannot be managed by paediatric staff alone

If presentation more acute e.g. psychotic episode, ongoing suicidal risk, Paediatric team to contact Adult psych SHO

Patient is >16 yrs. <18 yrs.

Assessed by Adult Emergency team

once cleared medically

Refer to Psych SHO **bleep 168**

Psych SHO to assess patient,

involve on call CAMHS SpR via RLH switchboard **0207 377 7000**

CAMHS SpR to attend

If necessary, the CAMHS Consultant on-call can be contacted via RLH switchboard **0207 377 7000**

The first point of call in urgent cases for CEA is the Psychiatric SHO on call. If admission to Coborn is needed, assessment by CAMHS SpR/Consultant, who will then discuss with Coborn Duty Nurse/Consultant. Transport and escort (e.g. agency RMN) to be booked by hospital staff however if the child/young person is not or cannot be admitted, the on call paediatric consultant should be informed.

Child and Adolescent Mental Health Service – C&H – Self-Harm/Emergency Referrals

Please fully complete the CAMHS Referral Form and fax to 0203 222 5792

Any queries please phone 0203 222 5600 and ask to speak to the clinician on the SH/emergency rota.

Please note the following;

1. Our working hours are 9am – 5pm from Monday to Friday.

2. All referrals for self-harm should also be referred to Social Services.

3. Early referrals are strongly encouraged to ensure a thorough, multi-agency assessment can be completed. If a referral fax is received before 4pm on a working day, then every attempt will be made by a clinician on the SH/emergency rota to complete an assessment and agree a management plan by 5pm.

4. If a referral fax is received between 4.00pm and 5.00pm on a working day, then the clinician on the SH/emergency rota will offer telephone consultation and advice and begin an assessment. If it is not possible to complete an assessment by 5pm, depending on the degree of risk, either:
    a. a plan for the adult psychiatry SHO to complete the assessment out-of-hours will be made (in liaison with the on-call CAMHS SpR) or
    b. the clinician on the SH/emergency rota will complete the assessment the next working day at Homerton University Hospital

5. Any referrals faxed out of working hours and on the weekend will be screened / assessed the next working day.

Telephone referrals cannot be accepted. The referral form needs to be completed to provide the necessary information prior to any assessment.

Covering On-call Sites

- **City and Hackney Centre for Mental Health**
- **Homerton University Hospital**
- **Forensic services**

1. **John Howard Centre**

12 Kenworthy Road, Homerton, London, E9 5TD Tel: 020 8510 2003/5/6
The low secure and medium secure forensic unit is 5 minutes' walk from Homerton. Out of hours support is from the Hackney Duty Doctor, with senior support available from the Higher Trainee and Forensic Consultant on call.

Directions: Walk out of City and Hackney main entrance and past the small park area, then left to Homerton High Street, past the library and traffic lights. Turn right onto Kenworthy road, and then the first right up to the small reception area of the JHC. Please note that a belt is required to allow attachment of the pin-point alarm. Please book a taxi to go to and from the John Howard Centre which can be booked through the DSN on bleep 500.

2. **Wolfson House**

311-315 Green Lanes, London, N4 2ES Tel: 020 3222 7100/1/2
Low secure mental health services

- **Cedar Lodge**

(2 Crozier Terrace, Homerton, London, E9 6AT- 020 8510 2346)
Inpatient continuing care for older people - 15 beds (other older people wards not based in Hackney)

The On-call Rotas

The following information will only apply to SAS doctors undertaking on-call duties

The Core trainee/GPVTS rota

There are two rotas at City and Hackney; a fixed rota covering normal working hours and the out of hour's rota. Between 9am and 9pm there are two duty bleeps; the 165 covers the psychiatric unit (East Wing), the Lodge, the John Howard Centre, Wolfson House, Bart's and Tariro House, the 168 covers the Homerton Hospital wards and A+E. At night (i.e. 9pm to 9am) these bleeps merge and there is one duty doctor, supported in A+E by the Liaison nurse.

It is important that switchboard have accurate information with regard to who is on call (especially in relation to the Mental Health Act) consequently it is vital that ALL swaps of on call shifts should be communicated to the ST1-3 Rep and Sandra Lewis by the second week of the preceding month so that the monthly duty rota can be amended. Any swaps after this date will not be recorded on the monthly rota, and all parties should aware and inform switchboard directly themselves. It is helpful if you also inform the rep of these swaps.

SHO Handovers

Bleep 165 – covers the East Wing wards including the 136 suite, Wolfson House (low-secure unit) and John Howard Centre (Medium secure unit) and Cedar Lodge (older peoples continuing care)

Bleep 168 – covers A&E and the medical wards

Weekday Handover takes place at 9am, 5pm and 9pm at the HPM office in A&E. The night doctor should wait for the morning doctor there at 9am and handover both bleeps and anything that will need the duty doctor to cover (i.e. section 136, 5-2) otherwise the day team should be able to cover their own wards. At 5pm the 165 doctor will hand-over the bleep to the 168 doctor. And at 9pm handover back to the night SHO.

During the week bleeps 165 and 168 are held by the designated SHO on the daytime rota for half a day at a time. There should be a handover at 12:30 which should be arranged by the two SHOs covering for that day. If you plan to be on leave, you will need to get your rota slot covered by the second in line on the rota.

On a weekend there won't be a 5pm handover as its 12-hour shift. You should also handover any admissions that will need a SpR review over the weekend.

All handovers should take place in the liaison office unless you have all agreed to meet elsewhere.

Please try to be on time and if you are going to be more than 5-10 minutes late please contact the SHO and let them know.

There is a handover document that you will get access to on the K drive. You should use this every time you handover.

After working a weekend of days you will have a lieu day on the following Monday. After weekend nights you have the Monday and Tuesday off.

ST4-6 on Shift Roles and Responsibilities for City & Hackney Centre for Mental Health (CHCMH)

With the change from on call to On Shift working patterns, there have been a few changes to the previous out of hours provision of psychiatric care from ST doctors.

Primary responsibilities:

1) To support the duty SHO
2) S136 assessments
3) ST seclusion reviews
4) Liaise with Consultant on call, DSN, and other senior managers
5) Weekend Management Rounds

The aim is to encourage a culture of support between doctors on duty and on call, ensuring a high quality safe service and that a senior opinion of emergencies and review of recently admitted cases is available. The checking in is not meant to replace the practice of junior doctors seeking advice which is common practice throughout the trust.

The consultant on-call should contact the higher trainee on-call to confirm that they will be available and how they can be contacted during the designated period.

The higher trainee on-call should contact the junior doctor on-call early on in each cover period for similar reasons.

1) Supporting Duty SHO

It is recommended to **first contact switchboard** at the start of your shift to verify your contact details, then bleep the duty SHO's (#165 and #168) to introduce yourself and ascertain any concerns.

The SHO's, especially those with <6/12 experience in psychiatry (i.e. GP trainees, CT1, etc.), will be expected to discuss their cases from A&E and potential admissions with you, or if they have workload problems.

Should a resident junior duty doctor be absent from a shift at short notice every effort should be made to find a locum to cover this resident on call doctor shift.

The process for finding a locum during office hours is that Sandra Lewis is informed of the impending absence and she will coordinate approval from the clinical director on finding a bank doctor or agency locum if required.

Out of office hours the Senior Manager on call should be notified of impending absence by any resident duty doctor or 2nd on call who is unable to attend their shift. The Senior Manager should be alerted to the potential need for shift cover at the earliest opportunity.

The Senior Manager will have a list of available bank doctor contact details and the locum agencies and can call around to find a locum.

If a locum is not available and the outgoing resident on call junior doctor cannot stay, you will be expected to act down and take on the role of the SHO as well as your own responsibilities, if possible. This will probably involve a consultation with the consultant on call, depending on the workload on shift. There will be remuneration for this. Please refer to local policy and your ST rep for details.

The details of these events should be forwarded to Dr Sheraz Ahmad as Interim Clinical Director and the absent resident on call doctor would be expected to provide an explanation for the absence to avoid disciplinary action.

2) S136 and MHA assessments

S136 assessments will take place either in the 136 suite (HBPS) between Joshua and Bevan Wards, or, rarely, in A&E. You will be expected to assess patients when appropriate, usually with an AMHP. If you are unable to attend in a timely manner due to workload commitments, you may request the duty SHO (if he/she is free) to first review the patient and then report to you, but in that case you would still be expected to see the patient afterwards. This would also be a valuable training opportunity for SHO's so they may request to observe the interview as well.

You will also be called on for MHA assessments in A&E, but there is no expectation to carry out routine out of hours' psychiatric assessments in the community or at Police Stations.

3) Seclusion Reviews

You will be responsible for Seclusion Reviews between 6-10pm in the evening shift. (Please see attached Seclusion Protocol elsewhere in this manual.) It is recommended that you call the CAHCMH DSN (Duty Senior Nurse) and the John Howard DSN at the beginning of your shift to ask if there are any patients secluded, and if so, where they are. You should then arrange with them the best time for you to do the seclusion Reviews.

4) Liaise with Consultant on call, DSN, and other senior managers

You will be expected to contact the senior staff on duty, i.e. DSN and Consultant on call, if you run into any problems that you feel you require guidance for, or that you feel they should be aware of for their role, e.g. SUI's, etc. It is not a requirement to contact the duty consultant at the beginning of your shift.

5) Weekend Management Rounds and Morning Handover

During weekends and Bank Holidays, the morning shift ST's will be expected to conduct a Weekend Management Round (WMR). This will begin with a teleconference as noted below:

Weekend Management Round Teleconference Handover

- **When:** 9am – 9:15am
- **Who:** Joined by 5 people: two SHOs (night one and morning one), the incoming (morning) SPR, DSN & Consultant on-call. The outgoing SPR can also attend if they choose to do so
- **Why:** Helps to ensure a good handover from the night SHO and DSN, to minimise duplication and inefficiency of multiple conversations happening separately and to have a more detailed picture of what happened overnight.
- **How to participate:**

  1. Dial-in from a landline: **0844 4 73 73 73,** or
     Dial-in from a mobile: **8 73 73**

     Enter PIN**: 147920**

  2. Wait to speak to other people on the line. If the two SHOs are in the same room they will only need one call

  3. Night SHO to lead items 1&2 before leaving the call:

     Agenda:
     1. Night SHO handover
     2. Questions for Night SHO (Night SHO leaves teleconference)
     3. Make management plans for day (including where and when to begin. This may mean the Management Round begins later in the day, to allow the SHO and ST to do other activities prior to the start of the round)

- **Outgoing SpR data entry:**

  After the end of the MR, outgoing SpRs to fill in the key data on the following link:
  https://www.surveymonkey.co.uk/r/LHDC2YR

  The WMR will begin at a time and place as agreed by ST and SHO. The DSN may or may not attend the WMR. It is expected that the duty SHO (bleep 165) will present a full assessment of the new admissions including physical examination. The duty ST will review the newly admitted patients to establish clear and appropriate management plans.

  They will not be expected to perform routine reviews of other patients or duty SHO responsibilities.

Admissions

All informal admissions to the unit should be discussed and approved by the on-call registrar, before contacting the duty nurse on Bleep 500. HTT gate keep all informal admissions and should also be involved in the decision to admit. Admissions should be to the appropriate locality ward, the DSN will determine the ward the patient will be admitted to.

History taking:

All patients should have a full clerking/history taken, including information about their own past psychiatric history and family history of mental illness as this will inform your risk assessments. If the patient is not very forthcoming with information often because they are very unwell, you may be able to gather collateral information from family members. Other useful places to look for information include RiO progress notes, RiO documents, and RiO risk assessments. Also valuable source of information for patients coming into hospital under section are the section papers- there will be either one joint medical recommendation or two separate individual medical recommendations and this will outline the medical assessments from the Mental Health Act Assessment (MHAA) and reasons for admission, including risks.

Physicals:

All patients must have a physical examination carried out- this needs to be completed in the online physical health RiO section- you should equally document there if a patient has refused a physical. If a patient refuses a physical, you should make bedside/objective observations about their physical health e.g. no obvious injuries, alert, no evidence respiratory distress etc. Antipsychotic medications and a number of other psychotropic medications require baseline ECGs (primarily to calculate QTc, which can be prolonged by a number of psychotropic and other medications), although if a patient refuses that is not a reason not to prescribe medication if required (excluding haloperidol see section on rapid tranquilisation). Routine bloods are taken on all new admissions we routinely screen for BBVs (HIV, hep b & c), patients on antipsychotics should have metabolic screening done (random lipids, Hba1c, random glucose), it may not be possible initially if a patient is refusing. Circumstances when you may wish to consider bloods more clinically urgent, include if patients have not been eating/drinking adequately prior to admission (U&Es), patients requiring alcohol detox (LFTs, if very deranged may need to use oxazepam rather than first line chlordiazepoxide).

Capacity and Consent forms:

All patients need this form completed. Informal/voluntary patients should have capacity regarding their treatment plan if you are unsure, you must discuss with second on call as they may need a mental health act assessment.

Initial management plan

- Part of your initial management plan should involve the level of psychiatric observations the patient will require- all new admissions are managed on at least intermittent observations (checked every 15 minutes) you should discuss the observation levels with the nurses on shift especially if you believe the patient requires close observation (1:1 nursing), informal patients need to agree to close level observations. If there is any disagreement between ward staff and your assessment regarding observations discuss with second on call.
- You should ascertain if the patient requires regular physical observations e.g. daily obs or more frequent and make sure again you discuss this plan with the nursing staff and the rationale for this.
- There should be a discussion and plan with an informal new admission about them going off the ward alone, if you are concerned about risks in the first instance you can ask the patient not to go out alone at least for first day of admission until a further period of admission, however informal patients should not be stopped from coming and going freely from the wards unless the risks justify it and then temporary powers under section 5 may be used (5-4 for nursing staff and 5-2 duty doctor).

Troubleshooting Guide to Seclusion Reviews

This is a simple guide to help ensure nursing and medical reviews are done on time and in line with Trust policy and the code of practice. The aim is to ensure that a patient remains in seclusion for the minimum time necessary.

Nursing reviews

A nursing review should be conducted by two registered clinical staff one being **the nurse in charge** of the ward **within one hour** from the time seclusion commenced.

The need to continue seclusion should be **reviewed every 2 hours by 2 registered nurses** (one of whom was not involved in the decision to seclude)

At least once in the 24 hours nursing reviews should involve a nurse from the treating team.

A multidisciplinary (MDT) review should be carried out once in every 24 hours. The team reviewing the patient will include a **senior nurse (Band 6 or above)**

If the person remains in seclusion **for more than a week a senior nurse within the forensic directorate** should be part of an independent MDT review

Any difficulties in accomplishing this are to be reported to the ward Matron or designated deputy within working hours, to the DSN out of hours. This should be escalated to the senior nurse on call if not resolved and an incident form to be completed.

Medical reviews

A medical review needs to be done within an hour of a person being secluded.

After the first review medical reviews need to be done every four hours until the first multidisciplinary review is done. At least once every 24hrs it should be a doctor from the treating team (during normal working hours).

A senior medical review, i.e. by a SpR, needs to be done if the person remains in seclusion for eight hours or after forty-eight hours if in seclusion twelve hours over that time.

A person in seclusion needs to have a review by an Approved Clinician once every 24 hours.

After the first MDT review a person in seclusion needs a medical review three times in twenty-four hours. These reviews should be arranged in the following order:

- Core trainee review between 8 and 10am;
- Consultant review between 2 and 4pm;
- SpR review between 6pm and 10pm.

At night it is not necessary for the duty doctor to attend if the patient is asleep. The Duty Senior Nurse and one other registered nurse are to confirm that the patient is sleeping and inform the duty doctor.

If a review is not done within the time limits above any of the clinicians involved should escalate this problem to the next medical person on call. If it is a core trainee review this is the SpR and the consultant if it is the SpR. An incident form should be completed.

If the person remains in seclusion for more than a week an independent consultant within the forensic directorate should do an extra review.

If the person remains in seclusion for a long time Trust policy sets out what extraordinary reviews are required at one, two and three weeks.

Rapid Tranquilisation (RT)

Clear policies on RT for adults and older people (there is also specific guidance on pregnant patients) and CAMHS - get familiar with the policies, but always speak to a senior if you are unsure.

Prescribing haloperidol for rapid tranquilisation (RT) or as required (PRN) use on admission

There has been a tendency to prescribe PRN haloperidol by default for many patients being admitted. This practice needs to change, and the prescribing of PRN haloperidol needs to be more circumspect.

Haloperidol requires an ECG prior to use, and this is stipulated in the manufacturer's licence. The Trust's Rapid tranquilisation policy states that haloperidol RT/PRN must be prescribed only to individuals after a full assessment of risk and when it has been established that the risk of not doing so is greater than the risk of acute pharmacological treatment. Any prescription for PRN/RT antipsychotics that causes high dose antipsychotic prescribing must be authorised by a senior doctor.

These patient groups at higher risk should NOT be prescribed haloperidol on admission:

- **antipsychotic naïve**
- **unknown to services**
- **known cardiac risks factors**
- **those under the influence of other substances**
- **no ECG/recent ECG**

If haloperidol is thought to be required in patients at higher risk or without an ECG, this must be discussed with a senior doctor and the decision including risks and benefits documented in RiO.

Miscellaneous

Keys and Swipes (for access to the inpatient wards and on-call room):
These should be collected from the office on the right-hand side as you walk in the main entrance to the East Wing. A deposit is required. Please contact Linda Knight: linda.knights1@nhs.net

Alarms:
You can collect an alarm at C&H reception- you should always wear an alarm in the unit for your own safety.

Parking:
Out of hours parking is available as a priority for the duty doctor at no cost. If you have a driving licence (with no penalty endorsements/points) you can get access to the pool car during night on call shifts to enable you to drive to other sites e.g. John Howard, you must bring your licence to Linda Knights to ensure you can be added to the trust insurance.

Annual Leave:
Annual leave should be agreed with, and signed off by, your supervising consultant, and completed forms forwarded to Sandra Lewis, PA to Dr David Bridle, clinical director, for final approval. Arrangements for planned annual leave should be made at least 6 weeks in advance so that any changes to clinics or other commitments can be planned for in a timely manner.

Sick Leave:
Please contact Sandra Lewis on 020 8510 8297 as well as your consultant regarding being off sick on the day. Cover should be confirmed for daytime bleep sessions, and any out of hours' shifts must be swapped. Sandra Lewis should also be updated with your return to work date to ensure that the system is updated accordingly. Your consultant supervisor will undertake the return to work interview after any sick leave.

Study Leave:

Relevant documents such as study leave policy, process and application forms are available on the Trust Intranet.

The current process is as follows:

SASG completes study leave application form with event details to apply for study leave days

↓

SASG doctors obtain approval from Clinical Supervisor

↓

SASG emails signed form to Medical Education on elft.study-leave@nhs.net (for London) or elft.lutonandbedsstudyleave@nhs.net (for Luton and Beds) ideally 6 weeks in advance of the course date

↓

Medical Education checks allowance and sends acknowledgement email on receipt of the form

↓

Director of Research, Innovation and Medical education (for London) or Associate Director of Medical Education (for Luton and Beds) approves

↓

Medical Education emails SASG of approval/refusal

Process for those wanting to claim study leave expenses related to the approved study leave event

SASG completes study leave expenses form, once days have been approved, with receipts and evidence of payment

↓

SASG send **paper copies** of signed expenses form and receipts to Medical Education Department, Trust Headquarters, Robert Dolan House, 9 Alie Street, London, E1 8DE

↓

Medical Education to record, check allowance, sign and send to payroll

↓

Medical Education to email SASG to confirm forms have been processed and sent to payroll

Statutory & Mandatory Training

Training	Medical Profs	
	Consultant and SAS	Junior Med
Fire Safety	√	√
Resuscitation (basic life support)	√	√
Manual Handling		√
Health and safety	√	√
Infection control	√	√
Breakaway training	√	√
Safeguarding Children Level 1	√	√
Safeguarding Children Level 2	√	√
Safeguarding children level 3	√	√
Adult safeguarding level 1	√	√
Adult safeguarding level 2	v	v
Prevent awareness (Basic)	v	v
Prevent awareness (Advanced)	v	v
Safer prescribing	√	√
Equality and Diversity	√	√
Information Governance	√	√
Mental Capacity Act	v	v

You will need to log on to OLM using your Rio card – from a Trust computer – to access the online courses and book classroom-based courses where applicable.

Reading List Non-Textbook Recommended by Consultants in City & Hackney

Metamorphosis Franz Kafka: superb portrayal of social exclusion - Dr Sandra Evans

Phillip K. Dick's excellent 1977 novel "A Scanner Darkly": as reading it helps you to know what it is to be Paranoid - Dr Nick Price

Niccolò Machiavelli's "Il Principe" of 1532: not only is it the best political book ever written, but it will help trainees understand the modern NHS- Dr Nick Price

Mount Misery by Samuel Shem: a darkly humorous sequel to the better-known House of God, following Dr Basch out of internal medicine and into psychiatry residency- Dr Chloe Beale

Human Traces by Sebastian Faulks: meticulously researched historical novel about 19th century psychiatry. Fascinating and heart-breaking in equal measure - Dr Chloe Beale

Whiplash and Other Useful Illnesses by Andrew Malleson- a very interesting and provocative account of the way the medico-legal industry creates illness and disability - Dr Chloe Beale

The Humans by Matt Haig: a moving novel about what it is to be human, and possibly how difficult it is for those who have lost touch with what it is to be human - Dr Bala

Hanya Yanagihara's a Little Life: Cutting, funny and brilliant, towards the tougher/PD/self-harm end of the spectrum - Dr Anastasia Apostolou

Being Mortal by Atul Gawande: not specifically psychiatry, but very thought-provoking reading for all doctors - Dr Emma Teper

Haroun and the Sea of Stories, Salman Rushdie: one of my favourite books of all time and a good handling of childhood, parental separation, fantasy and good and evil. Good to encourage them to read some things that have been written for children and adolescents? Prof Chris Evans

Haddon, Mark. The Curious Incident of the Dog in the Night-Time: great insight into the world seen through the eyes of someone with ASD. Recommended by a number of Consultants

The Future Lasts a Long Time by Louis Althusser (a philosopher and contemporary of Derrida and Foucault who wrote this memoir in a Psychiatric Hospital where he was detained after killing his wife) - Dr Sharon Davies

The Outrun by Amy Liptrot (very recently published memoir of recovery from alcoholism set in largely in Orkney, but with early passages of raging alcoholism set in and around contemporary Hackney) - Dr Sharon Davies

The Tunnel by Ernesto Sababto (a pseudo memoir by a man in prison for killing a woman he was obsessed with) - Dr Sharon Davies

Robert Lowell - A Biography by Ian Hamilton (acclaimed American poet with Bipolar Disorder, with works before and after the introduction of Lithium) - Dr Sharon Davies

Blake by Peter Ackroyd (Bio of William Blake) - Dr Sharon Davies

The Master and His Emissary by Iain McGilchrist. Hard work, but worth it. Dr Mark Salter

The psychopath Test - Jon Ronson: entertaining and informative book about psychopathy, written by a lay person. Dr Fatema Ibrahimi

Alice in Wonderland, Alice through the looking glass, the hunting of the snark: all great for fun but also a sense of what dreams and fantasy are all about. Good to ponder how they continue to work, well, the first two only perhaps. *Prof Chris Evans*