Exclusion Criteria

Adult Patients

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Owner - Barny Guthrie, CEO

Clinical Partners

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1. Introduction

This policy and procedure sets out which patients are not suitable for Clinical Partners care.

2. Purpose

The purpose of this document is to ensure that any patient who may pose an excessive risk to themselves or others does not receive treatment from Clinical Partners where we are not able to provide the appropriate type and level of care for their needs.

3. Scope

This policy and procedure is to be followed by all staff and Partners.

4. Duties and responsibilities

a. The CEO is responsible for ensuring that the exclusion criteria is applied.

b. These criteria set out which patients the Clinical Partners triage team may or may not accept. The triage team are not authorised to accept any patient who meets the exclusion criteria.

c. Each clinician is separately responsible for which patients they do or do not accept as a referral from Clinical Partners. There is no obligation whatsoever for a clinician to accept a referral from us.

d. All our Clinical Partners should ensure that they are aware of the exclusion criteria.

e. All Clinical Partners own staff are responsible for making sure that they understand and adhere to this policy. If you are unsure about any aspect, then please discuss it with the Head of Triage.

4 Policy for patient exclusions

a. It is our policy not to offer care to patients who require a higher level of care, or who may pose an excessive risk to themselves or others.

b. Many criteria may not make a patient unsuitable if they are relatively mild, but may make them unsuitable if they are severe. For example, a patient who has some level of suicidal ideation without intent may not be judged a serious risk to themselves. However, a patient who has intent, means and a plan is likely to be judged unsuitable.

c. Patients and their referrers will sometimes not be entirely honest about the severity of the situation, so you must be vigilant for subtle cues that suggest greater severity than is being disclosed.

d. Patients will periodically move in and out of wellness, and may become unsuitable. If this happens then they should be carefully managed into the correct level of care by the Clinical Partner who is looking after them. The triage person who arranged their treatment is usually able to support this process. All Clinical Partners triage staff have clinical training, and it is for them to use their best judgement to establish the level of risk that an individual patient may pose. If you are ever unsure what to do then you should discuss the case with your manager before doing anything.

e. Below is a list of definite exclusions and possible exclusions subject to further information:

Definite exclusions: Patients who:

- present a current risk of harm to others
- are currently psychotic

- have severe eating disorders – esp. anorexia with BMI 16 or under
- are actively intoxicated or under the influence of narcotics
- are actively or have had a suicidal attempt in the last three months. Gather all information and do not make the decision to exclude or not on your own. Check with Caroline Scott or Barny Guthrie in Caroline's absence as to whether we will work with the new client.
- are verbally abusive on the telephone (OK to hang up)
- are currently self-harming to an extent that is more than superficial cutting or burning
- are currently under a section of the Mental Health Act (except for medico legal)
- have current or recent convictions for violence, sexual offences including abuse, or arson (except for medico legal / forensic)
- are very likely to be drug seeking, e.g. those demanding immediate prescriptions for controlled / mood altering drugs. We do not prescribe methadone.
- are asking for assisted fees or payment plans
- are seeking psychiatric reports for an application for a shotgun or firearms licence or psychiatric assessment for the DVLA to show the individual is fit to drive
- are aged under 18 and who do not have a parent or legal guardian involved in their care.
- are presenting with signs / symptoms of psychosis including hallucinations (auditory, visual, olfactory, or tactile) and delusions should be referred to Head of Triage. This may include signs of dissociation, such as derealisation or depersonalisation. As well as subjective client reports, staff should be mindful of objective indicators of psychosis such as disorganised, tangential, rapid or disturbed speech. If you are uncertain about any symptoms being reported by an enquirer, please discuss these with the Head of Triage.

Possible exclusions (subject to further information): Patients who:

- have previously been detained under the Mental Health Act (except for medico legal cases) – in these cases we need to know why they were detained, when, and to what extent their condition has improved since. The discharge summary from the most recent treating hospital should be sought by the family / patient / referrer.
- are actively being treated by the NHS. In these cases we should be wary of creating confusion and / or creating conflict with those who may already be giving very good care.
- patients who are currently in dispute with an NHS organisation or another health provider.
- are very complex adult patients who have chronic or enduring mental health problems who are likely to require long term care, possibly including periods of inpatient. These patients are most likely best cared for by the NHS.
- Severe abuse, sexual or other abuse where relevant statutory bodies have not been involved. These cases should be dealt with on a case by case basis and discussed with the Triage Manager. See the Clinical Partners Safeguarding Policy.
- are medico legal cases regarding asylum seekers where the contact is not from a solicitor
- are involved in court proceedings except where it is an instruction from a solicitor
- involved with social services except where we have been fully informed and there is not a conflict with the social services work
- have had a suicide attempt over 3 months ago – in such cases we need to know how and when this attempt happened and make an informed decision about the current level of risk. Gather all

information and do not make this decision on your own. Check with Caroline Scott or Barny Guthrie in Caroline absence as to whether we will work with the new client.

5. Procedure

For the triage team:

a. If you receive a call from an individual who tells you that they or the person on whose behalf they are arranging treatment fits any of the above definite exclusion criteria then you should explain to them that we are not able to help, and suggest that they contact their NHS GP, CMHT, solicitor, or other appropriate person or body.

b. If you receive a call from an individual who tells you that they or the person on whose behalf they are arranging treatment fits any of the above possible exclusion criteria then you should explore the issues in more detail until you are satisfied if the patient is suitable or not. If you are still not sure, then let the patient know you will need to speak with your manager (Head of Triage) to check that we can help.

c. If you are obliged to refuse help to a prospective patient for any of these reasons, then you should notify your manager for them to monitor levels of unsuitable enquiries. All treatment refused should be recorded for evaluation purposes and reporting at the Clinical Governance meeting.

For clinicians:

How you safely manage your own private practice is entirely your own responsibility and you are under no obligation to take on any patient we refer to you. The above are the exclusion criteria that the triage team are trained to work to and aimed to ensure that only patients suitable for the setting we can offer will be passed to you. However, patients do not always fully disclose when they book appointments. If you ever have any concern about the safety of any person connected with Clinical Partners then you should let us know that immediately by contacting any member of Clinical Partners staff.

6. Process for monitoring compliance with the policy

The CEO will report to the Clinical Governance Committee on a quarterly basis if we are receiving larger than usual numbers of unsuitable enquiries, as this may have implications for our communications strategy. Any incidents concerning patient safety are also monitored at the same meeting via incident reports.