

Clinical Partners Policy and Procedure on Patient Exclusions

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 are to be followed by all of our staff and Partners.

4. Duties and responsibilities

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

4.2 All of our Clinical Partners should ensure that they are aware of the exclusion criteria. Ultimately professionals offering clinical services via Clinical Partners are responsible for the safe operation of their own practices, and so it is at their own discretion what exclusion criteria they may apply. The ones set out here are suggested.

4.3 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 CEO.

5. Policy for patient exclusions

5.1 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.

5.2 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 is mildly suicidal may not be judged a serious risk to themselves, but a patient who has intent, means, and a plan may be judged unsuitable.

5.3 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.

5.4 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.

5.5 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.

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

5.7 Definite exclusions:

Patients who:

- present a current risk of harm to others
- are currently psychotic, (except for very early onset /very mild psychosis)
- have severe eating disorders – esp. anorexia with BMI 14 or under
- are actively intoxicated or under the influence of narcotics
- are actively suicidal (significant and recent or current risk to self)
- 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, eg 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
- are aged under 18 and who do not have a parent or legal guardian involved in their care.

5.8 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 were they 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 treading on the toes of what may already be very good care.
- are very complex adult or child 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.

- disclose on the telephone that there is sexual or other abuse and that relevant statutory bodies have not been involved. In these cases we may still have an obligation to share this information when relevant. 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
- are 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 in the last 3 months – in such cases we need to know how and when this attempt happened and make an informed decision about the current level of risk

6. Procedure

6.1 For the triage team:

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.

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 to check that we can help.

In the event that 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.

6.2 For clinicians:

How you safely manage your own private practice is entirely your own responsibility. The above criteria are a suggestion that you may elect to comply with. 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.

7. 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.