**EPUT FORENSIC PSYCHIATRIC SERVICE**

**Brockfield House, Kemble Way,**

**Runwell, Wickford, Essex SS11 7FE**

**Tel: 01268 568092 (or dial ext 4092)**

**Email: epunft.forensicreferrals@nhs.net**

**REFERRAL FORM**

The Essex Forensic Service is a NHS tertiary forensic psychiatry service that can offer specialist assessment, treatment and management of patients under the care of adult psychiatric or adult learning disability services, where there are concerns about current risk of harm to others. It consists of medium and low secure units for both males and females.

The EPUT Forensic services also provide inpatient low secure services for people with learning difficulties. It provides services across Essex and Bedfordshire area. The main aim is to play a “gatekeeping” role (on behalf of commissioners). This includes undertaking ‘access assessments’ to determine the most appropriate placement for the patient in terms of mental health need and level of security required.

A referral should meet any of the following inclusion criteria:

* Age 18+ years
* Male or female
* Suffering from a mental disorder
* Detained or liable to detained under the Mental Health Act 1983
* Individuals presenting a risk of harm to others and requiring secure inpatient care, specialist risk management procedures and specialist treatment interventions
* Transfers for prisoners either remanded or sentenced.
* Individuals with a mental disorder directed to conditions of security by the Ministry of Justice
* Suitability for admission to low or medium security
* Increase/decrease of security level need.
* Individual with risk to others that need risk assessment and advise on management in inpatient or community settings
* Consideration of assessment to consider referral to high secure services.
* People with primary personality disorder that may require risk management or where to consider referral to specialist unit.

The following exclusion criteria for referrals apply:

* Referral for diagnosis and management of difficult to manage cases where there is little or no evidence of current risk of harm to others.
* No offending behaviour involving risk of harm to others is present. However, referrals will be accepted whether or not criminal charges are pending where there is evidence of current risk of harm to others.
* Referral to the local PICU or locked rehabilitation unit has not been considered and/or assessed where admission to low security is requested, excluding HMP prison services referrals
* Patient has not been seen by a Consultant Psychiatrist in the last 1 month

Mechanism of Referral

1. Referrals should be initiated and countersigned by a Consultant Psychiatrist. They will not be accepted unless the Consultant in charge has made his/her own assessment of the patient.

1. The attached form should be completed in full.
2. Documentation requested at the end of the referral form must be provided.
3. The urgency of the referral should be stated.
4. Failure to include the relevant information in the referral papers will lead to delay in the referral being processed.
5. All referrals where further information has been requested will be closed within 4 weeks if relevant information is not received.

Our Response

Once referral is received it will be discussed in the forensic referral meeting which runs every Monday (Tuesday when there is bank holiday). Processing and allocation of referrals will be delayed if the required information is not available. Once the information is available we will make every effort to adhere to the following:

* Referral for admission (determined by receiving team)
* An assessor will be allocated and liaise with the referring team date and time for assessment.
* Assessment should be carried out within 21 working days depending on urgency.
* A report should be completed with 2 weeks from the date of the assessment.

**Forensic Referral Form**

 **Email:** **epunft.forensicreferrals@nhs.net**

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| **Reason for referral** |
|  **Service** | **Mental illness ☐** **Learning disability ☐**  |
| **Referral type** | **Admission****Medium secure** [ ] **Low secure** [ ] **Risk assessment and management advice****In case of learning difficulty referral indicate date and outcome of IQ testing:** |

| **Referrer Information**  |
| --- |
| Name and job title of Referrer: Signature:  |
| Name of Consultant Psychiatrist endorsing referral: Signature:Email Address: Telephone Number**:**  |
| Referring Team Name:  |
| Address:  |
| Contact Tel No:  | Contact Email Address: |
| Date of Referral:  |  |

| **Patient’s Details** |
| --- |
| Full name:  | Previous surnames: |
| Address: Last Known: | Date of Birth:  |
| NHS No: |
| Gender: Preferred pronoun (if applicable): |
| Ethnicity: |
| Telephone No:  | First language:  |
| Special consideration for communications: |
| GP name and address (last known):  |

| **Current Location** |
| --- |
| Placement Name: |  |
| Address: |  |
| Telephone No: |  |
| Contact person: |  |

| **Legal Status at time of Referral** |
| --- |
| Currently detained under the Mental Health Act? (detail in section below) |
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| Current Criminal charges (Index Offence/s): |

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| --- |
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| Current status of any legal proceedings (detail in section below) |
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| **Reason for Referral** |
| --- |
| *Please tell us clearly the reason for referral in details including current mental state, risk to other and details of treatment and interventions already attempted.* |
| **Please enclose with this form:** |
| 1. *a full psychiatric report of the patient must be attached which details:*
	1. *family, personal, psychosexual, psychiatric, medical, substance use, and forensic history;*
	2. *Circumstances & progress of hospital admission or imprisonment, management, current medication & current mental state up to the time of referral.*
2. *Your risk assessment of your patient*
3. *Clinical records of current circumstances & progress if in hospital or prison*

***Please note failure to submit these information may lead to delay of the referral******Sending electronic medical notes only is not appropriate.*** |