

**WORCESTERSHIRE MENTAL HEALTH
PARTNERSHIP NHS TRUST**

ACCEPTING REFERRALS POLICY

Worcestershire Mental Health Partnership NHS Trust Policy Data

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Search Criteria

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WORCESTERSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST

ACCEPTING REFERRALS POLICY

1. Introduction

This document provides guidance and assurance to community leaders, medical staff and inpatient managers of our obligation to accept referrals for clients who:

1. Live within Worcestershire County and belong to a Worcestershire PCT GP Practice. See section 3.
2. Live outside of Worcestershire County boundary but who belong to a Worcestershire PCT GP practice. See section 3.
3. Live outside of Worcestershire County boundary and belong to a neighbouring PCT GP practice for which we have a Service Level Agreement (SLA). See section 3.
4. Live outside of Worcestershire and belong to a Primary Care Trust GP practice beyond those we already have a service level agreement with. See section 4.
5. At the time of referral do not know their GP or who are not registered with GP. See section 4.

2. Principles

The decision to accept or reject a referral is first and foremost a clinical one but must be based upon the client's needs and the ability of the Trust to meet those needs. Under National Contracting & Commissioning Rules, the Trust has an obligation to accept referrals on the basis of clinical needs.

All referrals must be logged onto NCRS; decision as **Pending**; pending the outcome of a team/referral meeting or relevant decision making process and then either be **Authorised** or **Rejected**. **NB** referrals that are rejected must have a referral created on NCRS to show it has been rejected as part of the clients electronic care record to note a referral event to the Trust.

3. Service Level Agreement (SLA)

Worcestershire Mental Health Partnership NHS Trust has Service Level Agreements to provide services to clients who belong to GP practices in the following Primary Care Trusts (PCTs).

- Worcestershire PCT
- Dudley PCT
- Herefordshire PCT
- Shropshire PCT
- Solihull Care Trust
- South Birmingham PCT
- Warwickshire PCT

4. Referrals not covered by Service Level Agreements

Where clients are treated and there is not a Service Level Agreement in place with the relevant PCT, the Trust will invoice on an individual basis for all community and inpatient activity.

In circumstances where a client, who, at the time of referral does not know their GP or who is not registered with a GP, the Trust will invoice the PCT in whose geographical area the patient is 'usually resident'. Clients who are not registered with a GP and are of no fixed abode, the Trust will invoice Worcestershire PCT. Ref: 'Who Pays? Establishing the Responsible Commissioner' DoH September 2007.

5. Timeliness and completeness of data entry

The Trust's NHS Care Record Service (NCRS) policy requires all client information and activity to be accurate, complete and up to date. We invoice our commissioners on a monthly basis.

NB The Trust will only receive payment if it can prove that activity has taken place. If client's demographic details and activity is entered incorrectly the Trust risks losing income. If activity is entered late, the Trust will not be paid. See appendix 1.

6. Decision Based on Clinical Need

The decision to accept or reject a referral is first and foremost a clinical one and must be based upon the client's needs and the ability of the Trust to meet those needs. The contracting arrangements in place will ensure the Trust is paid for all activity assuming activity is recorded accurately, is complete and up to date.

The Trust will assure that workload monitoring is linked with fair resourcing within overall budgetary constraints. Please inform Head of Information and Contracting, about significant changes in activity levels or planned or anticipated changes at the planning stage or at the first indication of anticipated changes.

Commissioners/referrers will expect an assessment of need. The referrer may have already discussed with the client the most suitable or preferred service relative to the client's home address. Client choice is also a factor in this decision. However; if there is likely to be a long wait, in excess of 18 weeks, and you perceive from the referral information there are risks associated with waiting you must document your perception of the risks in correspondence to the both referrer and client and request the referrer monitor the client until you can see and assess them. Equally if it is apparent from the referrers' information that it is an inappropriate referral or there are risks associated with clients who needs would be better met by other services - local to the client's home address – this must be discussed with the client and the referrer and documented in correspondence to both rather than have the client experience a long wait only to be told they have been incorrectly referred or they could have been earlier signposted to an appropriate service before rejecting the referral.

7. Allocation of staff

In circumstances where Social Care staff employed by Worcestershire Social Care and seconded to Worcestershire Mental Health Partnership NHS Trust are unable to work with clients who live outside Worcestershire geographical county boundary, managers will need to allocate substantively employed Trust staff to these referrals.

8. Exceptions to policy

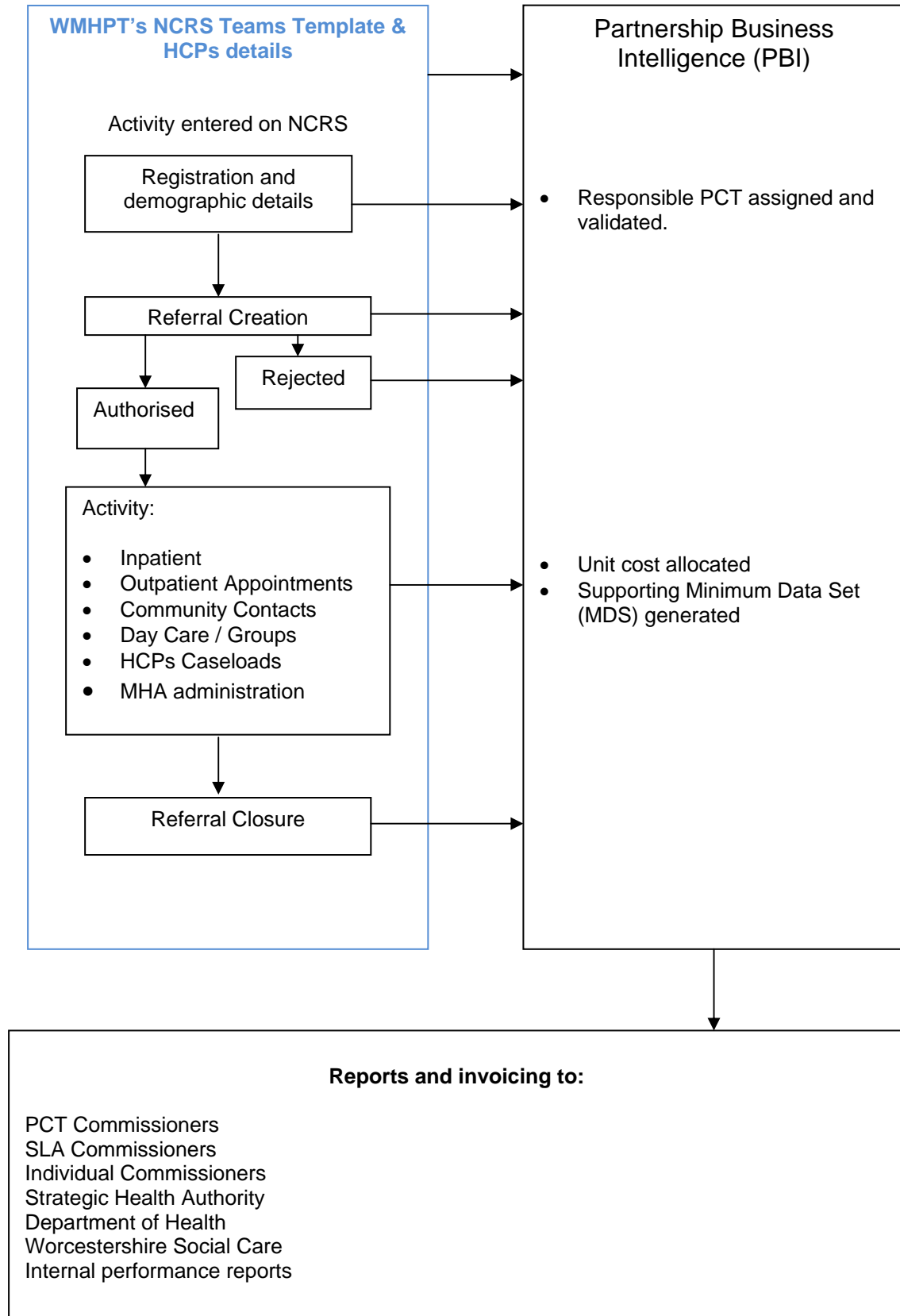
Clients registered with GPs in Wales are not covered by this guidance unless a client is treated as an emergency where prior approval for treatment could not be sought in time; otherwise Welsh commissioning rules state payment for treatment will not be made. Where clients are registered with a Welsh GP, and are currently receiving an intervention from the Trust, staff must notify the information department immediately.

9. Related policies and guidance:

- Who Pays? [Establishing the Responsible Commissioner'](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_079724.pdf) DoH September 2007:http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_079724.pdf
- Worcestershire Mental Health Partnership NHS Trust's NCRS policy:
http://wmhpintranet/SWPCT_Library/Policies_and_Procedures/Corporate/TC0098_NCRS%20Policies.pdf

Appendix 1.

Contracting Information Flows



Contribution List

Key individuals involved in developing this document

Name	Designation
Richard Thomas	Information Governance Manager
Charlie Windsor	Head of Information & Contracting

Circulated to the following individuals for consultation

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Feed back and contributions from:

Name	Designation
Sally Denham Vaughan	Clinical Psychologist
Susan Fairlie	Director of Service Development and Executive Nurse
Jan Ditheridge	Chief Operating Officer
Ben Visser	CPA Coordinator
Darren Levett	Team Leader Crisis Resolution & Home Treatment South
Sarah Edwards	Placement Budget Manager
Karen Reese	Named Professional Safeguarding Adults and Children
Ken Anderson	Community Psychiatric Nurse
Sarah Cox	Malvern Older Adults Locality Manager
Nick Stephens	South Worcestershire OA Locality Manager
Tony Leak	Worcestershire Adult Social Care Services
Richard Bridgwater	Information Manager
Denise Lewis	Deputy Director of Finance

EQUALITY IMPACT ASSESSMENT FORM (EIAF) SECTION ONE: SCREENING / PRIORITISING FOR FULL IMPACT ASSESSMENT

Name of the Function/Policy/Procedure: Accepting Referrals Policy

If any of these are relevant ✓ box below (for the equality area) and continue with screening. If it does not apply add x and cease the process.	Which of the 3 parts does it apply to (if any) 1. Eliminating discrimination 2. promoting equal opportunities 3. Promoting good community relations 1	Is there evidence or reason to believe that some groups could be differently affected? Which groups are affected? 2	How much evidence do you have? 0-2 None or little 3-4 Some 5-6 Substantial 3	Is there any public concern that the function or policy is being carried out in a discriminatory way? 0-2 None or little 3-4 Some 5-6 Substantial 4	Priority (add columns 3 & 4) 5
RACE ✓	1,2 & 3	No	0	0	0
RELIGION/BELIEF ✓	1,2 & 3	No	0	0	0
DISABILITY ✓	1,2 & 3	No	0	0	0
GENDER ✓	1,2 & 3	No	0	0	0
AGE ✓	1,2 & 3	No	0	0	0
SEXUAL ORIENTATION ✓	1,2 & 3	No	0	0	0
HEALTH INEQUALITIES ✓	1,2 & 3	No	0	0	0
HUMAN RIGHTS ✓	1,2 & 3	No	0	0	0

Section 2: ACTION PLAN

None required

Section 3: Outcome of full Impact Assessment