**Referrals to the Thames Valley & Wessex Forensic Network: guidance to referrers**

**Referrals:**

* The Thames Valley & Wessex Forensic Network is an NHS tertiary forensic service that can offer specialist assessment, treatment and management of patients with a primary diagnosis of mental illness or learning disability and who are liable to be detained under the Mental Health Act (1983). The service supports those whose risk of harm to others or escape from hospital cannot be safely managed in other mental health settings and therefore require care and treatment within a secure mental health service.
* We provide a specialist service to the following CCG’s:
  + NHS North East Hampshire & Farnham
  + NHS Farnham & Gosport
  + NHS Isle of Wight
  + NHS North Hampshire
  + NHS Portsmouth
  + NHS South Eastern Hampshire
  + NHS Southampton City
  + NHS West Hampshire
  + NHS Dorset
  + NHS Milton Keynes
  + NHS Berkshire West
  + NHS Berkshire East
  + NHS Oxfordshire
  + NHS Buckinghamshire

**A referral should meet any of the following inclusion criteria:**

* Risk assessment and management where there are concerns about current risk of harm to others.
* Suitability for admission to low, medium or high secure.
* Forensic community working.

**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 when 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.
* Patient has not been seen by a Consultant Psychiatrist in the last 1 month.

**Mechanism of referral**

* The attached form should be completed in full.
* Documentation requested at the end of the referral form (point 6) must be provided.
* The urgency of the referral should be stated. In cases of extreme urgency, telephone contact should be made with the on-call Consultant within either Dorset Health, Southern Health or Oxford Health.
* Failure to include the relevant information in the referral papers will lead to delay in the referral being processed.
* All referrals where further information has been requested will be closed within 4 weeks if relevant information is not received.

**Our response:**

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)
  + Urgent: assessment within 2 working days
  + Routine: assessment within 21 working days (maximum)
* Outpatients: appointment offered within 4 weeks, report written within 4 weeks of seeing the patient.

**Thames Valley & Wessex Network Referral Form**

**Please return the referrals form with any supporting documents to the Referrals Co-ordinator at:**

1. Oxford Health: **ForensicReferrals@oxfordhealth.nhs.uk**
2. Thames Valley & Wessex FIND (ABI/LD/ASD in-patient referrals): **oxfordhealth.FIND-service@nhs.net**

| Reason for Referral | |
| --- | --- |
| **Service Type** | **Mental Illness  ASD**  **Learning Disability  Acquired Brain Injury** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Referral Type**  (please **tick** relevant type) | **Admission**  **Medium Secure**  **Low Secure** | **Risk Assessment & Management** | **Full case management**  **(Community only)** |
| **Case Assisted Working**  **(Community only)** | **Date and outcome of last IQ assessment** (Learning Disability referrals only) |  |

| 1. **Referrer Information** | |
| --- | --- |
| **Name and job title of Referrer:** | |
| **Name of Consultant Psychiatrist endorsing referral:**  **Email Address:**  **Telephone Number:** | |
| **Name of Care Co-ordinator:** | |
| **NHS Trust:** | |
| **Referring Team Name:** | |
| **Address:** | |
| **Contact Tel No:** | **Contact Email Address:** |
| **Date of Referral:** |  |

| 1. **Details of Patient** | |
| --- | --- |
| **Full name:** | **Previous surnames:** |
| **Address:** | **Date of Birth:** |
| **NHS No:** |
| **Gender** |
| **Religion:** |
| **Ethnicity:** |
| **Telephone No:** | **First language:** |
| **Special consideration for communications:** | |
| **CCG:** | |

| 1. **Current Location** | |
| --- | --- |
| **Placement Name:** |  |
| **Address:** |  |
| **Telephone No:** |  |
| **Contact person:** |  |

| 1. **Legal Status at time of Referral** | **Yes** | **No** |
| --- | --- | --- |
| **Currently detained under the Mental Health Act? (detail in section below)** |  |  |
|  | | |
| **Current Criminal charges:** | | |
|  | | |
| **Current status of any legal proceedings (detail in section below)** | | |
|  | | |

| 1. **Reason for Referral** |
| --- |
| 1. ***Please tell us why you are asking for a tertiary forensic opinion at this stage? What do you hope to achieve from a forensic opinion? What are you most concerned or worried about in relation to your patient?*** 2. ***Please tell us if there was a previous forensic assessment and were the recommendations followed? If not, why not?*** |

| 1. **Please enclose with this form:** | Provided |
| --- | --- |
| 1. ***A full psychiatric report of the patient which details:***   ***family, personal, psychosexual, psychiatric, medical, substance use, and forensic history which is no more than 3 months old;***  ***&***  ***circumstances & progress of hospital admission or imprisonment, or recent community progress; management, current medication & current mental state up to the time of referral.***     1. ***Your risk assessment of your patient.*** 2. ***Clinical records of current circumstances & progress if in hospital or prison.*** |  |

| 1. **Trust use only:** | |
| --- | --- |
| GP trace checked against the national spine | Yes/No |
| Home address checked against the national spine | Yes/No |
| Date sent to referrals meeting |  |
| PPNF completed | Yes/No |

**NB: if sending via email please ensure you comply with Information Governance by either password protecting information or sending from a secure email account. Please ensure you send passwords separately.**