



V-I-A

# Co-Occurring Substance Use and Mental Health Disorders (CoSUM) Pathway

## **Purpose**

The pathway sets out a process for ensuring service users with a range of severe mental illness and co-existing substance misuse problems have access to effective services that are responsive and inclusive to their complex needs. Implementation of the pathway is dependent upon all parties agreeing and working within the service parameters for all SUs regardless of their background and circumstances

# Referrals from VIA to Gloucester Health and Care (GHC) NHS Foundation Trust.

New referrals from V-I-A should ideally be made following a team case discussion and the referral form completed by the Recovery Practitioner with the support of the Team Lead/Dual Diagnosis (DD) support worker. The referral form will be completed by the Recovery Practitioner via the FPCC secure email address (See Below).

Referrals expecting crisis (same day) or urgent (72 hours) response are to be made to the FPCC telephone line. Non-urgent referrals will be made by secure e-mail.

VIA staff referring to GHC where possible should consider offering the option of accompanying the Service user to the mental health assessment. V-I-A should provide the name of the appropriate person to liaise with the allocated GHC Health Care Practitioner (HCP) assessor to discuss the case and arrange an assessment date/time. Joint assessments between V-I-A and GHC will be encouraged at all times to ensure best practice is followed.

#### **FPCC** contact details

Address- Contact Centre, Edward Jenner Court, 1010 Pioneer Avenue, Gloucester Business Park, Brockworth, Gloucester, GL3 4AW.

#### Access to' Let's Talk' (over 18s) and V-I-A Service users

Access to 'Let's Talk' is both a formal and self-referral process, V-I-A Service users may also approach Let's Talk directly. If service users do self-refer (and are known to be actively involved in mental health services), they should be encouraged to give permission for VIA and 'Let's Talk' to communicate about their treatment plan

The 'Let's Talk' service should refer to the IAPT Positive Practice Guidelines (PPGs) for working with people with drug or alcohol problems when receiving referrals or self-referrals.

#### Referrals from GHC to V-I-A

GHC will refer service users over the age of 18 to V-I-A. with no upper age limit. Services for young people under 25 years of age are provided by 'Young Gloucestershire'-website address-www.youngglos.org.uk

New referrals to V-I-A should ideally be made using the online referral form but can also be made by telephone. The referral form will be completed and forwarded by secure email. The referral form can be accessed by the V-I-A website (www.viaorg.uk and accessed) or V-I-A telephone number

All new referrals will be made following team case discussion and completed by the Service user's Care Coordinator

Where appropriate GHC staff will accompany service users to a V-I-A assessment and should be always encouraged to ensure best practice is followed

Service users who self-refer to V-I-A without consulting with their GHC mental health team should be encouraged to consent to share information concerning their plan of care. However,

If there are significant risk/safeguarding/legal issues the referral should include these details and appropriate information shared between both services. All consent to share/disclosure information must be documented in the Service users' clinical notes

## Referral from GHC inpatient services

GHC inpatient staff may refer service users to V-I-A and should liaise with V-I-A regarding the suitability of an assessment. Assessments can take place on the inpatient facility, or if appropriate the service user could be accompanied to a V-I-A locality base.

#### Referral from GHC Mental Health Liaison

GHC Mental Health Liaison staff may refer service users assessed in the general hospital setting to V-I-A and the Drug Alcohol Recovery Team (DART) and if the individual is receiving active treatment, GHC and V-I-A staff should liaise regarding the suitability of an assessment if the service user remains an inpatient

# V-I-A Hubs

# **Gloucester and Forest of Dean**

#### Gloucester Hub Imperial Chambers

41-43 Longsmith Street Gloucester GL1 2HT Forest of Dean Hub
Belle Vue Centre
6 Belle Vue Road
Cinderford

**GL14 2AB** 

#### Cheltenham, Tewkesbury and North Cotswold

Bramery House Alston Lane Cheltenham GL51 8HE

#### Stroud, Dursley & Cirencester

Bankfield House Bath Road Stroud GL5 3JG

#### **Joint Working**

To promote continuation of care and management of risk, effective joint working with CoSUM service user's requires collaboration and continued information sharing between both services.

V-I-A are signed up to GISPA (Gloucestershire Information Sharing Protocol Agreement) and GHC has a formal Trust 'Practice Notice' agreement concerning effective information sharing with Trust stakeholders including V-I-A

### **Consent to Share**

GHC/V-I-A staff will need to obtain the appropriate service user consent to share information with each organisation following the usual consent processes

GHC/V-I-A Staff should seek advice from their team leader if in doubt prior to sharing information or can consult with their nominated Safeguarding/Caldicott Guardian leads (See Table 1)

**Table 1**Contact names/details of safeguarding/Caldicott guardian leads for GHC/V-I-A

	V-I-A	GHC
Safeguarding Lead	Chelsea Sims	Paul Gray
Caldicott Guardian	Dr Arun Dhandayudham	Amjad Upal  Caldicott.Guardian@ghc.nhs.uk

## Key referral Information required from GHC/V-I-A

- Psychiatric medication/Substance misuse medication
- Risk status/current Illicit drug use alcohol use
- Care co-ordinator and contact detail/Recovery navigator contact details/other significant V-I-A staff
- Treatment plan care plan
- GP Correspondence address

#### Other Sources - Information

- i) General Practitioner (GP) liaison between both services and should be updated on the service users care plan
- ii) V-I-A service users collect medication on a regular basis (i.e. Daily collection from local pharmacies). If clinical information is required urgently regarding prescribed medication, direct contact with the dispensing pharmacy may be helpful especially as many pharmacies are open at the weekend and evening period

A process should be followed to ensure that an appropriate and speedy resolution to any disputes is achieve.

# Resolution process between GHC/V-I-A

- There may be times when due to the complex presentation of service user differences of opinion may arise. In such situations, the needs of the individual SU are paramount
- It is the responsibility of all of us to ensure that all individuals have access to services that are best placed to meet their needs
- If it is not possible to resolve the issue quickly, the matter should be escalated, if necessary, both within GHC/V-I-A i.e. service manager/clinical leads
- Both organisations are expected to provide support in reaching a resolution in the interests of the service user

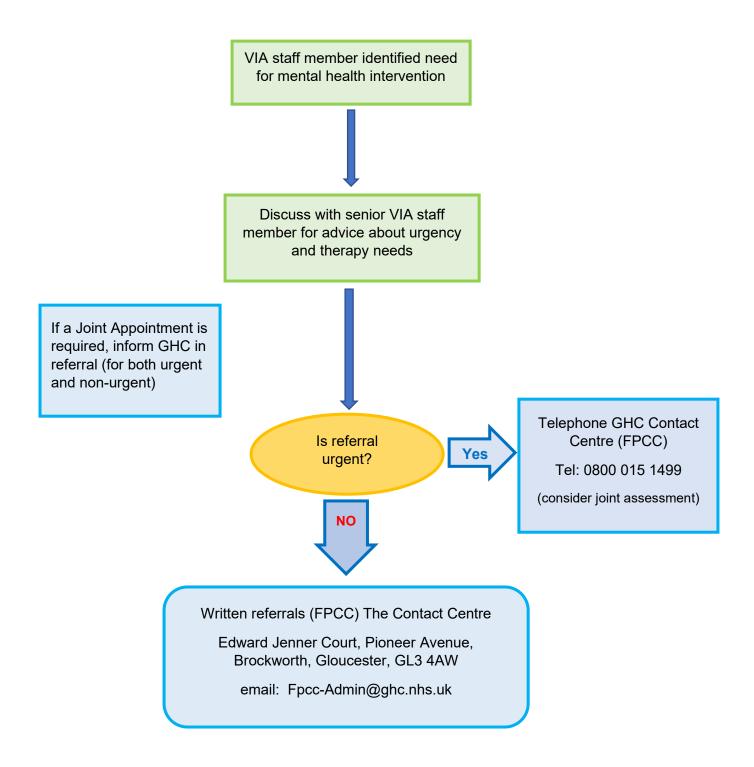
## **GHC useful numbers**

Inpatient WAA Wotton Lawn Hospital Horton Road Gloucester GL1 3WL	Abbey Ward:  Dean Ward:  Greyfriars Ward:  Kingsholm Ward:  Montpellier Unit:  Priory Ward:
Honeybourne Recovery Unit 121 Swindon Road Cheltenham Glos GL51 9EZ	Laurel House Recovery Unit 123 Swindon Road Cheltenham Glos GL50 4BW
Recovery Team Cheltenham & North Cotswold Leckhampton Lodge Charlton Lane Centre Charlton Lane Cheltenham Glos GL53 9DZ	Recovery Tewkesbury Avon House Green Lane Business Park Green Lane Tewkesbury GL20 8DE
Assertive Outreach Team Cheltenham, Tewkesbury & North Cotswolds Leckhampton Lodge Charlton Lane Hospital Charlton Lane Cheltenham, GL53 9DZ	Recovery West Glos  Pullman Place Great Western Road Gloucester
Assertive Outreach Team Gloucester Pullman Place Great Western Road Gloucester	Recovery Forest of Dean Colliers Court Latimer Road Cinderford GL14 2QA

Assertive Outreach Team Stroud Weavers Croft Field Road Stroud GL5 2HZ	Recovery Stroud/Cirencester Weavers Croft Park Road Stroud GL5 2HZ	
Gloucestershire Recovery in Psychosis (GRiP) Rikenel Montpellier Gloucester GL1 1LY		

## Referrals from V-I-A to GHC

- Consent to Share between VIA and GHC services should be obtained from service users.
   Wherever possible. Regular communication and update of clinical progress, risk issues and treatment interventions are good practice and is encouraged.
- GHC should let VIA know if referral have been accepted.
- Inform GP of referral.



# REFERRAL FORM FOR VIA REFERRING TO GHC

# TO CONTACT CENTRE

EMAIL: FPCC-ADMIN@GHC.NHS.UK)

## NB - IF URGENT PLEASE MAKE REFERRAL BY PHONE TO 0800 015 1499

Title		GP	
Name		Surgery	
Address		(address)	
		- INI	
Tel No		Tel No	
D.O. B		Referred By	
Date		Role	
Contact Informat	ion (if different from above)		
	·		
Recovery Practit	ioner at VIA name and contact	details	
,			
If you are not a smember?	senior staff member have you	ı discussed this v	vith the team leader VIA staff
If yes then whom	?		
-			
Current Presentii	ng Mental Health Problem		
Recent/ Current illicit Drug Use			
Recent/Current a	Ilcohol Use		
Previous Mental Health History			

Relevant Physical Health Problems (e.g. diabetic)
Risks Identified e.g. Self-Harm/ Risks to Others/ Self-neglect/ Risks to visiting staff/ forensic history
Any recent change of risks?
Current Medication (for mental health (if known) and for substance misuse
Current medication for physical health (where known)
VIA Treatment Plan (please also comment on engagement with treatment)
When did Patient last see his GP?
Is GP informed of the referral? Yes / No
Is the patient aware and agreeable to this referral? Yes / No
Would you/a member of VIA staff like to attend the appointment?

# Safeguarding

Dependants? Yes / No

Names D.O.B

Child Protection Plan? Yes / No

PHQ-9 questionnaire				
Over the <u>last 2 weeks</u> on how many days have you been bothered by any of the following problems?	Not At all		More than half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
<ol> <li>Feeling down, depressed or hopeless</li> <li>Trouble falling or staying asleep, or</li> </ol>	0	1	2	3
sleeping too much	0	1	2	3
<ol> <li>Feeling tired or having little energy</li> </ol>	0	1	2	3
<ol> <li>Poor appetite or overeating</li> <li>Feeling bad about yourself or that you are a failure or have let yourself or your</li> </ol>	0	1	2	3
family down  7. Trouble concentrating on things such as	0	1	2	3
reading the newspaper or watching tv	0	1	2	3
8. Moving or speaking so slowly that other People could have noticed, or the opposite – Being so fidgety or restless that you have been	Ü	·	2	O
Moving around a lot more than usual	0	1	2	3
<ol><li>Thoughts that you would be better off dead or of hurting yourself in some way</li></ol>	0	1	2	3
	A11-	PHQ-9 To	otal Score	
GAD-7 questio	nnaire			
Over the <u>last 2 weeks</u> on how many days have you been bothered by any of the following problems?			More than half the days	Nearly every day
Feeling nervous, anxious or on edge	0	1	2	3
<ol><li>Not being able to stop or control worrying</li></ol>	0	1	2	3
<ol><li>Worrying too much about different things</li></ol>	0	1	2	3
4. Trouble relaxing	0	1	2 2	3 3
<ol><li>Being so restless it is hard to sit still</li></ol>	0	1	2	3
<ol> <li>Becoming easily annoyed or irritable</li> <li>Feeling afraid as if something awful</li> </ol>	0	1	2	3
might happen	0	1	2	3
	A12-	GAD-7 To	otal Score	

Other Comments / Issues / Supporting information
Please complete and fax to the Contact Centre Tel: 0800 015 1499 email: Fpcc-Admin@ghc.nhs.uk
Date:
Signature:
Date Received:

#### Referrals from GHC to V-I-A

#### Note: This applies to all Mental Health Services

- If there are significant risk issues then referral should include these details and signposting for highrisk patients is not appropriate, unless they also agree to have this information shared with VIA
- Consent to Share between GHC and V-I-A service should be obtained from service user, where ever possible. Regular communication and update of clinical progress, risk issues and treatment interventions are good practice and is encouraged.
- Advice is available from the CoSUM Team regarding complex clients.

