Accessing Mental Health Services for 18+ Adults in Buckinghamshire from 1st July 2024 .

Oxford Health NHS Foundation Trust

How to access services and response times (Slide 2)

Emergency Response

(Immediate) GP to call 999

Very Urgent Response
4-hour response

Call CRISIS Team directly and follow up email clearly stating "Very Urgent".
South Team: 01865 902000 | crisisteam.south@oxfordhealth.nhs.uk
North Team: 01865 902000 | avcrhtt@oxfordhealth.nhs.uk

Urgent Response
Seen in-person
24-hour response

Ardens referral form via **ERS to Gateway or email referral to** AMHBGateway@oxfordhealth.nhs.uk

Routine Response
28-day response

Ardens referral form via **ERS to Gateway or email referral to** AMHBGateway@oxfordhealth.nhs.uk

Bucks Talking Therapies
Mild to moderate depression and anxiety disorders that can be safely managed in primary care. Not appropriate for those with an SMI

Complete a professional referral on:
https://www.oxfordhealth.nhs.uk/bucks-talking-therapies/
Or email referral to bucks-talking-therapies@oxfordhealth.nhs.uk
Note: Patients may also self-refer

Memory Assessment Service Referrals (MAS)

Help us to work better! Please facilitate bloods & Initial memory screening prior to making referral so we can ensure there is no physical health cause for the memory concern. This will help to prevent delays!

If you would like to discuss a referral before submitting a formal referral, please contact Buckinghamshire Memory Assessment Service on 01865 901296.

- Communication/Mobility Requirements.
- NOK and LPA details if applicable.
- Referral Rationale - Presenting problem with a 6-month history and Cognitive Screening score (6CIT, GPCog, TymTest). Impact on daily life (activities of daily living, ability to manage finance etc).
- Dementia Screening Blood Test (ESR/CRP, U&E, Calcium, HbA1c, LFT, TFT, B12 & Folate, eGFR). **(must be within 3 months).**
- Any additional relevant letters or investigations (MRI/ CT Head Scans within last five years, relevant clinic letters from other specialities etc)

E-Referral to Gateway or AMHBGateway@oxfordhealth.nhs.uk

Out of Hours
Referral by telephone via the switchboard number if urgent (01865 902000). Gateway if routine by Ardens referral form via ERS or email referral to AMHBGateway@oxfordhealth.nhs.uk

PLEASE DO NOT
refer to **Gateway** and **BTT** simultaneously as a patient cannot have open referrals to both teams.

HELP US
to identify the appropriate pathway for your patient by providing as much relevant information as possible, including risk, as this helps the patient journey, avoid delays and minimise referral returns.

ADVICE AND GUIDANCE
Gateway Consultants and Pharmacist can be contacted via the ERS system and will return your request within 3 working days. This includes MAS queries.

Caring, safe and excellent

Oxford Health
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Table 4: Clinical response priority definitions for mental health crisis services.

Clinical response priority and proposed national standards	Definition/description of typical presentations – to be determined by the specialist urgent MH crisis service at triage (Based on the UK mental health triage scale)	Likely % of referrals to an open access crisis service
Emergency – immediate blue light 999/A&E	Immediate response – denotes emergency situations in which there is imminent risk to life or serious harm to themselves or others and will require a "999" response, potentially within minutes. This would require a response from the police or an ambulance but may also require rapid support or a joint response from an MH crisis service.	**1-2%**
Very urgent – face-to-face response from MH crisis service within 4 hrs	For those who: present a risk of harm to themselves or others; present acute suicidal ideation with clear plan and intent; have a rapidly worsening mental state; do not require immediate physical health medical intervention; are not threatening violence to others. These referrals **require a very urgent face-to-face assessment with a specialist mental health crisis practitioner within 4 hours.**	**2-5%**
Urgent – face-to-face response from MH crisis service within 24 hrs	Typical presentations in this category include: high risk behaviour due to mental health symptoms; new or increasing psychiatric symptoms that require timely face-to-face intervention to prevent full relapse; significantly impaired ability for completing activities of daily living; vulnerability due to mental illness; expressing suicidal ideation but no plan or clear intent. These referrals **require an urgent face-to-face assessment with a specialist mental health crisis practitioner within 24 hours.**	**5-10%**
Routine / non-urgent	This term in the context of crisis care is to be used for **all responses that do not require an urgent face-to-face intervention from a specialist NHS mental health crisis service**. There is a wide range of responses that could fall into this category: telephone advice and support from NHS or VCS services; less urgent face-to-face appointments with a community mental health team; referral to GP or other primary care services; help with medications and prescriptions over the phone; booking into a local sanctuary/haven; signposting to local authority services such as benefits advice.	**65-85%**