Flow Navigation Centre Mental Health Pathway for Scottish Ambulance Service



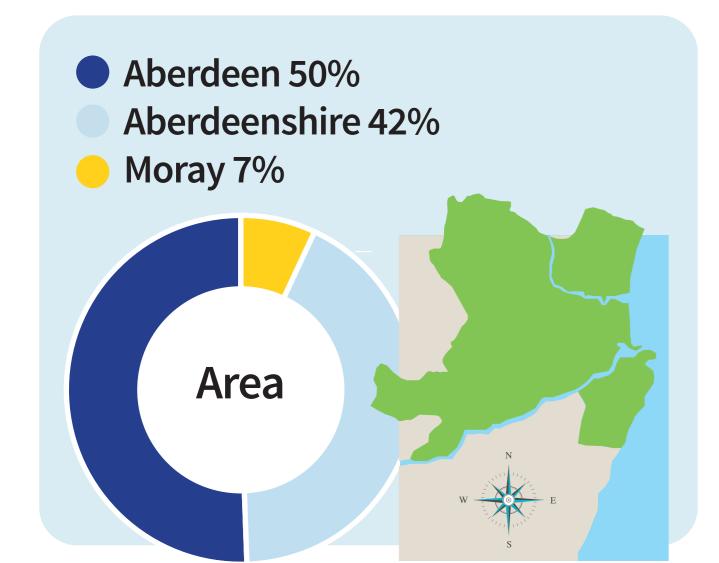
Rob Bradley | Interim NMAHP (Nurse) Consultant Older Adults Mental Health

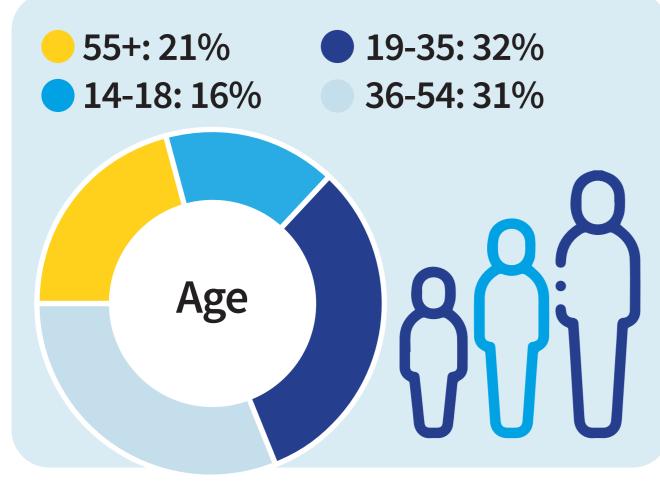




made to the mental health pathway via the Flow Navigation Centre since go live at an average of circa five referrals per week

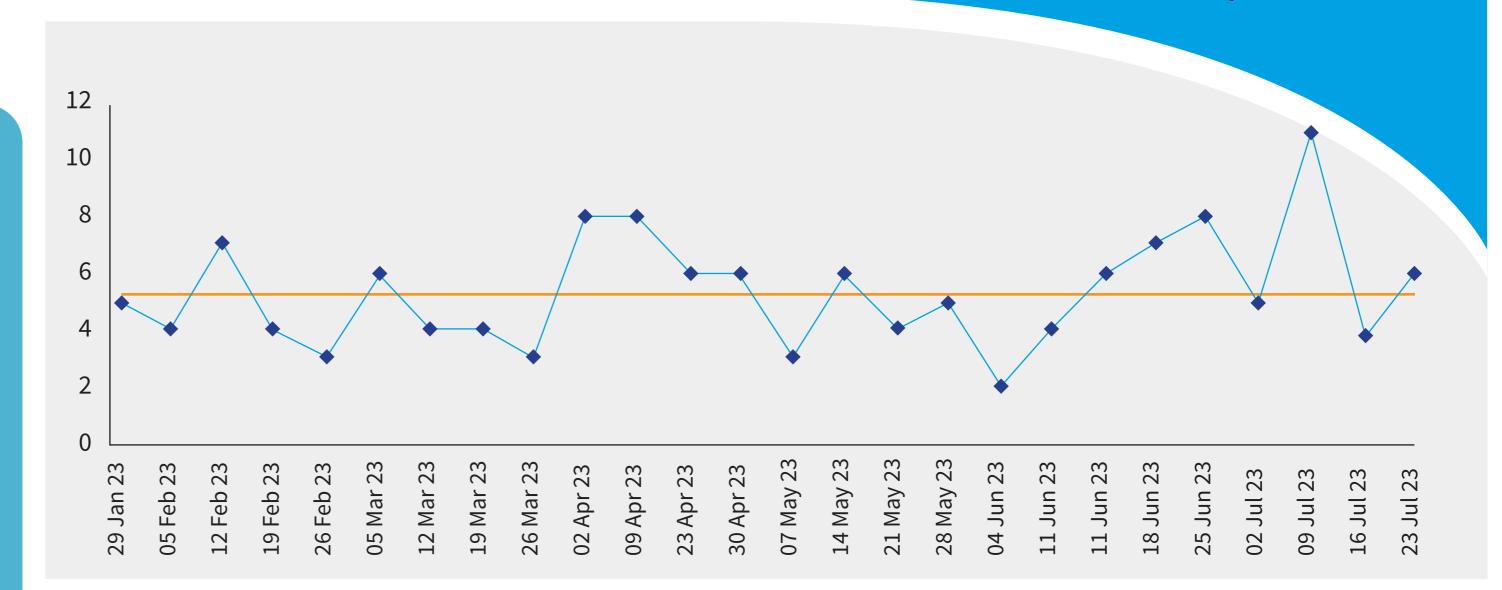








patients not conveyed to hospital following professional decision support from the Unscheduled Care Team at Royal Cornhill Hospital



Background:

Prior to this Test Of Change Ambulance crews had no direct access to Mental Health Professionals. Without access to expert advice and up to date notes crews would often have no choice but to bring patients to the emergency department. Ambulance stacking outside hospital is a well documented problem; not only is it a poor use of resources but it also leads to poor patient outcomes. This is especially true for people experiencing a mental health crisis who, as well as having to wait many hours, would have to repeat their story to a great many individuals.

Test of Change:

SAS crews can now access the Mental Heatlh Pathway by going through the Flow Navigation Centre (FNC). This allows them access to expert Mental Health advice and possible assessment 24 hours a day. This is an extension of the "Call before you convey" process which was previous used for physical health presentations.

Methodology:

PATHWAY ACCESS

SAS clinician provide details to FNC

FNC then contact Royal Cornhill Hospital to share details

SAS Crew remains with the patient pending contact



Royal Cornhill Hospital Senior Clinical Decision Maker contacts SAS crew

Professional to Professional discussion with possible outcome outlined below

Specialist Decision Support:

- Guidance re onward care/ alternative pathways
- If patient known, sharing of unscheduled care plan and processes
- Request for additional information that may aid assessment.understanding of circumstances.

Telephone Assessment:

- UCT Practitioner will provide specialist mental health assessment and support, to the patient via telephone
- Professional to professional discussion about outcome and plan
 SAS clinician remains on scene
- SAS clinician remains on-scene during assessment process.

Face to Face Assessment:

- UCT Practitioner, following telephone assessment, may wish to see the person face to face
- Most appropriate
 conveyance process to
 be discussed between
 SAS clinician and UCT
 practitioner.

Conclusion:

Early quantitative data shows clear reduction in conveyance to the emergency department.

Anecdotal evidence from SAS crews, patients and Mental Health Professionals are of quicker response, better information sharing and high quality patient outcomes. However more data is needed and

currently there are efforts to collect more in depth quantitative and qualitative information. The pilot was originally launched for Aberdeen City and Shire but has since been expanded to include Moray. Discussions are taking place about the viability of this model for police mental health calls.