

NHS GG&C Mental Health Service Transfer of Care Guidance

Important Note:

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

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Lead Author:	K Phillips, Head of Adult Services
Responsible Director:	Associate Medical Director in MHS
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MHS 44 – Transfer of Care

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date	Brief Summary of Changes	Author(s)
1.0	May 2014	First Draft	M Smith
2.0	Oct 2017	Minor changes to format and layout, references updated	K Phillips
3.0	March 2021	Inclusion of Temporary Accommodation process	K Phillips & S McC

Guidance on the Transfer of Care for Patients Changing Address within NHS GGC Board Area

This document describes a standard approach to the transfer of care for patients changing address in NHS GG&C. This guidance applies to all community services across GGC.

When a patient changes address to a new Health and Social Care Partnership (HSCP)/sector of NHS GG&C covered by a different community team:

- The original HSCP/sector should start working on the transfer of care as soon as they know the move will take place.
- The original HSCP/sector should normally continue to provide all psychiatric care for up to 4 weeks after the move, arranging a handover of care to the new HSCP/sector team during that time. This includes the Community Mental Health Team and Area/Local Crisis Teams.
- Out of Hours emergencies in mental health care will continue to be delivered on a Board-wide basis and will liaise with CMHTs as normal.
- If a change of address involves a package of care (e.g. supported accommodation), and that placement breaks down in the first 12 weeks after the change of address, care will default to the original HSCP/sector unless alternative arrangements are agreed.
- As required, the patient should be encouraged and supported to change GP within 12 weeks.
- Confirmation of handover should be documented and communicated to the patient's previous and new GP.

Please note:

- This guidance applies to all ages and all areas of NHS GG&C, with the exception of patients on the caseload of the Homeless Team.
- Individuals in temporary accommodation will follow the same process and will be supported by local Mental Health Services after the initial 4 week follow up is completed.
- Consideration in any transition from CAMHS to adult Mental Health should refer to Mental Health / CAMHS interface protocol and consider the needs of young people for whom we are corporate parents on the issue of temporary accommodation.
- Community alcohol and drug teams will follow the guidance unless transfer is complicated by ongoing child protection or criminal justice issues. The alcohol and drug service may not transfer within these timelines if needed to ensure that child protection or criminal justice issues are not disrupted.
- This guidance does not apply to temporary changes of address, e.g. to gain increased support from family during an episode of illness.
- A change of address to an area outside NHS GG&C should be negotiated with the "receiving" Board / HSCP, but we would expect similar timescales to apply. Guidance set out in [CEL 06 \(2013\)](#), "Establishing the Responsible Commissioner", may be useful in such situations.
- Whenever possible, all aspects of care should be transferred at the same time (e.g. CPN, Consultant Psychiatrist and any other clinical input). Special arrangements may need to be made in some circumstances (e.g. to avoid harmful breaks in psychological therapies). It is critical that gaps in care are avoided.
- Colleagues are reminded of the importance of ongoing risk assessment and good communication throughout all transitions of care.