

Mental Health Clinical Assessment Service (MHCAS)
Standard Operating Procedure (SOP)



Mental Health

Integrated Access Partnership

Intelligent Mental Health System Response

Mental Health Clinical Assessment Service (MHCAS) Standard Operating Procedure

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Mental Health Clinical Assessment Service (MHCAS)

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Objective

This standard operating procedure (SOP) is to provide guidance to IAP staff on the day-to-day operation of the Mental Health Clinical Assessment Service (MHCAS).

Overarching SOP

Please refer to the Overarching SOP for matters relating to:

- Key Roles & Responsibilities
- Clinical Intervention
- Clinical Records
- People with Unmet Needs – High Intensity Users (HIU)
- Safeguarding
- Data Protection and Confidentiality
- Business Continuity
- Quality and Governance
 - Learning Events/Incidents
 - Clinical Audit

Mental Health Clinical Assessment Service (MHCAS) Overview

MHCAS Review, Triage and Assessment is available to patients within Bristol, North Somerset and South Gloucestershire (BNSSG); it operates 24 hours a day, seven days a week. This part of the IAP is the entry point for Mental Health support via NHS 111.

MHCAS staff receive training on the use of SevernSide systems. MHCAS operates from the CAS queue within the clinical system. Staff in the MHCAS will only contact patients once their case is on the CAS queue. Calls can arrive in this queue via several routes:

- Direct referral from 111 Health Advisor or 111 Online via the Directory of Services (DoS)
- Direct call from patient speaking with MHCAS Call Handler by phoning 111 and choosing option 2
- Direct call from professional speaking with MHCAS Call Handler by phoning the MHPL

The MHCAS will call back patients allocated to the CAS queue in order of prioritisation. 111 mental health calls within the CAS queue will be prioritised for call back in order of time until breaching/past breach, and will be informed by the information obtained by the MHCAS call handler, using the IAP's Priority Support Tool or the NHS Pathways assessment. Calls meeting category A+B of the UK MHTS would be best managed by registered staff.

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Resourcing

As a minimum, the MHCAS must be staffed by:

- 1x MHCAS Call Handler
- 1x registered mental health professional.

(It is not possible for MHCAS to function without this minimum staffing; however, planned MHCAS staffing will always include a MHCAS shift manager and additional operational and clinical staff members.)

Process & Functionality

While operating in the MHCAS, IAP staff must comply with BrisDoc Policies and SOPs which are available here: [Policies & SOPs – Radar \(radar-brisdoc.co.uk\)](https://radar-brisdoc.co.uk). The MHCAS shift manager will be available at all times should any advice or support on process or functionality be needed by IAP staff operating in the MHCAS.

The digital functionality available to IAP staff operating in the MHCAS includes:

- Clinical system and associated functionality
 - Templates (Clinical Record)
 - Practice Liaison Service (Own GP Emergency Follow Up, the following day)
 - Electronic Prescribing (via Physical Health Team)
- Agency Referral (to MIU/UTC/ED)
- Access to Connecting Care
- Access to RiO
- Access to BrisDoc Weblinks Functionality ([Weblinks – BrisDoc Healthcare Services](#))
 - BrisDoc Clinical Toolkit ([BrisDoc Clinical Toolkit](#))
 - ToxBase ([Tox Base – BrisDoc Clinical Toolkit](#))

Training and User guides are available here: [Training / User Guides – BrisDoc Clinical Toolkit](#)

Receiving Cases

The majority of cases for MHCAS will be received by MHCAS Call Handlers, answering telephone calls received via NHS 111 (option 2) or from emergency services phoning the MHPL.

All calls will be answered and handled in line with the [MHCAS Call Handler Handbook](#). This will include escalating cases for a warm practitioner transfer, or urgent MHCN review, dependent on the answers callers provide to specific questions.

Clinical Navigation

The most senior registered MH clinician working in MHCAS will take the role of Mental Health Clinical Navigator (MHCN) in the triage and prioritisation of calls in the queue, in accordance with the [IAP Practitioner Handbook](#).

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GP Follow Up & Prescribing

BNSSG Registered Patients ONLY

Only the MHCAS has the functionality to contribute to the patient's own GP's clinical record system (EMIS), with the Adastra case report being shared automatically on completion of each case via a post event message (PEM).

Any member of staff operating within the IAP can make professional referrals to the patient's own GP, using the MHPL. When calling, please identify as calling from the IAP and that you want to share information with the patient's own GP. The detail relating to the patient contact, requested action for the GP and subsequent referral MUST be recorded within the RiO clinical record.

	Telephone	Process
In Hours	0117 233 1402	You will be connected to the patient's own GP Practice
Out of Hours*		Patient information will be added to clinical system to be managed by the MHCAS team (this may not then be actioned by the GP practice until the following working day)

*The out of hours pathway is only appropriate for requesting follow up from the patient's GP practice on the next working day (longer delays for bank holidays). Mental health clinicians who need more urgent clinical advice or a prescription out of hours, must contact the SevernSide professionals' line and request a call back from one of the BrisDoc clinicians.

MHCAS Action

The MHCN will review the calls relating to an 'out of hours' contact, search the RiO notes and copy and paste the clinical information into the clinical record on CLEO. All out of hours referrals must be processed by the MHCAS mental health team as soon as practicable. Practices may only reconcile referrals once a day; therefore, they may not get looked at after this has occurred in the morning of the following working day.

Information copied to CLEO must reflect the assessment conducted out of hours and include a clear request for the GP to action. The assessment plan recorded in RiO may, for example, read: '...Assessment completed, no role for mental health services. Request for GP to offer routine consultation and review anti-depressant medication'.

Deploying the Mental Health Response Vehicle

To deploy the Mental Health Response Vehicle (MHRV) for a patient who has been assessed in the MHCAS, the IAP staff member must contact the MHCN in the MHSD requesting its availability. If the MHRV is available and the MHCN agrees for its deployment, case notes must be added to reflect the onward pathway for the patient and the accepted referral to 999. The MHCAS case must then be closed, marked as referred to 999.

A new case must be opened by the MHSD on CAD (SWASFT system) and the management of the patient continues in line with the operation of the MHRV (see separate SOP). If further

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intervention is required, a new case must be opened via the MHPL (0117 233 1402) to allow record keeping and intervention as required.

Where the MHRV is not available, an alternative suitable plan must be made.

Liaising with Physical Health

During Clinical Navigation

If the MHCN, during their review of the case, identifies a concurrent physical health need, this will require assessment from a physical health clinician. The MHCN should note this in their validation notes to identify the concurrent health needs and inform the shift manager directly so the operational team can duplicate the case, using the same time disposition into the physical health queue.

A note will be added to both cases to indicate they are open to both services. Mental health practitioners should be mindful that a failed contact may be as a result of the patient being on the phone with the physical health clinician if the call is engaged.

The patient will be notified of this process via text message to offer reassurance that both their physical health and their mental health needs will be assessed.

This process should not delay the mental health assessment. However, the IAP practitioner can reassure the patient that their physical health needs will be assessed independently.

Where physical health red flags (Appendix 1) are present, the MHCN or mental health practitioner should immediately escalate the case to the physical health team for assessment.

During/Following Assessment

If a practitioner needs advice/input from a physical health clinician during or following an assessment, they must have a conversation with the SevernSide Clinical Co-Ordinator or in their absence, the physical health Shift Manager will direct the practitioner to the most appropriate clinician. The Clinical Co-Ordinator is usually located in Osprey Court during the day or can be accessed via the physical health shift manager.

Subsequently, the mental health practitioner will need to request a '**Follow Up**' before going through the '**End Assessment**' process and advise the shift manager. The shift manager will then move the case from the Urgent Follow Up queue to the relevant team.

Where physical health red flags (Appendix 1) are present, the CN or IAP practitioner should immediately escalate the case to the physical health team for assessment.

To support an effective handover to the physical health team please follow the guided questions below:

- **What is/are the physical health symptom/s?**
- **How long have you had this physical health symptom?**
Has it changed since it started? (ideally noting how it has changed)
- **Have you ever had this physical health symptom before?**
Is it the same or different this time? (ideally noting how it is different)

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- ***Is this physical health symptom stopping you from doing anything you can normally do?***
(ideally noting what it is stopping)

Prescribing

If a patient requires a prescription, wherever possible, the assessment and recommendations should be recorded by the MHCAS team member within the clinical record. This should then be discussed with the SevernSide CC and managed through the above process for the electronic prescription to be sent by the relevant clinician.

A list of open pharmacies is available here: [Find a pharmacy - NHS \(www.nhs.uk\)](https://www.nhs.uk)

(NB. Please ask the Shift Manager about Bank Holidays)

Arranging a physical health (999) ambulance

Where a patient requires a physical health ambulance, this should be arranged by phoning 999. The mental health practitioner phoning 999 must identify themselves as calling from the MHCAS; it is imperative that practitioners do not identify as phoning from NHS 111.

Accessing Interpreting Services for Patients who Speak Limited English

BrisDoc have access to an interpreter service provided by Language Line. Contact details are as follows:

Phone number: 0845 310 9900

Organisation name: BrisDoc Healthcare Services Limited

Code: L52612

Making a call to a limited English speaker

- Dial the Language Line phone number (above)
- Request the language the patient speaks through the interactive voice response (IVR) system
- When the interpreter is connected, the interpreter can call the patient for you to create a conference call.

Accessing Interpreting Services for Patients Using British Sign Language

BrisDoc has an account with Sign Solutions to access interpreters for British Sign Language (BSL), which can be used to contact patients using BSL.

To book an interpreter, telephone Sign Solutions on 0121 447 9620. You will then need to choose either option 1 for face-to-face support, or option 2 for video support (which is likely to be most appropriate for any remote triage). You will need to quote 'BrisDoc Healthcare Services' so that the account can be located and relevant assistance provided. For patients who

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have entered the MHCAS from NHS 111 pathways, the interpreter will ideally have been booked in advance; however, it is best to check this and make our own arrangements if necessary.

For patients using BSL requiring contact from the 999 MH Desk, the MHCN at EOC will transfer the care of the patient to the MHCAS, as there is not currently an option to make outbound BSL contact from SWAST EOC. The MHCAS practitioner will need to contact Sign Solutions to book the interpreting services. An interpreter may not be immediately available. When an interpreter is booked, the patient should be notified of the expected contact time via SMS so that they are aware when they should expect to be contacted and to try to minimise failed contacts.

When Sign Solutions has been used for a consultation, please ensure the Mental Health Shift Manager is made aware so that it can be documented that the service has been used.

Case Closure

When the case has been completed, it should be closed and the relevant information added including coding, onward referral, and case questions answered. Where an unregistered team member has completed the case, they **MUST** choose 'registered MH clinician sign off required' during the End Assessment process in CLEO. A registered MH clinician must then review the case before closing it, ensuring the intervention and outcomes were appropriate based on the assessment of the patient. This must be done promptly following the assessing practitioner's consultation. **Unregistered team members must not close cases.**

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Appendix 1: Red and Amber Flags

SevernSide **RED FLAGS**



The aim of this quick guide is to give Call Handlers more confidence when making safety calls to patients and to help identify any major worsening symptoms.

We do not want you to become clinicians and start giving advice we just want you to be aware of some of the more severe ailments what to look for and how to react.

When Safety Calling a patient should they inform you of any of the following symptoms please escalate to the Clinical Navigator or Shift Manager immediately:

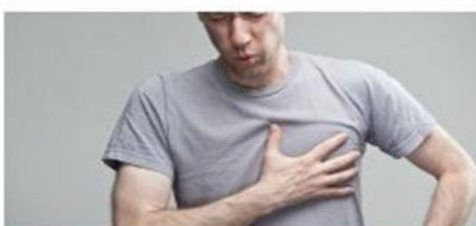


STROKE

USE F.A.S.T

- F**ACE: Is it drooping?
ARMS: Can they raise them above their head?
SPEECH: Is it slurred?
TIME: Time to take Action

Alert the Clinical Navigator or Shift Manager immediately



CHEST PAIN

- Is the pain central (crushing)?
Any tingling or heaviness of jaw?
Any tingling or heaviness of left arm?
Does the patient look pale/ sweaty or clammy?
Does the patient appear breathless?

Alert the Clinical Navigator or Shift Manager immediately



SEVERE & VISIBLE BLEEDING FROM ANY ORIFICE

Alert the Clinical Navigator or Shift Manager immediately



Patient Collapse /unresponsive?

Alert the Clinical Navigator or the Shift Manager immediately

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SevernSide AMBER FLAGS



- For these Amber Flags Seek very prompt clinician guidance (Next Available Clinician)
Add priority tag and flag to the allocation WaCC

Sick Babies	
<p>If Patient has <i>any</i> of the following Symptoms:</p> <ul style="list-style-type: none"> Head is Floppy Cold hands and feet Bluish Marbling on arms or legs Not settling/ Agitated Breathless 	
All Patients	
Symptom	Additional questions to ask and document patient response
Breathlessness	<p>Do they have a blue complexion?</p> <p>Can they speak in full sentences?</p> <p>Are they sweaty or clammy?</p>
Abdominal pain	<p>Are they sweaty/ clammy?</p> <p>Are they distressed?</p> <p>Is the pain severe?</p>
Lower back pain	<p>Have they lost the use of power in their legs?</p> <p>Are they visibly unwell (Sweaty or clammy)?</p> <p>Have they wet themselves?</p>
<ul style="list-style-type: none"> Palliative Patients Becoming confused/ behaving unusually? Struggling to walk? Shouting/ agitated without reason Clammy/ Sweaty or unwell, patient refers to recent Chemotherapy? Severe and distressing headache 	
Suspect Meningitis	
Symptom	Ask
Rash:	Does the rash disappear with the glass test?
Stiff Neck:	Can they put their chin to their neck without pain?
Agitated or disorientated:	Adult or child acting oddly, unsure of surroundings, unsettled, confused

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Monitoring & Change Register

The IAP SOP will be reviewed at least annually and more regularly to account for service changes and expansion.

Date	Version	Author	Change
18/02/2022	1.0	Matthew Truscott	Version 1.0 published
27/09/2022	1.1	Matthew Truscott and Rhys Hancock	Updated subject to review
17/08/2023	2.0	Matthew Truscott, Rhys Hancock and Kerry Geoghegan	Updated as part of Integrated Access Partnership and relationship with other IAP services. Added details of accessing BSL interpreters. Added Appendix 5.
12/09/2023	2.1	Ollie Crandon	Added details of arranging a physical health ambulance.
28/03/2024	2.2	Ollie Crandon	Amended MHCAS operating times. Added 'GP Connect' to 'GP Follow Up and Prescribing' Formatting amendments
03/04/2024	2.3	Ollie Crandon	Amended Appendix 5 (changes to MHCAS resourcing)
09/04/2024	2.4	Ollie Crandon	Added 'Accessing Interpreting Services for Patients who Speak Limited English'
28/10/2024	2.5	Ollie Crandon	Removed Appendix 5 (changes to MHCAS resourcing) Added Appendix 5 (call journey for patients phoning NHS 111 and choosing option 2) Updated throughout with reference to MHCN Updated 'Arranging a physical health ambulance' Updated 'Clinical Navigation' Updated 'Case finding' Updated 'Resourcing' Added Links to Call Handler and IAP Practitioner Handbooks
07/03/2025	2.6	Ollie Crandon	Formatting amendments Removed 'Introduction' Updated 'Resourcing' to add clarity Removed appendices 1, 2, 3 and 4 as duplicates of Overarching SOP. Appendix 5 re-numbered to Appendix 1.
31/07/2025	2.7	Ollie Crandon	Transition from Adastra to CLEO Removal of 'Booking Appointments Using GP Connect' Removal of access to MiDos Removal of Appendix 1 (Call Journey) Removal of 'Case Finding'

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			Updated 'Liaising with Physical Health' Removal of video consultations from 'Accessing Interpreting Services for Patients Using British Sign Language'
26/11/2025	2.8	Ollie Crandon & Nicola Solman	Created date corrected to that of v1.0 publication Updated to include reference to concurrent management of physical and mental health needs.