Integrated Access Partnership (IAP)
Practitioner Handbook

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Integrated Access Partnership (IAP) Practitioner Handbook

Contents

Mental Health CAS (MHCAS)

The MHCAS service operates 24/7, 365 days a year. Demand flows from NHS111 and the Emergency Services Mental Health Professional Line (MHPL).

The MHCAS team consists of a team of Shift Managers, Call Handlers, Registered and Unregistered Practitioners. The planned rota will be:

- 1 Shift Manager 24/7
- 1-3 Call Handlers
- 2-3 Registered Practitioners
- 1-2 Unregistered Practitioners

The MHCAS team will sit together in the upstairs area of Osprey Court, co-located with SevernSide physical health services who are based primarily downstairs in Osprey Court.

Roles Overview

Call Handler role

Incoming calls

The Call Handlers will be taking the following calls:

- Service users who have called 111 and selected option 2
- People who have called 111 and selected option 2 on behalf of a service user
- Emergency Services Mental Health Professional Line calls
- BSL interpreter with a patient

Safety Calling

As well as answering incoming calls, an important call handler role is to carry out Safety Calling. Safety Calls are outbound calls made to patients who are awaiting a clinical call back. These calls are essential for all **breached (red)** and **close to breaching (amber)** cases, serving as a safety measure to identify any concerning or worsening conditions among patients in our queue.

Failed Contacts

If the patient misses a call back from a practitioner or a call handler as a result of a failed safety call, this is called a failed contact. The Call Handlers will proactively try to call patients following a failed safety call up to three times. If the call handler successfully contacts the patient a note this effect will be added to the case. If no contact has been made after three attempts a note will be added to the case for the practitioner to review.

Integrated Access Partnership (IAP)
Practitioner Handbook

Referring patients to known services

Call handlers can transfer patients to a known service if the service is open and the patient consents.

Administration

The call handlers will also have administrative tasks to complete as requested by the Shift Manager or SevernSide Team Managers.

Shift Manager

The Shift Managers have the responsibility for the operational leadership and oversight of the shift. Their responsibilities include:

- On-shift management of the call handlers
- Managing operational capacity to meet Key Performance Indicators
- Troubleshooting non-clinical issues for the practitioners
- Point of contact for practitioner sickness and informing relevant teams
- Provide on-shift coaching and feedback for call handlers
- Completing a Shift Manager Report
- Escalating to the On-Call Manager when needed/appropriate
- On-shift leadership for Business Continuity events (with guidance/support from the On-Call Manager)

Service Users

Patients

Patients who call NHS 111

Patients within BNSSG can access mental health support by calling NHS 111 and selecting option 2. They will be guided through an Interactive Voice Response (IVR) system, where they can choose the appropriate option based on their needs, such as a known service. If no selection is made, the patient will automatically be placed in a queue to speak with a MHCAS Call Handler.

Our goal is to answer all incoming calls promptly, aiming for an average response time of 20 seconds once the phone rings. Therefore, it is essential that call handlers prioritise incoming calls over other tasks and remain ready for the next call at all times.

Most cases will be added to the queue with a 6-hour priority. However, if a patient responds to a Red Flag question in a manner that requires immediate attention, the call handler will need to take action. This could involve:

- Highlighting the case for urgent review by the Mental Health (MH) Clinical Navigator.
- Warm transferring the call directly to a practitioner

NHS111 online referrals

BNSSG patients can also access the service by using NHS111 online. These patients will land directly in the Mental Health Advice Queue for a call back.

Integrated Access Partnership (IAP)
Practitioner Handbook

Professionals

Emergency Services

In addition to handling calls from patients, we also support an **Emergency Services Mental Health Professional Line (MHPL)**. Emergency services professionals will call 0117 233 1402 which will be answered by the Mental Health CAS Call Handlers. The call handlers will create a case on the CAS queue.

These cases will be added to the CAS queue for a callback within the appropriate timeframe.

Mental Health Specialist Desk

The system used by colleagues on the **Mental Health Specialist Desk at SWASFT/999** does not automatically send patient notes to the patient's GP. As a result, they may occasionally call us to support this process. In these cases, the caller will identify themselves as part of the **IAP (Integrated Access Partnership)** team and will need to share information with the patient's GP.

In-Hours Process:

- The call handler will warm-transfer the caller to the patient's GP practice.

Out-of-Hours Process:

- The call hander will take the patient's demographic details and add the case to the system with the caller's relationship set as "**IAP Mental Health team (AWP)**." Practitioners will retrieve notes from the AWP (Avon and Wiltshire Mental Health Partnership) system, **RIO**. These notes will be added to the clinical record in CLEO and automatically sent to the GP practice once the case is completed.

CAS Queue

All cases from patients, third parties and emergency services professionals will land on the CAS queue.

This queue will show the next cases to be called, in order of time remaining before breaching/past breach.

Each case has an assigned priority either by a MHCAS Call Handler, or by 111. All non-professional calls taken by MHCAS call handlers will be reviewed by the MH Clinical Navigator to assign the correct call back timeframe.

Professional line calls will be allocated the appropriate timeframe, in line with the MHCAS Call Handler Handbook and MHPL SOP.

Cases referred directly from 111 should be reviewed and can be prioritised if the MH Clinical Navigator feels a more urgent call back is required; cases must never be downgraded.

Consultation documentation

During or after the consultation, the notes must be recorded into both CLEO and Rio. If the practitioner is a registered professional, the case can then be closed.

Upon completing their consultation, all practitioners (unregistered and registered) will select the 'End Assessment' button in the toolbar at the top of the consultation. This will then trigger the relevant cases questions and necessary data captures.

CLEO will ask if the case has been consulted by an unregistered practitioner. Unregistered practitioners must choose 'yes', in order for the case to remain in the CAS queue, marked for CN review in order for the consultation to be ratified and completed by a registered practitioner.

Physical Health input

If the practitioner needs advice/input from a physical health clinician, 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.

Mental Health (MH) Clinical Navigator

Queue Management

The MH Clinical Navigator role will be carried out by a Registered Practitioner who will review all patient and third-party calls taken by MHCAS Call Handlers and cases direct from NHS 111.

Reviewing Patient and third-party calls

The Call Handlers have scripts to follow when taking calls. The scripts include specific questions aided to support MH Clinical Navigators prioritising cases. If the caller answers the high priority questions positively, call handlers will flag the case to the MHCN at the end of the call. The call handler will continue with the call and then keep the patient on the phone until there is a practitioner for them to warm transfer the call to.

If a patient triggers any of the 'red flag' questions, the call handlers will add the case to the CAS queue as a 6-hour priority. The system will automatically classify these cases for 'Urgent CN review' based on the answers chosen to the questions. Full call handling scripts and red flag information can be found in the Mental Health CAS Call Handler Handbook.

All other cases will be added as 6-hour priority cases.

When reviewing cases in the queue, the MH Clinical Navigator should start with reviewing the cases with the 'Urgent CN Review' classification first then work through the remaining 6-hour cases.

If following review, the 6-hour timeframe is deemed appropriate by the MH Clinical Navigator, they should indicate on the case whether the case is appropriate for a Registered or Unregistered Practitioner to make the call back and edit the case classification to blank, in order to remove the Urgent CN Review status.

If the outcome of the MH Clinical Navigator review is a more urgent call back, the MH Clinical Navigator will assign the appropriate classification for registered or unregistered staff, and 'pink' the case, by right-clicking on the case and selecting 'priority'.

Integrated Access Partnership (IAP)
Practitioner Handbook

Reviewing NHS111 Option 1 and Online cases

Cases that land in the queue via NHS111 telephony selecting option 1 or online have gone through a NHS Pathways assessment which has resulted in a recommended call back timeframe. MH Clinical Navigators will review these cases to ensure the timeframe is appropriate. If it's deemed a more urgent call back is required, the MH Clinical Navigator will indicate on the case whether it is appropriate for a Registered or Unregistered Practitioner to make the call back and 'pink' the case.

If the NHS111 recommended timeframe is appropriate the MH Clinical Navigator will indicate on the case whether it is appropriate for a registered or unregistered practitioner.

The MH Clinical Navigator can only upgrade a case priority; under no circumstances can a case priority be downgraded.

Ongoing queue review

The MH Clinical Navigator is responsible for regularly monitoring the call queue, especially during periods of extended wait times, to ensure that call-back time frames remain appropriate.

For cases nearing their breach time – or those already breached – the MH Clinical Navigator must re-review these cases. Any case assigned a red or amber rating will receive an operational safety call. During this call, the operational team will assess for any new or worsening concerns, and document relevant updates in the case notes.

If the safety call identifies a need for a more urgent review, the call handler will flag the case with an "Urgent CN Review" classification to ensure immediate attention.

Patients known to Mental Health services

If, during the case review, the MH Clinical Navigator identifies that a patient is already under the care of an alternative mental health service which is open – such as the Crisis Team or Recovery Team – they should document this in the case notes, detailing the patient's usual care provider. The MH Clinical Navigator should edit the case classification to 'Refer to a Known Service'.

The operational team will then contact the patient and offer to transfer them directly to their usual care team:

If the patient agrees to be referred to their known service:

- The call handler will
    - transfer the call
    - add a note to the case
    - edit the case classification to 'Referred to Known Service'.

- The MH Clinical Navigator will open the case, document the action taken, and close the case.

If the patient declines this option, the call handler will document the refusal in the case notes, edit the case classification, and leave the case in the queue for the standard call-back process.

Integrated Access Partnership (IAP)
Practitioner Handbook

Risk score

Is it the responsibility of the MH Clinical Navigator to advise the shift manager of the clinical risk level of the queue. This fluid score is based on clinical judgement following review of all clinical cases on the queue.

It is dependent on many factors and considerations. For example:

- o   the presentation of the cases
- o   the weight of acuity of cases
- o   the numbers on the case load affecting the ability / agility to navigate
- o   the number of black cases as this indicates volumes of cases breaching times.

The level of risk could be articulated as one of the below. These are given as examples and no single factor should be considered in isolation.

Low	Medium	High
This would be appropriate where there are minimal breaches, all cases are navigated, and all those with concerning presentations have been 'pinked' and allocated.	This would be appropriate where the navigator has reviewed all cases but has found a moderate number of cases requiring 'pinking' or 'watching'. Although these cases may be well managed the volume of priority cases and breaches could lead to some concern regarding risk. Equally if there are a large number of extreme ages on the queue experiencing delays.	This would be appropriate where there is a high volume of cases requiring 'pinking' which means they are not all allocated, in combination with large volumes of breached cases. Worsening calls could also be high and there may be extreme of age which are not receiving timely review.

Triaging Cases

There will be times when the MH Clinical Navigator will manage the triage and assessment of patients, especially if they are the only registered practitioner on shift. During these times, it is important to liaise with the Shift Manager so they are aware of any potential delays to validation or escalation of cases.

Clinical Leadership

The MH Clinical Navigator is responsible for the clinical leadership of the shift in their service line. There will be two MH Clinical Navigators on each shift: one based at MHCAS and one based at MHSD.

At the beginning of each shift, MH Clinical Navigators will need to have a professional conversation with each other to ensure shared situational awareness of their service line and

the wider IAP. Regular contact should be maintained throughout the shift to ensure this awareness remains.

The responsibility of MH Clinical Navigators includes:

- Clinical oversight
- Reviewing and, where possible, mitigating staffing gaps
- Responding to staff absences
- Responding to on-shift queries

Integrated Access Partnership (IAP)
Practitioner Handbook

The following table outlines the designation of leadership responsibilities between the Shift Manager and the two MH Clinical Navigators.

Shift Manager	MHCAS Clinical Navigator	MHSD Clinical Navigator
• Single point of contact for all IAP absence reporting • Operational shift leadership (MHCAS) • Supports with access to systems (MHCAS) • First point of escalation in the event of a business continuity incident	• Creates a daily MS Teams chat • Leads clinical work in MHCAS (including MHPL) • Reviews and validates cases • Provides clinical support to practitioners on shift and point of clinical escalation • Review emails to the IAP Clinical Inbox and ensure follow-ups are assigned/actioned • Advise the Shift Manager of the clinical risk level of the queue • Review activity levels and ensure staff are released to attend supervision, team meetings and reflective practice as necessary • Provide pastoral support to staff • Allocate planned breaks for staff and ensure these are taken near the middle of staff members' shifts • Manage and oversee additional people observing (students, new starters, bank staff, etc.) • When going on break, clearly communicate who is covering the MH CN role ensuring a suitable handover	• Leads clinical work in MHSD • Provides clinical support to practitioners on shift and point of clinical escalation • Review emails to the IAP Clinical Inbox and ensure follow-ups are assigned/actioned • 'Fish' for suitable cases from the main CAD stack • Answer the hard phone and allocate to others if needed/able • Review activity levels and ensure staff are released to attend supervision, team meetings and reflective practice as necessary • Provide pastoral support to staff • Allocate planned breaks for staff and ensure these are taken near the middle of staff members' shifts • Allocate the MHRV and be aware of their availability status • When going on break, clearly communicate who is covering the MH CN role ensuring a suitable handover

If the MH Clinical Navigator role is being fulfilled by a Specialist Practitioner in one service line and a Senior Practitioner in another, the Senior Practitioner will be the overall decision maker, in line with service priorities, IAP processes, and in conjunction with the Shift Manager in MHCAS.

NHS Integrated Collaboration Between BrisDoc South Western Ambulance Service NHS Foundation Trust Avon and Wiltshire Mental Health Partnership NHS Trust SevernSide Integrated Urgent Care

Integrated Access Partnership (IAP)
Practitioner Handbook

Reviewing Staffing

In Hours

During usual office hours (Monday to Friday, 9am – 5pm) the IAP Leadership Team will support in the review and maintenance of staffing. The IAP Leadership Team will maintain and communicate updates and changes to the MHCNs.

Out of Hours

One of the core responsibilities of the MHCN role is to support with maintenance of staffing out of hours.

Review staffing over the next 24 hours
When reviewing staffing, the MHCN must consider staffing levels to ensure there is a fair balance of staff across the MHSD and MHCAS, both in terms of staffing numbers and skill mix.

If alerted about any absence/sickness during the shift, re-evaluate staffing.
This includes taking the appropriate action to redeploy staff and close services as necessary, in line with the Overarching SOP and documenting on the shift report

IAP absence

All IAP absence or lateness should be reported to the MHCAS Shift Manager by calling 0117 345 9239. The Shift Manager will update the relevant people, including the MHCNs and the Roster Inbox.

In order to maintain confidentiality, shift managers will send a separate email detailing the reason for absence to IAP team managers. If staff do not wish to share the reason for their absence with the shift manager, practitioners must inform their team manager of the reason for absence at the earliest opportunity.

Integrated Access Partnership (IAP)
Practitioner Handbook

Monitoring & Change Register

This handbook will be reviewed at least annually and more regularly to account for service changes and expansion.

Date	Version	Author	Change
03/10/2024	Draft	Lucy Grinnell	Initial Draft Completed
29/10/2024	1.0	Ollie Crandon	Publication of v1.0
07/03/2025	1.1	Ollie Crandon	Formatting amendments Removal of 'practitioner support card' from call handling process Amendments to Clinical Navigator responsibilities Clarification of responsibility for managing staffing Amendment to MHPL call flow process
25/07/2025	1.2	Ollie Crandon	Transition from Adastra to CLEO Update to 'IAP Absence'