

**Document level:** Trustwide (TW)  
**Code:** SOP26  
**Issue number:** 2.1

## Discharge Summary and Outpatient Clinic Letter

Lead executive	Director of Operations
Authors details	Effective Services Department – 01244 393171 Emergency Planning Team – 01244 397642

Type of document	Standard Operating Procedure
Target audience	Inpatient and Community Mental Health (including LD and secure) staff
Document purpose	To inform of both the process for completion of discharge summaries and electronically transferring them to the relevant GP practice within 24 hours of the discharge and completing outpatient clinic summary letters and electronically transferring them to the relevant GP practice within 7 days of the clinic appointment.

Approving meeting	Executive Core Group Meeting for Docman Connect	Date 16-Sept-19
Implementation date	16-Sept-19	

CWP documents to be read in conjunction with	
<a href="#">CP42</a>	Care Programme Approach (CPA) and non CPA (standard care) policy
<a href="#">CP1</a>	Admission and discharge from hospital policy
<a href="#">CP63</a>	Access to Health Records Policy

<b>Document change history</b>	
What is different?	Policy recoded to reflect changes to the policy library – CP73 to SOP12 Telephone numbers added to author details
Appendices / electronic forms	N/A
What is the impact of change?	Yes

Training requirements	Yes - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP.  See <a href="#">section 4</a> for new users.
-----------------------	--

<b>Document consultation</b>	
Clinical Services	Strategic Clinical Directors and Clinical Directors
Corporate services	Head of Operations, Associate Director of Operations, Associate Director of Effective Services, Emergency Planning, Clinical Systems, Performance and Information
External agencies	N/A

Financial resource implications	None
---------------------------------	------

<b>External references</b>	
1. National Standard Contract for 2018/19 (service Condition-SC11 Transfer of and Discharge from	

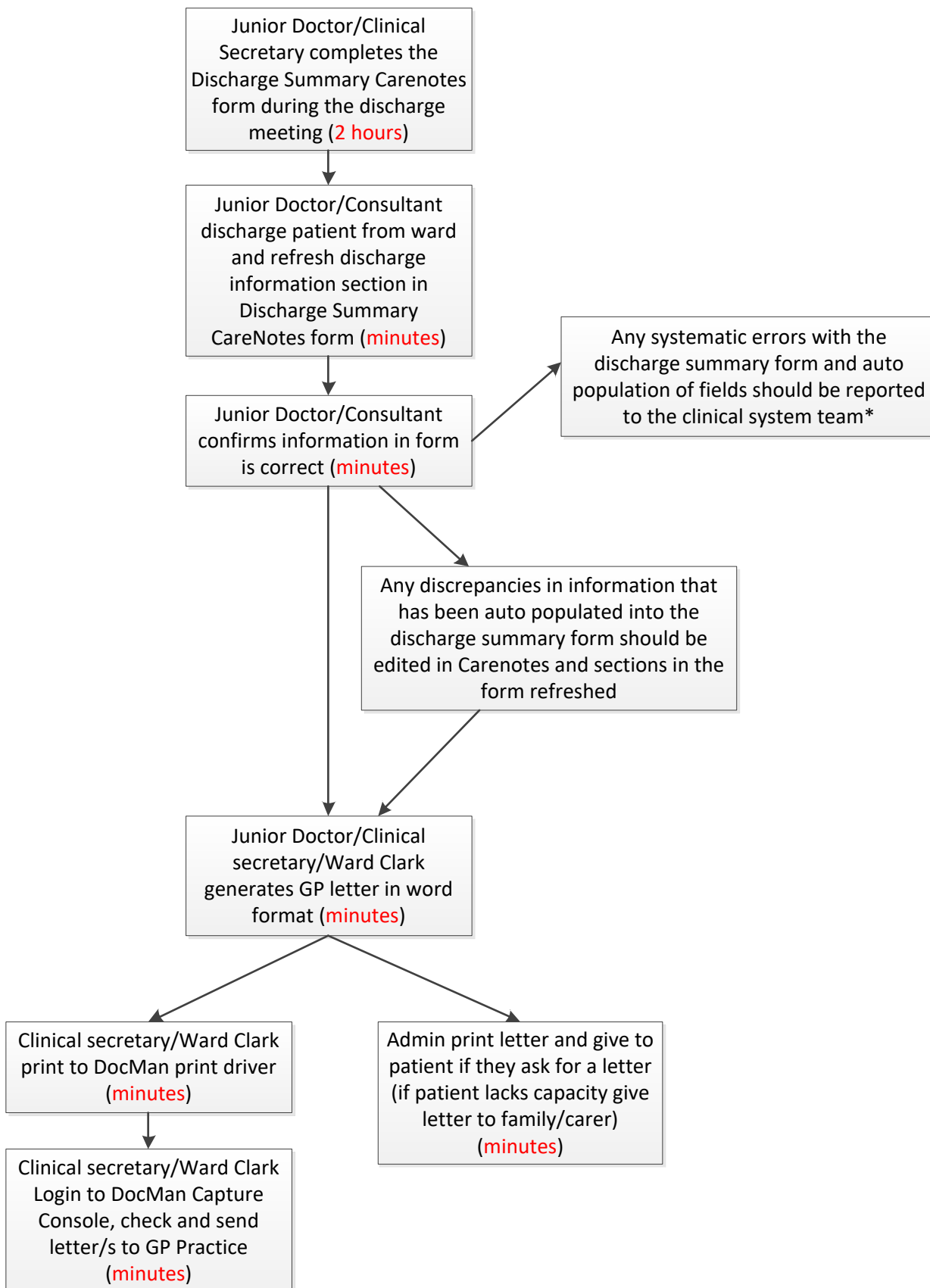
Care) from NHS England.

<b>Equality Impact Assessment (EIA) - Initial assessment</b>	<b>Yes/No</b>	<b>Comments</b>
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? N/A		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided?	No	
- What alternatives are there to achieving the document without the impact?	No	
- Can we reduce the impact by taking different action?	No	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		
If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

## Contents

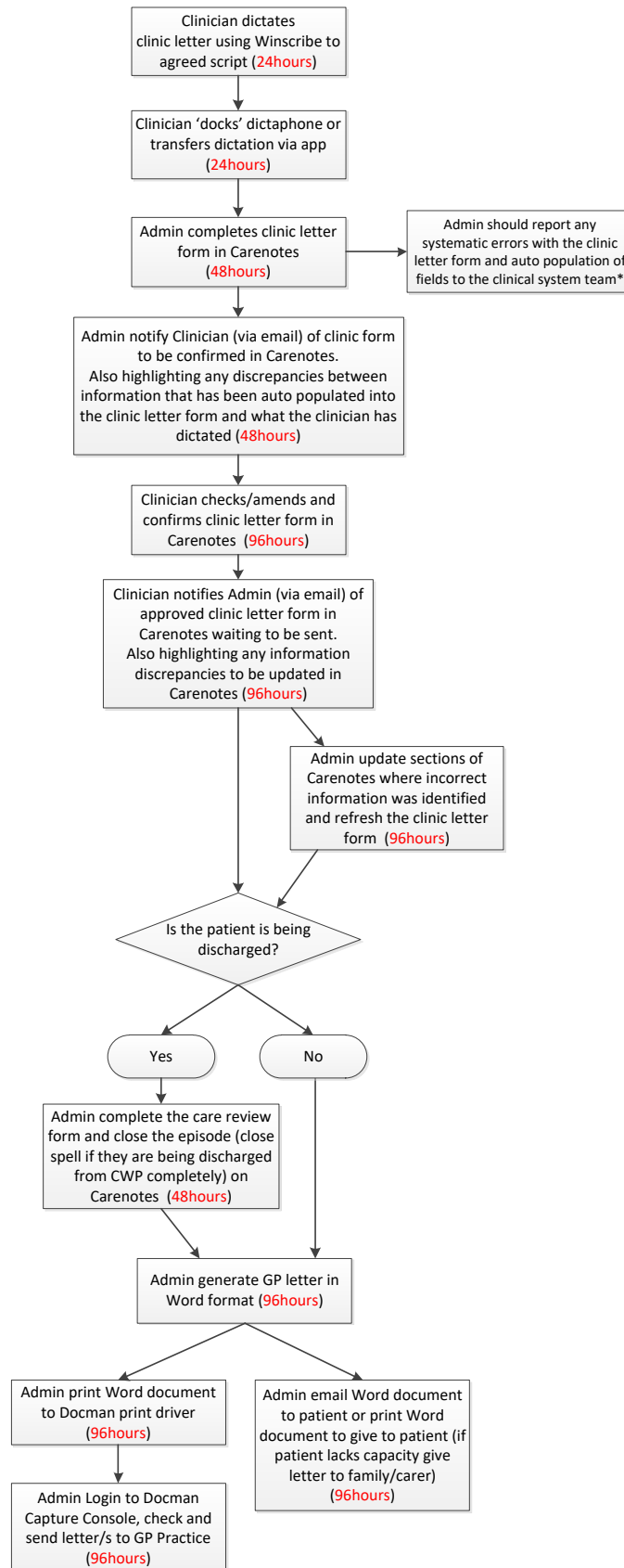
Quick reference flowchart 1 - Inpatient Discharge Summaries.....	4
Quick reference flowchart 2 - Outpatient Clinic Letters CareNotes.....	5
Quick reference flowchart 3 - Outpatient Clinic Letters PCMIS .....	6
1. Introduction and philosophy .....	7
2. Procedure Perspective.....	7
3. Procedure Objectives.....	8
4. Expectations of staff.....	8
5. Exceptions .....	9
6. Rejected letters.....	11
Appendix 1- Inpatient Discharge Summary form- CareNotes.....	12
Appendix 2- Inpatient Discharge Summary letter template- CareNotes .....	16
Appendix 3- Crib sheet for outpatient clinic dictation- CareNotes.....	20
Appendix 4- Outpatient Clinic Letter form- CareNotes .....	23
Appendix 5- Outpatient Clinic Letter template CareNotes .....	27
Appendix 6- Outpatient Clinic Letter template PCMIS.....	31

## Quick reference flowchart 1 - Inpatient Discharge Summaries



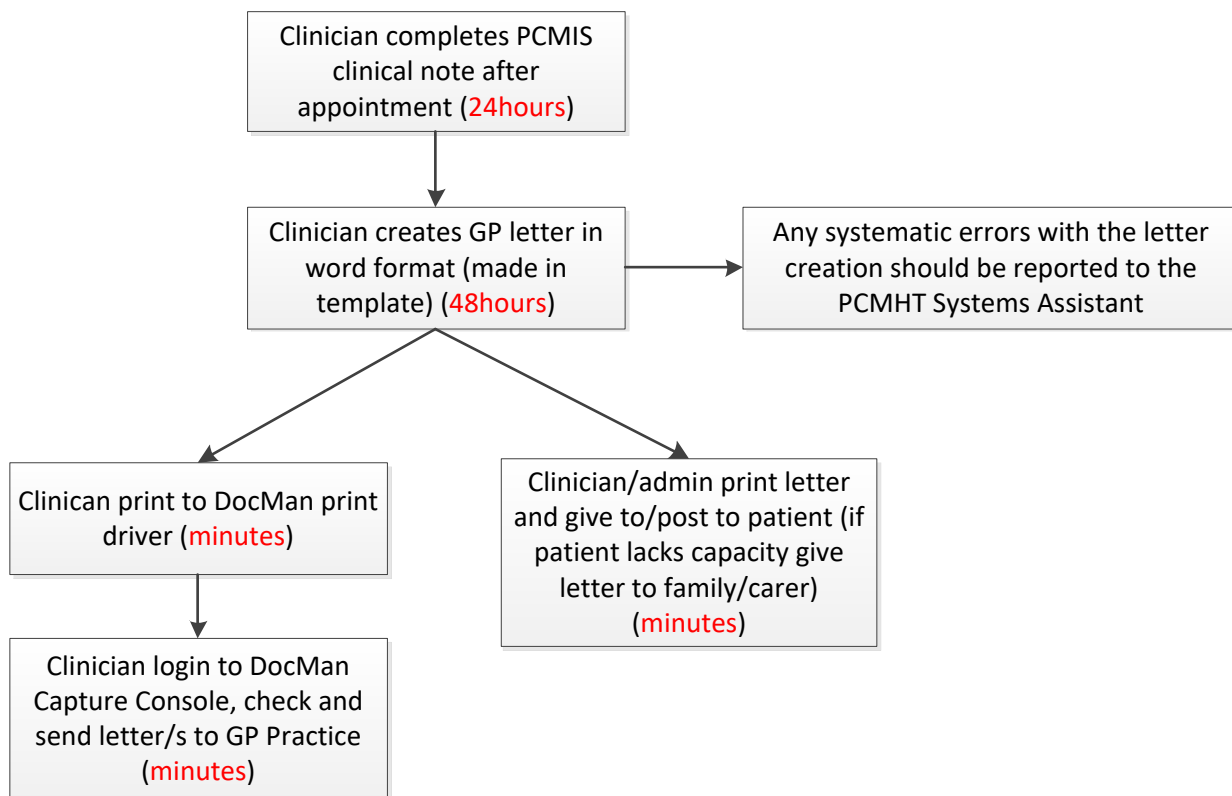
\*Clinical systems teams can be contacted via the IT service desk [cwp.ictservicesdesk@nhs.net](mailto:cwp.ictservicesdesk@nhs.net) or 0300 303 8182

## Quick reference flowchart 2 - Outpatient Clinic Letters CareNotes



\*Clinical systems teams can be contacted via the IT service desk [cwp.ictservicesdesk@nhs.net](mailto:cwp.ictservicesdesk@nhs.net) or 0300 303 8182

### Quick reference flowchart 3 - Outpatient Clinic Letters PCMIS



## 1. Introduction and philosophy

This standard operating procedure describes how Cheshire and Wirral Partnership NHS Foundation Trust (CWP) will create and electronically transfer discharge summaries to the relevant GP practices and create patient discharge summary letters.

## 2. Procedure Perspective

As part of the National Standard Contract for 2018/19 (service Condition-SC11 Transfer of and Discharge from Care) from NHS England and mandated via NHS Digital, as of October 2018 all NHS Mental Health Trusts are required to complete National Standardised Discharge Summaries and Clinic Letters that are compliant with PRSB/AoMRC standard headings/specifications in a mandated format.

It is also mandated that the new delivery method for discharge summaries should be direct automatic transfer onto GP practice electronic patient record system through a suitable secure interface. CWP has procured the Docman Connect solution to transfer the discharge summaries and clinic letters directly to the General Practice. Docman Connect will send a copy of the document along with some associated Meta-data readable by the GP systems.

Discharge summaries must be received by the GP within 24hours of the discharge from a ward. Clinic letters must be received within 7 days of the clinic appointment. CWP performance and redesign team will be generating monthly reports that will be circulated to the CCG's via the quality schedule to monitor these requirements. Managers and Clinical Directors will receive local reports to manage their teams.

IAPT, primary care, psychology, personality disorder, complex need services and community eating disorder services will send clinic letters:

- After the initial screening appointments
- At the end of a set of treatment sessions
- If there are medication changes required
- If a patient needs to step up to different service

Secondary care services (Adult and LD) will send clinic letters after:

- Standard clinic appointments, including first assessments (they will not send a clinic letter after a CPA review, they will complete the CPA review letter as normal)

Community CAMHS services/LD CAMHS (including ASD and ADHD) will send clinic letters:

- After first assessment (Choice appointment)
- After second appointment (Partnership appointment)
- At discharge from service
- If there are medication changes required (after psychiatry/nurse prescriber appointment)

Perinatal mental health services will send clinic letters:

- After first appointment
- After last appointment
- After outpatient psychiatry clinic appointments

The data pulled into the discharge summary and clinic letters is reliant on the quality of the data in the Carenotes system. Service user data should be checked at all available times to ensure data held within the system is up to date and accurate. This is important for the trust to be compliant with the data protection act.

If there is sensitive information that the GP requires but the patient should not be informed for reasons such as;

- The clinician feels that it may cause harm to the patient
- The information is about a third party who has not given consent
- Where special safeguards for confidentiality may be needed

This information should not be included in the clinic letter or discharge summary, but should be sent in a separate letter to the GP, as per the Access to Health Records Policy.

### 3. Procedure Objectives

The objectives of this procedure are to: Provide a consistent, standardised practice for the creation and transfer of the discharge summary and clinic letter

### 4. Expectations of staff

**Clinical Systems Team-** maintain the electronic system that generates automated GP letters from the discharge summary and clinic letter Carenotes forms and to maintain the auto-population of specific areas of the discharge summary and clinic letter Carenotes forms from relevant areas within Carenotes.

**PCMHT Systems Assistant-** maintain the template letters generated by PCMIS and to maintain the auto-population of specific areas of the template from relevant areas of PCMIS.

**Education CWP-** create and keep updated training and guidance for the use of Carenotes forms and the automated Docman transfer of the letters to the GP practices. To provide ad hoc training where required to staff to enable the correct and standardised utilisation of the Carenotes and Docman system. Education CWP support documents in appendices 1-6.

Any new users requiring access to Docman Connect will need their line manager to request training from the IT Trainers by emailing [cwp.ittraining@nhs.net](mailto:cwp.ittraining@nhs.net), training will normally be online. Once this has been completed the IT Trainers will request an account be created by the ICT Servicedesk who will issue the username, password and print key that is required to use the Docman system.

[Docman user guide](#) - how to use the system and what to do if letters are rejected by GP practices

**Performance-** create an automated reporting solution to calculate the time between the discharge or clinic appointment to when the GP practice received the letter via DocMan. The reporting will also report the time between each step in the process to allow performance management of staff and quality improvement projects to be initiated in areas of the process that can be improved.

**Admin and Clinical Secretaries-** complete the Carenotes forms with the relevant information as soon as received via dictation or during discharge meetings. Consultants should be informed of



completed notes for review as soon as they have been written. Letters should be transferred to the GP as soon as you receive confirmation from the consultant that the content is correct.

**Admin team managers-** performance manage the admin team using data provided monthly by the performance team to monitor the time taken to deliver the different elements of the process.

**Consultants and Junior Doctors-** dictate or complete the discharge summary and clinic letter Carenotes form as soon as possible after the discharge and clinic appointment. Discharge summaries should be completed during the discharge meetings. Clinic letters should be dictated the same day as the clinic appointment or if the appointment is late in the day, the following day. Winscribe dictaphones should be docked as soon as you have finished dictating to ensure admin or clinical secretaries can type the information as quickly as possible. You should review any letters that are sent to you for confirmation as soon as possible and inform admin or the clinical secretary if they are correct or require amendments to ensure the letters are received by the GPs within the timelines.

**Clinical Directors-** in addition to the expectations of the consultant, you will also be expected to performance manage any consultants and junior doctors who are not adhering to the timelines required to achieve the contractual requirements. Performance data will be provided monthly for review to enable you to see which elements of the process are not being completed in a timely manner.

**Strategic Clinical Directors-** in addition to the expectations of the consultant and clinical directors you will be expected to performance manage any clinical directors who are not adhering to the timelines required to achieve the contractual requirements. Performance data will be provided monthly for review to enable you to see which elements of the process are not being completed in a timely manner. The contractual requirements will be reported via the quality schedule into the CCG's; where not achieved you will be expected to explain the reasons for this.

## 5. Exceptions

A small number of GP practices do not use Docman (listed below); they use a system called EDT Lite. **CWP staff are to send letters to these practices following this SOP, the same as any other practice. The practices will be sent the letter by Docman, once it has been uploaded.**

- Blackheath Medical Centre
- Egremont Medical Centre
- Field Road Health Centre
- Greasby Group Practice
- Hoylake & Meols Medical Centre
- Liscard Group Practice
- Somerville Medical Practice
- 42 Kingsway
- Aintree Road Medical Centre
- High Pastures Surgery
- Glovers Lane Surgery
- Cumberland House Surgery
- Chapel Lane Surgery
- Liverpool Road Medical Practice

- Norwood Surgery
- Maghull Health Centre
- Eastview Surgery
- Ainsdale Medical Centre
- Chirstiana Hartley Medical Practice
- Ainsdale Village Surgery
- Bootle Village Surgery
- Moore Street Medical Centre
- Churchtown Medical Centre
- The Village Surgery, Formby
- North Park Surgery
- St Marks Medical Centre
- Bridge Road medical Centre
- Grange Surgery
- Crosby Village Surgery
- Orrell Park Medical Centre
- The Strand Medical Centre
- Ford Medical Practice
- Park Street Surgery
- 15 Sefton Road
- Freshfield Surgery
- Lincoln House Surgery
- Concept House Surgery
- Kingsway Surgery
- Seaforth Village Surgery
- Litherland Practice
- Roe Lane Surgery
- The Corner Surgery
- The Marshside Surgery
- Rawson Road Medical Centre
- Kew Surgery
- Thornton Surgery
- The Family surgery
- Hightown Village Surgery
- Crossways Practice
- Nethernton Surgery

If a letter sent via Docman to one of these practices is rejected by the practice, this will not be visible on the CWP Docman system (as per other practices). These GP practice managers have been notified that they must contact the CWP originator if they have rejected a letter.

A small number of GP practices in Sefton that cannot receive letters via Docman. Once word documents have been created, these need to be sent via secure NHSmail to the practices.

- The Hollies Surgery N84618
- Palliative Care N84628
- Blunellsands Surgery N84020

## 6. Rejected letters

If a letter is rejected by a practice because the patient is not registered with them, it is the responsibility of the clinical team to identify the correct GP practice using the National Portal and re-send the letter. To access the National Portal you will need to login using a smartcard; smartcards can be requested from the IT service desk [cwp.ictservice@nhs.net](mailto:cwp.ictservice@nhs.net).

## Appendix 1- Inpatient Discharge Summary form- CareNotes

Status	
Unconfirmed	
Date	Time
Confirmed By	Job Title

GP practice	Refresh
GP practice identifier	N81646
GP name	Dr DRUG SERVICE Chester
GP practice details	Chester Drug Service, Aqua House, Boughton, Chester, Cheshire, CH3 5AE

**GP Practice Details: Pulled from GP Detail Form**

Individual requirements
Individual requirements

Culture/faith/beliefs - may need you to make reasonable adjustments in order for them to access the service Patient requested to only be seen by a female member of staff.

**Individual Requirements: Pulled from Alerts**

Patient Demographics	Refresh
Patient name	Mr Docman Test
Patient preferred name	
Date of birth	01/02/2012
Gender	Male
NHS number	0000000000
Other identifier	25-76-91
Patient address	Post Office, 2 St. John Street, CHESTER, Cheshire, CH1 1AA
Temporary Address	Buckingham Palace, LONDON, Greater London, SW1A 1AA
Patient Email Address	docman.test@nhs.net
Patient telephone number	Home: 0151 000 0000,
Educational Establishment	Birkenhead Christ Church CoFE Primary School, Mount Grove , Birkenhead, Merseyside, CH41 2UJ

**Demographics: Pulled from Patient, Address and School forms**

Contacts	Refresh		
Relevant Contact	Name	Role	Contact Information
	Samantha Harrison	Co-consultant	
	Sandra Lambert	Secondary Worker	
	Peter Hardy	Consultant	

**Contacts: Pulled from Team member forms**

Care Level	Refresh
Care Level	CPA

**Care Level: Pulled Care Review form**

Admission details	Refresh
Reason for admission	In crisis
Admission method	Booked
Legal status on admission	Pre-existing Section
Source of admission	Temporary Place of Residence
Date/time of admission	04/10/201809:00,

**Admission Details: Pulled from Inpatient Episode form**

Clinical summary
Clinical Summary
Treatments and interventions and changes made to treatments

**Free Text**

Procedures	
Procedure name	A83.8 Other specified electroconvulsive therapy - first administration in a course of treatment.
Complications related to procedure	
Comment	

Free Text

Information and advice given	
Information and advice given	

Info and Advice: Pulled from Cardio Metabolic form & Alerts

Social context	
Household composition	Alone
Smoking	Yes
Alcohol intake	
Drug/substance misuse	

Free Text

Patient and carer concerns, expectations and wishes	
Advance statement	Advance Statement Docman Test Alert

Advance Statement: Pulled from Alerts

Discharge details	
<input type="button" value="Refresh"/>	
Discharging Consultant	Peter Hardy
Discharging speciality/department	Adult Mental Health Ward
Discharge location	Beech Ward, Bowmere
Date/time of discharge	19/12/2018 13:55
Legal status on discharge	- Please Select -
Discharge method	By Hospital Managers
Discharge type	NHS General Hospital

Discharge: Pulls from Inpatient Episode

Legal Information	
Mental capacity assessment	
Deprivation of Liberty Safeguards or equivalent	
Mental health act or equivalent status	
Advance decision to refuse treatment (ADRT)	
Lasting power of attorney for personal welfare or court-appointed deputy (or equivalent)	
Safeguarding issues	
Consent relating to child	

Free Text

Diagnosis	
<input type="button" value="Refresh"/>	
Primary Diagnosis	F06.9 - Unspecified mental disorder due to brain damage and dysfunction and to physical disease
Secondary Diagnosis	R06.6 - Hiccough
	E00.2 - Congenital iodine-deficiency syndrome, mixed type

Diagnosis: Pulls from ICD10 Diagnosis form

Referrer details	
Referrer details	CAMHS, Royal Liverpool Childrens Nhs Trust, Eaton road, West Derby, Liverpool, Merseyside, L12

Referrer Details: Pulls from Episode

Safety alerts	
Risks to self	<input type="text"/>
Risks to others	<input type="text"/>
Risks from others	<input type="text"/>

**Free Text**

Medications and Medical Devices				
Medication name	Recommendation	Form	Dose	Frequency
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Free Text**

Medication discontinued		
Name of discontinued medication	Status	Indication/reason
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Free Text**

Allergies and adverse reactions		
Causative agent	Description of reaction	Date recorded
<input type="text"/>	Allergic to Paracetamol	17/12/2018
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Allergies: Pulls from Alert**

Plan and requested actions	
Actions for healthcare professionals	<input type="text"/>
Actions for patient or their carer	<input type="text"/>
Actions for other agencies	<input type="text"/>
Agreed with patient or legitimate patient representative	<input type="text"/>
Care planning arrangements	<input type="text"/>

**Free Text**

Contingency	
In hours emergency contact team	<input type="text"/>
In hours emergency contact number	<input type="text"/>
Out of hours emergency contact team	<input type="text"/>
Out of hours emergency contact number	<input type="text"/>

**Free Text**

Participation in research	
Participation in research	Research - patient on interventional research test

**Participation in Research: Pulls from Alert**

Person completing record	
Name	Peter Hardy
Role	<input type="text"/>
Grade	<input type="text"/>
Speciality	<input type="text"/>
Professional Identifier	<input type="text"/>
Date and time completed	24/01/2019
Contact details	East Cheshire: 01625 505666 West Cheshire: 01244 397537 Wirral: 0151 4827639

**Date and time completed: Defaults to today**

**Contact Details: Defaults to switchboard numbers**

Distribution list		
Name	Role	Organisation
Dr DRUG SERVICE Chester	GP	Chester Drug Service, Aqua House, Boughton, Chester, Cheshire, C
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Distribution List: Pulls from GP Detail Form**

Any inappropriate or unauthorised use of the system will result in immediate revocation of access details and may result in disciplinary proceedings

## Appendix 2- Inpatient Discharge Summary letter template- CareNotes

### Discharge Summary

This letter has been written for your GP so that they know what happened at your last appointment and includes information about what we will do to support you. It also has details of what we ask your GP to do. We use standard headings in our letters to GP's as this makes sure that we include all the information necessary for your continued care and support. You are entitled to have a copy of this letter. If you do not know what this letter means, you may find it helpful to contact us.

#### GP Practice:

GP Practice identifier	N81646
General Practitioner	Dr DRUG SERVICE Chester
GP Practice Details	Chester Drug Service, Aqua House, Boughton, Chester, Cheshire, CH3 5AE

<b>Individual Requirements:</b>	Culture/faith/beliefs - may need you to make reasonable adjustments in order for them to access the service Patient requested to only be seen by a female member of staff.
---------------------------------	--

#### Patient Demographics:

Patient Name	Mr Docman Test
Preferred Name	
DOB	01/02/2012
Gender	Male
NHS Number	0000000000
Other Identifier	25-76-91
Address	Post Office, 2 St. John Street, CHESTER, Cheshire, CH1 1AA
Temporary Address	Buckingham Palace, LONDON, Greater London, SW1A 1AA
Email Address	<a href="mailto:Docman.test@nhs.net">Docman.test@nhs.net</a>
Telephone Number	Home: 0151 000 0000,
Educational Establishment	Birkenhead Christ Church CofE Primary School, Mount Grove, Birkenhead, Merseyside, CH41 2UJ

#### Relevant Contacts:

Name	Role	Contact Information
Samantha Harrison	Co-consultant	
Sandra Lambert	Secondary Worker	
Peter Hardy	Consultant	

<b>Care Level</b>	CPA
-------------------	-----

#### Admission details

Reason for Admission	In crisis
Admission Method	Booked
Legal status on Admission	Pre-existing Section
Source of Admission	Temporary Place of Residence
Date/time of Admission	04/10/201809:00,

#### Clinical Summary:

Clinical summary	
Treatments and Interventions and changes made to treatments	



**Procedures:**

Procedure name	A83.8 Other specified electroconvulsive therapy - first administration in a course of treatment.
Complications related to procedure	

<b>Information and advice given:</b>	
--------------------------------------	--

**Social context:**

Household composition	Alone
Smoking	Yes
Alcohol intake	
Drug/Substance misuse	

**Patient and carers concerns, expectations and wishes:**

Advance statement	Advance Statement Docman Test Alert
-------------------	-------------------------------------

**Discharge details:**

Discharging consultant	Peter Hardy
Discharging speciality/department	Adult Mental Health Ward
Discharge Location	Beech Ward, Bowmere
Date/time of discharge	19/12/2018 13:55,
Legal Status on discharge	
Discharge method	By Hospital Managers
Discharge type	NHS General Hospital

**Legal information:**

Mental capacity assessment	
Deprivation of Liberty Safeguards or equivalent (DOLS)	
MHA or equivalent status	
Advance decision to refuse treatment (ADTR)	
Lasting power of attorney for personal welfare or court appointed deputy	
Safeguarding issues	
Consent relating to child	

**Diagnosis:**

	Diagnosis
<b>Primary Diagnosis</b>	F06.9 - Unspecified mental disorder due to brain damage and dysfunction and to physical disease
<b>Secondary Diagnoses</b>	R06.6 - Hiccough E00.2 - Congenital iodine-deficiency syndrome, mixed type

<b>Referrer details</b>	
-------------------------	--

**Safety alerts:**

Risks to self	
Risks to other	
Risks from others	

**Medications and Medical Devices:**

Medication Name	Recommendation	Form	Dose	Frequency

**Medication discontinued:**

Name of discontinued medication	Status	Indication/reason

**Allergies and Adverse reactions:**

Causative agent	Description of reaction	Date Recorded	Comment
	Allergic to Paracetamol	17/12/2018 11:51:48	

**Plan and requested actions:**

*Everything that we do is done in a personalised centred way. This means care that is:*

*-Personalised according to the patient's needs and wishes*

*-Coordinated along the patient's care journey*

*-Enabling the patient to help themselves to be the best they can be*

Actions for healthcare	
Actions for patient or their carer	
Actions for other Agencies	
Agreed with patient or legitimate patient representative	
Care planning arrangement	
Next Appointment	

**Contingency:**

The patient/care was informed how to contact services in case of an emergency.

Daytime working hours XX to XX contact tel: and Out of hours contact tel:

<b>Participation in Research:</b>	Research - patient on interventional research test
-----------------------------------	--

**Person completing record:**

Name	
Role	
Grade	
Speciality	
Professional identifier	

Date and time completed	24/01/2019 00:00:00
Contact details	East Cheshire: 01625 505666 West Cheshire: 01244 397537 Wirral: 04827639

**Distribution list:**

Name	Role	Organisation Name
Dr DRUG SERVICE Chester	GP	Chester Drug Service, Aqua House, Boughton, Chester, Cheshire, CH3 5AE

## Appendix 3- Crib sheet for outpatient clinic dictation- CareNotes

### Community Outpatient Summary CareNotes (Crib Sheet)

Follow the order below when dictating the Outpatient Summary for the GP. This information MUST be received by the GP within 7 days of the event.

<b>Sections are highlights to show the structure of the final letter</b>
<b>Red text covers the areas for dictation and free text</b>
Grey text covers the areas where information will be prepopulated from the files data- but are still editable by admin/clinicians
<b>Green text could be populated by admin</b>
<b>Section - GP Practice</b>
GP practice identifier, GP name, GP practice details- populated from GP Detail Form
<b>Section - Individual requirements</b>
Individual requirements- populated from Alerts
<b>Section - Patient demographics</b>
Patient name, Patient preferred name, Date of birth, Gender, NHS number, Other identifier, Patient address, Temporary address, Patient email address, Patient telephone number, Educational establishment, Relevant contacts Populated from Patient, Address and School Forms
<b>Section - Care Level</b>
Care level- populated from Care Review form
<b>Section - History</b>
<b>Presenting complaints or issue</b> <ul style="list-style-type: none"><li>• This needs to contain concise description of reason for clinic attendance</li><li>• What are they in clinic for: eg. GP request medication review, or CPA review</li></ul>
<b>History since last contact</b> <ul style="list-style-type: none"><li>• Description of symptoms with Onset and impairment in function</li><li>• Past psychiatric history</li><li>• Past medical history</li><li>• Forensic history</li><li>• Mental State Examination</li></ul>
<b>Section - Social context</b>
<b>Social circumstances</b> <ul style="list-style-type: none"><li>• Household composition</li><li>• Smoking</li><li>• Alcohol intake</li><li>• Drugs/substance misuses</li><li>• Personal history</li></ul>
<b>Section - Clinical summary</b>
<b>Clinical summary</b> <ul style="list-style-type: none"><li>• Formulation</li></ul>
<b>Section - Patient and carer concerns, expectations and wishes</b>
Advance Statement- populated by Alert
<b>Section - Legal information</b>
<b>Mental Health Act or equivalent status</b>
<b>Advance Decision to Refuse Treatment (ADRT)</b>
<b>Lasting power of attorney for personal welfare or court-appointed deputy (or equivalent)</b>
<b>Safeguarding issues</b>
<b>Consent relating to children</b> <ul style="list-style-type: none"><li>• Parental responsibility/carers responsibility</li></ul>
<b>Section - Diagnoses</b>
Primary Diagnosis, Secondary Diagnosis- populated from Diagnosis Form Primary diagnosis must be documented on Carenotes with ICD10,

Secondary diagnosis must include physical health diagnosis coded with ICD10
<b>Section - Referrer details</b>
Referrer details- populated from Episode
<b>Section - Attendance details</b>
Date and time of contact- populated from CYPIAPT Diary Appointment/Event Note/Appointment Form
<b>Contact type</b>
<ul style="list-style-type: none"> <li>• First app or follow up</li> </ul>
Consultation method- populated from CYPIAPT Diary Appointment/Event Note/Appointment Form
<b>Specialty</b>
<b>Service (team)</b>
Seen by- populated from CYPIAPT Diary Appointment/Event Note/Appointment Form
Care professionals present - populated from CYPIAPT Diary Appointment/Event Note/Appointment Form
<b>Person accompanying patient</b>
Outcome of outpatient attendance- populated from CYPIAPT Diary Appointment/Event Note/Appointment Form
<b>Section – Procedures <b>only ECT</b></b>
<b>Procedure name</b>
<ul style="list-style-type: none"> <li>• Only for ECT</li> </ul>
<b>Complications related to procedure</b>
<b>Comment</b>
<b>Section - Information and advice given</b>
Information and advice given- populated from cardio metabolic form ( will show interventions offered and accepted) and Alerts
<b>Section - Relevant clinical risk factors</b>
<b>Relevant clinical risk factors</b>
<ul style="list-style-type: none"> <li>• Static risk factors such as accommodation, employment, family history of suicide, male, lives by self</li> </ul>
<b>Risk mitigation</b>
<ul style="list-style-type: none"> <li>• Is there social services input, housing?</li> </ul>
<b>Section - Safety alerts</b>
<b>Risks to self</b>
<ul style="list-style-type: none"> <li>• Historical, current and mitigation</li> </ul>
<b>Risks to others</b>
<ul style="list-style-type: none"> <li>• Historical, current and mitigation</li> </ul>
<b>Risks from others</b>
<ul style="list-style-type: none"> <li>• Historical, current and mitigation</li> </ul>
<b>Section - Medications and Medical Devices <b>incl physical health as well as mental health</b></b>
<b>Medication name</b>
<b>Recommendation</b>
<b>Form</b>
<b>Dose</b>
<b>Frequency</b>
<b>Section - Medication discontinue</b>
<b>Name of discontinued medication</b>
<b>Status</b>
<b>Indication / Reason</b>
<b>Section - Allergies and adverse reactions</b>
<b>Causative agent</b>
Description of reaction and date recorded- populated from Alerts
<b>Section - Plan and requested actions</b>
<b>Actions for healthcare professionals</b>
<ul style="list-style-type: none"> <li>• advise to GP</li> <li>• actions for teams- CPN, OT</li> </ul>

<b>Actions for patient or their carer</b> <ul style="list-style-type: none"> <li>engage with team</li> <li>attendance at groups</li> </ul>
<b>Actions for other agencies</b> <ul style="list-style-type: none"> <li>Social services</li> <li>Voluntary sectors</li> <li>Schools</li> <li>Nursing homes</li> </ul>
<b>Agreed with patient or legitimate patient representative</b> <ul style="list-style-type: none"> <li>Capacity assessment</li> </ul>
<b>Care planning arrangements</b>
<b>Next appointment</b>
<b>Section – Contingency (team details)</b>
<b>In hours emergency contact team</b>
<b>In hours emergency contact number</b>
<b>Out of hours emergency contact team (GP out of hours, NHS 111)</b>
<b>Out of hours emergency contact number</b>
<b>Section - Participation in research</b>
Participation in research- populated from Alerts
<b>Section - Person completing record</b>
<b>Name</b>
<b>Role</b>
<b>Grade</b>
<b>Specialty</b>
<b>Professional identifier (GMC number)</b>
Date and time completed- defaults to today and now Contact details- default switch board
<b>Section - Distribution list</b>
Name, Role, Organisation name- populated from GP Form

## Appendix 4- Outpatient Clinic Letter form- CareNotes

Status	
Unconfirmed	
Date	Time
Confirmed By	Job Title

GP practice	Refresh
GP practice identifier	N81646
GP name	Dr DRUG SERVICE Chester
GP practice details	Chester Drug Service, Aqua House, Boughton, Chester, Cheshire, CH3 5AE

**GP Practice Details: Pulled from GP Detail Form**

Individual requirements	
Individual requirements	Culture/faith/beliefs - may need you to make reasonable adjustments in order for them to access the service Patient requested to only be seen by a female member of staff.

**Individual Requirements: Pulled from Alerts**

Patient Demographics	Refresh
Patient name	Mr Docman Test
Patient preferred name	
Date of birth	01/02/2012
Gender	Male
NHS number	0000000000
Other identifier	
Patient address	Post Office, 2 St. John Street, CHESTER, Cheshire, CH1 1AA
Temporary Address	Buckingham Palace, LONDON, Greater London, SW1A 1AA
Patient Email Address	docman.test@nhs.net
Patient telephone number	Home: 0151 000 0000,
Educational Establishment	Birkenhead Christ Church CofE Primary School, Mount Grove , Birkenhead, Merseyside, CH41 2UJ

**Demographics: Pulled from Patient, Address and School forms**

Contacts	Refresh		
Relevant Contact	Name	Role	Contact Information
	Samantha Harrison	Co-consultant	
	Sandra Lambert	Secondary Worker	
	Peter Hardy	Consultant	

**Contacts: Pulled from Team member forms**

Care Level	Refresh
Care Level	CPA

**Care Level: Pulled Care Review form**

History	
Presenting complaints or issue	
History since last contact	

**FREE TEXT**

Social Context	
Social Circumstances	

**FREE TEXT**

Clinical summary	
Clinical Summary	

**FREE TEXT**





**Information and advice given**

Information and advice given

Patient is prescribed sodium valproate and should have an early treatment review within 3 months that includes screening for side effects. test Alert

**Info and Advice: Pulled from Cardio Metabolic form & Alerts**

**Relevant clinical risk factors**

Relevant clinical risk factors

Risk mitigation

**FREE TEXT**

**Safety alerts**

Risks to self

Risks to others

Risks from others

**FREE TEXT**

**Medications and Medical Devices**

Medication name	Recommendation	Form	Dose	Frequency

**FREE TEXT**

**Medication discontinued**

Name of discontinued medication	Status	Indication/reason

**FREE TEXT**

**Allergies and adverse reactions**

Causative agent	Description of reaction	Date recorded
	Allergic to Paracetamol	17/12/2018 11:51:48

**Info and Advice: Pulled from Alerts**

**Plan and requested actions**

Actions for healthcare professionals	
Actions for patient or their carer	
Actions for other agencies	
Agreed with patient or legitimate patient representative	
Care planning arrangements	
Next Appointment	

**FREE TEXT**

**Contingency**

In hours emergency contact team	
In hours emergency contact number	
Out of hours emergency contact team	
Out of hours emergency contact number	

**FREE TEXT**

**Participation in research**

Participation in research	Research - patient on interventional research test
---------------------------	--

**Research: Pulls from Alert**

**Person completing record**

Name	
Role	
Grade	
Speciality	
Professional Identifier	
Date and time completed	30/01/2019
Contact details	East Cheshire: 01625 505666 West Cheshire: 01244 397537 Wirral: 0

**Date and time completed: Defaults to today**

**Contact Details: Defaults to switchboard numbers**

Name	Role	Organisation
Dr DRUG SERVICE Chester	GP	Chester Drug Service, Aqua House, Boughton, Chester, Cheshire, C

**Distribution List: Pulls from GP Detail Form**

## Appendix 5- Outpatient Clinic Letter template CareNotes

### Clinic Letter

*This letter has been written for your GP so that they know what happened at your last appointment and includes information about what we will do to support you. It also has details of what we ask your GP to do. We use standard headings in our letters to GP's as this makes sure that we include all the information necessary for your continued care and support. You are entitled to have a copy of this letter. If you do not know what this letter means, you may find it helpful to contact us.*

#### GP Practice:

GP Practice identifier	N81646
GP	Dr DRUG SERVICE Chester
GP Practice Details	Chester Drug Service, Aqua House, Boughton, Chester, Cheshire, CH3 5AE

<b>Individual Requirements:</b>	Culture/faith/beliefs - may need you to make reasonable adjustments in order for them to access the service Patient requested to only be seen by a female member of staff.
---------------------------------	--

#### Patient Demographics:

Patient Name	Mr Docman Test
Preferred Name	
DOB	01/02/2012
Gender	Male
NHS Number	0000000000
Other Identifier	
Address	Post Office, 2 St. John Street, CHESTER, Cheshire, CH1 1AA
Temporary Address	Buckingham Palace, LONDON, Greater London, SW1A 1AA
Email Address	Docman.test@nhs.net
Telephone Number	Home: 0151 000 0000,
Educational Establishment	Birkenhead Christ Church CofE Primary School, Mount Grove , Birkenhead, Merseyside, CH41 2UJ

#### Relevant Contacts:

Name	Role	Contact Information
Samantha Harrison	Co-consultant	1234
Sandra Lambert	Secondary Worker	5678
Peter Hardy	Consultant	9012
test	test	3456

<b>Care Level</b>	CPA
-------------------	-----

#### History:

Presenting complaints or issue	History
History since last contact	Hist since last contact

#### Social Context:

Social circumstances	Social Circum
----------------------	---------------

#### Clinical Summary:

Clinical summary	Clin Summary
------------------	--------------

#### Patient and carer concerns, expectations and wishes:

Advance statement	Advance Statement Docman Test Alert
-------------------	-------------------------------------

**Legal Information:**

MHA or equivalent status	MHA
Advance decision to refuse treatment (ADTR)	ADRT
Lasting power of attorney for personal welfare or court appointed deputy (or equivalent)	Power of Attorney
Safeguarding issues	Safeguarding issues
Consent relating to child	Child

**Diagnosis:**

	Diagnosis
<b>Primary Diagnosis</b>	F06.9 - Unspecified mental disorder due to brain damage and dysfunction and to physical disease
<b>Secondary Diagnoses</b>	R06.6 - Hiccough E00.2 - Congenital iodine-deficiency syndrome, mixed type

<b>Referrer Details</b>	Prime Minister & First Lord of the Treasury, 10 Downing Street, LONDON, Greater London, SW1A 2AA
-------------------------	--

**Attendance Details:**

Date and time of contact	25/01/2019 14:53
Contact type	First Appointment
Consultation method	Face To Face Communication
Responsible healthcare professional	test
Speciality	Adult Mental Illness
Service	0-16 Service - Crewe
Seen by	Peter Hardy
Care professionals present	Samantha Harrison
Person accompanying patient	test
Outcome of outpatient attendance	Attended

**Procedures:**

Procedure name	A83.8 Other specified electroconvulsive therapy - first administration in a course of treatment.
Complications	test
Comment	test

<b>Information and advice given:</b>	Patient is prescribed sodium valproate and should have an early treatment review within 3 months that includes screening for side effects. test Alert
--------------------------------------	---

**Relevant Clinical risk factors:**

Clinical risk assessment	test
Risk mitigation	test

**Safety alerts:**

Risks to self	t
Risks to other	v
Risks from others	v

**Medications and Medical Devices:**

Medication Name	Recommendation	Form	Dose	Frequency
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7

**Medication discontinued:**

Name of discontinued medication	Status	Indication/reason
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5

**Allergies and Adverse reactions:**

Causative agent	Description of reaction	Date Recorded
agent1	Allergic to Paracetamol	17/12/2018 11:51:48
ag2	test	d

**Plan and requested actions:**

*Everything that we do is done in a personalised centred way. This means care that is:*

- Personalised** according to the patient's needs and wishes
- Coordinated** along the patient's care journey
- Enabling** the patient to help themselves to be the best they can be

Actions for healthcare	test
Actions for patient or their carer	test
Actions for other Agencies	test
Agreed with patient or legitimate patient representative	test
Care planning arrangement	test
Next Appointment	test

**Contingency:**

The patient/care was informed how to contact services in case of an emergency.  
Daytime working hours XX to XX contact tel: and Out of hours contact tel:

<b>Participation in Research:</b>	Research - patient on interventional research test
-----------------------------------	--

**Person completing record**

Name	Peter Hardy
Role	bbb
Grade	hhh
Speciality	jjj
Professional identifier	hhjhj
Date and time completed	26/01/2019 00:00:00
Contact details	East Cheshire: 01625 505666 West Cheshire: 01244 397537 Wirral: 014827639

**Distribution list:**

Name	Role	Organisation Name
Dr DRUG SERVICE Chester	GP	Chester Drug Service, Aqua House, Bougl Chester, Cheshire, CH3 5AE
2	2	2
3	3	3

## Appendix 6- Outpatient Clinic Letter template PCMIS

<b>Department</b> Primary Care Mental Health Team
<b>Description</b> Outpatient summary

### GP Practice

<b>GP practice identifier</b>	Information not available
<b>GP</b>	Doctor [system:gp name]
<b>GP practice</b>	[system:gp surgery 2]

### Individual requirements

<b>Individual requirements</b>	[communication_cultural_cognitive_mobility]
--------------------------------	---

### Patient Demographics

<b>Patient Name</b>	[system:salutation (full name)]		
<b>Preferred Name</b>	[system:salutation (alias name/full name)]		
<b>Date of Birth</b>	[system:dob]	<b>Gender</b>	[patient_gender]
<b>NHS number</b>	[system:nhs number (formatted)]	<b>Other Identifier</b>	[system:case number]
<b>Address</b>	[system:address one line]		
<b>Email</b>	[Patient_email_address]		
<b>Home number</b>	[system:tel home]	<b>Mobile number</b>	[system:tel mobile]

### Allergies and adverse reactions

<b>Allergies and adverse reactions</b>	Information not available
--	---------------------------

### Person completing record

<b>Name</b>	[system:user]	<b>Role</b>	[system:profession]
<b>Professional Identifier</b>	[eg_GMC_number_HCPC_number]		
<b>Date and time completed</b>	[system:fulldate] [system:time 12h]		
<b>Contact details</b>			

### Attendance details

<b>Date &amp; Time of contact</b>	[Contact_Date_Time]
<b>Consultation method</b>	[consult_method_tel_face_to_face]
<b>Responsible healthcare professional</b>	[system:case worker]
<b>Seen by</b>	[system:case worker]
<b>Outcome of outpatient attendance</b>	[Outcome of attendance]

### Distribution list

Name	Doctor [system:gp name]
Organisation name	[system:gp surgery 2]

### Medications

Medication name	[Medication_Dose_Frequency_information_not_given]
-----------------	---

### Medication discontinued entry

Name of discontinued medication	[Discontinued_medication_name]
Status	Discontinued

### Referrer details

Referrer details	[referrer_name_role_organisation_contact_details]
------------------	---

### Diagnoses

Diagnosis name, ICD-10 code	[diagnosis_icd10code]
-----------------------------	-----------------------

### Safety alerts (Risk to self, to & from others)

\*\*\*FREE TEXT AREA\*\*\*

### Legal information

#### ADULT/CHILDREN SAFEGUARDING RISKS:

Nil reported

### Social context

\*\*\*FREE TEXT AREA\*\*\*

### Clinical summary (Include therapeutic procedure performed)

	Score at assessment	Score at end of therapy
Patient Health Questionnaire (PHQ-9) ( <i>max 27</i> )	[system:first phq9]	[system:current phq9]
Generalised Anxiety Disorder (GAD-7) ( <i>max 21</i> )	[system:first gad7]	[system:current gad7]

\*\*\*FREE TEXT AREA\*\*\*

### Information and advice given to [system:salutation (full name)]

\*\*\*FREE TEXT AREA\*\*\*



## Plan and requested actions

**\*\*\*FREE TEXT AREA\*\*\***

This report contains psychological information which, in the interests of the client, should be disclosed only with the author's permission.