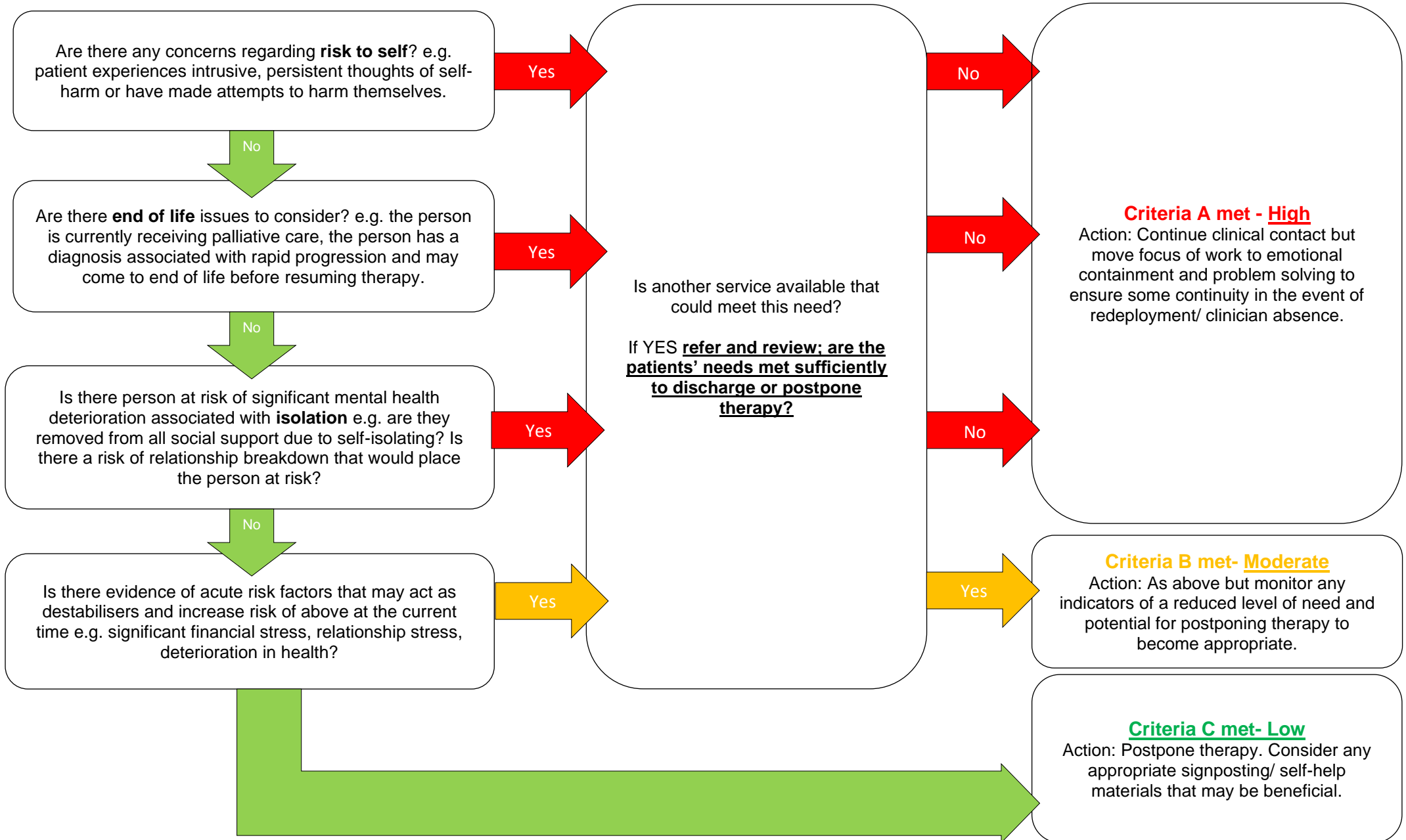


## Triage tool



All clinicians should ensure patient telephone numbers in their diary appointments. If clinician is sick appointments cancelled as per usual protocol. In the event that a clinician becomes absent from work for more than two weeks or is redeployed contact primary (secondary in their absence): Neuro-GH (EP) Health: () Friarage JP (EH) for them to identify cover clinician. It's the primary clinician's responsibility to provide minimal handover requirements.

All patients to be offered telephone appointments.  
Domiciliary visits are not offered.

### **Telephone triage process**

*Question to hold in mind: 'If I do not see this patient, will it affect their medical treatment?'*

#### **Clinical criteria for face-to-face neuropsychological assessment:**

- Capacity assessments for urgent treatment
- Assessments required for diagnostic purposes in the context of rapidly progressing neurological conditions

#### **Clinical criteria for face-to-face psychological intervention:**

- Risk of harm to self/others (refer to Crisis Team, Liaison Psychiatry or Secondary Mental Health)
- Significant emotional distress that couldn't be managed via telephone contact

#### **Contra-indicators for telephone appointment:**

- Severe & profound social phobia (phone avoidance)
- Significant communication difficulties (use of assistive technology required)
- Unable to access technology (necessary for cognitive assessment)
- No suitable environment for telephone appointment

#### **Procedure for face-to-face appointments**

- Telephone screening complete: met criteria for face-to face appointment
- **Covid-19 screening questions (complete screening at time of telephone consultation and via telephone on the day of the appointment).**  
Find the latest guidance on: <https://www.nhs.uk/conditions/coronavirus-covid-19/>
- Book appointment

## **Clinician Handover to Therapy Coordinator**

To be completed during redeployment or with support from Therapy Coordinator when longer than two-week sickness absence is expected.

**Category A or B Patient Name:**

**Hospital Number:**

**Address:**

**Preferred Contact Number:**

**Next of Kin Name and Contact Number (if available):**

**GP Surgery:**

**Diagnosis:**

**Medical Psychology Service and Normal Treating Clinician:**

**How often were you having sessions with them?**

**Why category A or B Patient? (risk issues, mental state):**

**Previous suicide attempts?**

**Any other known destabilisers?**

**Any other involved services currently? (e.g., secondary care)**

**What else do we need to know to support this patient in your absence?**