**The following information is for the attention of GP’s. All other referrals made to MHRS via non GP professionals should be made via the Written Referral Template MHRS and emailed to the service on** [**hnf-tr.mhrs@nhs.net**](mailto:hnf-tr.mhrs@nhs.net) **if routine or via telephone on 01482 301701 if urgent.**

**e-RS for routine referrals at Humber Teaching NHS Foundation Trust**

Following a successful pilot involving several local practices, we will be launching the Mental Health Response Service (MHRS) for Routine Referrals in the coming weeks.

We request that all practices start using this method for referrals with effect from **Monday 9th November, 2020**.

In e-RS, the service ID is 7958547 and this will be available for practices to use for routine referrals to our MHRS. To ensure that no referrals are missed, a daily report has been developed, which allows services to compare referrals created within e-RS with those that have been created in Lorenzo.

It is important to note that **the new urgent referral route** for the service enables primary care colleagues to send urgent mental health referrals via email ([hnf-tr.mhrs@nhs.net](mailto:hnf-tr.mhrs@nhs.net)). This reduces the need to call 301701 as done in the past.

All urgent requests sent via email will be acknowledged same day, with non-urgent requests returned to practices with instructions to use the new e-RS referral system as outlined above.

We hope that you find this new service useful, however, the Humber Clinical Systems Team is available to support the service and GP practices should you have any queries or concerns. Simply get in touch via email [HNF-TR.InformaticsTrainers@nhs.net](mailto:HNF-TR.InformaticsTrainers@nhs.net).

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| **First name:**  Preferred name if different: | **Last name:**  Preferred name if different: |
| **NHS Number:** | **Date of birth:** |
| **Current Address of patient:** | **Patients telephone/mobile telephone:**   (Please ensure this number is working and able to receive calls) |
| **Next of kin:** | **Is the patient aware of and consenting to the referral?**  (Please note, if answered no, the referral may be rejected. If the patient does not have capacity to consent to the referral, please contact the service by phone) |
| **Referrer details**  Name:  Role:  Contact address and Telephone Number: | **GP details (if different from e-RS GP details)** |

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| **Date of referral:**  **Referral for (please tick):**  **Adult services (18-65) Older Peoples’ services (65+)** |
| **Referrer Priority Status**  **For Routine Referrals where a response is required within 72 hours, please send completed form via e-RS Mental Health Response Service (Routine Referrals).**  **For Urgent Referrals where a response is required within the same day, please send completed form to** [**hnf-tr.mhrs@nhs.net**](mailto:hnf-tr.mhrs@nhs.net) **, marking the email as High Importance with the word Urgent in the subject header.** |
| **Mental health presentation (include signs and symptoms, including historical presentation)** |
| **Risk of harm to self (include intentional/unintentional harm)** |
| **Social Factors( include social network, employment, children)** |
| **Relevant physical health needs and ALL prescribed medication** |
| **Please indicate the support you and/or the person being referred is seeking:**   * **Primary care talking therapies/IAPT (Let’s Talk/EWS)** * **For medication advice only** * **Secondary care mental health assessment** * **Early intervention in psychosis/ suspected first episode psychosis** * **Memory assessment** * **ADHD assessment (Hull GPs only to refer)** * **Drug & alcohol services – Refer to ReNew or East Riding Partnership (this includes if there is some moderate mental health needs)** * **Social care assessment – Refer to local authority** |
| **Any other relevant information/other agencies involved** |