

STANDARD OPERATING PROCEDURE AUTISM CLINICAL CONSULTATIONS

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Name of Trust Strategy / Policy / Guidelines this SOP refers to:	Autism Strategy

VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	June 2023	<i>New SOP. Approved at Clinical Network Meeting (14/02/2023) and Divisional Governance Group (22/06/2023).</i>

Contents

1. INTRODUCTION	3
2. SCOPE	3
3. DUTIES AND RESPONSIBILITIES.....	3
4. PROCEDURES	4
4.1. Process for Mental Health Division clinicians accessing consultation with HAADS	4
4.2. Process for HAADS clinicians accessing consultation with Mental Health Division	4
5. REFERENCES	5
Appendix 1: Request for consultation form from HAADS.....	6
Appendix 2: Request for consultation form from Mental Health	7
Appendix 3: Equality Impact Assessment	8

1. INTRODUCTION

The Trust Autism Strategy includes aims to improve access to mental health services for individuals with a diagnosis of autism. One of the ways of doing that involves processes that enable mental health staff access to expert advice in the field of autism. This consultation process enables staff working within the trust access to consultations with an autism specialist from the Humber Adult Autism Diagnostic Service (HAADS). This process also identifies the process for HAADS staff to gain timely consultation from the Mental Health Division.

2. SCOPE

It is not uncommon for individuals supported by the Mental Health Division to present with difficulties that may overlap with other divisions/dedicated focus areas of the organisation, despite the individual's primary needs being met by the Mental Health Division. It is recognised that no service area can have a detailed knowledge of all possible issues that an individual may require support with, and therefore in such cases, consideration should always be given to consultation with appropriate and available dedicated focus services as a matter of course (including where an individual has declined a referral to a particular service for direct treatment). The function of the consultation may provide:

- An opportunity to gain specialist knowledge to guide and inform care
- Advice on overcoming barriers to access care and aid care planning
- Suggestions to prevent lack of clinical progress
- Guidance on reasonable adjustments

This process will be evaluated by HAADS and will be subject to changes in-line with potential improvements identified. This consultation pathway may be suspended or amended if the demand affects the capacity of the service to fulfil its service specification.

3. DUTIES AND RESPONSIBILITIES

Consultations will take place via a virtual meeting or phone call. Consultations will usually take place between two clinicians and last 20 mins - 1 hour. The responsibility for the clinical documentation of the consultation, and following up on actions, will be that of the person who initiated the consultation unless otherwise agreed.

It is worthwhile noting that:

- This is not clinical supervision and is not a replacement for the same
- Consultation may not be necessary for all autistic patients
- This is not a way to submit referrals to the autism diagnostic service
- This is not a pathway that is accessible in an emergency or where an urgent response is required
- The clinician seeking consultation will remain responsible for risk management, case worker roles, etc.

4. PROCEDURES

4.1. Process for Mental Health Division clinicians accessing consultation with HAADS

1. Clinician identifies need for consultation
2. Clinician discusses case in supervision and/or MDT
3. Complete a consultation request form (Appendix 1). Form available on Lorenzo and intranet.
4. Submit to HAADS inbox hnf-tr.haads@nhs.net
5. Consultations will be designated to HAADS clinicians via HAADS MDT (within 2 weeks of receipt of referrals)
6. HAADS clinician will contact the clinician who has submitted the request. If HAADS clinician does not feel the request is appropriate, outside their field of expertise or otherwise beyond the clinical and professional remit of HAADS clinicians, this will be communicated at this point.
7. Both professionals will arrange a time to meet (this should aim to be within 4 weeks from point of request)
8. The clinician who initiated the request will document the consultation and share the completed clinical note on Lorenzo with the HAADS clinician (via task). The clinician who initiated the request will include the HAADS clinician onto the Lorenzo contact.

4.2. Process for HAADS clinicians accessing consultation with Mental Health Division

Where the patient who is the subject of the consultation is already allocated to a service in the Mental Health Division, contact should initially be made by HAADS with that service.

Given the range of services available in the Mental Health Division, with varied and often changing remits, it was considered appropriate to have an initial contact point for consultation requests from HAADS. The Complex Emotional Needs Service (CENS) has a consultation role across the organisation and therefore has a high level of awareness regarding the services available, particularly in the Mental Health Division. For this reason, the process for HAADS to access consultation from the Mental Health Division is:

1. HAADS clinician to email request and brief outline to Complex Emotional Needs Service (CENS) outbox hnf-tr.cens@nhs.net or complete request form (Appendix 2)
2. CENS will signpost to appropriate mental health team and/or clinician
3. It is not intended that CENS will remain involved in the consultation after this signposting unless requested (e.g. as part of a wider professionals' meeting) or CENS are the appropriate service to provide consultation (e.g. regarding 'Personality Disorder').
4. HAADS clinician will contact relevant clinician/service identified
5. Both professionals/services will arrange a time to meet (this should aim to be within 4 weeks)
6. The HAADS clinician who initiated the request will document the consultation and share the completed clinical note on Lorenzo with the consulting Mental Health Division clinician (via task).
7. It is not intended that CENS will remain involved in the consultation after this signposting unless requested (e.g. as part of a wider professionals' meeting) or CENS are the appropriate service to provide consultation (e.g. regarding 'Personality Disorder').

5. REFERENCES

Autism Strategy

<https://www.humber.nhs.uk/downloads/Adult%20Autism%20Services/Humber%20Autism%20Strategic%20Framework.pdf>

Appendix 3: Equality Impact Assessment

1. Document Name: SOP Autism Clinical consultations
2. EIA Reviewer: Michelle Field Transformation Lead
3. Process for autism clinical consultations

<p>Main Aims of the Document, Process or Service Detail the process for consultation for autism advice and guidance</p>
<p>Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma</p>

<p>Equality Target Group</p> <ol style="list-style-type: none"> 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment 	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)</p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Adults	Low	Consultations to improve care for autistic adults and young people
Disability	Where the impairment has a substantial and long-term adverse effect on the ability of the person to carry out their day-to-day activities: Mental health Autism (including cancer, HIV, multiple sclerosis)	Low	Aimed to improve access to service and service delivery for autistic adults/young people with mental health conditions
Sex	Men/Male Women/Female	Low	
Marriage/Civil Partnership		N/a	
Pregnancy/Maternity		N/a	
Race	Colour Nationality Ethnic/National origins	Low	No discriminatory factors identified. Clinicians have E&D training. Support for inclusion i.e. translator services, will be actioned if needed.
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	As above
Sexual Orientation	Lesbian Gay men Bisexual	Low	

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	

Summary

Please describe the main points/actions arising from your assessment that supports your decision.

EIA Reviewer: Michelle Field

Date completed: May 2023 Signature: M. Field