

SHARED CARE GUIDELINE FOR THE PRESCRIBING OF ORAL ANTIPSYCHOTICS

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|---|--|
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| Target audience: | Secondary Care Mental Health Practitioners, Consultant Psychiatrists, General Practitioners, Practice managers |

PLEASE NOTE THERE ARE SEPARATE GUIDELINES FOR THE USE OF ANTIPSYCHOTICS IN DEMENTIA (GUIDELINES FOR THE MANAGEMENT OF BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA)

1.0 INTRODUCTION

This document is intended to be used when an antipsychotic has been prescribed for mental health uses, and treatment has been initiated by mental health services. If the antipsychotic is intended to be used for other purposes, this guideline is not appropriate.

Shared Care Guidelines are intended to provide clear guidance to General Practitioners (GPs) and hospital prescribers regarding the procedures to be adopted when clinical (and therefore prescribing and financial) responsibility for a service user's treatment is transferred from secondary to primary care. Consent from the GP to prescribe the desired antipsychotic should be sought by the specialist prior to the service user arriving at the surgery requesting a prescription. If a specialist asks a GP to prescribe these drugs, the GP should reply to this request as soon as practicable. The doctor who prescribes the medication legally assumes clinical responsibility for the drug and the consequence of its use.

This agreement should be read in conjunction with the NAViGO care programme approach (CPA) policy.

2.0 Drugs covered by the agreement

This agreement covers all oral antipsychotics included in the relevant section of the BNF.

Drugs are only covered by this agreement when prescribed at dosages within current BNF limits and as per the agreed formulary. **Standard formulations of tablets should be prescribed first line, unless there are clear indications for prescribing a Modified Release or orodispersible formulation.** In this case this should be recorded in the notes and highlighted in the discharge letter.

Antipsychotics are usually prescribed within the recommended Summary of Product Characteristics dosage range, and there is little evidence to support the use of higher dosage or combination with another antipsychotic if monotherapy proves to be ineffective. This guideline **does not** therefore cover combined antipsychotic medications. Antipsychotics are also used in combination with a range of other classes of drugs, such as anticonvulsants, mood stabilisers, anticholinergics, antidepressants and benzodiazepines.

| Traffic light system classification (TLS) | | | | |
|---|--------------------|--|--|--|
| Drug Class | Green ^G | Amber-G ^{AG} | Amber ^A | Red ^R |
| Antipsychotics | | Chlorpromazine Flupentixol Promazine Sulpiride Trifluoperazine Zuclopenthixol | Haloperidol Levomepromazine Prochlorperazine | Pericyazine Pimozide Benperidol |
| Atypical Antipsychotics | | | Amisulpiride Aripiprazole Olanzapine Quetiapine ** Risperidone | Clozapine Paliperidone Lurasidone Asenapine |

Amber G (AG) – Drug must be initiated and titrated to stable dosage by specialist before GPs take over prescribing responsibility. Once medical condition and drug dosage is stable, there is no specific requirement for ongoing monitoring

Amber (A) – Prescribing initiated by specialist and passed to primary care when dose effective and stable – monitoring shared as specified in shared care guideline

Red (R) – Prescribing initiated and retained by specialist – Prescribing and monitoring performed in secondary care

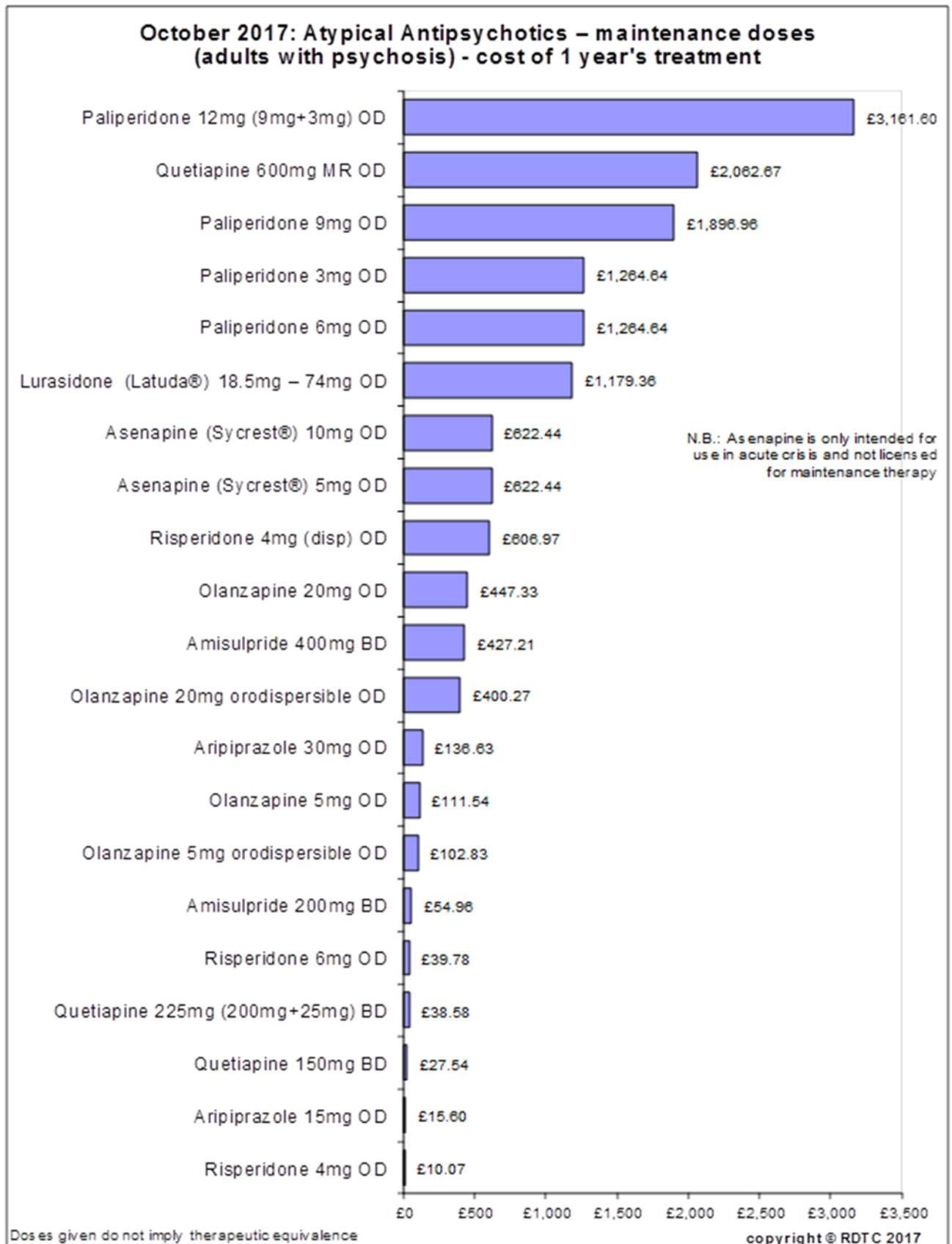
** Quetiapine – Please see North East Lincolnshire CCG Quetiapine XL to plain switch guidance.

Prescribers are also asked to consider the cost of atypical antipsychotics (below)

In view of the substantial difference in acquisition costs between First generation Antipsychotics (FGAs) and Second generation Antipsychotics (SGAs), prescribers and prescribing managers may need to review their use of SGAs particularly carefully and ensure that it is in line with NICE guidance. In first-episode or early schizophrenia (including people with a recent onset of schizophrenia and people who have never been treated with antipsychotic medication), the evidence suggested there were no clinically significant differences in efficacy between the antipsychotic drugs.

NICE advise choosing the antipsychotic in partnership with the person (and carer if appropriate) taking into account the potential of individual antipsychotics to cause extrapyramidal side effects, metabolic side effects (such as weight gain) and other side effects

2.1 Atypical antipsychotics – maintenance doses (adults with psychosis)



| Baseline Monitoring – To be completed by Specialist Services | | |
|---|---|---|
| Renal function LFT's FBC Blood Glucose TFTS (Quetiapine) CPK | Lipids Prolactin BP/ Pulse Weight/BMI/Waist measurement Drug status | Smoking (no/day) ECG Alcohol Personal and family history of cardiovascular disease |



| 1st Month - To be completed by Specialist Services |
|--|
| Blood Glucose Weight/BMI/Waist measurement FBC GASS |



| 3rd Month Monitoring – To be completed by Specialist Services | |
|---|--------------------------------------|
| FBC BP/ pulse Blood Glucose Lipids | Weight/BMI/Waist measurement GASS |



Prescribing can be transferred to primary care as part of shared care

| 6th Month Monitoring – To be completed by specialist services | |
|---|--|
| Weight BMI/Waist measurement Prolactin GASS | |



Service User care can be transferred to primary care
If service user becomes unstable, fast track access to NAViGO

| 12 months then Annual Monitoring – To be completed by Primary Care | |
|---|--|
| Renal function FBC LFT's BP/ Pulse Weight/BMI/Waist measurement Lipids TFTS (Quetiapine) GASS (contact consultant if compliance at risk) | Blood Glucose ECG Alcohol / smoking Prolactin (contact consultant if newly symptomatic (reduced libido, gynaecomastia, dysmenorrhoea etc), worsening symptoms or recently elevated prolactin level for risk/benefit). |

Please note - ECG to also be completed at every dose change

3.0 Special Considerations

It is generally accepted that there is a higher risk than in the general population of developing hypertension, cardiovascular disease, weight gain and diabetes, in service users with schizophrenia and / or those receiving atypical antipsychotics. It would therefore be important for prescribers to be aware of this risk and to provide regular health checks.

Rarely, atypical antipsychotics can produce neutropenia, for example, olanzapine, risperidone and quetiapine but particularly with clozapine which is prescribed only in secondary care. It would be necessary to perform a Full Blood Count if there is unexplained infection or fever, and to encourage service users to report such symptoms.

Prolactin levels can be increased by several antipsychotics and cause gynaecomastia, galactorrhoea, sexual dysfunction and amenorrhoea. Sustained prolactin increase may lead to hypogonadism and decreased bone density / osteoporosis, and there is a reported link with breast cancer. Service users with symptoms (above) attributable to raised prolactin levels should have their prolactin levels estimated and consideration of a switch to an atypical less likely to raise prolactin, for example, aripiprazole or quetiapine.

It is also necessary for prescribers to be aware of the rare but potentially serious / fatal treatment complication of Neuroleptic Malignant Syndrome (NMS). The symptoms include:

- Hyperthermia
- Muscular rigidity
- Fluctuating consciousness and / or confusion
- Autonomic instability. For example, labile blood pressure, sweating, tachycardia
- Creatinine Phosphokinase (CPK) is always raised.

When NMS is suspected, service users should be referred immediately to the Accident & Emergency department for expert management.

4.0 Side Effects

People's sensitivity and response to drugs varies enormously. One person may be able to tolerate standard doses with no significant side effects, while someone else may find the same dose has intolerable results.

Examples of side effects which may occur as a result of taking antipsychotics:

- **Neuromuscular effects** – e.g. parkinsonism, loss of movement (akinesia), restlessness (akathisia) and muscle spasms/dystonia
- **Sexual side effects** – e.g. breast development in men, drop in sexual desire, impotence, erection and ejaculation problems, loss of periods
- **Antimuscarinic or anticholinergic effects** – e.g. drowsiness, dry mouth, blurred vision, dizziness, constipation, feeling nauseous
- **Disturbances in heart rhythm**
- **Sedation**
- **Eye problems** – e.g. blurred vision, difficulty reading, degeneration of retina, glaucoma
- **Metabolic syndrome** – e.g. diabetes, weight gain and obesity, high BP, high cholesterol
- **Agranulocytosis**

- **Other physical effects** – e.g. Liver disorders, skin problems, unsettled body temperature
- **Emotional effects** – e.g. Excitement, agitation, aggression, depression, disturbed sleep

4.1 Side Effect Control

Adherence with antipsychotic medication is perhaps the main determinant of relapse in schizophrenia. The tolerability or experience of side effects of a particular antipsychotic medication has been regarded as both one of the key factors predicting continued adherence and crucially the experience of adverse antipsychotic side effects is commonly stated by service users as an important reason for non-adherence. This highlights the importance of an open and systematic discussion regarding medication-related side effects, as an acknowledgement of the risks as well as benefits of a particular treatment help to establish a collaborative approach between clinicians and service users and contribute to a therapeutic rapport. Antipsychotic side-effect rating scales have been used over the years to help identify and quantify the various side effects that can occur on these medications.

The Glasgow Antipsychotic Side Effect Scale (GASS) was developed in 2008 following a literature review, discussion with members of Glasgow mental health teams and feedback from service users. The scale is designed to allow a timely, sensitive and reliable method of gathering information on the number and severity of side effects an individual suffers from. The Scale and information for practitioners on how to use is included as Appendix 1.

5.0 SHARED CARE ARRANGEMENTS

Once a stable medication regime has been established physical monitoring and prescribing of amber category drugs can be transferred to primary care with agreement – see flow chart on Page 7.

5.1 Secondary Care responsibility

- Diagnosis based on a timely and comprehensive assessment.
- Initiation and stabilisation of drug therapy for a minimum period of 3 months and until shared care is formally accepted by the service user's GP and primary care team.
- Service user / family education. Service users must receive written information about the use of antipsychotics and the effects of the prescribed medication. Service user Information Leaflets for individual drugs are available from NAViGOs Choice and Medication website <http://www.choiceandmedication.org/navigo/>
- Ensure service user is fully informed of potential benefits and side effects of treatment
- Ensure service user's parents/guardian/carer is fully informed of the treatment.
- Ensure that Trust policy regarding informed consent is followed
- Provide a comprehensive treatment package in addition to medications including appropriate information/monitoring sheet(s)
- Devise a CPA care plan in conjunction with the GP and support agencies/care manager
- Ensure that shared care arrangements are in place before transfer of treatment
 - That the service user/carer is clear what is being monitored and by whom
 - That the service user knows what significant adverse effects/events to report urgently and to whom they should report (specialist or GP)

- Write to the GP after every clinic visit detailing whether the medication regime should remain the same or be changed. Specify any products / dose or frequency changes and the results of any investigations.
- Ensuring that the baseline monitoring recommendations in service users prescribed regular antipsychotics have been carried out before treatment initiation.
- Extra monitoring needed for dose changes will be organised by specialist team and conveyed to service user and GP
- Monitor side effects of medication - GASS scale should be used frequently during initiation period and as per monitoring table thereafter.
- Monitor service user's response to treatment
- Report adverse events to the CSM <http://www.mhra.gov.uk/Aboutus/index.htm>

5.2 Primary Care Team responsibility

- Acknowledge and accept secondary care team request for shared care within 4 weeks of receipt of shared care request.
- Monitor treatment as stated in the shared care guidelines.
- Amend prescription as per requests from secondary care for dose changes in service users on established treatment
- Confirm with specialist which changes in these or other parameters should trigger urgent referral back to the specialist
- Seek specialist advice promptly as advised in the shared care guideline or if signs/symptoms of changes occur or possible drug interactions found
- Seek advice from the secondary care team if the female service user becomes pregnant or is planning to start a family
- Report adverse events to the CSM <http://www.mhra.gov.uk/Aboutus/index.htm>
- If the drug has a black triangle status or is unlicensed, all events should be reported even if casual relationship is not known or if the adverse event is already known about
- Report adverse events to the consultant sharing the care of the service user
- Stop treatment on advice of specialist
- Seek urgent advice from the specialist if intolerable side effects occur
- Ensure arrangements are in place for service user to be reviewed at appropriate intervals and receiving prescribed medication
- Develop and use practice case registers to monitor the physical and mental health of service users.
- Document in the service user's record whether shared care has been accepted / declined using the read-codes specified on page 17

6.0 REQUEST FOR REVIEW BY SECONDARY CARE

Referral of all service users to Mental Health Services will be via the single point of access.

GPs are requested to clearly state reason for review and urgency.

If a service user becomes unstable within 12 months of antipsychotic being initiated, service user can be referred to NAViGO via Single Point of Access. See appendix 3

After 12 months, consider re-referral to secondary care if there is:

- Poor treatment response

- Non-adherence to medication
- Intolerable side effect from medication
- Comorbid substance misuse
- Risk to the person or others

7.0 Service User (or Carer's) Responsibilities

- Discuss potential benefits and side effects of treatment with the specialist and GP. Identify whether they have a clear picture of these from the specialist and to raise any outstanding queries
- Check that where possible the specialists have provided a service user-held record or information sheet for monitoring and/or to alert other clinical staff to the treatment they are receiving
- Share any concerns they have in relation to treatment with the medicine
- Report any adverse effects to their specialist or GP whilst taking the medicine
- Report to the specialist or GP if they do not have a clear understanding of their treatment
- Participate in the monitoring of therapy and the assessment of outcomes, to assist health professionals to provide safe, appropriate treatment

8.0 PROCEDURE FOR ADOPTING SHARED CARE

8.1 General Procedure

Shared Care (Amber) classification

The specialist will send to the GP a diagnostic assessment report, a copy of the shared care guideline and a shared care referral specifying who is responsible for monitoring – see Appendix 2. Both the specialist and GP should sign the proforma with a record kept in the GP and specialist records. Full details will be given of the prescribing regime (brand, form, strength and dose of medication) and follow-up plan.

service user will be asked to make arrangements with their GP for continued supply once the service user is fully established on treatment.

Shared Care (Amber-G) classification

The specialist service will ensure the service user is fully established on treatment before requesting transfer to Primary Care. When requesting transfer of care, specialist services will send a letter to the GP explaining which shared care arrangements the request was being made under and provide any other guidance or direction relating to the drug and review process – see Appendix 2.

9.0 Contacts for support and advice

| Consultant Psychiatrists | Base | Contact number |
|---------------------------------|--|---|
| Dr Wojciech Gierynski | Harrison House, Grimsby Scartho Medical Centre, Grimsby | 01472 252366 01472 279619 |
| Dr Ana Tamas | Harrison House, Grimsby | 01472 252366 |
| Dr Victor Bodo | Harrison House, Grimsby | 01472 252366 |
| Dr Aamer Sajjad | Harrison House, Grimsby | 01472 252366 |
| Dr Beata Tarczon-Nowicka | Rharian Fields, The Gardens, DPoW | 03033303851 |
| Dr Kris Kielan | Weelsby View Health Centre, Grimsby | 01472 255293 |
| Dr Ragaei Zitoun | The Gardens DPoW | 01472 302515 |
| Dr Samuel Yangye | Community Older People's | 01472 625832 |
| Dr Aresh Lokesh | Community Older People's | 01472 625832 |
| Single Point of Access | | 01472 256256 option 3 or email NAV.MHSinglePointofAccess@nhs.net |

10.0 REFERENCES

- NICE Clinical Guideline 178: Psychosis and Schizophrenia in adults: treatment and management February 2014 <https://www.nice.org.uk/guidance/cg178>
- Electronic medicines Compendium <http://www.medicines.org.uk/emc/>
- Service user information leaflets can be accessed through <http://www.choiceandmedication.org/navigo>
- A new self-rating scale for detecting atypical or second-generation antipsychotic side effects - L. Waddell and M. Taylor *J Psychopharmacol* 2008; 22; 238 DOI: 10.1177/0269881107087976
- Making sense of antipsychotics booklet: MIND (<http://www.mind.org.uk>)
- Antipsychotics – Recommended Physical Monitoring: Health check results/outcomes to be shared between healthcare providers. Derbyshire PCT August 2009
- Scottish Medicines Consortium no 549/09 Quetiapine (Seroquel) for major depressive episodes associated with bipolar disorder
- <http://www.nimh.nih.gov>
- <http://www.mentalhealth.org.uk>
- The Maudsley Prescribing Guidelines. 12th edition 2015

Appendix 1

Glasgow Antipsychotic Side-effect Scale (GASS)

Name: _____ Age: _____ Sex: M / F

Please list current medication and total daily doses below:

This questionnaire is about how you have been recently. It is being used to determine if you are suffering from excessive side effects from your antipsychotic medication. Please place a tick in the column which best indicates the degree to which you have experienced the following side effects.

Also tick the end or last box if you found that the side effect was distressing for you.

| <i>Over the past <u>week</u>:</i> | <i>Never</i> | <i>Once</i> | <i>A few times</i> | <i>Every day</i> | <i>Tick this box if distressing</i> |
|---|--------------|-------------|--------------------|------------------|-------------------------------------|
| 1. I felt sleepy during the day | | | | | |
| 2. I felt drugged or like a zombie | | | | | |
| 3. I felt dizzy when I stood up and/or have fainted | | | | | |
| 4. I have felt my heart beating irregularly or unusually fast | | | | | |
| 5. My muscles have been tense or jerky | | | | | |
| 6. My hands or arms have been shaky | | | | | |
| 7. My legs have felt restless and/or I couldn't sit still | | | | | |
| 8. I have been drooling | | | | | |
| 9. My movements or walking have been slower than usual | | | | | |
| 10. I have had uncontrollable movements of my face or body | | | | | |
| 11. My vision has been blurry | | | | | |
| 12. My mouth has been dry | | | | | |
| 13. I have had difficulty passing urine | | | | | |
| 14. I have felt like I am going to be sick or have vomited | | | | | |
| 15. I have wet the bed | | | | | |
| 16. I have been very thirsty and/or passing urine frequently | | | | | |
| 17. The areas around my nipples have been sore and swollen | | | | | |
| 18. I have noticed fluid coming from my nipples | | | | | |
| 19. I have had problems enjoying sex | | | | | |
| 20. Men only: I have had problems getting an erection | | | | | |

© Waddell & Taylor, 2007

| <i>Tick yes or no for the last <u>three months</u></i> | <i>No</i> | <i>Yes</i> | <i>Tick this box if distressing</i> |
|--|-----------|------------|-------------------------------------|
| 21. Women only: I have noticed a change in my periods | | | |
| 22. Men and women: I have been gaining weight | | | |

Staff Information

1. Allow the service user to fill in the questionnaire themselves. All questions relate to the previous week.

2. Scoring

For questions 1-20 award 1 point for the answer “once”, 2 points for the answer “a few times” and 3 points for the answer “everyday”.

Please note zero points are awarded for an answer of “never”.

For questions 21 and 22 award 3 points for a “yes” answer and 0 points for a “no”.

Total for all questions=

3. For male and female service users a score of: 0-21 absent/mild side effects
22-42 moderate side effects
43-63 severe side effects

4. Side effects covered include: 1-2 sedation and CNS side effects
3-4 cardiovascular side effects
5-10 extra pyramidal side effects
11-13 anticholinergic side effects
14 gastro-intestinal side effects
15 genitourinary side effects
16 screening question for diabetes mellitus
17-21 prolactinaemic side effects
22 weight gain

The column relating to the distress experienced with a particular side effect is not scored, but is intended to inform the clinician of the service user’s views and condition.

Appendix 2

Page 1 of 3: REQUEST BY THE SPECIALIST CLINICIAN FOR THE SERVICE USER'S GP TO ENTER INTO THE SHARED CARE AGREEMENT

INSERT CLINIC ADDRESS

REF: Silverlink ID

NHS NO:

Tel No:

Fax no:

Date of Clinic:

Date Typed:

The contents of this letter are confidential and may not be disclosed without the consent of the writer

GP ADDRESS

Dear Dr

RE **JOE BLOGG, DOB ADDRESS**

Your service user has been attending **INSERT NAME OF CLINIC** and has been prescribed *medication / dose / frequency*. He/she has been stabilised on treatment. It is felt that he/she will benefit from continuing this medication under the terms of the attached shared care guideline.

Please use page 3 of this pro forma to indicate if you would like to participate in shared care. Additionally, can you inform me of any changes made to other medication prescribed by yourselves? (Especially when changes involve medicines that interact with *medication*).

I have enclosed the service user's most recent monitoring results and the service user's next tests are due in.....(delete if not applicable)

Yours sincerely

Name

Consultant Psychiatrist

CC – Service user

PRIVATE & CONFIDENTIAL

| | |
|----------------------|-----------------------|
| Service user details | Date of request _____ |
| NHS No. | GP Name _____ |
| | Practice _____ |

| | |
|--------------------------------|----------------------------|
| Indication of treatment: | Secondary care prescriber: |
| Care co-ordinator: | Contact No: |
| Service user is stabilised on: | Dose and frequency: |

Please contact the Care co-ordinator, or the out of hours crisis team on INSERT TEL. NUMBER HERE..... if you require advice or:

- Non-compliance or suspected non-compliance with treatment or monitoring
- Pregnancy or planning pregnancy
- Breast feeding
- Initiation of interacting medication
- Lack of or concern over efficacy
- Intermittent or poor adherence with treatment
- Service user functioning declines significantly
- Tolerability or side effect problems
- Service user request to discontinue treatment or review treatment
- Comorbid alcohol or drug misuse suspected
- Risk to the person or others

| Monitoring results | Date | Result | Date next due |
|--------------------|------|--------|---------------|
| FBC | | | |
| Weight and BMI | | | |
| U & E | | | |
| LFT | | | |
| BP / Pulse | | | |
| GASS | | | |
| Lipids | | | |
| Blood Glucose | | | |
| Prolactin | | | |
| ECG | | | |

Service user given 28 day prescription on: **INSERT DATE**
 Next prescription due on: **INSERT DATE**

| |
|----------------------|
| Service user details |
| NHS No. |

Date of request _____
GP Name _____
Practice _____

- Yes. I agree to accept shared care for this medication with this service user as set out in the 'Shared Care Guideline for the prescribing of oral antipsychotics'.
- I have concerns relating to the treatment or monitoring arrangements and would like to discuss these before accepting shared care for this medication with this service user.
- No. I would not like to accept shared care for this medication with service user as:

| |
|--|
| |
|--|

Even if you do not agree to accept shared care please record that the service user has been initiated on the medication identified above within your clinical system.

Please sign and return within 14 days to:

| |
|---|
| <p><u>Email back notification of acceptance to :</u> <u>NAV.MHSinglePointofAccess@nhs.net</u></p> <p><u>Name:</u> <u>Date:</u> <u>GP / On behalf of GP</u></p> |
|---|

Please also attach a copy to the service user's notes and add read codes as follows:

Shared care accepted
[System 1: Shared care consultant and GP – XE1TD.
EMIS: Shared care consultant and GP-66S2-1]

Shared care declined
[System 1: Shared care referred back to the hospital - XaKAm
EMIS Shared care prescribing sent back to hospital- 8BM7]

Appendix 3

REQUEST FOR REVIEW BY NAViGO

This service user has previously been seen but requires a review.

| | |
|--------------------|--------------------------|
| Service User Name: | Consultant Psychiatrist: |
| DOB: | Care Co-ordinator: |
| NHS Number: | GP Practice: |
| Tel No: | Referrer: |
| | Date: |

Please put an 'X' in the boxes that apply

| Urgency level | |
|-----------------|--------------------------|
| Within 24 hours | <input type="checkbox"/> |
| Within 48 hours | <input type="checkbox"/> |
| Within 14 days | <input type="checkbox"/> |
| Within 28 days | <input type="checkbox"/> |

PLEASE INDICATE WHY REVIEW IS NEEDED:

Please put an 'X' in the boxes that apply (not mandatory)

| Diagnosis/Clinical Signs/Symptoms | |
|-----------------------------------|--------------------------|
| Mood Disorder (Depression) | <input type="checkbox"/> |
| Anxiety Disorder | <input type="checkbox"/> |
| Psychotic Disorder | <input type="checkbox"/> |
| Bipolar Disorder | <input type="checkbox"/> |
| Personality Disorder | <input type="checkbox"/> |
| Somatoform Disorder | <input type="checkbox"/> |
| Sleep Disorder | <input type="checkbox"/> |
| History of Abuse/Trauma/PTSD | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

| Reason for review | |
|---|--------------------------|
| Service user functioning declines significantly | <input type="checkbox"/> |
| Non-compliance or suspected non-compliance with treatment or monitoring | <input type="checkbox"/> |
| Pregnancy or planning pregnancy | <input type="checkbox"/> |
| Breast feeding | <input type="checkbox"/> |
| Initiation of interacting medication | <input type="checkbox"/> |
| Lack of or concern over Efficacy | <input type="checkbox"/> |
| Intermittent or poor adherence with treatment | <input type="checkbox"/> |
| Tolerability or side effect problems | <input type="checkbox"/> |
| Service user request to discontinue treatment or review treatment | <input type="checkbox"/> |
| Comorbid alcohol or drug misuse suspected | <input type="checkbox"/> |
| Poor treatment response | <input type="checkbox"/> |
| Risk to the person or others | <input type="checkbox"/> |

Please email to NAV.MHSinglePointofAccess@nhs.net