

Referred Patient Assessment and Management Plan (Items 291 to 293)

A.yy.1 Referral for items 291 to 293 should be through the general practitioner for the management of patients with mental illness. In the event that a specialist of another discipline wishes to refer a patient for this item the referral should take place through the GP.

A.yy.2 In order to facilitate ongoing patient focussed management, an outcome tool will be utilised during the assessment and review stage of treatment, where clinically appropriate. The choice of outcome tools to be used is at the clinical discretion of the practitioner, however the following outcome tools are recommended:

- § Kessler Psychological Distress Scale (K10)
- § Short Form Health Survey (SF12)
- § Health of the Nation Outcome Scales (HoNOS)

A.yy.3 Preparation of the management plan should be in consultation with the patient. If appropriate, a written copy of the management plan should be provided to the patient. A written copy of the management plan should be provided to the general practitioner within a maximum of two weeks of the assessment. It should be noted that two weeks is the outer limit and in more serious cases more prompt provision of the plan and verbal communication with the GP may be appropriate. A guide to the content of the report which should be provided to the GP under this item is included within this Schedule.

A.yy.4 It is expected that item 291 will be a single attendance. In some circumstances a consultation with the patient may be required before undertaking item 291. In these circumstances a claim would be made under items 300-308.

A. yy.5 Item 293 is available in instances where the GP initiates a review of the plan provided under item 291, usually where the current plan is not achieving the anticipated outcome. It is expected that when a plan is reviewed, any modifications necessary will be made.