

EPPIC Form Newcastle and Gateshead Initial Discussion

An EPPIC+, LEAP OR Community C(E)TR can be linked to any existing assessment and review processes / meetings to streamline resources to prevent an admission into inpatient services

Prior to an EPPIC form being completed, requests for C(E)TRs should be directed to/by the CPA/ care coordinator whose first response should be to address the concerns with the **wider MDT** as promptly and thoroughly as possible, potentially mediating any concerns or dissatisfactions **without the need for a review** or arranging additional support if the concern relates to possible admission into hospital. The MDT can be face to face or via teleconference. If it is deemed appropriate the NENC ICB Newcastle Gateshead can also be in attendance. The purpose of the MDT is to:

- Consult with **all** parties involved in the individuals care to initiate a multi-disciplinary response as to whether an EPPIC+/ LEAP/ Community C(E)TR is required.
- Identify what the key concerns are and identify any actions/ responses as appropriate
- Resolve issues that do not require a C(E)TR to take effect
- Ensure that a discussion has taken place of the appropriateness of the C(E)TR at this stage in the pathway
- Act on any safeguarding issues
- Escalate safety/ quality concerns
- Consider whether the individual needs to be placed on the Dynamic Support Risk Register (DSR)

EPPIC Form completed as an outcome of the MDT

EPPIC Form is to be completed by referrer and emailed to the CTR inbox nencicb-ng.ctr@nhs.net. The inbox is checked within working hours Monday to Friday between 09.00am and 16.30pm. A response from the NENC ICB to the referrer will be made within 1 working day.

EPPIC Form will initiate one of the following outcomes

NFA

EPPIC+

If there is no imminent risk of admission to an inpatient hospital setting although there is an additional MDT that is to be coordinated - An EPPIC+ meeting can support this process whereby a member of NENC ICB will be in attendance.

LEAP

(LEAP) Local Emergency Action Plan - Where such a situation is at the point of 'crisis' and as a consequence there is no time for setting up a Community C(E)TR, an assertive, fast and measured response will be required if those responsible are to safeguard against admitting the individual unnecessarily into an inpatient service. If the individual requires an MHA assessment this will take precedence over a LEAP.

Community C(E)TR

If the EPPIC tool establishes the rationale that the individual is actively being considered or sought to be admitted to hospital, a community C(E)TR is to be organised to establish whether or not the individual care and treatment needs could be met effectively and safely in the community through additional and/ or alternative supports and interventions.

In working hours - If the referral is an emergency or if the circumstances should change the referrer is to contact NENC ICB direct to speak to the Learning Disability and Autism Coordinator.

Out of working hours – If individual is admitted to an inpatient Hospital and no Community C(E)TR has taken place, either

- ADULT - a post admission C(E)TR needs to be held within 4 weeks of the individual being admitted. This will be initiated by the ICB.
- CHILD - a post admission C(E)TR needs to be held within 10 working days of the individual being admitted. This will be initiated by NHS England Specialised Commissioning and co-chaired by the ICB.

Early Patient Potential Indication Concerns - EPPIC

Date:		Individual Name:		Date of Birth:		NHS No: (If known)		
Time:		GP Practice:		Local Authority:		Rio No: (If known)		
Referrer's Name:		Role:		Contact Details:				
Has an enhanced MDT taken place prior to completion of EPPIC Form? (Please see EPPIC initial discussion process ADULT/CHILD)							Yes	No
Please indicate the outcome of this meeting:								
Is the EPPIC being completed for individual who is capacitated?							Yes	No
If no, please indicate how a Best Interests decision has been completed:								
Does the individual have Capacity to consent to being placed on the Dynamic Support Register?							Yes	No
If No, are you considering this under Best Interests? – please indicate further:								
Has the individual's consent been gained?							Yes	No
What was the outcome?								

Has the EPPIC / CTR process been explained to the individual? Link to patient information leaflets	Yes		No	
What method was used? Did they understand?				
Would the individual like to meet with the Independent Panel prior to a CTR?	Yes		No	
If Yes, please advise whether face to face or by TEAMS. A separate meeting will be arranged for this prior to the CTR.				
Will the individual attend the EPPIC / CTR?	Yes		No	
If No, please advise how the information will be fed back to the individual				
Is there an advocate involved?	Yes		No	
If No, please say why not				
Would the referrer like to meet with the Independent Panel prior to a CTR?	Yes		No	
Further information:				
<p>The ICB require that information with reference to the individual be compiled to send to the Independent Panel members prior to the meeting, including key points in relation to historic and current information. This information may be summarised on the referral below and more detailed information forwarded as soon as possible. Please ask all members of the MDT to submit any relevant reports / letters.</p>				

Pen Picture: (Brief summary and background)

Reasonable Adjustments: Reasonable adjustments are a legal requirement to make sure health services are accessible to all. Please indicate what we can do in order to ensure that we can meet your required needs.

Interpretation service: Do you require an Interpretation service? If yes, please indicate which language you require

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Area		What are the Potential Concerns and Risks to the Individual / and or others?	What Identified Plan of Action has been put in place?	When is this happening and for how long?	Who is responsible?
Safety	1				
	2				
	3				
Current Care	1				
	2				
	3				

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Area		What are the Potential Concerns and Risks to the Individual / and or others?	What Identified Plan of Action has been put in place?	When is this happening and for how long?	Who is responsible?
Future Planning	1				
	2				
	3				
Please indicate Individual, Family and MDT members to be invited:					
Name			Contact details (email where possible)		
Please indicate preferred date(s) and time(s): If an MDT is already arranged, we may be able to utilise it for a CTR or EPPIC Meeting					

Once the EPPIC Form is fully completed, please send to nencicb-ng.ctr@nhs.net