Guy's and St Thomas' NHS
NHS Foundation Trust

GUY'S & ST. THOMAS' ADDICTIONS CLINICAL CARE SUITE (ACCS)
ROUGH SLEEPERS, RISK OF RETURN TO THE STREET, RISK OF HOMELESSNESS

REFERRAL FORM

ADDRESS: Addiction Care Team, Block B, 2nd Floor South Wing, St Thomas' Hospital, London, SE1 7EH	Telephone: 020 71887188 Email: **ACCSReferrals@gstt.nhs.uk** Mobile: **07731 591 611**
Referral guidance 1. Please complete section 1 to 14 in full 2. Refer to section 16 to 18 for eligibility, prioritisation and exclusion 3. Service users must provide consent to treatment (section 14) 4. Completed forms should be scanned and emailed to the ACCS 5. Referrers will be asked to attend an online ACCS MDT discussion	

1. Service user details

Name:	Alias:	D.O.B:	Age:	Gender:

Address: Post code: Lives alone: Yes ☐ No ☐	Temporary Address	☐
	Hostel	☐
	NFA: borough connection	☐
	Own tenancy	☐
	Borough connection… *Please state*	
Next of Kin name: Address: Post code:		
	Relationship:	
	Telephone No:	
	Other form of contact:	

Ethnicity:

White	☐	Black	☐	Mixed	☐	Other	☐
British	☐	Irish	☐	European	☐	Caribbean	☐
African	☐	Asian	☐	SE Asian	☐	Other	☐

Interpreter needed? Yes ☐ No ☐	Religion/spiritual needs… *Please state*	

2. Referring substance misuse team

Name:	1. Name of the responsible clinician	
Address: Post code:	2. Lead contact(s) during admission:	
	Telephone No.:	Mobile No.:
	E-mail address:	
Borough funding admission:… *Please state*	Funding agreed: Yes ☐	No ☐
CHAIN number:… *Please state*		
Notice of admission date required?		

Same day ☐	1 day ☐	2 days ☐	1-2 weeks ☐

3. Substance misuse history

Please include if known *e.g. illicit, prescribed and over-the-counter medication (misused)*

Substance/medication	Age of first use	Duration of use	Frequency of use
1.			
2.			
3.			
4.			
5.			
6.			

Current substance use:

Substance	Route	Average daily amount *(e.g. in £ or grams, alcohol use in units)*
1.		
2.		
3.		
4.		
5.		
6.		

Please provide the current details of the dispensing pharmacy where appropriate:

Pharmacy Name:	Script details (e.g. methadone/buprenorphine, dose, supervised consumption)	
Address:	1.	
	2.	
	Telephone No.:	Mobile No.:
Post code:	E-mail address:	

Does the service user smoke cigarettes?						Yes ☐	No ☐	
Has the service user previously been prescribed Take Home Naloxone?						Yes ☐	No ☐	
Has the service user ever received training for Take Home Naloxone?						Yes ☐	No ☐	
Does the service user currently inject?						Yes ☐	No ☐	
Injecting site(s):	Arms ☐	Legs ☐	Hands ☐	Feet ☐	Groin ☐	Neck ☐	Other ☐	
Does the service user currently share injecting equipment?						Yes ☐	No ☐	N/K ☐
Has the service user ever shared injecting equipment?						Yes ☐	No ☐	N/K ☐

4. Addiction treatment history

Past treatment and detoxification (in chronological order) including location and length of time if known

Date	Community	Inpatient	Rehab	Outcome (period of abstinence)

How has the service users drug use/ drinking behaviour impacted on their health?
Please give details…

5. Medical history

Current GP practice:	GP name:	
Address: Post code:	1.	
	2.	
	Telephone No.:	Mobile No.:
	E-mail address:	

Please list the service users past medical history and medical comorbidities (e.g. from GP records). Also include any acute or chronic medical concerns that may help to prioritise the referral (please see *Eligibility* section 16, and *Prioritisation* section 17)

Seizure history:	Yes ☐ No ☐
Have seizures occurred during alcohol withdrawal	Yes ☐ No ☐
If Yes, have multiple seizures (>1) occurred during alcohol withdrawal	Yes ☐ No ☐
Do seizures occur during drug withdrawal e.g. benzodiazepines	Yes ☐ No ☐
Do seizures occur outside of alcohol/drug withdrawal	Yes ☐ No ☐
Please detail any other known patterns:	

Current prescribed medications (include dose and frequency):		

List all known drug allergies:		

Blood borne viruses and vaccination history:			
	Date tested	Result	Outcome or treatment/vaccination (include dates)
Hepatitis B			
Hepatitis c			
HIV			
Tetanus			

Covid-19 and vaccinations:					
Has the service user had coronavirus? Yes ☐ No ☐ N/K ☐			Date… *Please state*		
Covid-19 vaccine 1st dose	Date…	*Please state*	Covid-19 vaccine 2nd dose	Date…	*Please state*

6. Mental Health

Please list the service users past and current psychiatric history (e.g. depression, suicidal ideation, psychosis, mental health admissions). Include any concerns about undiagnosed mental health conditions.

Does the service user have support from a CMHT?	Yes ☐	No ☐
Has the CMHT been informed of the service users admission?	Yes ☐	No ☐

CMHT Name:	Lead CMHT contact(s):	
Address:	1.	
	2.	
	Telephone No.:	Mobile No.:
Post code:		
	E-mail address:	

7. Referral summary

Please detail the leading reasons for referral, referencing the eligibility criteria to aid prioritisation (section 16 and 17)
What is the treatment request? i.e Stabilisation/detoxification. Please detail here:

Client motivation and goals:

8. Risk Assessment		
Please complete below or include the most recent (within 3 months) risk assessment as an attachment		
Risk		Current risk and any other details (e.g. date of last episode):
Previous deliberate self-harm	Yes ☐ No ☐	
Previous suicide attempts/ overdoses	Yes ☐ No ☐ N/K ☐	
Current suicidal ideation/ low affect	Yes ☐ No ☐	
Significant past history of violence	Yes ☐ No ☐ N/K ☐	
Current thoughts/plans indication a risk of Violence	Yes ☐ No ☐	
Past history of arson	Yes ☐ No ☐ N/K ☐	
Has injecting related viral infection	Yes ☐ No ☐ N/K ☐	
Involvement in high risk sexual behaviour	Yes ☐ No ☐ N/K ☐	
Cognitive impairment	Yes ☐ No ☐	
Has serious physical health issues or unmet Needs	Yes ☐ No ☐	

Contact with Social Services or Children's Services	Yes ☐ No ☐	
Forensic history	Yes ☐ No ☐	
Sexual offences or inappropriate sexual Behaviour	Yes ☐ No ☐	

9. History of aggression or violent behaviour

Please give details and dates where applicable:

10. Childcare and dependents

Does the service user have responsibility for children < 16 years old	Yes ☐ No ☐
Please specify…	
Does the service user have sole care?	Yes ☐ No ☐
Please specify childcare arrangements during admission:	
Have any childcare agencies been involved?	Yes ☐ No ☐
If yes please provide contact details:	

Agency name:	Lead contact(s):	
Address:	1.	
	2.	
	Telephone No.:	Mobile No.:
Post code:	E-mail address:	

11. Companion dogs and kennelling

Does the service user have a dog(s)	Yes ☐ No ☐
If yes, has kennelling been agreed with Dogs on the Streets charity?	Yes ☐ No ☐
Please provide details (start date, time of kennelling agreed):	
Contact phone number: 0800 999 8446	E-mail address: hello@dogsonthestreets.org

12. Legal

Does/is the service user		Provide details
- on probation	Yes ☐ No ☐	

- have outstanding police warrants or charges	Yes ☐ No ☐	
- currently in prison	Yes ☐ No ☐	
- other	Yes ☐ No ☐	
Please provide any additional information:		

13. Discharge arrangements

Please complete in full. All service users must have an aftercare plan in place prior to their admission to the Guy's & St Thomas' ACCS. All referrals without prior discharge planning will be rejected (please see *Exclusion criteria* Section 18).

Does the service user:		Provide details
- have an aftercare plan in place?	Yes ☐ No ☐	
- have step down accommodation?	Yes ☐ No ☐	
- require a Day Programme?	Yes ☐ No ☐	
- require residential care?	Yes ☐ No ☐	

City of London have access to a range of residential rehab facilities. If you would like further details please contact Nadia.Adigbli@cityoflondon.gov.uk

If yes to any of the above please provide details where appropriate:

Step down accommodation:	Lead contact:	
Address:		
	Availability date:	
	Telephone No.:	Mobile No.:
Post code:	E-mail address:	

Day Programme:	Lead contact:	
Address:		
	Availability date:	
	Telephone No.:	Mobile No.:
Post code:	E-mail address:	

Residential care:	Lead contact:	
Address:		
	Availability date:	
	Telephone No.:	Mobile No.:
Post code:	E-mail address:	

Service users will require supervised transport from the Guy's & St Thomas' ACCS to their discharge destination

Please provide transport details:

Agency:	Lead contact:	
Address: Post code:	Booking date:	
	Booking reference:	
	Telephone No.:	Mobile No.:
	E-mail address:	

14. Service user Consent	
I confirm that the reasons for my admission to hospital for specialist inpatient treatment have clearly been explained	Yes ☐ No ☐
I confirm that I have had the opportunity to ask questions relating to my care and have had these answered satisfactorily	Yes ☐ No ☐
I agree to admission to the Guy's & St Thomas' Addiction Clinical Care Suite and aftercare planning	Yes ☐ No ☐
I understand that the information collected about me will be used to support my care plan	Yes ☐ No ☐
I confirm that my care can be discussed with my partner, friends or family	Yes ☐ No ☐
I understand that I cannot have visitors during my specialist inpatient treatment and the reason for this have been explained	Yes ☐ No ☐
Has the service user been offered a copy of this referral form?	Yes ☐ No ☐
If no, please provide details…	

Service user name:… *Please print*	Signed:… *Please sign*
	Date:…
Completed by:… *Please print*	Signed:… *Please sign*
	Date of referral:…
Please scan completed referral and email to:	**ACCSReferrals@gstt.nhs.uk**

Referral guidelines		
15. Checklist		
All service users referred to the pathway must have been assessed as appropriate for acute hospital specialist treatment with the ACCS via their local community substance misuse team		
All referrals must fulfil the following checklist to be accepted:		*Refers to:*
Service users are in contact with and being referred by the community substance misuse team and have on-going support	Yes ☐ No ☐	*Section 2, 7, 13*
Trusted assessor approach including comprehensive clinical assessment (nursing and or medical) to help inform the ACCS care plan.	Yes ☐ No ☐	*Section 3 to 9*
Community substance misuse teams are satisfied that service users have demonstrated engagement, preparation for detox and expectation of follow on treatment plan and housing journey, evidence of discussion of an ambition to move towards recovery and long-term housing	Yes ☐ No ☐	*Section 3, 4, 14*
Details of housing provision or appropriate step-down offer in place post detoxification (further detoxification, community rehabilitation, residential rehabilitation)	Yes ☐ No ☐	*Section 13*
16. Eligibility criteria		
1. 18 years of age or older		
2. Admission is for detoxification of alcohol and or drugs (including stabilisation) in people who are homeless or who are at risk of return to the streets or becoming homeless, who may have complex needs (e.g. medical comorbidities) that otherwise are considered too unstable to be treated elsewhere		
3. There is no limit on alcohol use		
4. Opioid users will be assessed for detoxification/stabilisation on a case by case basis. Clients opioid use may have been stabilised as part of community substance misuse treatment, but this is not a pre-requisite for entry		
5. The service user has an aftercare plan or appropriate step down accommodation in place (as detailed in Section 13)		
17. Prioritisation		
Please indicate any of the following criteria in the medical history of the referral form (section 5) as this will help prioritise the referral. This list is not exhaustive and other acute/chronic comorbidities will be considered		
1. Pregnant women: referrals for service users who are pregnant will be assessed on a case by case basis with the community substance misuse team clinician and the ACCS MDT. Admission to the ACCS will be dependent on the stage of pregnancy, the treatment required and assessment through an across site MDT including maternity services		

2.	Services users with diagnosed severe and enduring mental health illness
3.	Opioid and poly drug users with high risk behaviours such as high risk injecting including injecting into femoral blood vessels at the groin; injection related thrombosis and infection/abscesses; sexual risk behaviour
4.	High risk complicated alcohol withdrawal (previous delirium tremens, seizures, arrhythmias)
5.	Evidence of current alcohol-related morbidity (reduced cognition, regular seizures)
6.	Dependent drinkers who have complex medical comorbidities requiring clinical assessment or in whom detoxification may result in a subsequent deterioration of their medical health. This includes a history of, but is not limited to:
	Cardiovascular: ▪ heart failure ▪ cardiac arrhythmia's ▪ myocardial infarction within the last 12 months ▪ stable angina ▪ uncontrolled hypertension
	Respiratory: ▪ smoking related airway disease - severe COPD (FEV1 <50% predicted), very severe COPD (FEV1 <30% predicted), or ≥2 exacerbations per year, or one or more requiring hospitalisation ▪ haemoptysis not investigated
	Gastrointestinal: ▪ known alcohol related liver disease at risk of decompensation (e.g. known varices, stable ascites, stable jaundice, coagulopathy e.g. INR >1.4) ▪ BMI <18.5 with unintentional weight loss (≥5% body weight in 6 months) or malnutrition ▪ risk of refeeding syndrome ▪ severe vomiting and diarrhoea
	Renal: ▪ chronic renal failure (eGFR < 45 ml/min, Stage 3b to Stage 5)
	Neurological: ▪ recent stroke within 12 months ▪ significant cerebellar ataxia and unable to mobilise independently ▪ falls resulting in head injury with intracranial bleed within the last 12 months ▪ frequent seizures due to epilepsy
	Endocrine ▪ poorly controlled diabetes mellitus ▪ electrolyte imbalance e.g. severe hyponatraemia (serum sodium <125mmol/L)
	Oncology ▪ suspected cancer or known cancer requiring treatment
	Infection ▪ known HIV or Hepatitis C not receiving treatment ▪ injection site abscess or related limb swelling that may indicated thrombosis or an infected thrombosis
18. Exclusion criteria	
The predominate reason for exclusion to the ACCS will be:	

1.	No evidence of engagement in the assessment or care planning process towards detoxification by community substance misuse teams event at referral
2.	No aftercare plan or appropriate step down accommodation in place for the service user
3.	Excessive risk of violence and aggression based on a community substance misuse risk assessment based on a Trusted Assessor approach
Individuals may be re-referred to the ACCS if the reasons for a previously rejected referral have been mitigated via the local authority or community substance misuse team.	