



STANDARD OPERATIONAL PROCEDURES

COMMUNITY SINGLE POINT OF ACCESS

OPERATIONAL PROCEDURES- SPA

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Operational Procedures**

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under section 4.7 Onward referral for
assessment

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**Membership of
policy development/
review team**

Consultation All Managers, Division Managers and relevant medical staff

DO NOT AMEND THIS DOCUMENT

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1 Introduction

The Community Single Point of Access (SPA) is the primary gateway for all adult non-urgent referrals for Secondary Mental Health Services providing a review of referrals and signposting within 72 hours of receipt.

The referred person must be resident in the boroughs of Barnet, Camden, Enfield, Haringey or Islington and present with mental health problems or in need of community care services due to mental health issues.

For more information in regards to Adult Social Care [NHS Long Term Plan » Adult mental health services](#) & [community-mental-health-framework-for-adults-and-older-adults.pdf](#)

The SPA will be a responsive, advice and signposting service to GP's, Local Authority and other referrers.

The SPA aims to ensure that Service Users receive the most appropriate assessment at the most appropriate time, in the least restrictive and least stigmatising setting with the priority of ensuring Safeguarding of Adults in carrying out its role. Service users must have given their consent to be offered an assessment. If consent is not given the referrer needs to consider alternatives to the SPA, e.g. AMHP service.

The SPA will have close links with the Crisis Resolution & Home Treatment Service to ensure that any urgent referrals are assessed within agreed timeframes.

2 Services

2.1 Location

Service	Location	Contact details
	<ul style="list-style-type: none"> Virtual (physical base TBC) 	
	<ul style="list-style-type: none"> 	
	<ul style="list-style-type: none"> 	
	<ul style="list-style-type: none"> 	
	<ul style="list-style-type: none"> 	

2.2 Staffing

Generic staffing model

A key element of any team is skills and competencies. A multidisciplinary team allows for a variety of approaches and interventions. The SPA includes the following professional disciplines:

Role	Band	WTE
Service Manager	Band 8b	1
Navigation leads	Band 7	5

2.3 Resourcing and Shift Patterns

Rota Planning				
Shift patterns	Camden, and Islington	Barnet	Enfield	Haringey

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Minimum staffing requirements	Camden and Islington	Barnet	Enfield	Haringey
	Monday – Friday 09.00am – 5.00pm	Monday – Friday 09.00am – 5.00pm	Monday – Friday 09.00am – 5.00pm	Monday – Friday 09.00am – 5.00pm
Rostering plans	<p>The operational manager is responsible for ensuring that annual leave doesn't affect service provision.</p> <p>Staff are able to follow flexible working arrangements as appropriate under the standard terms and conditions of employment.</p> <p>Rostering will be planned 8-weeks in advance.</p> <p>There will be 13 rosters per annum, with each roster covering a 4-week period. All rosters must commence on a Monday and if required must be ready for Level 2 approval at least seven weeks in advance of the roster start date. Level 2 approvers will normally be senior clinician or operational manager. Level one approval is done by the Band 7 and Level two approval is done by the Band 8b.</p>			
Insufficient staffing levels	Bank staff to be used. If this situation arises outside of normal working hours authorisation will be provided by tactical oncall.			
Absence reporting process	Absence should be reported to the current shift clinical lead for the team they are working to as soon as possible once an absence has been decided on by a staff member. During the office hours this will be the Band 7. The current shift clinical lead is responsible for securing cover for any absence communicated to them.			

2.4 Lone working

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It is not expected that SPA staff will need to engage in lone working.

Where lone working does occur staff will operate within guidance set out in the Trust procedural documents including the Lone Working Policy.

2.5 Standard Policies

It is expected staff will follow all relevant SOPs for service delivery applicable, these include but are not limited to NLFT Medicines Management, Data Quality, Safeguarding, Incident and Risk Management, Health and Safety, relevant pharmacy, and employment.

2.6 Minimum Data Recording Standards

The staff will keep records of every contact which must be entered onto the electronic patient record system.

Maintaining an accurate and up to date clinical record on our electronic record systems is fundamental to delivery of high-quality care. All clinical and administrative staff must ensure information relating to patients in data recording systems are entered in an accurate and timely manner.

Records in our data recording systems are the legal record of the information that we received from / about patients / callers, the advice we provided and the reasons we provided that advice, as well as the actions we undertook to provide support to service users. It is expected that these records will be as complete and accurate as is possible and must be validated at all times. All diary appointments must be outcomed.

2.7 Mandatory training

It is expected that staff will complete all standard mandatory training courses including but not limited to Safeguarding, Fire safety, Information Governance, and Manual Handling.

It is expected that all staff will be trained in the use of the EPR and the telephony system used by the Trust.

2.8 Complaints

Complaints will be dealt with according to the Trust Complaints Policy and allocated to an appropriate manager or senior clinician to investigate. Managers and senior clinicians when appropriate should attempt to resolve complaints informally, whilst still informing the Trust Complaints department.

2.9 Evaluating the service

The service will be evaluated in the following ways:

- Key performance indicators
- Clinical audit
- Continuing professional development of all staff
- Clinical and Managerial supervision

3 Main Functions of the Service

3.1 Who is the service for?

Patients seen by our services must live in Barnet, Camden, Enfield, Haringey or Islington.

The service is provided to adults aged 18+.

Service users with only organic conditions associated with ageing are not eligible for this service. They should be referred to Memory services in NLFT. Service users with Memory conditions AND challenging behaviours should be referred to mainstream services where the referral isn't for memory diagnosis.

Service users with an acquired brain injury or memory difficulties associated with substance misuse are not eligible for this service.

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Those who have drug and/or alcohol issues as well as serious mental health issues are eligible for a service. Services will be provided in conjunction with Specialist Drug and Alcohol Services

Service users experiencing a first episode of psychosis will be referred direct to the Early Intervention Services. Service Users considered at high risk of developing a first episode of psychosis or an At Risk Mental State will be referred to the [appropriate] service

Individuals with a severe learning disability whose clinical needs can best be met within specialist learning disability services should be referred direct to learning disability services.

Referrals for Perinatal; and diagnostic NDD services should be passed directly to the relevant teams. Referrals for treatment for mental health needs should be passed to mainstream services.

- Perinatal Services – nlft.NCL.perinatal@nhs.net
- Adult Autism Diagnostic & Consultation Service - Nlft.adult.asd@nhs.net
North Central London GP Website (northcentrallondonccg.nhs.uk)
- Adult ADHD Clinic - Nlft.adult.adhd@nhs.net
North Central London GP Website (northcentrallondonccg.nhs.uk)

See appendix for definitions/criteria of services

Alternative referral pathways Criteria:

Primary diagnosis of drug and alcohol abuse
People who are currently open to Trust Services (except those on waiting lists for diagnosis services)
People discharged from Service Lines within the last 3 months
Over 65's requiring memory services
Children
Learning Disability
Gambling
Transfer of care.
NDD diagnostic request

4 Referrals

Referrals will only be accepted if made by email.

All external referrals from GPs, including via the primary care resource, will be sent to the SPA.

Referrals should only be accepted where the individual being referred has consented to the referral being made.

Routine referrals should be used for:

- Anxiety/depression where two antidepressants and psychological input (NICE guidelines) have been prescribed with little or no improvement or intolerance
- Moderate to severe mental health condition, for example, severe anxiety/depression (where it's identified as above), bipolar disorder, or schizophrenia
- Enduring personality disorder, which gives rise to a history of severe social disability, long term risk of self-harm, self-neglect or a serious long term risk of danger to others
- Where the GP requires the expertise of secondary care to confirm a diagnosis, contribute to a formulation of the patient's struggles, or to implement a refer for specialist treatment.

Risk and quality of life factors:

- Immediate action is not required - if it is, then urgent, or emergency referral is required. **See section on Urgent referral handling.**
- There may be safeguarding concerns - for children or vulnerable adults - related to mental health, but urgent or immediate action is not required
- Where mental health problems will lead to progressive deterioration of the level of functioning without intervention from mental health services.

Other factors:

- Where this is a recurrent episode, within the last year, that is a re-referral to the relevant core team except where the service user was assessed and no intervention was considered appropriate at that time. Consideration should be given if the service users need have changed..

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- Where discussion on the consultant phone line has confirmed that referral is appropriate
- Where primary care interventions and voluntary/non-statutory options have been exhausted
- Mental health problems where an assessment's requested under the Community Care Act 1990.

4.1 Three-month re-referral

If SPA receive a referral that has been discharged within the previous three months, this will be passed on to the team with full completion of the referral document to the treatment team, and email to the team duty email to notify the team of the re-referral. The team will triage the referral to determine if the re-referral is appropriate for the team to take on. If so, the team will confirm access to services without requirement of an initial assessment. If the referral is not appropriate for the team, the referral will be discharged, with signposting identified, and with a letter sent to the service user and GP.

4.2 Urgent referrals

If staff identify possible urgent referral, then this must be confirmed by a clinician. Following confirmation by the clinician, then the Crisis Hub will be contacted by SPA who will allocate a worker to undertake the urgent initial assessment.

4.3 Non-urgent referral processing

Review information provided to NLFT by the referrer to ensure minimum information required has been provided

Establish if:

- Presence of a severe mental illness that requires involvement of MH services;
- Case not open already to another team and safely supported;
- Diagnosis not already established by another team that requires only further signposting or /and support to GPs in order to support the patient.

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Staff will log referrals on EPR and upload supporting documents. Check marital status and ethnicity is recorded, synchronise records with NHS spine, and check if living within catchment area.

4.4 Incomplete referrals

Where the referral is incomplete, the referral should not be rejected but the SPA will need to contact the referrer for the additional information required to allow the referral to be appropriately evaluated for the correct team to be routed to and for paper triage to be completed by triaging service. The service should not load incomplete referrals as a new referral on the EPR until complete information is provided to SPA.

If complete information is not provided to the service upon request within 3 working days following the request for additional information the 'referral' shall be closed and the referrer will be informed of this decision. This 'referral' can only be closed upon a clinicians review.

4.5 Signposting or Information only request

If screener decides to signpost or provide information without offering an internal onward referral, this is recorded in progress notes and a written response is sent to referrer and service user within 72 hours (3 working days).

4.6 Already under a team or other service

If referral is for someone who is already under the care of a service line, the manager of the service, HCP, and team inbox are informed by email that a new referral has been received. Single Point of Access sends an acknowledgement letter to the referrer giving the contact details of the team looking after the service user and stating that the referral has been passed to that service.

Where a referral indicates an involvement of other services, the screener will liaise with the mentioned service to elicit their involvement where clinically appropriate.

4.7 Onward internal referral for assessment

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If the individual referred has met the criteria, then the screener will need to identify the most appropriate team for the referral to be passed to for assessment. Actions to include the following:

- EPR will be updated with all referral information
- The team a referral is being passed to will need to be contacted.
- Referrer will be contacted to update them about the handling of the referral

If a referral is transferred from the SPA pathway to the Assessments pathway, the receiving service must accept responsibility for progressing the referral. We do not endorse the practice of returning referrals to the SPA pathway, as this creates unnecessary delays, disrupts service flow, and negatively affects both timescales and the overall experience for service users. If there is a difference of opinion regarding application of the referral criteria, then a discussion will need to be held between the Senior SPA Practitioner and local team.

4.8 Police reports (Merlins)

Contact should be passed to the appropriate team to process based on their current SOPs

4.9 Local authority referrals

Contact should be passed to the appropriate team to process based on their current SOPs where the referral is for Adult social care services.

4.10 Safeguarding concerns

Contact should be passed to the appropriate team to process based on their current SOPs

4.11 Advice and information requests

Advice and information requests submitted to SPA will be reviewed and, where appropriate, responded to—subject to feasibility.

4.12 Out of area

Individual referred GP is not in the 5 boroughs but the patient is resident in the 5 boroughs

Patient home address will determine the most appropriate service to assess. An internal referral should be made to a NLFT service

Individual referred GP is in the 5 boroughs but patient address is outside of 5 boroughs

Where the patient is living in another borough the SPA will refer to the appropriate borough and inform the referrer.

Individual referred GP is not in the 5 boroughs and patient address is outside of 5 boroughs

Where the patient is living in another borough the SPA will refer to the appropriate borough and inform the referrer.

5 Interface with other services

The SPA will liaise regularly with the Specialist services, Core Teams, Crisis Resolution & Home Treatment, Inpatient Services, and Local Authority Managers via established management interface meetings and with external partners including GPs, Local Authority, London Ambulance, Police and other key-stake holders via regular liaison meetings.

6 Appendix – EPR Completion

The following information is recorded in the appropriate section on EPR:

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1. Client Demographics
 - Marital status
 - Ethnicity
2. Social Inclusion
 - Accommodation
 - Employment

Information below is recorded in clinical summary letter to the GP/ referrer and uploaded in documents and in the presenting problem of the core assessment on Rio:

1. Presenting Situation and Referral Outcome Decision including current medication documenting service users views.
2. Mental Health History
3. Personal and Family History
4. Social History and Care Management (details of social care packages)
5. Substance and Alcohol use, Smoking status and forensic history
6. MSE
7. Physical Health History (to include smoking status) and if examination carried out in the past year or encouraged as part of the service users care plan.
13. Crisis plan

7 Appendix – Neuro Development Disorders (NDD) service

Service telephone number:	0203 317 7356
Service email:	Nift.adult.asd@nhs.net Nift.adult.adhd@nhs.net

Criteria:

Patients seen by our services must:

Be aged 18 or over

Live or have a GP in the five North Central London (NCL) Boroughs of Barnet, Camden, Enfield, Haringey, and Islington.

The NDD service is made up of two teams:

Adult Autism Diagnostic & Consultation Service

The service is for people who have symptoms that reasonably warrant an assessment of ASD (for diagnostic assessment); or have a confirmed diagnosis of ASD (for consultation with professionals only).

The Adult Autism service is funded as a diagnostic service for adults with suspected autism. The service provides autism diagnostic assessments in line with NICE guidelines: including a background history interview, mental state examination, ADOS-2 module 4, and 3Di-adult (where possible). A follow up appointment to discuss outcome of the assessment and recommendations is given around three weeks after the assessment. Service users are signposted and referred on following this, as appropriate.

This service is not commissioned to provide any post diagnostic intervention, mental health support or mental health assessments. This service has a two-session model which includes one appointment for assessment and one appointment for feeding back the outcome of the assessment. They do some signposting where appropriate, and patients are promptly discharged.

Any referrals where an individual has a pre-existing ASD diagnosis is not accepted. This service is often unable to conduct an assessment where an individual has a significant acute mental health need as these symptoms can impact the validity of their assessments. In these cases, they recommend the acute distress is treated first.

Adult ADHD Clinic.

This service is for people who have symptoms that reasonably warrant an assessment of ADHD (for diagnostic assessment); or have a confirmed diagnosis of ADHD who wants treatment.

The ADHD clinic is funded as both a diagnostic and treatment service for adults with suspected and confirmed ADHD. The service has two arms: medical and psychology. The medical side of the service provides ADHD diagnostic assessments. Following diagnosis, service users are informed of their options with regards to medication for ADHD. They will be titrated and stabilised on ADHD medication if they choose to do so. Once medication has stabilised, they will be discharged to their GP for medication prescribed under a shared care agreement. Following discharge from the medical side of the team, the psychology side of the team provides short term CBT for ADHD where required, mostly delivered in a six week group format.

8 Appendix – Perinatal services

Referrals to be sent to: nft.NCL.perinatal@nhs.net

Criteria:

Patients seen by our services must live or have a GP in the five North Central London (NCL) Boroughs of Barnet, Camden, Enfield, Haringey, and Islington.

There are a number of Perinatal services including:

Specialist Perinatal Mental Health Service (SPMHS)

This is a community based mental health service providing specialist assessment and treatment for women/birthing people, and their babies.

Specific criteria:

Provides service to women/ birthing people with mental health difficulties and who:

- Are planning a pregnancy and need advice around medication
- Are currently pregnant
- Have a baby under 24 months old

Maple Service

This is a community based, psychological therapy service offering secondary care level specialist assessment and treatment. for women/birthing people and fathers/partners.

Specific criteria:

Provides service to women / birthing people and fathers / partners who have symptoms of trauma resulting from their maternity experience that have a **moderate or severe** impact on their mental health, (where it cannot be managed in primary care). This may be due to:

- Primary tokophobia (Fear of childbirth that has been present for a long time, where wanted pregnancy may be delayed/terminated)

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- Birth trauma, including secondary tokophobia (Perceived experience of a traumatic birth -direct or witnessed- causing PTSD symptoms, anxiety/depression, impact in functioning and/or raised stress in a current pregnancy.
- Perinatal loss (Loss in the context of fertility treatment, early pregnancy loss, miscarriage, termination, stillbirth, neonatal death (up to 18 months). Complex grief reactions, including because of baby having a serious medical condition/ disability)
- Loss of a baby due to social care proceedings (We can work with parents when care proceedings have finished, and the goal of therapy is to process the loss of their child)

Please note:

For people who have experienced a perinatal loss, loss of a baby due to social care procedures or birth trauma it doesn't matter how long ago the loss/trauma occurred, they can still access Maple if they are currently experiencing difficulties primarily related to it.

9 Appendix – Early Intervention services

<p>Referral Contact Details:</p> <p>Barnet Early Intervention Service (EIS) Referrals: nlft.barneteis-beh@nhs.net</p> <p>Tel: 020 8702 4150</p>
<p>Camden Early Intervention Service (EIS) Referrals: nlft.camdeneis.duty@nhs.net</p> <p>Tel. 020 3317 6250</p>
<p>Enfield Early Intervention Service (EIS) Referrals: nlft.enfeldeisreferrals@nhs.net</p> <p>Tel. 0208 702 3100</p>
<p>Haringey Early Intervention Service (EIS) Referrals: nlft.eis.haringey@nhs.net</p> <p>Tel: 0208 702 6821</p>
<p>Islington Early Intervention Service (EIS) Referrals: nlft.islingtoneis@nhs.net</p> <p>Tel:</p>

Service description

Early Intervention Services are dedicated to the assessment and management of people who have presented to specialist mental health services with a first episode of psychosis. The service aims to give people the best chance of recovery after a first episode of psychosis and reduce the severity of relapses.

Criteria:

Inclusion Criteria

- Are presenting with a suspected First Episode Psychosis
- Suspected First Episode Psychotic Depression
- Suspected First Episode Mania with Psychosis

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- Suspected First episode puerperal psychosis (postpartum/perinatal) are included.
- Aged 18-64 and resident in Barnet/Camden/Enfield/Haringey/Islington. (*Camden accept individuals from age 14*).

Exclusion Criteria

- Have had previous antipsychotic treatment for psychosis exceeding 3 months
- Resolution of psychosis within 1 week without antipsychotic treatment.
- The psychosis is clearly drug induced. (e.g. if they were initially well, then acutely unwell following drug use, then have made a rapid recovery).
- Patients 35 years and over with a DUP (duration of untreated Psychosis) of over three years
- There is a primary diagnosis of Severe or Profound Learning Disability.
- There is a primary organic cause of the psychosis

We do not exclude comorbid diagnoses, but if symptoms can be wholly or best explained by an alternative diagnosis, they fall outside our referral criteria. For example, if symptoms are explained by:

- PTSD / cPTSD
- Personality Disorder
- Learning Disability
- Autism
- An organic disorder
- Anxiety Disorder e.g. Obsessive Compulsive Disorder, Generalised Anxiety

Joint working and consultation offers:

- Substance use - Individuals who are already under substance misuse services may be offered assessment for joint working and recommendations for management.
- Individuals who are already under another secondary mental health service the initial request would be for joint working until assessment is completed.
- Individuals living in 24-hour accommodation that are already reviewed by a Community Team's Consultant Psychiatrist.
- Individuals who are being supported by a learning disability or autism service. *

10 Appendix – Memory services

Referrals to be sent to:

Islington: nlft.Islingtonmemoryservice@nhs.net

Referrals to the Camden or Islington memory service for assessment will be accepted from General Practitioners (GPs), hospitals and secondary healthcare teams.

Referrers are asked to complete the initial dementia screening (U&E, LFT, TFT, Glucose, Calcium, Cholesterol, FBC, ESR, Vit B12, Folate) and provide a summary of the medical history and symptoms experienced. These referrals are accepted via Islington or Camden Memory Service duty email.

Referrals for service users under 65 should be sent to the Cognitive Disorders Clinic at the National Hospital for Neurology and Neurosurgery.

Criteria:

Assessment is offered to Camden or Islington residents over the age of 65 where there is a concern the person is developing dementia. Service users need to consent to a referral to the Camden or Islington Memory Service. Where a person is longer able to consent, the referral can be accepted if this is deemed to be in the person's best interest in line with the Mental Capacity Act 2005.

Service users under the age of 65 with severe and enduring mental health problems are eligible for assessment from the Camden or Islington Memory Service.

Camden and Islington memory services have two functions – assessment and post-diagnostic support – with slightly different service criteria.

11 Appendix - KPIs

KEY PERFORMANCE INDICATORS

Elements to be monitored	Target
To implement a Adult Community Single Point of Access (SPA) across all boroughs.	To achieve 80% of referrals being processed within the 72 hour target, from receipt of referrals to screening, to high level triage by clinician.

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