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Welsh Health Specialised  
Services Committee (WHSSC)

# **Specialised Services Commissioning Policy: CP128**

## **Specialised Neuropsychiatric Rehabilitation**

*February 2018*

*Version 1.0*

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<b>Document name</b>	Specialised Neuropsychiatry Rehabilitation
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<b>Description</b>	NHS Wales will routinely commission this specialised service in accordance with the criteria described in this policy
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## Contents

Policy Statement .....	4
1. Aim.....	6
1.1 Introduction .....	6
1.2 Plain language summary .....	6
1.3 Relationship with other Policies and Service Specifications	7
2. Scope.....	8
2.1 Specialised Neuropsychiatric Rehabilitation Definition .....	8
2.2 Aims and objectives.....	8
2.3 Category of rehabilitation need .....	9
2.4 Level of Rehabilitation of Service.....	10
2.5 Period of Rehabilitation .....	11
2.6 Designated centres.....	12
2.7 Codes .....	12
3. Access Criteria .....	13
3.1 Clinical Indications – general principles .....	13
3.2 Criteria for Treatment.....	13
3.3 Referral Pathway (Annex i).....	14
3.4 Exclusions .....	15
3.5 Exceptions.....	15
3.6 Responsibilities .....	16
4. Putting Things Right: Raising a Concern .....	17
5. Equality Impact and Assessment .....	18
Annex (i) Referral Pathway .....	19
Annex (ii) Checklist .....	21

## Policy Statement

<p><b>Background</b></p>	<p>Where specialised neuropsychiatric rehabilitation is needed, the seven Welsh Health Boards commission this jointly via The Welsh Health Specialised Services Committee (WHSSC).</p> <p>This policy sets out:</p> <ul style="list-style-type: none"> <li>• when patients can use this jointly commissioned specialised services</li> <li>• where these services are located</li> <li>• how patients can be referred</li> <li>• When patients cease to be eligible for funding under this policy.</li> </ul> <p>To indicate the rehabilitation need that is eligible for this level of service and the features of the services, the policy uses the definitions and standards from the British Society of Rehabilitation Medicine (BSRM)<sup>1</sup>, noting that this is not relevant in all its details for the neuropsychiatric service</p> <p>Following this BSRM guideline, this policy commissions services for patients with Category A rehabilitation needs to be delivered in Level 1 Treatment Centres.</p>
<p><b>Summary of Access Criteria</b></p>	<p>The policy designates one centre for rehabilitation.</p> <p>To be accepted in this centre the patient must:</p> <ul style="list-style-type: none"> <li>• meet the criteria for category A rehabilitation need (with some provisos for Neuropsychiatry)</li> <li>• be deemed medically fit as assessed by specialised Multi-Disciplinary Team (MDT)</li> <li>• be considered by the centre’s MDT to have specific goals for assessment and rehabilitation that can be safely met in collaboration between the patient and MDT in that treatment centre</li> </ul>

<sup>1</sup> <https://www.bsrn.org.uk/downloads/specialised-neurorehabilitation-service-standards--7-30-4-2015-forweb.pdf>

	<ul style="list-style-type: none"> <li>• be able to tolerate or participate in an intensive rehabilitation programme</li> <li>• not have major investigations pending, e.g. for non traumatic conditions</li> <li>• not have significant pre-morbid dementia</li> <li>• normally be over 18 years of age</li> </ul>
<b>Responsibilities</b>	<p>Referrers should:</p> <ul style="list-style-type: none"> <li>• refer via the agreed pathway using the set criteria</li> <li>• inform the patient that this treatment is not routinely funded outside the criteria in this policy.</li> </ul> <p>Clinician considering treatment should:</p> <ul style="list-style-type: none"> <li>• discuss all the alternative treatment with the patient</li> <li>• advise the patient of any side effects and risks of the potential treatment</li> <li>• inform the patient that treatment is not routinely funded outside of the criteria in the policy, and</li> <li>• confirm that there is contractual agreement with WHSSC for the treatment.</li> </ul> <p>Where the clinician considers rehabilitation is appropriate but it falls outside the eligibility criteria or contractual agreement, they should request specific funding by submitting an Individual Patient Funding Request (IPFR)<sup>2</sup>.</p> <p>The treatment centre should:</p> <ul style="list-style-type: none"> <li>• inform WHSSC when a patient requires a further period of rehabilitation funded by WHSSC at the centre</li> <li>• inform WHSSC when a patient is ready for discharge but is remaining at the centre for external reasons</li> <li>• inform WHSSC when patients are discharged</li> <li>• complete and retain the admission checklists.</li> </ul>

<sup>2</sup>[Welsh Health Specialised Services Committee \(WHSSC\) | Corporate Policies](#)

## **1. Aim**

### **1.1 Introduction**

After a disease or injury patients may benefit from a period of rehabilitation that aims to improve as far as possible their ability to function and participate in society and their quality of life. Normally rehabilitation is organised and funded by each Welsh Health Board for the patients from their area. However, sometimes the needs for rehabilitation require a level of expertise that can best be provided by specialised centres. In this case the seven Health Boards commission services jointly through the offices of the Welsh Health Specialised Services Committee. (WHSSC).

This document is the commissioning policy which describes:

- when patients can use these jointly commissioned specialised services
- where these services are located
- how patients can be referred
- when patients cease to be eligible for funding under this policy.

This commissioning policy applies equally to residents of all Health Boards in Wales. It only covers rehabilitation which requires specialised care for neuropsychiatry.

### **1.2 Plain language summary**

This policy covers Specialised Neuropsychiatric Rehabilitation for patients with highly complex needs. It concerns the tertiary and specialised rehabilitation for patients, as opposed to secondary or local community rehabilitation.

This commissioning policy has adopted the definitions of the British Society of Rehabilitation Medicine (BSRM)<sup>1</sup>, in order to consider the complexities of rehabilitation need and the criteria of services responding to them.

These are explained in detail below but in summary the services covered in this commissioning policy are:

- for patients with category A rehabilitation needs (as defined in section – Category of rehabilitation need but with some amendments /deletions to make it relevant for Neuropsychiatry).

- delivered by level 1 services (as defined in the Category of Rehabilitation need section).

The services will be considered successful when their patients (and their family and/or carers) are supported to achieve their maximum potential for physical, cognitive, social and psychological function, participation in society and quality of living.

Rehabilitation is not an open ended treatment but is focussed on achieving specific aims within agreed timescales, subject to review.

### **1.3 Relationship with other Policies and Service Specifications**

This document replaces parts of the Integrated Specialised Rehabilitation Policy (CP48) and should be read in conjunction with the following documents:

- Specialised Services policy for specialised neurological rehabilitation: CP140
- Specialised Services policy for specialised spinal cord injury rehabilitation: CP141
- Specialised Services policy for assistive technologies: CP25
- Service Specification for all Wales posture and mobility service: CP59
- All Wales Policy: Making decisions on individual patient funding requests (IPFR)<sup>2</sup>.
- Welsh Health Circular WHC (2017)008 – NHS Wales Policy for the Repatriation of Patients.<sup>3</sup>
- Royal College of Nursing – Adolescent Transition Care – RCN Guidance for Nursing Staff
- Welsh Government – Children’s National Services Framework

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<sup>3</sup> <http://gov.wales/docs/dhss/publications/170308whc008en.pdf>

## **2. Scope**

### **2.1 Specialised Neuropsychiatric Rehabilitation Definition**

The Welsh Neuropsychiatry Service is an All-Wales tertiary service whose remit is primarily for neuropsychiatric assessment and rehabilitation. The service is for the assessment, management and care of patients with non-progressive and non-degenerative acquired brain injury who present with neurobehavioural and neuropsychiatric presentations that are difficult for other services to manage.

Patients may be accepted into the service for Inpatient or Community or Day Rehabilitation Unit treatment and/or rehabilitation.

The service can provide specialist neuropsychiatry liaison assessment to the regional specialist neurorehabilitation services but only after an initial liaison psychiatry assessment has been completed, and the patient is deemed to require additional neuropsychiatry input.

The neuropsychiatry service runs a specialised second opinion epilepsy clinic for those with the following conditions:

- co-morbid ABI and epilepsy
- co-morbid psychiatric disorder and epilepsy

This service is complementary to the Welsh Epilepsy Service based across South Wales by providing a service for patients who struggle with their psychiatric, psychosocial and epilepsy difficulties and whose needs would not be adequately met within a District General Hospital setting.

### **2.2 Aims and objectives**

This policy aims to define a framework for patients, who have following a disease or injury, may require access to Specialised Neuropsychiatry Rehabilitation.

The objectives are to:

- ensure patients have equitable access to a tertiary Neuropsychiatry rehabilitation service
- maximise the opportunity for patients to reach their full potential for physical, cognitive, social and psychological function
- improve a patient's quality of life where ever possible
- increase their independence.



## 2.3 Category of rehabilitation need

The British Society of Rehabilitation Medicine (BSRM)<sup>1</sup> guideline describes:

- four categories of rehabilitation need (categories A-D), and
- three different levels of service provision (Levels 1-3)

Following brain injury or other disabling conditions, the majority of patients will progress satisfactorily down the care pathway with the help of their local rehabilitation services. Patients with highly complex needs (Category A) will need more specialised services possibly including the WHSSC commissioned specialised neuropsychiatric rehabilitation services. Eligibility for these services is indicated by the existence of the rehabilitation needs matching those described as Category A by the BSRM, although these criteria are not specific to neuropsychiatric needs and are not relevant in every detail.

### **Category A rehabilitation needs:**

**(with some amendments and deletions to make relevant for neuropsychiatry)**

#### **Indicators of eligibility for the WHSSC commissioned specialised neuropsychiatric rehabilitation services.**

- Patient goals for rehabilitation may include:
  - improved physical, cognitive, social and psychological function and independence in activities in and around the home setting;
  - Participation in societal roles (e.g. work / parenting / relationships);
  - disability management e.g. to maintain existing function; manage unwanted behaviours / facilitate adjustment to change
  - improved quality of life and living including symptom management, complex care planning, support for family and carers.
- patients have complex or profound disabilities e.g. severe physical, cognitive communicative disabilities, psychiatric or challenging behaviours.
- patients have highly complex rehabilitation needs and require specialised facilities and a higher level of input from more skilled staff than provided in the local specialised rehabilitation unit. In particular rehabilitation will usually include one or more of the following:
  - intensive, co-ordinated interdisciplinary intervention from 4 or more therapy disciplines, in addition to specialised rehabilitation medicine/nursing care in a rehabilitative environment

- medium length to long term rehabilitation programme required to achieve rehabilitation goals – typically 2-4 months, but for neuropsychiatry patients this can 12 months and longer, providing this can be justified by measurable outcomes or neuropsychiatry clinical opinion.
- very high intensity staffing ratios e.g. 24 hour 1:1 nurse “specialling”, or individual patient therapy sessions involving 2-3 trained therapists at any one time
- highest level facilities /equipment e.g. bespoke assistive technology / seating systems, orthotics, environmental
- control systems/computers or communication aids.
- complex vocational rehabilitation including inter-disciplinary assessment / multi-agency intervention to support
- return to work , vocational retraining, or withdrawal from work / financial planning as appropriate
- patients may also require:
  - highly specialised clinical input e.g. cognitive and/or behavioural management, or dealing with families in extreme distress
  - neuro-psychiatric care including: risk management, treatment under sections of the Mental Health Act,
  - support for medicolegal matters including mental capacity and consent issues

*"Specialised Neurorehabilitation Service Standards 7"*

## **2.4 Level of Rehabilitation of Service**

In order to meet these complex rehabilitation needs, services commissioned under this policy must match the criteria below (defined as level 1 by the British Society of Rehabilitation Medicine guideline)<sup>1</sup>.

National standards	<i>This BSRM criteria not entirely applicable to neuropsychiatry.</i>
Specialised team	Rehabilitation is provided by a multi-professional team of nurses, allied health professionals (AHPs) and doctors who have undergone recognised specialised training in neuropsychiatry and psychiatry.
Inter-disciplinary working practice	The team works in an inter-disciplinary, co-ordinated fashion towards an agreed set of goals to assist them to achieve their desired level of independence, autonomy and participation in society.
Neuropsychiatry Consultant leadership	Led by a consultant, trained and accredited within the specialty of neuropsychiatry.
Catchment	Catchment population typically >1 million.
Complex caseload	Takes a selected group of patients with complex rehabilitation needs beyond the scope of their local general and specialised rehabilitation services (Category A). These include patients with severe physical, cognitive communicative disabilities or challenging behaviours (or other highly complex needs such defined by NPDS/NPTDA scores or other psychiatric tools).
Facilities	In addition to facilities for specialised rehab services, has higher level facilities as appropriate to caseload e.g. bespoke assistive technology, ventilators, acute/specialised medical facilities, rehab engineering, etc.
Staffing	Has higher level skilled staff and increased staff numbers to cope with complex case load.
Monitoring	<i>This BSRM criteria not applicable to neuropsychiatry</i>
Networking	Acts as a resource for advice and support to local specialised, as well as general and community rehabilitation teams and psychiatry teams in the management of patients with complex disabilities.
Education and training	Serves a recognised role in education, training and publishes audit/research/development in the field of specialised rehabilitation.
<i>"Specialised Neurorehabilitation Service Standards 7"</i>	

## 2.5 Period of Rehabilitation

Rehabilitation is a time-limited process which will end when either

- the specific aims agreed in the rehabilitation programme have been met.
- or
- when the multi-disciplinary team consider that the patient can no longer benefit from the specialised rehabilitation they provide.
- or
- that the rehabilitation can be appropriately provided by a less specialised service.

If patients remain in this specialised service after these conditions have been met, they will be considered to be no longer meeting the

eligibility criteria in this Commissioning Policy; and the relevant provider will reclaim the placement costs from the patient's Health Board.

Normally and apart from this circumstance, WHSSC funding for patients under this commissioning policy will cease when they are discharged from the service.

WHSSC will initially fund referrals for a maximum of 12 weeks. Funding will be extended beyond this where there is demonstrable benefit from further specialised rehabilitation.

Reference should be made to Annexe (iii) – Delayed Transfer of Care, which details the implementation of placement costs, when patients no longer meet the eligibility criteria in this Commissioning policy.

## **2.6 Designated centres**

The designated centre to provide these services within the commissioning policy is the Welsh Neuropsychiatry Service, Hafan y Coed, University Hospital, Llandough, Cardiff and Vale University Health Board.

## **2.7 Codes**

WHSSC commissioning policies can define eligibility for services by listing the relevant diseases, using the code numbers from the International Classification of Diseases (ICD 10). A list of codes does not relate to a person's need for rehabilitation and potential to benefit from it and so has not been included in this policy.

### **3. Access Criteria**

#### **3.1 Clinical Indications – general principles**

The decision to accept a person for specialist neuropsychiatric rehabilitation, either as an in-patient or Community or Day patient, will be related to their need or otherwise for acute medical management.

The service is for the assessment, management and care of patients with non-progressive and non-degenerative acquired brain injury who present with neurobehavioural and neuropsychiatric presentations that are difficult for other services to manage.

#### **3.2 Criteria for Treatment**

In order to be accepted by the treatment centre and funded via WHSSC under this commissioning policy patients should:

- meet the criteria for category A rehabilitation need ( as amended for Neuropsychiatry)
- be deemed medically fit (medically stable) as assessed by specialised Multi-Disciplinary Team (MDT)
- be considered by the centre's MDT to have specific goals for assessment and rehabilitation that can be safely met in collaboration between the patient and MDT in the service
- be able to benefit from an intensive neuropsychiatric rehabilitation programme
- not have major investigations pending, e.g. for non-traumatic conditions
- not have pre-morbid dementia
- normally be over 18 years of age.

If potential patients do not meet the above criteria their acceptance will be discussed by the MDT on a case by case basis.

#### **Inclusion Criteria**

To be accepted into the neuropsychiatric service, patients should have:

- an acquired neurological disorder as a result of e.g. trauma, hypoxia, infection, tumour, ischaemia, haemorrhage, autoimmune, following neurosurgical intervention,

**and**

- a static brain injury where they are amenable to health gain and benefit from rehabilitation;

**and**

- have at least one of:
  - neuropsychiatric or psychiatric symptoms or disorder arising from a static acquired Brain injury
  - or**
  - cognitive, neuropsychological, or neurobehavioral symptoms or disorder arising from a static acquired brain injury
  - or**
  - challenging/aggressive behaviour associated with the above that present significant risk either to self or others, and cannot be safely managed in their present settings
  - or**
  - post traumatic / post-brain injury complex epilepsy
  - or**
  - medically stable post – concussional state.

If potential patients do not meet the above criteria their acceptance will be discussed by the MDT on a case by case basis.

For acceptance into the specialised epilepsy service patients should have either

- co-morbid ABI and epilepsy
- or**
- co-morbid psychiatric disorder and epilepsy
- and**
- psychiatric, psychosocial and epilepsy difficulties which would not be adequately met within a District General Hospital setting.

### **3.3 Referral Pathway (Annex i)**

The referral pathway for the service is set out in annex i and the checklist for referral needs to be completed by the agreed treatment centre – Annex ii.

If the patient wishes to be referred to a provider out of the agreed pathway, an IPFR<sup>2</sup> should be submitted.

If the referrer wishes to refer to a different provider because there are no beds available for admission to the designated centres, an IPFR<sup>2</sup> should be submitted.

### **3.4 Exclusions**

Patients will not normally be considered for admission if any of the following apply:

- They are still in the acute post-brain injury confusional state (also known as post traumatic amnesia).
- Suitable local services exist which can provide the appropriate environmental and level of skill.
- They have declining neurological condition for which rehabilitative gains would not be expected (i.e. Huntington's, Multiple Sclerosis and other degenerative conditions).
- They have brain conditions that are attributable to alcohol or drug abuse e.g. Korsakoff's Syndrome.
- They have functional neurological disorders, movement disorders and tic disorders including Tourette's Syndrome
- They have stroke-related cognitive impairment.
- They have neurodevelopmental conditions such as Autism or ADHD; or if they acquired their brain injuries in childhood e.g. cerebral palsy or childhood traumatic (or other acquired) brain injury, such that they are likely not to benefit from neuropsychiatric rehabilitation.
- They have psychiatric and medical manifestations of medical disorders such as Systemic Lupus Erythematosus (SLE), HIV, neuropsychiatric inherited metabolic disorders, and cardiac disease.
- They have dementia, conversion and dissociative disorders including non-epileptic seizures and other somatoform disorders.

### **3.5 Exceptions**

If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If the patient wishes to be referred to a provider outside of the agreed pathway, and IPFR should be submitted.

Further information on making IPFR requests can be found at: [www.whssc.wales.nhs.uk](http://www.whssc.wales.nhs.uk)

### **3.6 Responsibilities**

Referrers should:

- inform the patient that this treatment is not routinely funded outside the criteria in this policy, and
- refer via the agreed pathway

Clinician considering treatment should:

- discuss all the alternative treatment with the patient;
- advise the patient of any side effect and risks of the potential treatment
- inform the patient that treatment is not routinely funded outside of the criteria in the policy, and
- confirm that there is contractual agreement with WHSSC for the treatment.

In all other circumstances submit an IPFR request.

The treatment centre should:-

- inform WHSSC when a patient needs a further period of rehabilitation funded by WHSSC at the centre
- inform WHSSC when a patient is ready for discharge but is remaining at the centre for external reasons
- inform WHSSC when patients are discharged
- complete and retain the admission checklists.
- provide a monthly bed status to WHSSC, primarily to identify those patients fit for discharge.



## **4. Putting Things Right: Raising a Concern**

If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If an IPFR is declined by the Panel, a patient and/or their NHS clinician has the right to request information about how the decision was reached. If the patient and their NHS clinician feel the process has not been followed in accordance with this policy, arrangements can be made for an independent review of the process to be undertaken by the patient's Local Health Board. The ground for the review, which are detailed in the All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR), must be clearly stated

If the patient wishes to be referred to a provider outside of the agreed pathway, and IPFR should be submitted.

Further information on making IPFR requests can be found at: [www.whssc.wales.nhs.uk](http://www.whssc.wales.nhs.uk)

## **5. Equality Impact and Assessment**

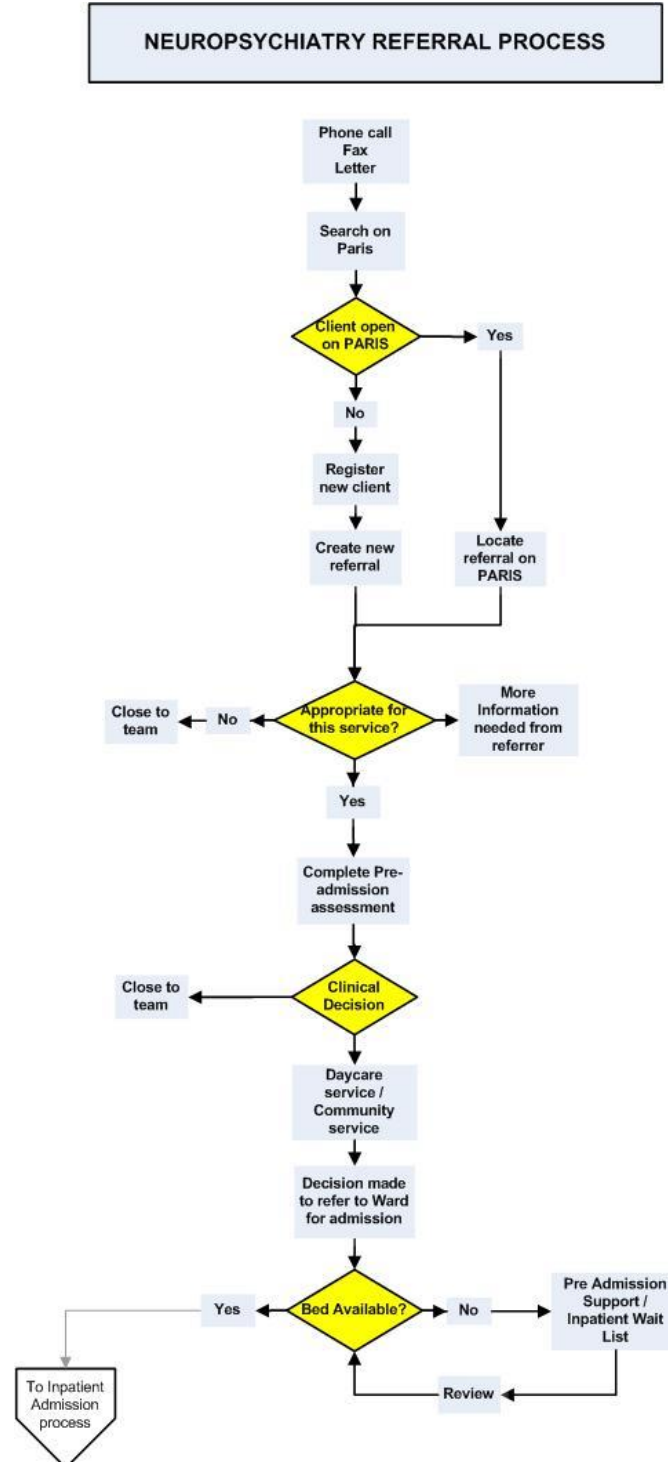
The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable Welsh Health Specialised Services Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (Welsh).

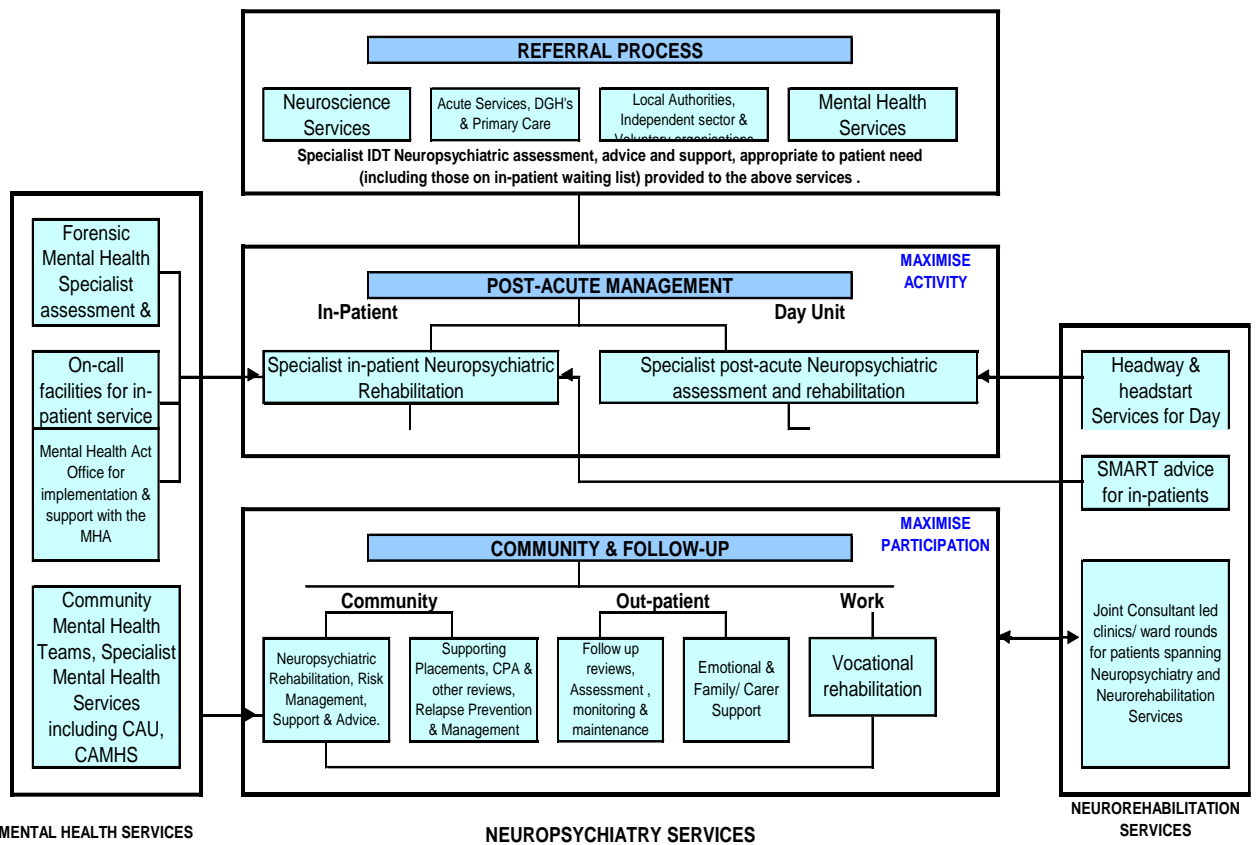
This policy has been subjected to an Equality Impact Assessment.

The Assessment demonstrates the policy is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

## Annex (i) Referral Pathway

### Neuro-psychiatry





## **Annex (ii) Checklist**

### **CP128, Specialised Neuropsychiatric Rehabilitation**

The following checklist should be completed for every patient to whom the policy applies:

- i. Where the patient meet the criteria **and** the procedure is included in the contract **and** the referral is received by an agreed centre, the form should be completed and retained by the receiving centre for audit purposes.
- ii. The patient meets the criteria **and** is received at an agreed centre, but the procedure is not included in the contract. The checklist must be completed and submitted to WHSSC for prior approval to treatment.
- iii. The patient meets the criteria but wishes to be referred to a non contracted provider. An Individual Patient Funding Request (IPFR) Form must be completed and submitted to WHSSC for consideration.
- iv. If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

Records of the checklist must be retained by the treatment centres for audit purposes.

**To be completed by the referring gatekeeper or treating clinician**

The following checklist should be completed for **all patients to whom the policy applies**, before treatment, by the responsible clinician.

*Please complete the appropriate boxes:*

Patient NHS No:		
Patient is Welsh Resident	Post Code:	
Patient is English Resident registered with NHS Wales GP	GP Code:	
<b>Patient meets following criteria for treatment:</b>	<b>Yes</b>	<b>No</b>
Matches the criteria for category A rehabilitation need (as amended for Neuropsychiatry) <b>and</b>		
Is deemed medically fit as assessed by specialised MDT. <b>and</b>		
Is able to be safely supported in an environment of reduced medical support. <b>and</b>		
Does not have major investigations pending, e.g. for non-traumatic conditions. <b>and</b>		
Does not require mechanical ventilation or tracheostomy care. <b>and</b>		
Is considered by the centre's MDT to have specific goals for assessment and rehabilitation that can be safely met in collaboration between the patient and MDT. <b>and</b>		
Is able to tolerate or participate in an intensive rehabilitation programme. <b>and</b>		
Does not have significant pre-morbid dementia		
<b>Patient wishes to be referred to non-contracted provider</b>		
<i>If the patient wishes to be referred to a non-contracted provider an Individual Patient Funding Request (IPFR)<sup>2</sup> must be completed and submitted to WHSSC for approval prior to treatment. <a href="http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=898&amp;id=181455">http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=898&amp;id=181455</a></i>		
<b>Patient does not meet access criteria.</b>		
<i>An Individual Patient Funding Request (IPFR)<sup>2</sup> must be completed and submitted to WHSSC for approval prior to treatment. The form must clearly demonstrate why funding should be provided as an exception. The form can be found at <a href="http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=898&amp;id=181455">http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=898&amp;id=181455</a></i>		

**Name:** \_\_\_\_\_ **Designation:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

	Name (printed):	Signature:	Date:	Yes	No
Authorised by TRM Gatekeeper					
Authorised by WHSSC Patient Care Team					
Authorised by agreed other (please state)					
Patient Care Team/IPFR <sup>2</sup> /TRM Reference number:					