

**Provision of Mental Health Assessment Units  
Nevis Building Stobhill Hospital  
Macleod Centre Leverndale Hospital**

**STANDARD OPERATING PROCEDURE**

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Document Prepared By:	<b>Gillian Reilly, Specialist Services Manager Mary O'Donnell, Service Manager, MHAU Dr Patrick Hughes</b>
To Be Approved By:	<b>Katrina Phillips</b>
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## 1.0 Introduction

This document outlines the service provision for access to Mental Health Assessment Unit (MHAU) for those patients who ordinarily attend the Emergency Departments of the GRI, QEUH and the RAH. This is to provide an alternative base for patients who are experiencing a mental health crisis/distress and require a clinical response in the form of a Specialist Mental Health Assessment to help reduce the risk of cross contamination for patients and staff whilst also reducing the pressure on our Emergency Departments.

The MHAU is a specialist service which will provide an assessment, diagnosis and management to patients who are presenting in mental health crisis/distress and would have sought assistance through self-presenting at an Emergency Department or accessed assistance via Police Scotland or Scottish Ambulance Service. This has been introduced as a direct response to the extraordinary service pressures on existing resources within Emergency Departments as a result of the Covid-19 pandemic and will be subject to regular review.

The service aims to provide patients with a full psychiatric evaluation including mental health risk assessment with appropriate treatment and follow-up arrangements.

## 2.0 The aims of this document:

- Establish a standardised pathway for access to the MHAU's for GRI, QEH, RAH and IRH Emergency Departments, Police Scotland and Scottish Ambulance Service.
- Promote supportive joint working ethos and shared responsibility to ensure that people experiencing distress and with a Mental Health presentation get the most appropriate and timely care treatment response.
- Describe the scope of the MHAU and of joint working with Emergency services including the Emergency Departments, Scottish Ambulance Service and Police Scotland.
- Describe the scope of the MHAU and joint working with the Out of Hours G.P service, NHS 24 and NHS 24 Mental Health Hub, the Flow and navigation hub and the Urgent Resource Care Hub
- Describe the introduction and pathway for joint working with MHAU staff and the Scottish Ambulance Service to provide a first responder service for mental health assessment within patients home.

## 3.0 Existing services

Many of the existing services set up to assess acute psychiatric presentations are still in place and are operating as normal. If you are not Police Scotland, the Scottish Ambulance Service (SAS) or ED at RAH, QEUH, GRI and IRH then your usual referral pathways for mental health are likely unchanged:

- Mental health liaison service
- Intensive Home Treatment Team (IHTT) (Renfrewshire)
- Crisis teams
- Community Mental Health Team (CMHT) desk duty
- Child and Adolescent Mental Health Services (CAMHS)
- Alcohol and Drug Rehabilitation Services (ADRS)
- Police custody Nursing Service
- Court Liaison Service

Normal processes for patients presenting less acutely with mental health difficulties are also still in place:

- GP
- Out of Hours G.P
- NHS 24
- NHS 24 Mental Health Hub

We have now set up direct referral access from the OOHs G.P service, NHS 24 and NHS 24 Mental Health Hub. The above services can refer electronically to the MHAUs through a secure mailbox which is monitored 24/7 by staff.

Additionally, patients with mental health problems will continue to present for reasons other than their mental health, e.g. poor physical health, alcohol/drug withdrawal or acute intoxication, COVID-19 symptoms, and services continue to be in place to manage these:

- ED
- GP
- Out-of-hours (OOH) GP

In general, all services except Police Scotland, SAS and ED at RAH, QEUH, IRH and GRI should follow their usual referral pathways:

- GPs refer to the CMHT
- Police custody RMN refer to CMHT/Crisis/CRS/IHTT/OOHs CPN services
- CMHT / Crisis / IHTT would admit directly to the wards as usual

#### **4.0 Mental Health Assessment Units (MHAU)**

The MHAU will be based in:

The Nevis Building, Stobhill Hospital 133 Balornock Road, G21 3UW – Mental Health campus opposite Mackinnon House New Build Wards Elgin and Appin. Tel:- 0141 201 3136 (ext 13136)

The MacLeod Suite, Leverndale Hospital, 510 Crookston Road, G53 7TU located at rear of Ward 2 Telephone number 0141 211 6627

**Operating Times:** - 24hrs 7 days a week

#### **Staffing**

Monday to Sunday - 4 staff per site

Medical input to the MHAU will be provided by a rota supported with medical staff. Senior advice will be provided by the consultant on call for each site. There will be four members of nursing staff providing input to the service 24/7. This staffing group will include at least one senior RMN. There will be administrative support provided during normal working hours. All staff will receive guidance on management of minor injuries. No member of staff will be asked to work beyond their established competencies. The senior RMN will have a coordination responsibility for managing activity on the unit and liaising with Emergency Department staff, SAS, Police Scotland, Out of Hours G.P and in-patients services.

#### **5.0 The Role of the MHAU**

The MHAU will offer a face to face assessment to individuals presenting in mental health crisis/distress who would have ordinarily attended GRI, QEUH, RAH and IRH Emergency Departments. The MHAU staff will offer Consultant Connect which is an app based service in which GP's can directly access advice and support from the senior nurse in the MHAU. This service will be accessible to all G.Ps across GG&C.

The MHAU will have the ability to offer emergency medication and treat minor injuries occurring in the context of the individual's mental health needs. Any significant self-harm or overdose with requirement for medical intervention should continue to be referred to local Emergency Departments for treatment.

## 5.1 Who can refer?

- Referrals into the unit will be by telephone following ED triage and completion of the Mental Health Triage & Risk Assessment Tool (MHTRAT Appendix 5) where it has been identified that the patient requires an emergency mental health assessment ED will then organise the transfer of the patient to the MHAU if safe to do so.
- Police Scotland and Scottish Ambulance will refer into the MHAU by telephone individuals deemed at risk due to their mental health needs following a call out by their services. This would only occur when they have identified that there is no requirement for immediate medical treatment at an Emergency Department.
- G.P Out of Hours Service will refer into the MHAU by telephone or by digital referral via Aadastra. This will be sent to the MHAU secure mailbox which will be monitored by staff for patients who are known/unknown to mental health services who are experiencing mental health crisis/distress.
- NHS24/NHS24 Mental Health Hub will refer into the MHAU by digital referral via Aadastra. This will be sent to the MHAU secure mailbox which will be monitored by staff for patients who are known/unknown to mental health services who are experiencing mental health crisis/distress.
- The Court Liaison Service can, if required; divert assessments to the MHAU for individuals on remand following Forensic CPN triage. Transport will be provided by Geoamey and supervision regarding these assessments will be provided via the Forensic Consultant on call.
- Staff Relaxation & Recuperation (R&R) Hubs. This is to support staffs mental health and wellbeing whilst working during the COVID-19 pandemic. R&R hubs are located in QEUH/GRI/RAH. Staff members who have been assessed by the Team in the R&R hub and require access to an emergency mental health assessment can contact the MHAU to facilitate this if the individual staff member resides within GG&C. (Looking to remove this)

## 5.2 Processing referrals

The MHAU staff will complete a telephone referral form in order to gather information and risk assess the situation prior to patients attending the MHAU. The MHAU staff will document information as follows

Patient details – name and CHI

Police Incident number if Police Referral

Mental health presentation

Friend or Relatives with patient

Method of transport to MHAU

Primary Language

G.P Out of Hours and NHS24 digital referrals staff will monitor the MHAU secure mailbox and action the referrals according to digital SOP.

**Clarify that criteria for referral have been met. These criteria for referral are as follows:**

Mental Health Triage and Risk Assessment Tool (MHTRAT) completed

Medically fit for transfer

Ability to engage in psychiatric assessment

No covid symptoms

Safe method of transport (Family/friend/taxi)

**Exclusion criteria are as follows:**

- COVID-19 positive
- COVID-19 suspected (symptoms)
- Significant overdose requiring treatment or ECG monitoring
- Significant DSH wounds requiring multiple sutures or obvious onward specialty referral
- Patient unable to undertake assessment
- Patient unable to mobilise
- Patients assessed at triage as being too high a risk of significant self-harm and absconding to facilitate safe transfer
- GCS below 15

Both MHAU should have ability to divert referrals to each other dependent on clinical activity in the individual unit. The Senior RMN in each unit will have a role in managing capacity on each site and ensuring capacity within each individual unit is not exceeded (estimated at 4 assessments ongoing at one time) If capacity is becoming critical liaison should be undertaken with the other MHAU and the Emergency Department. There is an expectation that capacity issues would be discussed with the senior nurse responsible for the unit and they would support the service to ensure it continues to accept referrals.

Following an assessment being completed within the MHAU, staff will complete the **Brief Assessment Tool (BAT)** and CRAFT on EMIS. Staff will be able to dispense emergency anxiolytic medication to patient presenting in distress. This will be documented in the Brief Assessment Tool as per staff guidance. This will be limited and ongoing prescribing will remain the responsibility of the GP/locality team.

**Following outcome of assessment:**

- If admission to a Psychiatric hospital is required the MHAU staff will contact the Bed Manager (Mon-Fri 9am-5pm) who will facilitate admission to appropriate site. **Out with these hours and including public holidays the MHAU staff will contact the appropriate duty doctor and site page holder who will assist to facilitate admission.** If the patient is detained under the Mental Health Care and Treatment (Scotland) Act please refer to Psychiatric Emergency Plan.
- MHAU staff can detain using the nurses holding power under the Mental Health Care and Treatment (Scotland) Act.
- For all admissions the MHAU Bed Manager/site page holder should be contacted to facilitate safe transfer. If clinical activity allows the MHAU staff will assist with on/off site transfers.
- If required for the safe transfer of a patient the use of Euro Cabs should be considered for both on/off site transfers.

- If the outcome is to return home with appropriate follow-up arrangements (IHHT/CRS/Crisis/CMHT/GP) agreed then a taxi will be provided for the patient.

## 6.0 Standards

### 6.1 Emergency Department Response to MHAU

- All patients referred for MHAU must have a completed Mental Health Triage and Risk Assessment Tool (MHTRAT) and a telephone referral to provide details as outlined above telephone discussion with mental health staff prior to attending MHAU this document should be scanned and emailed to the nurse in charge of the unit.
- Patients can be transported to MHAU via Ambulance or by contacting MHAU to arrange a taxi transfer if ED staff feel it is safe for patient to transfer unaccompanied.
- Patients must be able to participate in assessment process. (Please see Appendix 1)  
Designated senior medical staff in Emergency Department are available for guidance and advice if patient's physical state deteriorates during the assessment period in the MHAU. For referrals from the **QEUH** and **RAH** the contact number for this support is **0141 452 2828**, for referrals from the **GRI** the contact number is **0141 451 1394** and referrals for IRH XXXX
- Medical investigation results where it is likely to impact on outcome should be completed and available.
- Mental health assessment should not be delayed when the patient has capacity to participate and where medical investigation results are pending which will not impact on decisions relating to medical admission or are likely to be negative.
- Information should be provided re any language/communication difficulties

### 6.2 Police Scotland Response to MHAU

#### 24/7 – For patients who would otherwise have required to be transferred to ED's

- Police Scotland can make a referral to the MHAU where there is significant concern for the patient's safety or wellbeing and when officers from Police Scotland have carried out initial face to face contact with the patient
- Patients do not need to be known to MH services to be referred by Police to the MHAU's for either face to face or telephone contact.
- Where patients do not require or wish to transfer to the MHAU, telephone contact can be made by Police to the MHAU for a telephone assessment.
- Patients must be able to participate in assessment process. (Please see Appendix 4)
- Patients cannot be referred or assessed where there is significant incapacity due to alcohol or drug consumption that impacts on their ability to participate in an assessment
- There must be no evidence of a significant physical health condition which would require attendance at an Emergency Department with any referral to MHAU
- Police will escort referrals to the MHAU and will carry out a joint risk assessment as to the requirement to remain with the patient until the outcome of the assessment.
- If following discussion and agreement with nursing staff there is no requirement for continued Police presence, Police can leave the unit, however, if nursing staff request Police presence they should remain until outcome of assessment known.
- Police may also prioritise their presence if there are already sufficient Police Officers in the MHAU to ensure the safety of the patient and others within.

- Where patients are at home and do not wish to transfer to MHAU but following telephone assessment by MHAU staff, require a face to face home assessment. Where the patient is **unknown** to MH services they should be referred to their GP surgery during working hours. Monday – Friday 5pm-9am and 24hrs weekends and public holidays MHAU will co-ordinate a response to undertake assessment within the home. Where patients do not wish to transfer to MHAU but following telephone assessment with the MHAU, they require a home assessment; if the person is **known** to MH services the MHAU staff should contact, discuss and agree appropriate follow up by the CMHT/ Crisis Team/IHTT/CRS.
- (Please refer to section 6.4 for a detailed guide on accessing assistance from health professionals.)

### 6.3 SAS Response to MHAU

- Following SAS carrying out a face to face intervention and when there is significant concern for the patient's safety or welling being with no evidence of a significant physical health condition which would require immediate attendance at an Emergency Department they can refer directly to the MHAU.
- Patients must be able to participate in assessment process. (Please see Appendix 4)
- SAS will escort all referrals to the MHAU and agree the transfer of the patient before leaving the patient in the care of mental health staff.

### 6.4 CMHT/CRISIS/IHTT/CRS response where patient is refusing transfer to MHAU

If Police Scotland/SAS deem the patient is too vulnerable to be left alone and they are refusing transfer to MHAU then MHAU staff will attempt to assess the patient over the phone.

Following this assessment, if Police Scotland/SAS or MHAU staff are still concerned the following options are available depending on the time of day and whether the patient is open to a community mental health team (CMHT):

	Open to CMHT	Not open to CMHT
Mon-Fri 9am-5pm	MHAU staff can contact local CMHT / crisis team/IHTT/CRS who will attend patient at home	Police Scotland/SAS should contact patient's GP and request them to attend patient at home
Mon-Fri 5pm-8pm Sat-Sun 9am-5pm (Incl. public holidays)	MHAU staff can contact local CMHT / crisis team who will attend patient at home	MHAU should be contacted to provide a response to facilitate assessment within the patient's home.
Mon-Fri 8pm-9am Sat-Sun 5pm-9am (Incl. public holidays)	MHAU should be contacted to provide a response to facilitate assessment within the patient's home.	MHAU should be contacted to provide a response to facilitate assessment within the patient's home.

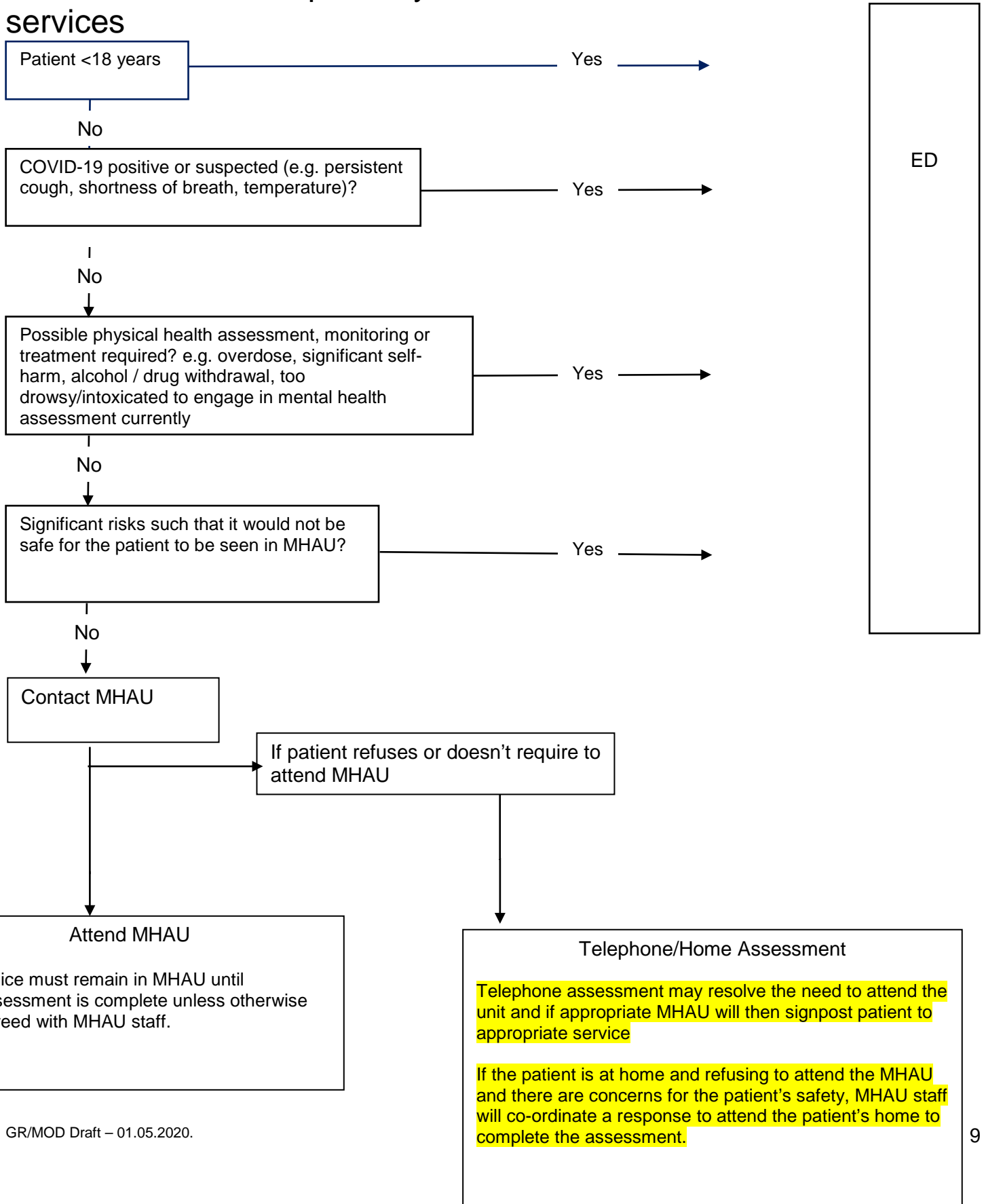
### 7.0 Data Collection & Monitoring

Mental Health Services will collate information on referral sources and assessment outcomes which will be broken down to individual referring services. The aim is to utilise this for identification of issues and resolution as they arise and to compile a data analysis for service development/governance. This will be collected through Emis and monthly reports are available from Business Intelligence Service.



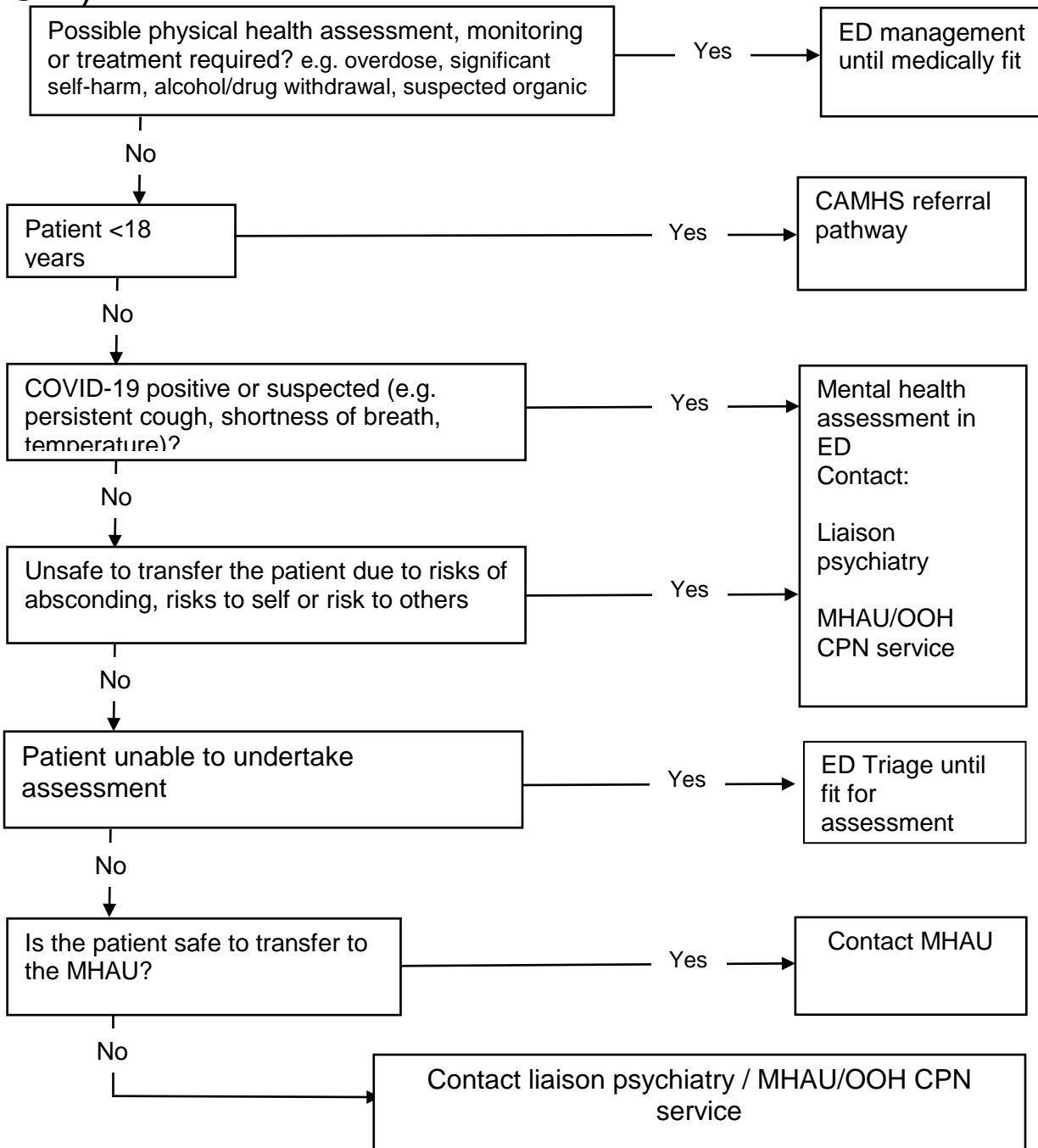
APPENDIX 1

# Police / SAS referral pathway for acute mental health services



## APPENDIX 2

# ED referral pathway for acute mental health services (RAH, QEUH, GRI)

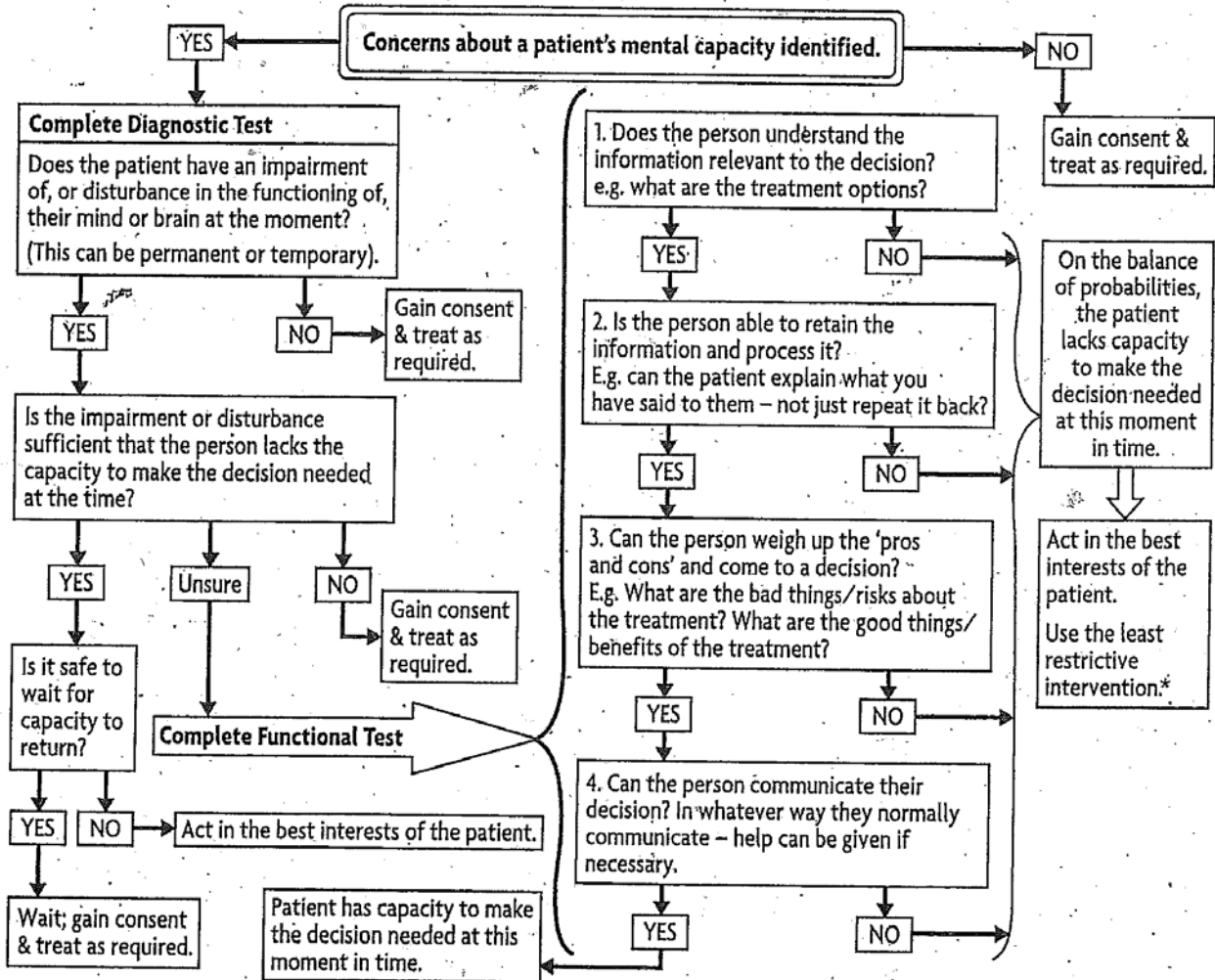


# APPENDIX 3

## TELEPHONE REFERRAL FORM

<b>Referrer Name/ Contact Number</b>					
<b>Date:</b>	<b>Time:</b>				
<b>Police Incident No:</b>					
<b>Patients Name:</b>					
<b>D.O.B:</b>		<b>Tel No:</b>			
<b>CHI</b>					
Friend/ relative accompanying patient N.B Covid restrictions apply to 1-2 person only				<b>Yes</b>	<b>No</b>
If assessed as appropriate for transfer to MHAU- safe method of transport :			Taxi		
			Ambulance		
			Police		
			Own Transport		
<b>Primary Language:</b>					
Mental Health triage and risk assessment tool completed (from ED only)				<b>Y</b>	<b>N</b>
Medically fit for transfer				<b>Y</b>	<b>N</b>
Ability to engage in assessment				<b>Y</b>	<b>N</b>
No Covid symptoms evident				<b>Y</b>	<b>N</b>
Has the patient disclosed possible overdose				<b>Y</b>	<b>N</b>
Any minor wounds requiring treatment				<b>Y</b>	<b>N</b>
Glasgow Coma Scale below 15 (ED/SAS Only)				<b>Y</b>	<b>N</b>
<b>Presentation/comments</b>					
<b>Outcome of Assessment</b>	<b>Contact Type</b>	Telephone		Face to face	
<b>Alcohol/Drugs Involved</b>				<b>Y</b>	<b>N</b>
Time In		Time Assessed		Time Left	
<b>Completed By:</b>		<b>Date:</b>		<b>Time:</b>	

# Mental Capacity Assessment



# Greater Glasgow & Clyde Emergency Departments' Mental Health Triage and Risk Assessment Tool



## Part One - Nursing Triage triage nurse to complete this page

Patient name \_\_\_\_\_  
CHI \_\_\_\_\_

Triage Observations <small>document physiological measurements</small>						
GCS	BM	HR	BP	RR	SaO <sup>2</sup>	Temp

**accompanied by** name, relationship, particular concerns

Outline of Presentation <small>tick all the categories which apply</small>	
Overdose (will also require medical assessment)	<input type="checkbox"/>
Self-injury (will also require wound management)	<input type="checkbox"/>
Other Mental Health Presentation	<input type="checkbox"/>

Describe the appearance/clothing of those attending alone, as they may leave before review.

Is the patient a young person in foster care or in a residential care placement? **YES/NO**

Is the patient a carer for a child or a dependent adult? **YES/NO**

Is there a child protection concern or concern for a vulnerable adult at risk? **YES/NO**

Initial Presentation, Appearance and Behaviour <small>respond yes or no to each question, in any order which seems appropriate</small>	Y	N
Is the patient violent, aggressive or threatening?	<input type="checkbox"/>	<input type="checkbox"/>
Is the patient obviously distressed, markedly anxious or highly aroused?	<input type="checkbox"/>	<input type="checkbox"/>
Is the patient preoccupied, erratic or impulsive?	<input type="checkbox"/>	<input type="checkbox"/>
Is the patient quiet and withdrawn?	<input type="checkbox"/>	<input type="checkbox"/>
Do you think the patient is behaving inappropriately to their situation?	<input type="checkbox"/>	<input type="checkbox"/>
Do you think the patient presents an immediate risk to you, to others, or to themselves?	<input type="checkbox"/>	<input type="checkbox"/>
Do you think the patient is likely to abscond prior to assessment?	<input type="checkbox"/>	<input type="checkbox"/>
Do you think the patient's presentation suggests either hallucinations or delusions?*	<input type="checkbox"/>	<input type="checkbox"/>
Do you think the patient feels their actions are being controlled?	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of a history of mental health problems or psychiatric illness?	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of a history of violence or self-harm?	<input type="checkbox"/>	<input type="checkbox"/>
Is the patient currently expressing suicidal thoughts?	<input type="checkbox"/>	<input type="checkbox"/>
Is the patient currently intoxicated, with alcohol, or other substances?	<input type="checkbox"/>	<input type="checkbox"/>

\*Delusions; false but firmly held views and ideas. Hallucinations; false external stimuli (for example, visual or vocal) the patient thinks are real

Triage Risk Assessment <small>Identify an initial category of risk, select one or more risks</small>	
<h3>High / Moderate / Low – risk</h3> <p>of self-harm / violence / absconding</p>	
Triage Category	High risk – accompanied <b>and</b> in the clinical area. Moderate risk – accompanied <b>or</b> in the clinical area. Low risk – can be asked to wait <b>if necessary</b> .
Immediate management <small>print toxbase information, and in paracetamol overdose, note 4-hour time for blood sample.</small>	
Patient location, accompanied by...	<h3>Summary</h3>
Blood sample time?	
Toxbase info printed? Y/N	
GMAWS considered? Y/N	

*Any responses in the first column*

**High Risk**

Other patients can be categorised as

**Moderate Risk**

*If all responses are in the third column*

**Low Risk**

name/grade \_\_\_\_\_

signature \_\_\_\_\_

date and time \_\_\_\_\_

# Part Two - Mental Health Assessment

medical staff to complete this page

Patient name \_\_\_\_\_  
CHI \_\_\_\_\_

outline of current presentation and precipitating factors

current and previous mental health problems, self-harm episodes, problematic alcohol and/or drug use, contacts with mental health services

other relevant information, (relationships, finances, employment, housing, physical health, childcare responsibilities, current medications, etc) - protective factors (beliefs, relationships, plans for future) - views of relatives/carers/significant others'

## Risk Factors

(this is not an exhaustive list)

alcohol or drug use	
planning or concealment	
evidence of psychosis	
ongoing suicidal intent	
family concern about risk	
access to lethal means	
lack of social support	
age and gender	
chronic illness/pain	
family history of suicide	
disengaged/noncompliant	
unemployed/retired	
previous violent methods	
history of self-harm	
current psychiatric treatment	
previous psychiatric treatment	

Appearance	Behaviour	Speech
Mood	Thought	Insight

Careful consideration should be given to patients who may present particular risks, including patients who may have post-natal depression, or patients with 'first presentations' of mental health problems, especially in adolescence or old age.

## Risk Assessment

based on clinical assessment indicate a category of risk for a further episode of self-harm in the short term (48hrs) - consider protective as well as precipitating factors.

High / Moderate / Low

## Discharge Advice and Plan for Further Assessment

Indicate the follow-up plan - referral to Liaison Psychiatry, duty doctor, out-of-hours CPN service, CMHT, GP, addiction services, SW, etc - indicate the advice given to the patient, and identities of others informed.

summary	follow up and advice given	
service referred to	name/relationship of carer informed	consultant/middle-grade involved in decision or review

If young people in foster care or residential care are assessed, their social work team should be informed (via stand-by SW if out-of-hours) as well as giving information and advice to carers present.

name/grade \_\_\_\_\_  
signature \_\_\_\_\_  
date and time \_\_\_\_\_

## Appendix 6 - Hospital Numbers - TELEPHONE NUMBERS FOR MENTAL HEALTH HOSPITALS IN SCOTLAND

Area	Hospital / ward	Contact number /person
GG&C	Stobhill McKinnon House	0141 531 3100 page holder
GG&C	Gartnavel	0141 211 3600 page holder
GG&C	Leverndale	0141 211 6400 page holder
GG&C	Dykebar Lev 3b/South ward	0141 314 4033 duty nurse Dykebar
GG&C	Inverclyde AAU	01475 504424
Lanarkshire	Hairmyres Ward 19 Ward 20	01355 220 292 NIC 01355 585 201
	Wishaw ward 1 Ward2	01698 361100 NIC
Livingston	St John's Ward 17	01506 523000 coordinator Bleep 3064
Falkirk	Ward 2 Ward 3	01324 567014 01324 566170
Edinburgh	Royal Edinburgh	0131 2869304 Bed manager Adult bleep 7222
Ayrshire and Arran	Woodland view	01292 610556 link page 1500
Argyll & Bute	Lochgilphead	01546 602323
Stratheden	Cupar	01592 643355 ext 23999
Kirkcaldy Whiteman's Brae		01592 643355 ext 23999
Dunfermline	Queen Margaret Ward 2	01592 643355 ext 23999
Perth	Murray Royal Hospital	01738 621151 page holder
Dundee	Ninewells	01382 660111 page holder
Dundee	Carsview	01382 878 700 page holder
Dundee	Royal Dundee Liff Hosp	01382 423000 page holder
Aberdeen	Royal Cornhill	01224 557201 Bed Flow 07773221624
Dumfries	Crichton Royal	01387 244000 page holder
Galashiels	Huntlyburn	01896 827181 page holder
<b>IPCU</b>		
Stobhill	Portree ward	0141 531 3235

Gartnavel Royal	IPCU	0141 211 3601
Leverndale	Ward 1	0141 211 6582
Inverclyde	IPCU	01475 504458
Lanarkshire	Wishaw	01698 366150
Livingstone	St John's IPCU	01506 523000 bleep holder
Forth Valley	Wd1	01324 566172
Ayr	Woodland View	01292 610556 link page 1500
Edinburgh	Blakeford	0131 537 6519
Stratheden Cupar		01334 652 611
Dundee		01382 878 703
Aberdeen	Royal Cornhill Blair unit	01224 663131
Inverness	Affric Ward NewCraigs	01463 704000