



MHNA: mental health crisis in Suffolk

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Key points

This report is intended for health professionals and commissioners to improve understanding of service demands and needs in Suffolk relating to mental health crisis. There is no clear coding for mental health crisis and therefore a range of data and classifications have been used to investigate the topic. Not all the events analysed will be mental health crises, however, they give an idea of the level of contacts with people *likely* to be experiencing a mental health crisis or distress. The data analysed covers periods between April 2012 and March 2018.

What is a mental health crisis?

*'a situation that the person or anyone else believes requires immediate support, assistance and care from an urgent and emergency mental health service.'*¹

(as defined in ***Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care***¹).

Causes or triggers may include:

adverse life events that include a psychological, physical or social element, which leads to a need for an urgent or emergency response from mental health services.

*All crises will be different in their cause, presentation and progression. It is important to identify the trigger (for example, abuse, trauma or homelessness), associated risks and options for ongoing care, and respond to the crisis according to the individual's need and circumstances*¹.

A local definition of mental health crisis has been used in Suffolk²:

*When a person with mental health issues urgently needs help due to their behaviour being out of control or irrational and likely to endanger the person or others. But the nature of each crisis is unique and variable and may not be due to a mental illness.*²

Relevant contacts have been extracted from several systems for this analysis. Each system may use different coding, and individuals may classify events differently, leading to inconsistency. A full list of codes used to extract data for analysis is included in Appendix 2. Categories covered:

- Mental and behavioural disorders (including anxiety, depression, suicidal, stress, self-harm, schizophrenia and affective psychoses)
- Poisoning, including toxic effects of various substances
- Dementia
- Sleep disorders
- Confused state
- Social problems

Section 136 (S136) data from the Police and Norfolk and Suffolk NHS Foundation Trust (NSFT) is also used to indicate crisis contacts. S136 of the Mental Health Act 1983¹¹ allows a police officer to either remove a person to a place of safety, or keep a person in a place of safety if they are considered to



be suffering from a mental disorder. It often leads to an admission to Woodlands ward at Ipswich Hospital, or Wedgewood ward (West Suffolk Hospital), services provided by NSFT.

Data

Data sources: Ipswich and East Suffolk Clinical Commissioning Group (IESCCG), West Suffolk Clinical Commissioning Group (WSCCG), British Transport Police, Norfolk and Suffolk NHS Foundation Trust (NSFT), hospital episode data for West Suffolk Hospital and Ipswich Hospital.

Incidents may be coded in more than one system. For example, a Section 136 (S136) incident may be recorded by the Police, the Ambulance Service and then NSFT (if admitted). Some people will have multiple attendances, admissions or incidents.

This report does not contain data for the GP Out of Hours (OOH) service in Waveney, nor Waveney ambulance data. Hospital episode data is for West Suffolk Hospital and Ipswich Hospital only, and does not include data for Lowestoft's James Paget hospital. Although Suffolk residents may use Addenbrookes and Colchester hospitals, this data is not included. These gaps, and the fact that some people in crisis may not contact health services (for example contacting the Samaritans instead), mean this report is likely to underestimate the number of mental health crises experienced in Suffolk.

When do mental health crises occur?

Data has been analysed to identify differences by:

- Year
- Season (spring: March-May, summer: June-August, autumn: September-November, Winter: December-February)³
- Month
- Day of the week
- Time of day (hour and 4 hour block)

Annual trends

- There has been a significant increase in Accident and Emergency (A&E) attendance for mental health crisis (using the codes specified) year on year since 2013-14.
- The number of hospital admissions for mental health crisis is gradually increasing each year (since 2014-15).

Trends within years

- A&E attendance, and S136 admissions are significantly higher in summer than in winter or spring.
- Ambulance attendances for mental health crisis are significantly higher in summer than autumn or winter.
- A&E attendance is significantly lower in winter than the other seasons.



- Ambulance attendances for mental health crisis are significantly lower in winter than spring or summer.
- There is no significant pattern in emergency admissions, although admissions fall slightly from spring to winter.

Demand by day

- A&E attendance is significantly higher on Saturday and Sunday compared to week days.
- GP Out of Hours (OOH) contacts are significantly higher on weekend days (08:00-18:00) than any evenings.
- Police incidents where poor mental health is a contributing factor are significantly lower on Sundays than every weekday. Incidents on Saturdays are significantly lower than Friday, Monday and Tuesday.

Demand by time of day

- A&E attendances increase through the day from 7am to 1am. Around a third (32.4%) of attendances are during the typical working day (between 9am and 5pm), however almost half (47.4%, significantly higher) of all attendances are in the following eight hours, from 17:00 to 00:59.
- Over a quarter of GP OOH contacts (27.4%, significantly higher than any other period) are between 20:00 and 23:59, nearly half (48.2%) contact is between 16:00 and 23:59.
- Ambulance attendances are significantly higher for the periods 16:00-19:59 and 20:00-23:59.
- The (significantly) highest proportion of police incidents where poor mental health is a contributing factor are recorded between 16:00 and 19:59. Midnight to midday (00:00 – 11:59) have significantly lower proportions of incidents than 16:00 to 23:59.

Who is experiencing mental health crisis?

Service contacts by sex or gender

- Significantly more S136 admissions are for men (54.2%) than women (45.8%).
- A higher proportion (50.7%) of railway incidents involved males (36.2% female), however the difference cannot be said to be significant as the numbers are relatively small, and gender is not recorded for 13.0%.

There is a significantly higher proportion of contact with women than men in the following:

- A&E attendances (53.6% compared to 46.4%)
- Emergency admissions (52.6% compared to 47.4%)
- GP OOH contacts (59.7% compared to 40.3%)

Service contacts by age

- Nearly half (44.4%) of A&E attendances are for people aged 16-34. Rates (per 1,000 population) are significantly higher for people aged 16-24 and 25-34.



- The proportion of emergency admissions for people aged 25-34, 35-44, and 45-54 are significantly higher than other age bands.
- Around half (51.0%) of S136 admissions where age is recorded are for people aged 15-24 and 25-34. Admissions for these age groups are significantly higher than all other age groups. However, a third of the data from Woodlands hospital (Ipswich) had no age details recorded.

Age information is not available for ambulance attendances or police data, and is not complete for railway incidents.

By areas of relative deprivation

A&E attendances were analysed against the deprivation score (2015 Indices of Multiple Deprivation IMD) for the patients' GP practice. This showed that attendance for a (potential) mental health crisis were more likely to be by people registered with a GP practice in a more deprived area than people with a GP in a less deprived area.

Recommendations

- The National Health Service (NHS) and Care Quality Commission (CQC) note that improving integrated services reduces demand on services, including A&E^{4,5}. Access to appropriate and timely services which better meet patients' needs should lead to a more positive patient experience.
- Services in Suffolk should be developed to cover evenings as this may reduce use of urgent and emergency services, and meets the requirement for parity of esteem⁶.
- Best practice and evidence of what works should be used in any service redesign.
- Suicide prevention work by Public Health Suffolk should continue.
- The findings indicate differences in service use by sex, and by age. The needs of different groups should be considered in service design.
- Those aged 15-24 are significantly more likely to attend A&E (24% attendance for the selected codes). Work to support young people up to the age 24 should continue and possibly be enhanced. Other service designs need to also consider the greater mental health crisis needs of people under 44.
- Patients registered with GP practices in more deprived areas are more likely to attend A&E because of potential mental health crisis. Services, mental health promotion and prevention activities could be targeted to those more deprived practices.

Accident and Emergency (A&E)

Analysis of data on people registered with GPs in IESCCG and WSCCG who attended the A&E departments at Ipswich or West Suffolk Hospital between April 2012 to March 2017. This report uses

data for departments at specific hospitals and so refers to the hospitals by name rather than the NHS Foundation Trusts to which they now belong.

Primary diagnosis reasons used:

- Intentional and unintentional poisoning including overdose
- Psychiatric conditions
- Social problems (includes chronic alcoholism and homelessness)

These reasons will not cover some mental health crisis attendances and may include some attendances that were not due to mental health crisis.

There were 15,660 A&E attendances at the two hospitals for these codes in 2012-2017.

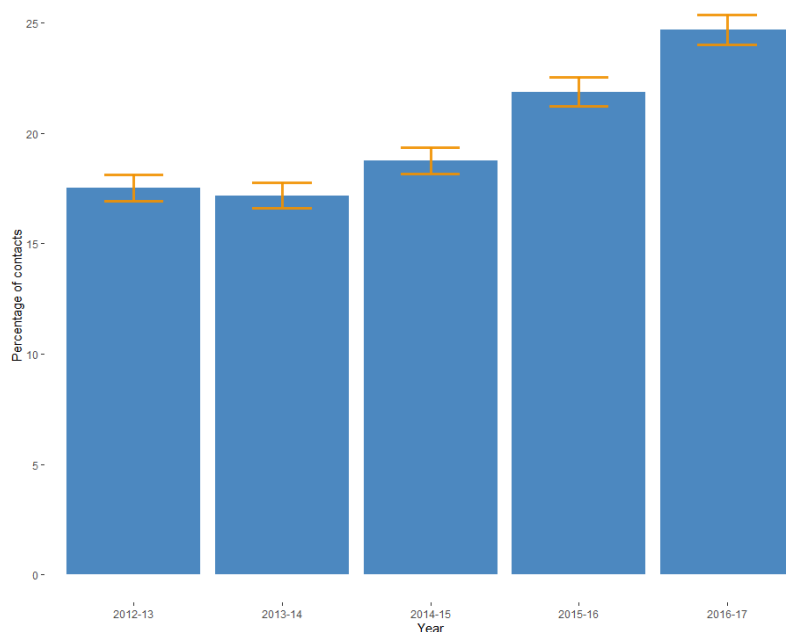
How people attend A&E

82.4% of A&E attendances under these codes were recorded as self-referrals. The second most common referral path was the emergency services (10.6%).

When people attend A&E: year and time of year

There has been a significant increase in A&E attendance for mental health crisis (using the codes specified) year on year since 2013-14.

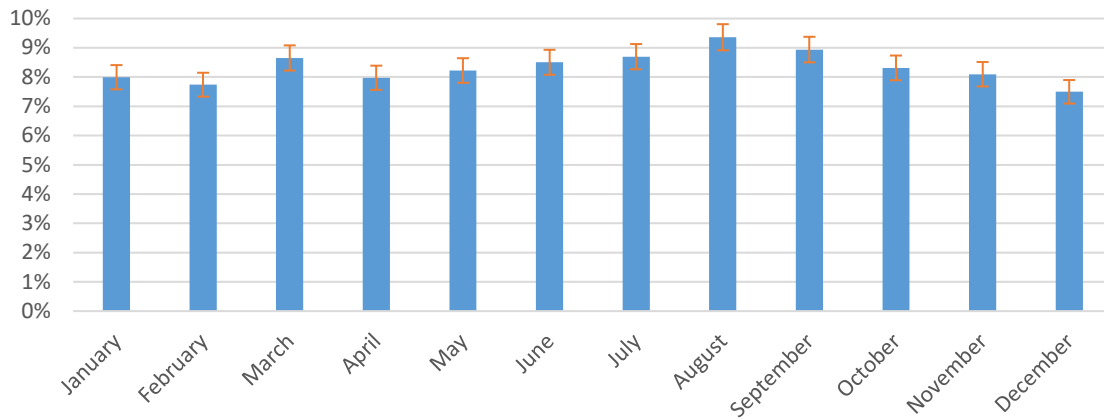
Figure 1: Ipswich and West Suffolk A&E attendance by year, 2012/13-2016/17, selected mental health crisis codes



IESCCG and WSCCG. Inpatient and A&E data. April 2018⁷

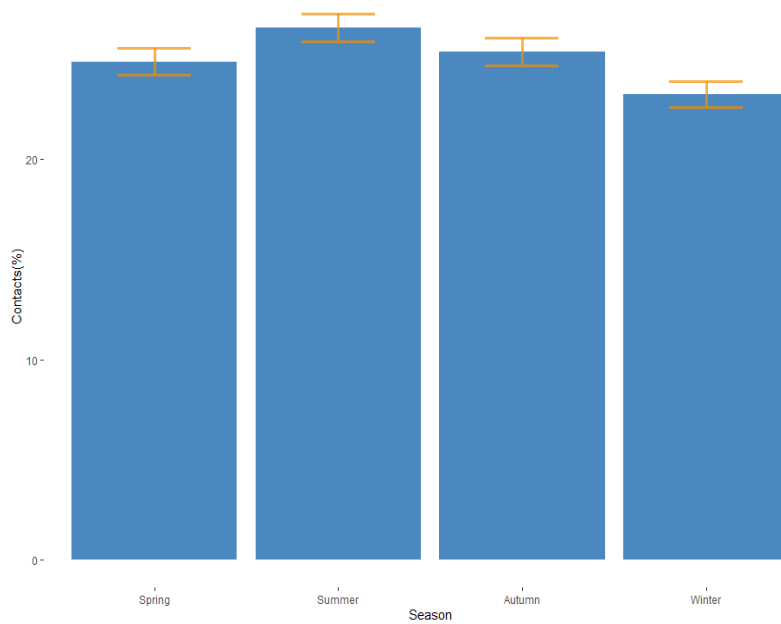
There is no significance difference in attendance across months, although attendance was significantly lower in winter compared to the other three seasons, and attendance in summer was significantly higher than winter and spring.

Figure 2: Ipswich and West Suffolk A&E attendance by month, 2012/3-2016/7, selected mental health crisis codes



IESCCG and WSCCG. Inpatient and A&E data. April 2018⁷

Figure 3: Ipswich and West Suffolk A&E attendance by season, 2012/3-2016/7, selected mental health crisis codes

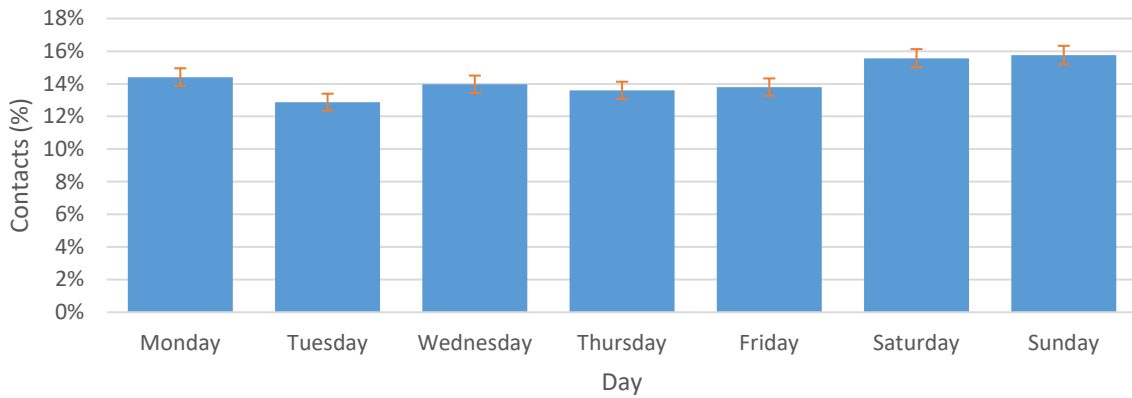


IESCCG and WSCCG. Inpatient and A&E data. April 2018⁷

When people attend A&E: day and time

Attendance is significantly higher on Saturday and Sunday compared to week days.

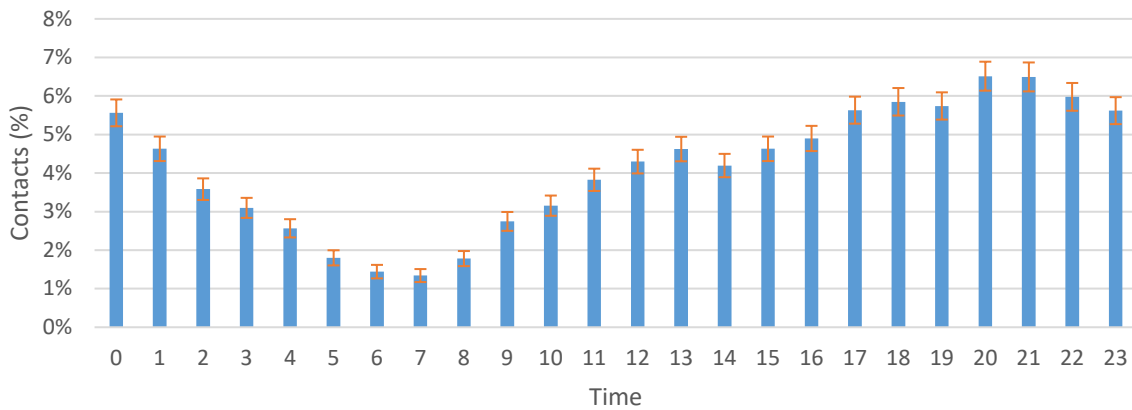
Figure 4: Ipswich and West Suffolk A&E attendance by day, 2012/3-2016/7, selected mental health crisis codes



IESCCG and WSCCG. Inpatient and A&E data. April 2018⁷

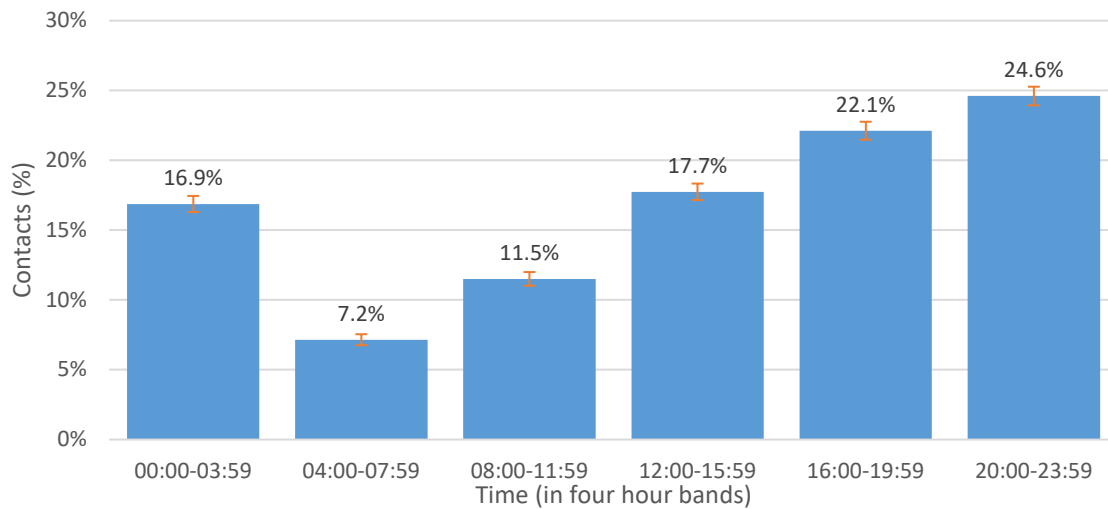
A&E attendances increase through the day from 7:00 to 00:59. Around a third (32.4%) attendances are during the typical working day (09:00-16:59), however almost half (47.4%, significantly higher) attendances are in the following eight hours, 17:00-00:59.

Figure 5: Ipswich and West Suffolk A&E attendance by time, 2012/3-2016/7, selected mental health crisis codes



IESCCG and WSCCG. Inpatient and A&E data. April 2018⁷

Figure 6: Ipswich and West Suffolk A&E attendance by time block, 2012/3-2016/7, selected mental health crisis codes



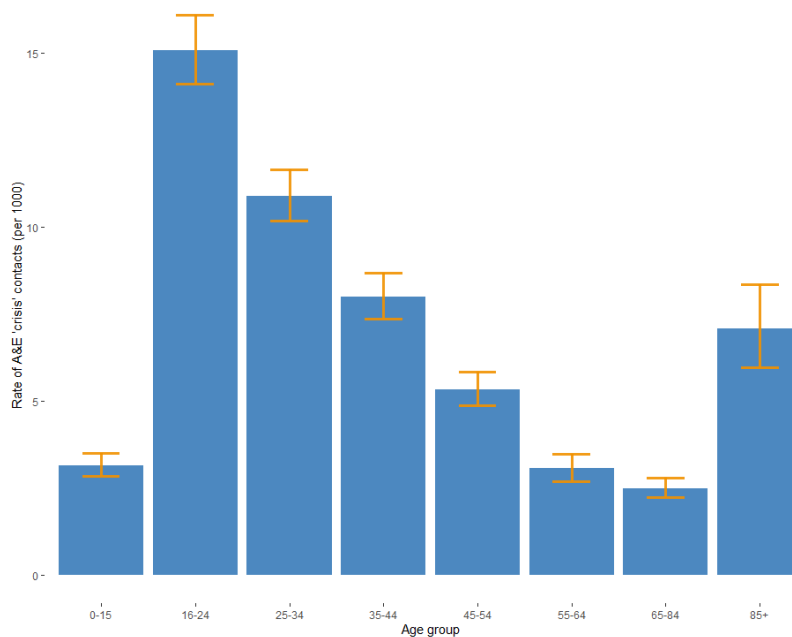
IESCCG and WSCCG. Inpatient and A&E data. April 2018⁷

Who is attending A&E?

A significantly higher proportion of A&E attendances are by women: 53.6% compared to 46.4%.

Nearly half (44.4%) attendances are people aged 16-34. Rates per 1,000 population (2016 estimates) are significantly higher for people aged 16-24 and 25-34.

Figure 7: Ipswich and West Suffolk A&E rates of attendance by age band (per 1,000 population, 2016-17), 2012/3-2016/7, selected mental health crisis codes



IESCCG and WSCCG. Inpatient and A&E data. April 2018^{7,8}

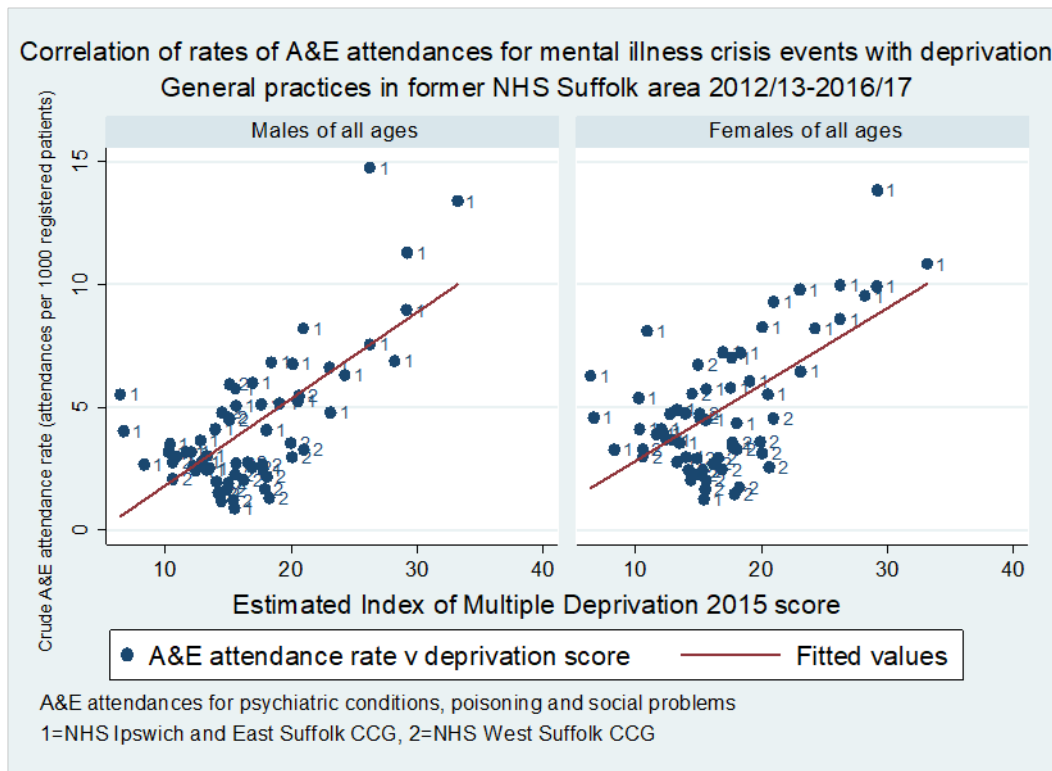
GP practice deprivation and attending A&E

A&E attendances for a (potential) mental health crisis are more likely to be by people registered with a GP practice in a more deprived area than in a less deprived area.

Attendance rates per 1,000 registered patients (IESCCG and WSCCG) at Ipswich Hospital and West Suffolk Hospital for the three selected conditions (2012/13 – 2016/17) were plotted against the GP practice deprivation score (estimates – Indices of Multiple Deprivation 2015) to identify any correlations between the two variables. To understand how much of the variation observed within the plots could be due to deprivation, R² is calculated to show what proportion of variation in attendance can be explained by GP practice deprivation.

Correlation was moderate to moderate-strong combining data for the two CCGs, with very weak correlation in WSCCG and strong correlation in IESCCG.

Figure 8: Ipswich and West Suffolk A&E attendance for selected mental health crisis codes correlated with GP practice deprivation (IMD 2015), 2012/3-2016/7



IESCCG and WSCCG. Inpatient and A&E data. April 2018^{7,9}

Table 1: Correlations of GP practice deprivation (IMD 2015) with Ipswich and West Suffolk A&E attendance, 2012/3-2016/7, selected mental health crisis codes

CCG	Patient Gender	R – correlation coefficient	R ² – coefficient of determination	P-value
IESCCG	Males	0.78 (positive) Strong	0.61 (61%)	0.0000
IESCCG	Females	0.76 (positive) Strong	0.58 (58%)	0.0000



WSCCG	Males	-0.05 (negative) Very weak	0.03 (<1%)	0.4310
WSCCG	Females	0.16 (positive) Very weak	0.00 (<1%)	0.7862
Combined CCGs	Males	0.69 (positive) Moderate-strong	0.48 (48%)	0.0000
Combined CCGs	Females	0.63 (positive) Moderate	0.39 (39%)	0.0000

Emergency admissions to acute hospital (inpatients)

Data for people registered with GPs in IESCCG and WSCCG who were admitted to Ipswich Hospital or West Suffolk Hospital as inpatients between April 2012 to March 2017.

Admissions were considered to be mental health crises if the primary code was in the following categories (the full list of diagnosis codes is available in Annex 2):

- Alzheimer's disease and dementia
- Anxiety & depression
- Mental and behavioural disorders
- Intentional and unintentional poisoning
- Toxic effect (intentional and unintentional)
- Other

Most admissions are referred from A&E, followed by referrals from the GP. The data also indicates that over 90% of the total admissions are not a readmission. Many of the admissions are short term, for one or two days, and around 10% of people admitted are in hospital for eight days or more.

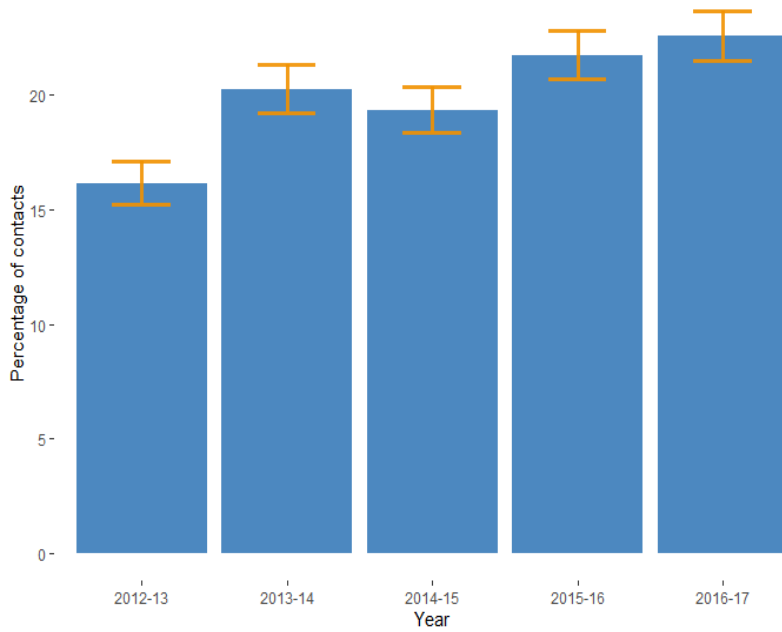
When people are admitted to hospital (emergency admissions)

Between April 2012 and March 2017, Ipswich Hospital Trust and West Suffolk Foundation Trust had nearly 6,000 (5,845) admissions for a diagnosis which could indicate a mental health crisis. Numbers have been increasing since 2014-15.

Although admissions fall slightly from spring to winter, the change is not significant. There are no significant patterns in emergency admissions by month.

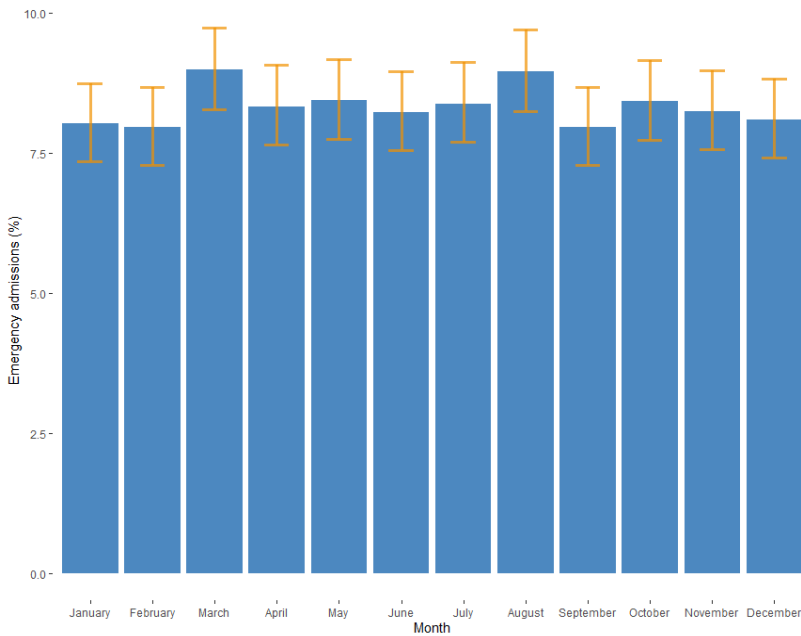
Admission time of day is not available for analysis.

Figure 9: Ipswich and West Suffolk emergency admissions by year, 2012-2017, selected mental health crisis codes



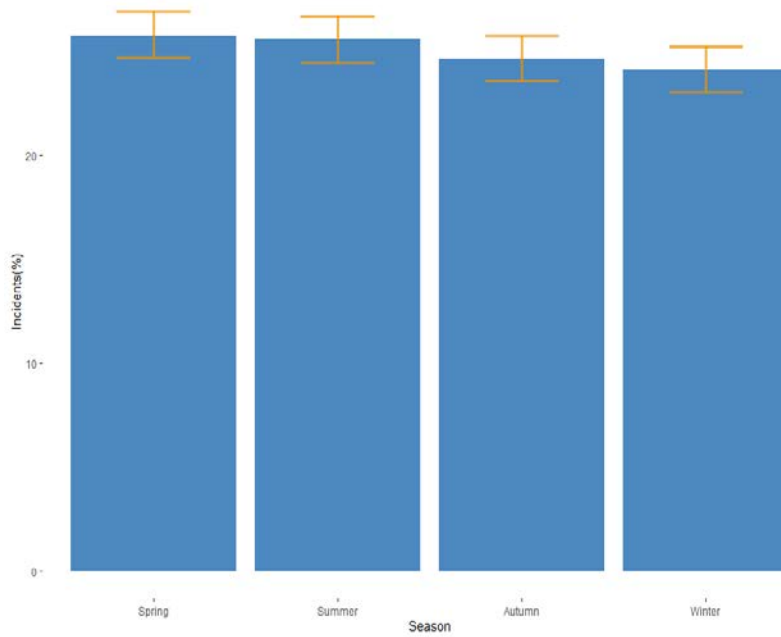
IESCCG and WSCCG. Inpatient and A&E data. April 2018⁷

Figure 10: Ipswich and West Suffolk emergency admissions by month, 2012-2017, selected mental health crisis codes



IESCCG and WSCCG. Inpatient and A&E data. April 2018⁷

Figure 11: Ipswich and West Suffolk emergency admissions by season, 2012-2017, selected mental health crisis codes



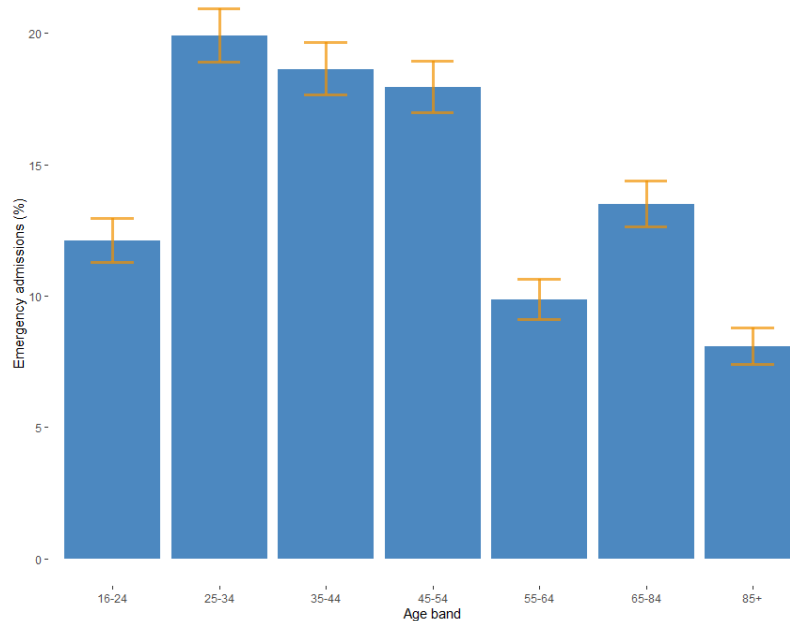
IESCCG and WSCCG. Inpatient and A&E data. April 2018⁷

Who is admitted to hospital (emergency admissions)?

Significantly more emergency admissions for a mental health crisis are for women (52.6%) than men (47.4%).

There are some differences in the age groups of people admitted to hospital compared to those attending A&E. The proportion of admissions for people aged 25-34, 35-44, 45-54 are significantly higher than other age bands. For A&E the highest proportions of attendance are in the 16-24 and 25-34 age bands.

Figure 12: Ipswich and West Suffolk emergency admissions by age band, 2012-2017, selected mental health crisis codes



IESCCG and WSCCG. Inpatient and A&E data. April 2018⁷

GP out of hours service

The GP out of hours service (GP OOH) provides cover outside core GP practice hours: 18:00 to 08:00 weekdays, and 24 hours on weekends and bank holidays. Contacts by patients registered with GPs in IESCCG and WSCCG who used GP OOH services between April 2014 to March 2017 that were classified as relating to mental health (see list below) have been analysed.

Primary diagnosis codes (full list of diagnosis codes used is available in Annex 2):

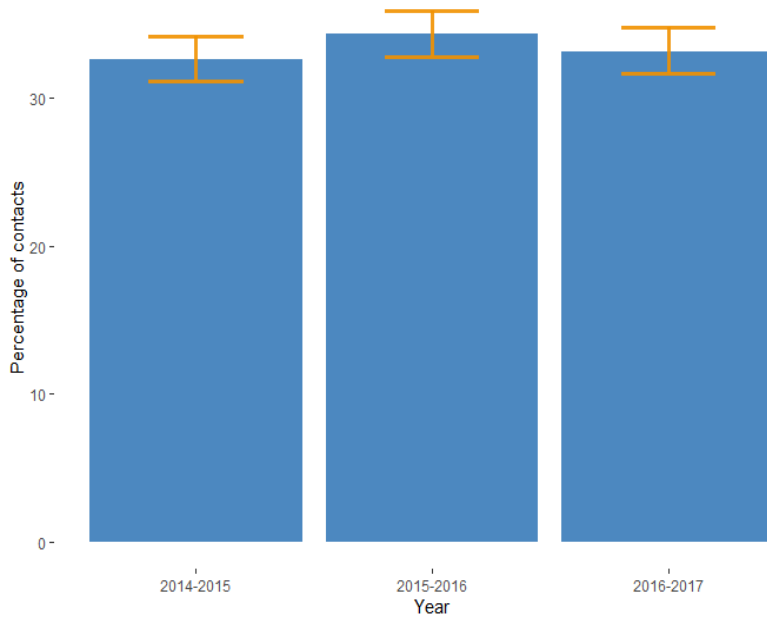
- Anxiousness, anxiety states and acute reaction to stress/panic attack
- Depressed and depressive disorder
- Suicidal, poisoning – intentional / suicide – self-inflicted poisoning, and intentional self-harm (excluding poisoning)
- Mental health assessments and mental disorders
- Senile (including presenile), acute confused state,
- Unspecified nonorganic psychosis, neurotic disorder
- Schizophrenia, personality disorder
- Social problems (including homelessness) and life crisis

When people attend GP OOH

Between April 2014 and March 2017, there were just over 3,500 (3,553) attendances to GP OOH with diagnosis which could indicate a mental health crisis.

There was no significant trend across the three years, or across months and seasons.

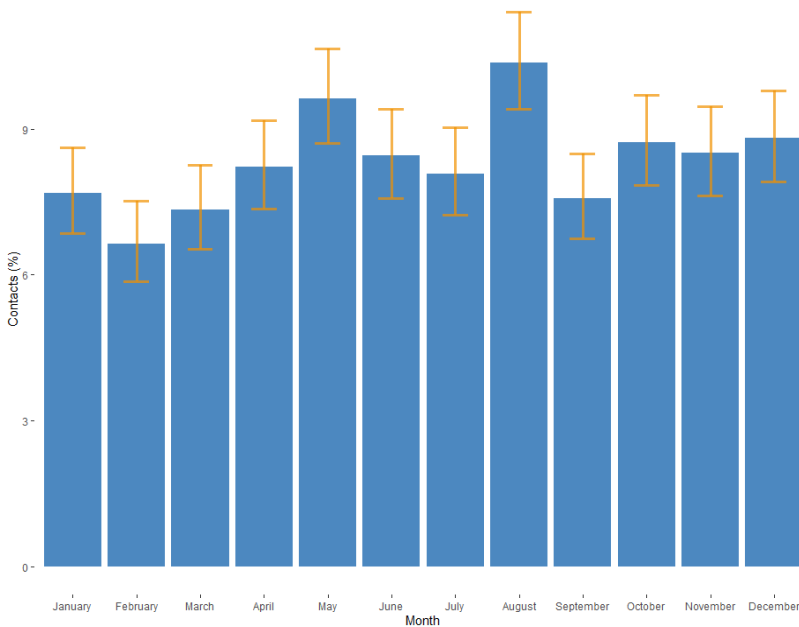
Figure 13: GP OOH crisis contacts by year, IESCCG and WSCCG, 2014-2017



Source: CCG GP out of hours data¹⁰

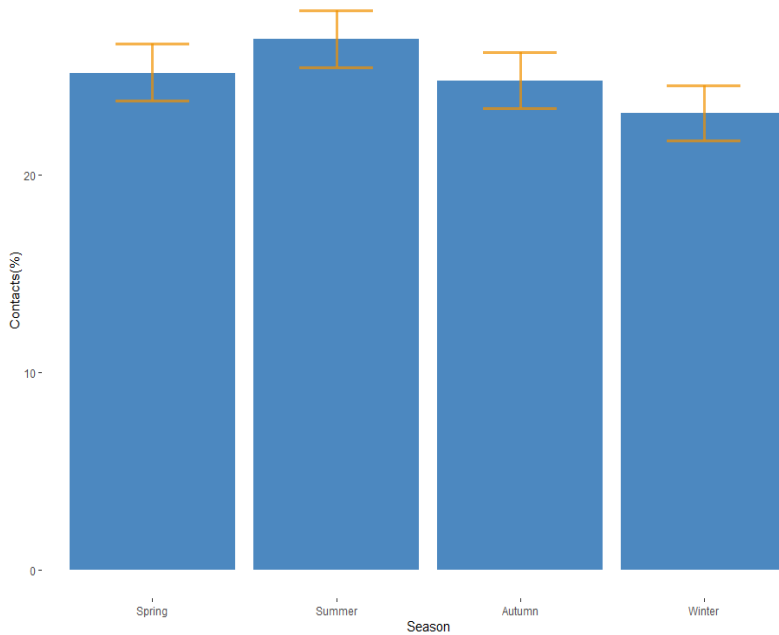
Although there is an increase in August, this is not significantly higher than other summer months (May, June).

Figure 14: GP OOH crisis contacts by month, IESCCG and WSCCG, 2014-2017



Source: CCG GP out of hours data¹⁰

Figure 15: GP OOH crisis contacts by season, IESCCG and WSCCG, 2014-2017

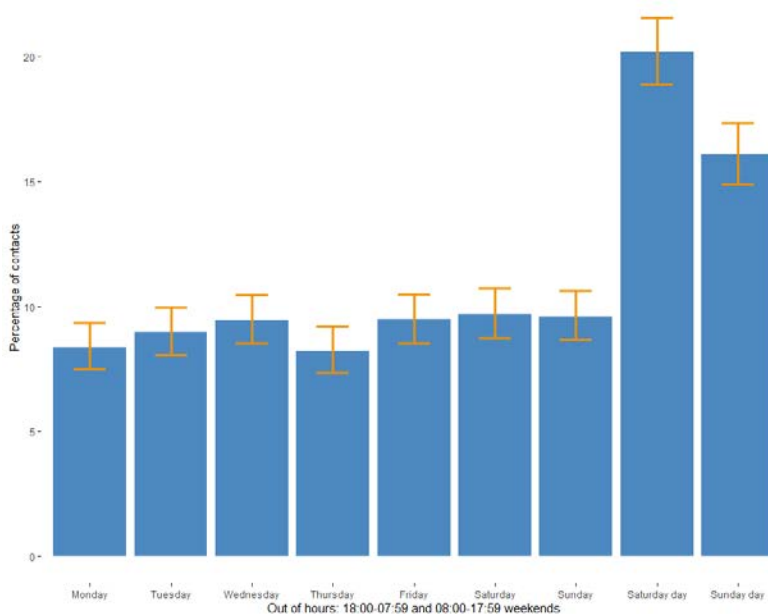


Source: CCG GP out of hours data¹⁰

Demand for GP OOH services during weekend daytime hours (08:00 to 17:59) was significantly higher than weekday evenings (Figure 16, excludes bank holiday days). There was no significant difference between days for overnight services (18:00 to 07:59 the following day).

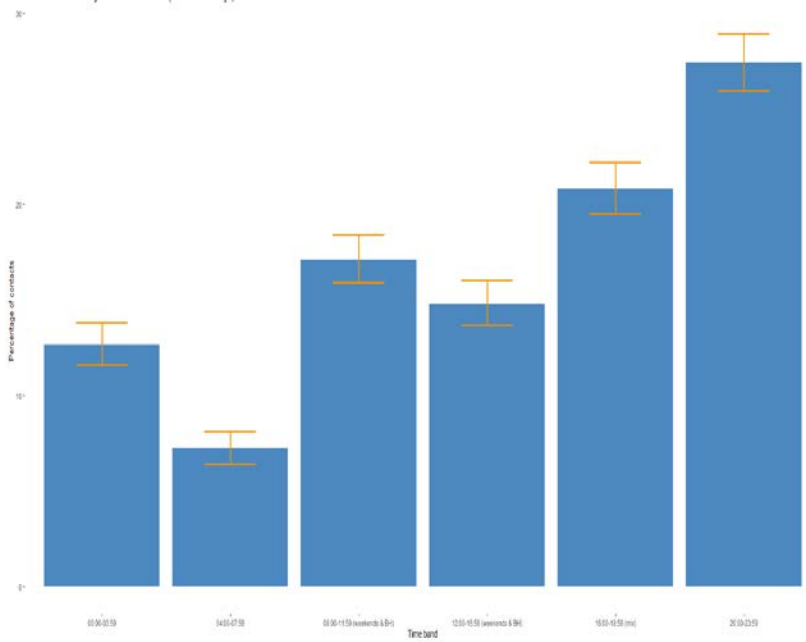
Over half (53.6%) contact with the GP OOH service is at weekends, significantly higher than weekdays (46.4%). Over a quarter of contacts (27.4%, significantly higher than any other period) are 20:00-23:59, nearly half (48.2%) of contacts take place between 16:00 and 23:59.

Figure 16: GP OOH crisis contacts by time blocks (weekend day 08:00 – 17:59 and overnight 18:00 - 07:59), IESCCG and WSCCG, 2014-2017



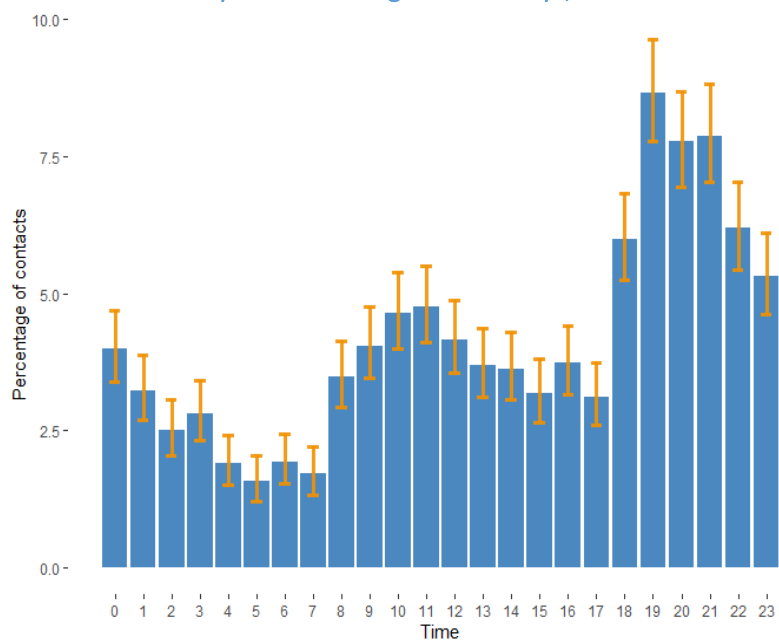
Source: CCG GP out of hours data¹⁰

Figure 17: GP OOH crisis contacts by time blocks (4 hours) including bank holidays, IESCCG and WSCCG, 2014-2017



Source: CCG GP out of hours data¹⁰.

Figure 18: GP OOH crisis contacts by time including bank holidays, IESCCG and WSCCG, 2014-2017



Source: CCG GP out of hours data¹⁰.

Table 2: GP OOH crisis contacts by time block and day of week including bank holidays, IESCCG and WSCCG, 2014-2017

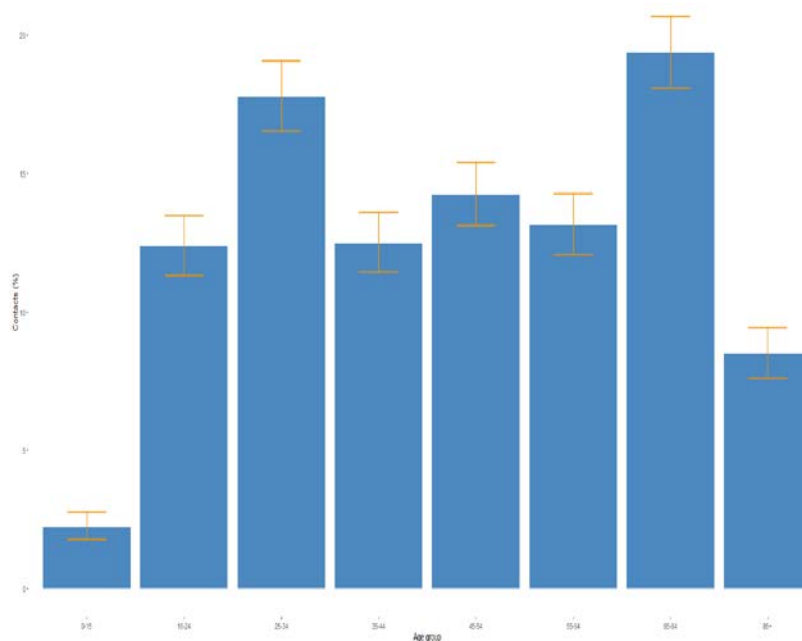
	00:00-03:59	04:00-07:59	08:00-11:59	12:00-15:59	16:00-19:59	20:00-23:59	
Monday	69	31	29	22	77	121	
Tuesday	65	34	4	2	55	153	
Wednesday	64	24	0	8	79	162	
Thursday	62	15	3	8	87	129	
Friday	60	25	8	8	84	161	
Saturday	58	62	329	250	206	119	
Sunday	68	63	229	223	177	120	
	446	254	602	521	765	965	3553

Who is attending GP OOH

Significantly more GP OOH for potential mental health crisis were by women (59.7%) than men (40.3%).

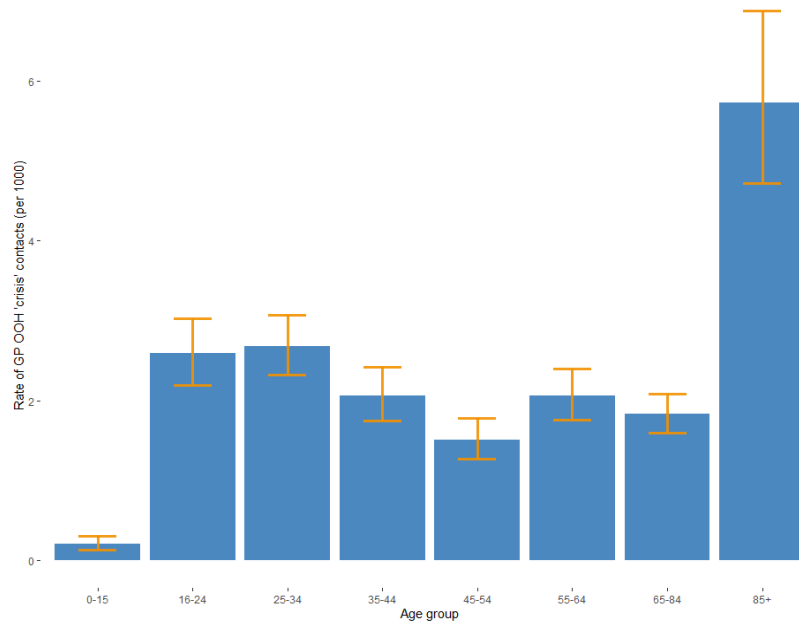
Although the highest proportion of contacts are people aged 25-34 and people aged 65-84, the rate (contacts per 1,000 population) is significantly higher for people aged 85 and over.

Figure 19: GP OOH crisis contacts by age band, IESCCG and WSCCG, 2014-2017



Source: CCG GP out of hours data¹⁰.

Figure 20: Rate of GP OOH crisis contacts by age band (per 1,000 population), IESCCG and WSCCG, 2014-2017



Source: CCG GP out of hours data^{8,10}

Section 136 (S136) admissions to hospital (NSFT)

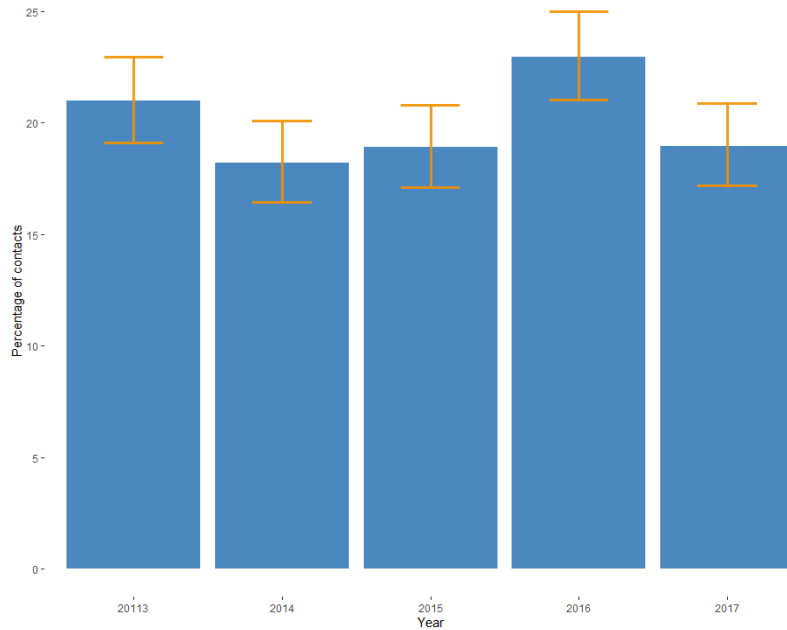
Section 136 of the Mental Health Act 1983¹¹ allows a police officer to either remove a person to a place of safety, or keep a person in a place of safety if they are considered to be suffering from a mental disorder. Woodlands ward is located at Ipswich Hospital, Wedgewood is at West Suffolk Hospital. The services are provided by Norfolk and Suffolk NHS Foundation Trust (NSFT).

The data period ranges from January 2012 to March 2018, although data from 2012 and 2018 are excluded from some analyses as it is incomplete. There were 1,900 S136 admissions in Suffolk over the whole period, with an average of 345 admissions per year (2012-2017 data).

When are S136 admissions?

S136 admissions were significantly higher in 2016 than all years except 2013.

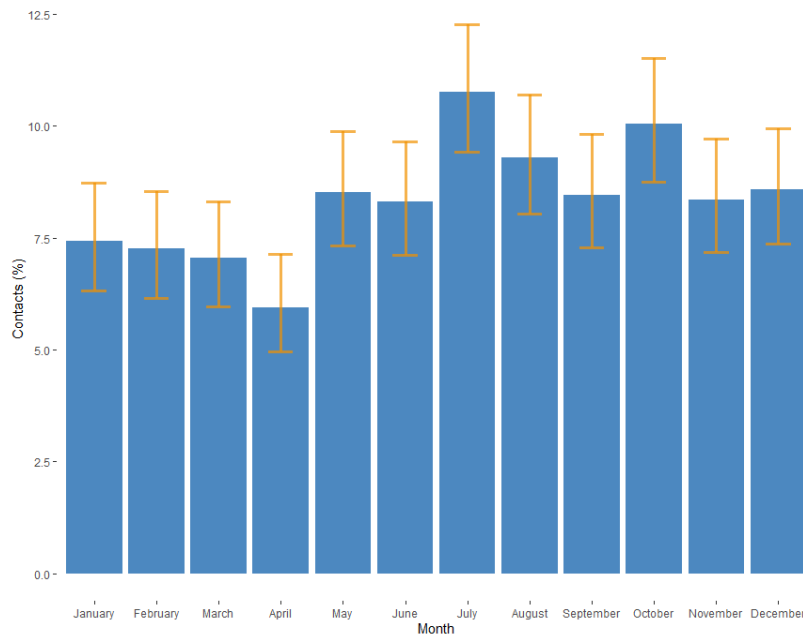
Figure 21: S136 admissions to Woodlands or Wedgwood, 2013-2017, by calendar year, 2013-2017



Source: NSFT. Section 136 hospital admissions data¹²

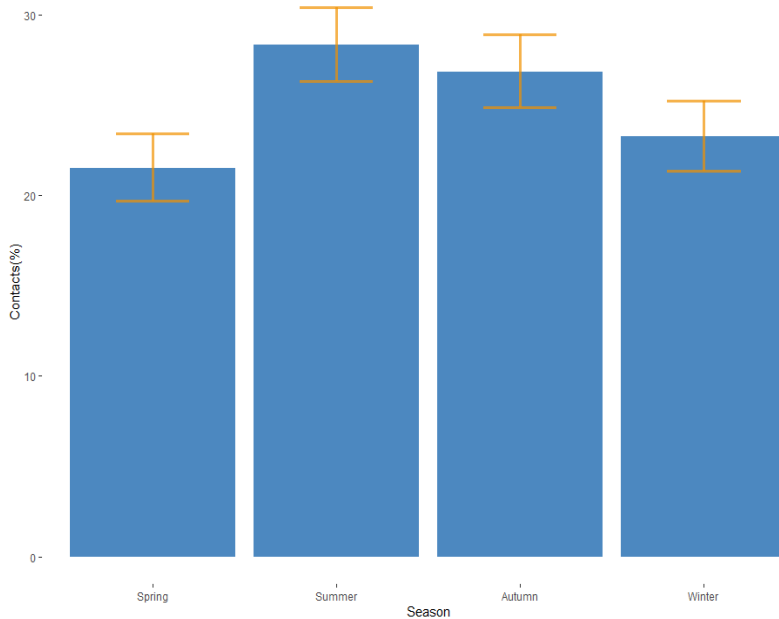
Although there is no significant trend in contacts by month, admissions are significantly higher in summer than autumn and winter.

Figure 22: s136 admissions to Woodlands or Wedgwood, 2013-2017, by month, 2012-2017



Source: NSFT. Section 136 hospital admissions data¹²

Figure 23: S136 admissions to Woodlands or Wedgwood, 2013-2017, by season, 2012-2017



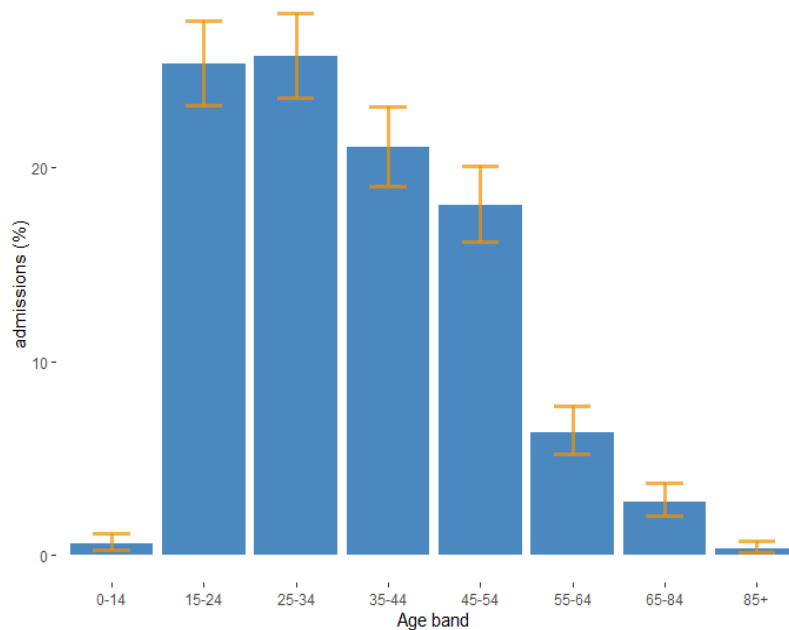
Source: NSFT. Section 136 hospital admissions data¹²

A third (33.6%) admissions in “office hours” (09:00-17:00). However, admissions outside this period are not evenly split, with 44.1% admissions in the eight hours from 17:00 to 00:59 (significantly higher), and early morning (01:00-08:59) is significantly quieter than the other two periods (22.3%).

Who is admitted to hospital under S136?

Significantly more S136 admissions are for men (54.2%) than women (45.8%).

Figure 24: S136 admissions to Woodlands or Wedgwood, 2013-2017, by age band, 2012-2017



Source: NSFT. Section 136 hospital admissions data¹²

Around half (51.0%) S136 admissions are of people aged 15-24 and 25-34. The proportion of admissions for these age groups are significantly higher than all other age groups. A third of the data from Woodlands hospital had no age details recorded.

East of England Ambulance Service

The data presented in this section has been provided by IESCCG and WSCCG for incidents attended by the East of England Ambulance Service (EEAST) from April 2014 to March 2017. The extracted data covers codes for:

- Overdose or poisoning (intentional or unintentional)
- Psychiatric
- Psychiatric illness
- Psychiatric problems
- PSYCHUP (mental health call to a patient upgraded by NSFT. This is normally after the police/mental health team have notified the Trust that the patient is ready to convey).
- Section 136

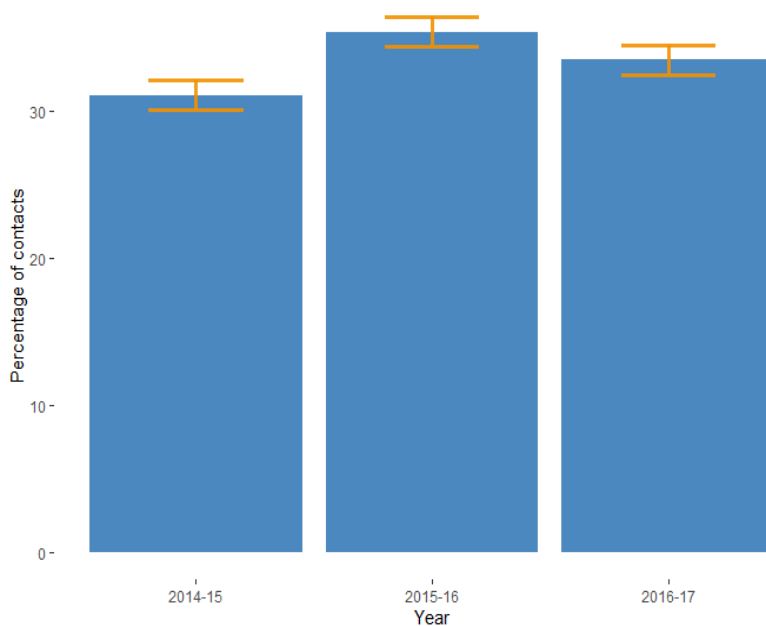
When people need an ambulance

There were 8,316 ambulance attendances for potential mental health crisis from 2014/15 to 2016/17. On average, this is nearly 2,770 attendances per year.

Three-year trend data for potential mental health crisis responses from EEAST shows attendances were significantly lower in 2014/15, compared to later years.

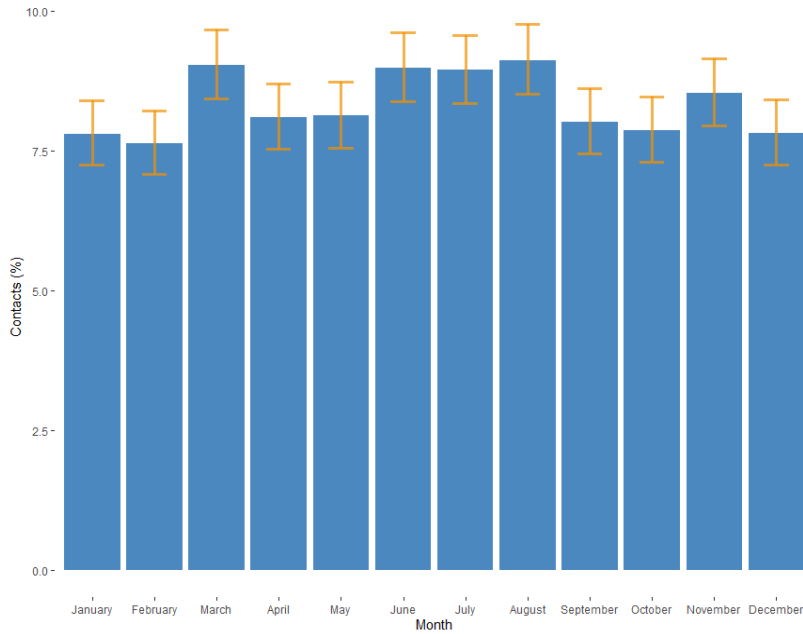
There is higher attendance in March, and June, July and August, but the proportion of attendances is not significantly higher than other months.

Figure 25: EEAST ambulance attendance in IESCCG and WSCCG by year, 2014/15-2016/17 for selected codes



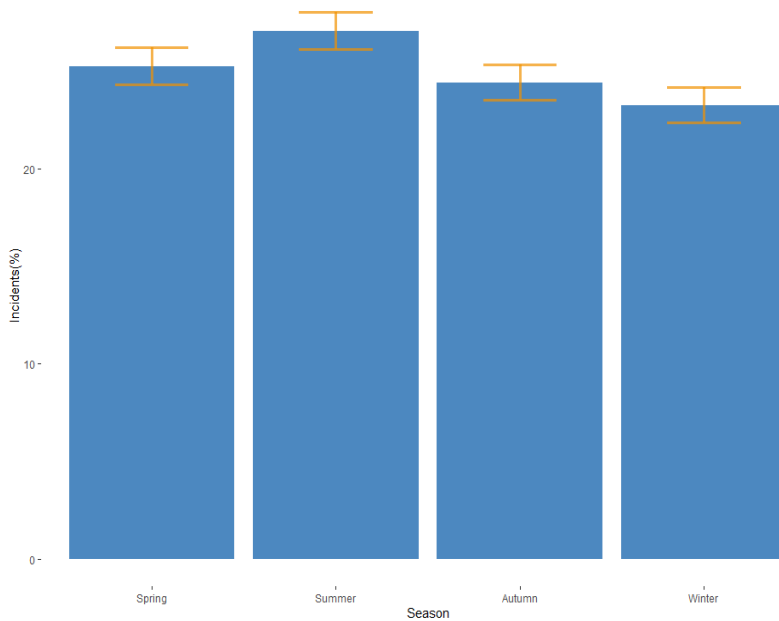
Source: CCG ambulance data.¹³

Figure 26: EEAST ambulance attendance in IESCCG and WSCCG by month, 2014/15-2016/17 for selected codes



Source: CCG ambulance data.¹³

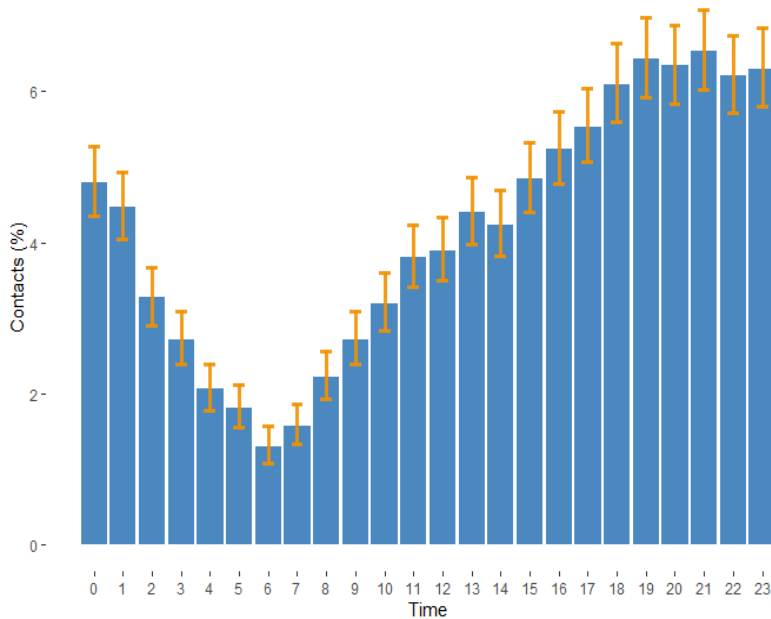
Figure 27: EEAST ambulance attendance in IESCCG and WSCCG by season, 2014/15-2016/17 for selected codes



Source: CCG ambulance data.¹³

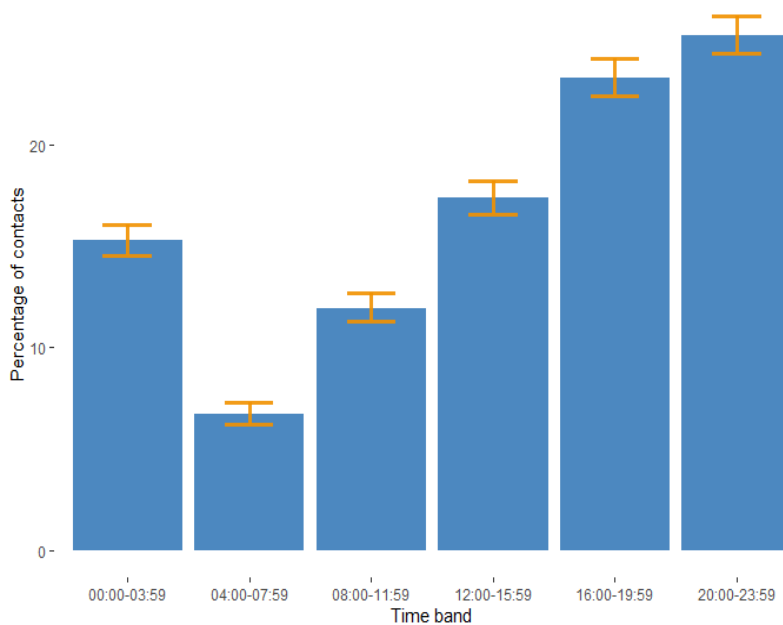
41.0% of attendances are between 16:00 and 23:00, in line with the A&E (Figure 5) and NSFT admissions data. The proportion splits for ambulance response hour, and time of A&E attendance are almost identical, yet the emergency services only account for 10.6% of A&E attendances.

Figure 28: Eeast ambulance response hour in IESCCG and WSCCG, 2014/15-2016/17 for selected codes



Source: CCG ambulance data.¹³

Figure 29: Eeast ambulance response by 4 hour time band, in IESCCG and WSCCG, 2014/15-2016/17 for selected codes

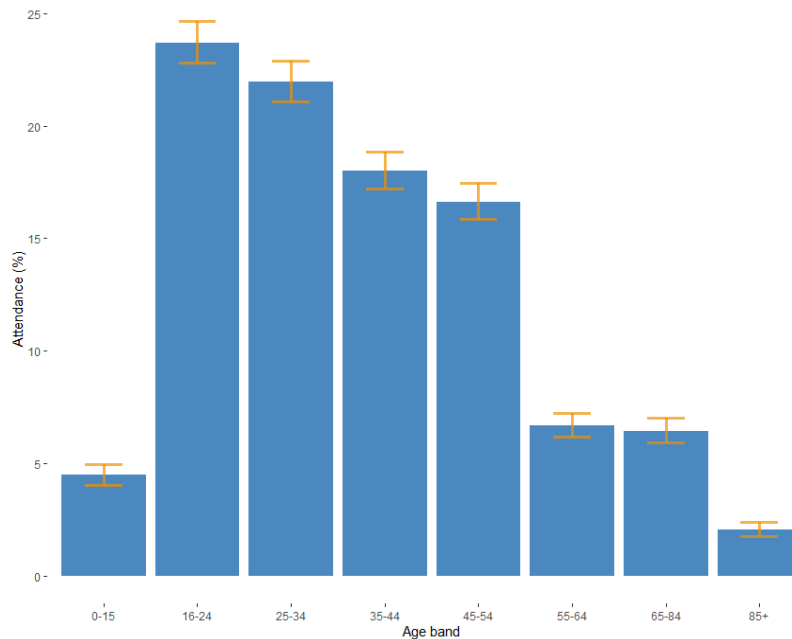


Source: CCG ambulance data.¹³

Who needs an ambulance and why?

Nearly half (45.7%) of ambulance attendances for crisis were for people aged 16-34.

Figure 30: EEAST ambulance attendance in IESCCG and WSCCG by age band, 2014/15-2016/17 for selected codes



Source: CCG ambulance data.¹³

Significantly more ambulance attendances were to females (50.1% of calls) than males (46.8%). In 3.0% of attendances, gender was unknown.

Suffolk Police

There were 19,823 police incidents in Suffolk (including Waveney) in January 2014 to 2 March 2018 where mental health was recorded as a factor.

The data was provided in response to a Public Health Suffolk's Freedom of Information (FOI) request¹⁴. Categories:

- mental health - other
- mental health - Section 135 (allows a police officer to remove a person from a dwelling by entering the home and remove to a place of safety if they are considered to be suffering from a mental disorder)
- mental health – Section 136 (allows a police officer to either remove a person from a public place to a place of safety, or keep a person in a place of safety if they are considered to be suffering from a mental disorder)
- mental health - Mental Capacity Act (MCA)

Mental health coding is at the discretion of control room staff. There has been no national definition for 'mental health related incidents', so from September 2017 Suffolk Police has used the following:

“A person’s mental ill health is a significant contributing factor to THIS incident”

An NHS mental health practitioner is available within the police control room daily to provide immediate advice and support and make referrals where appropriate.



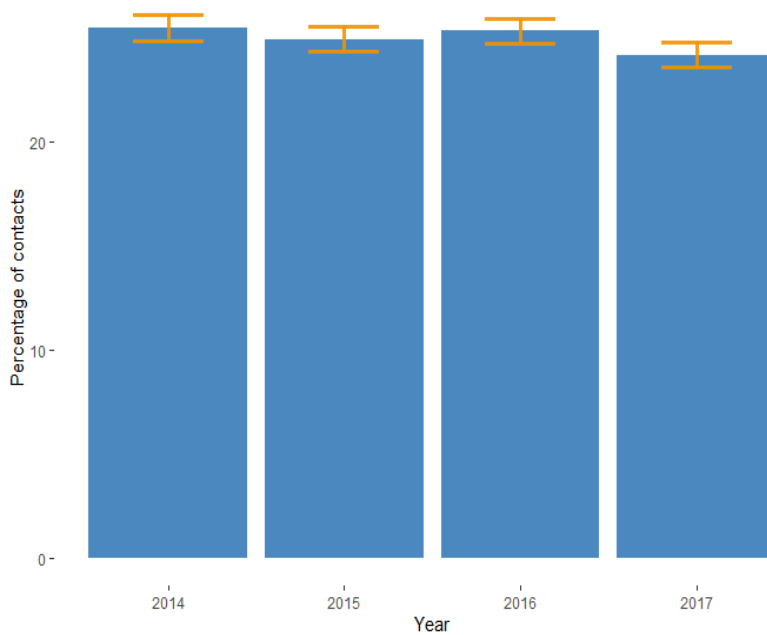
Around 4,750 mental health related incidents were recorded each year (2014-2017). Most incidents are coded as “mental health – other” (4,285 average) each year. This is followed by S136 with around 330 incidents per year, which is in line with NSFT data on S136 hospital admissions above.

When do police incidents related to mental health occur?

The number of recorded incidents for 2017 was significantly lower than in 2014, but there is no clear year on year trend.

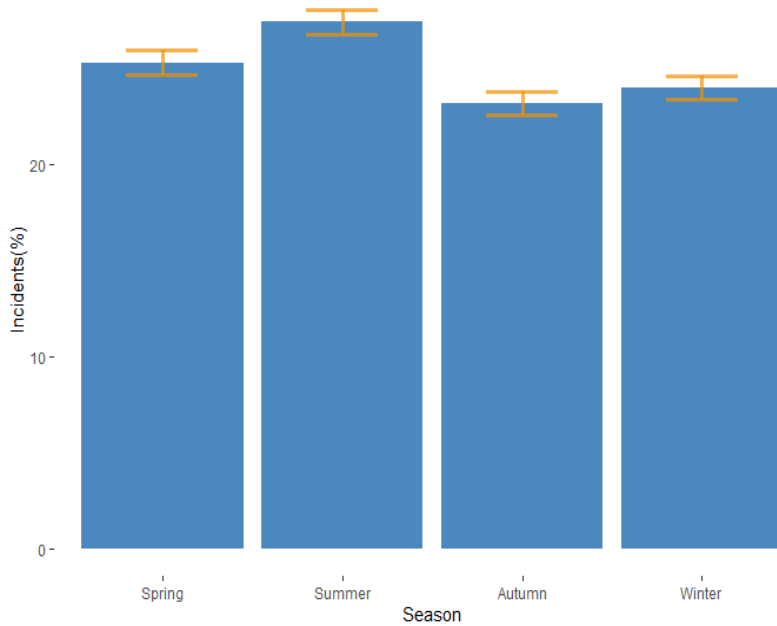
Incidents related to mental health are significantly higher in the summer than other seasons, and incidents in winter are significantly lower than spring and summer.

Figure 31: Suffolk Police, mental health related incidents, by calendar year, 2014-2017



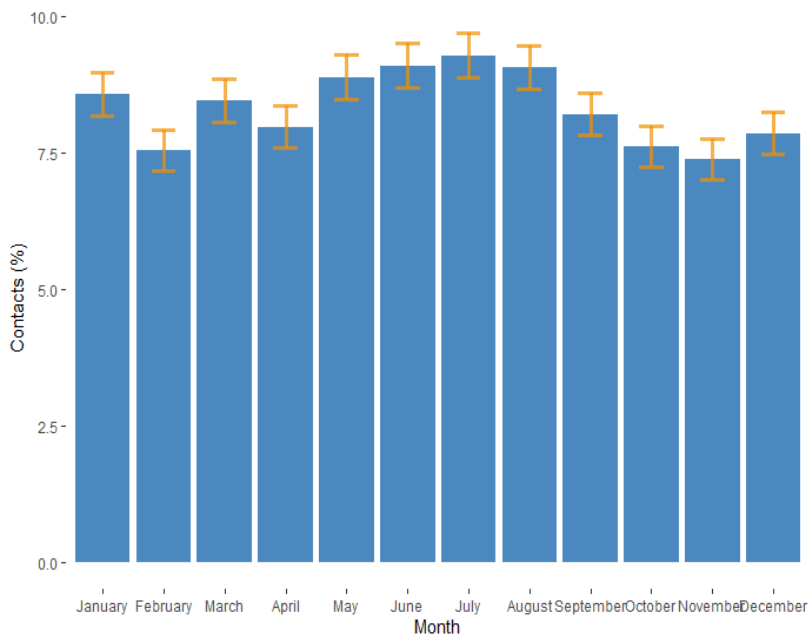
Source: Norfolk and Suffolk constabularies FOI response, 2018¹⁴

Figure 32: Suffolk Police, mental health related incidents, by season, 2014-2017



Source: Norfolk and Suffolk constabularies FOI response, 2018¹⁴

Figure 33: Suffolk Police, mental health related incidents, by month, 2014-2017

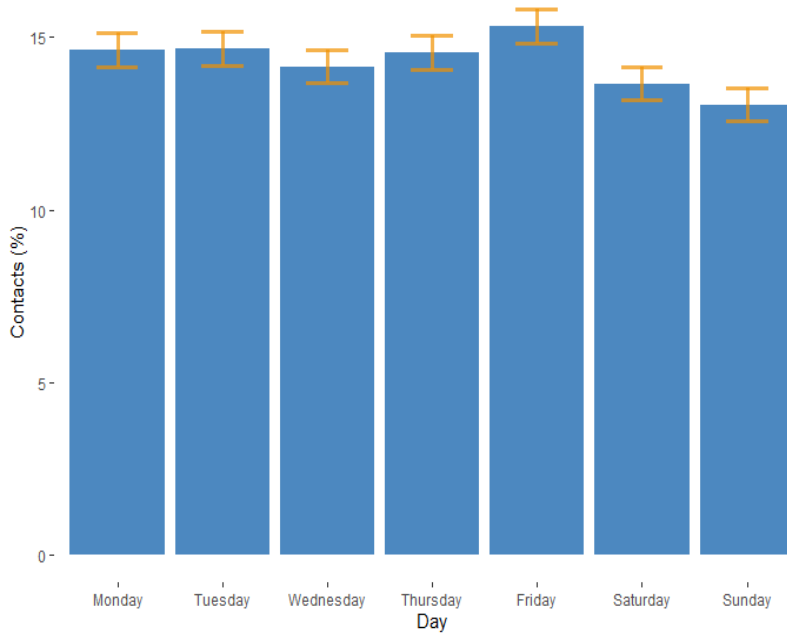


Source: Norfolk and Suffolk constabularies FOI response, 2018¹⁴

When do police incidents related to mental health occur?

Police incidents related to mental health are significantly lower on Sundays than every weekday. Incidents on Saturdays are significantly lower than Friday, Monday and Tuesday.

Figure 34: Suffolk Police, mental health related incidents, by day, January 2014 to March 2018

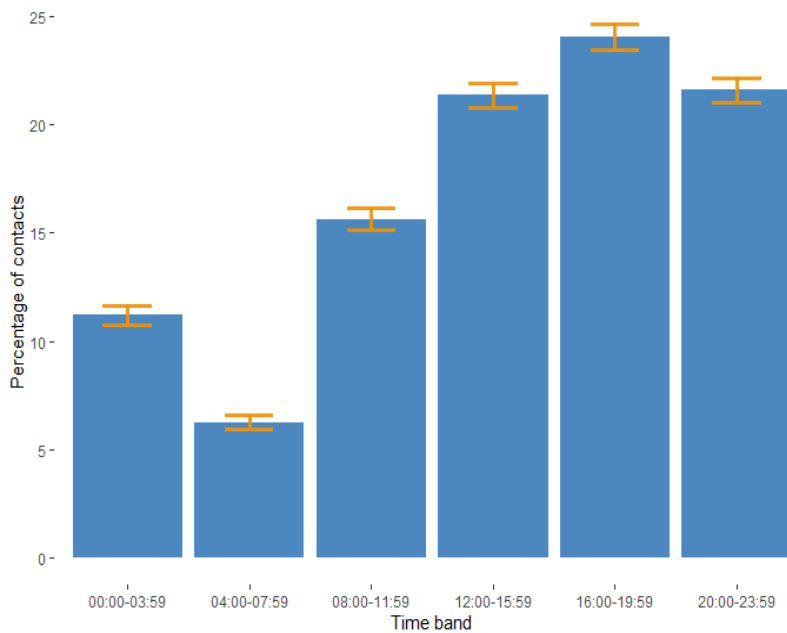


Source: Norfolk and Suffolk constabularies FOI response, 2018¹⁴

The (significantly) highest proportion of police incidents related to mental health is recorded between 16:00-19:59. The periods between midnight and midday (00:00-11:59) have significantly lower proportions of incidents than the period 16:00-23:59.

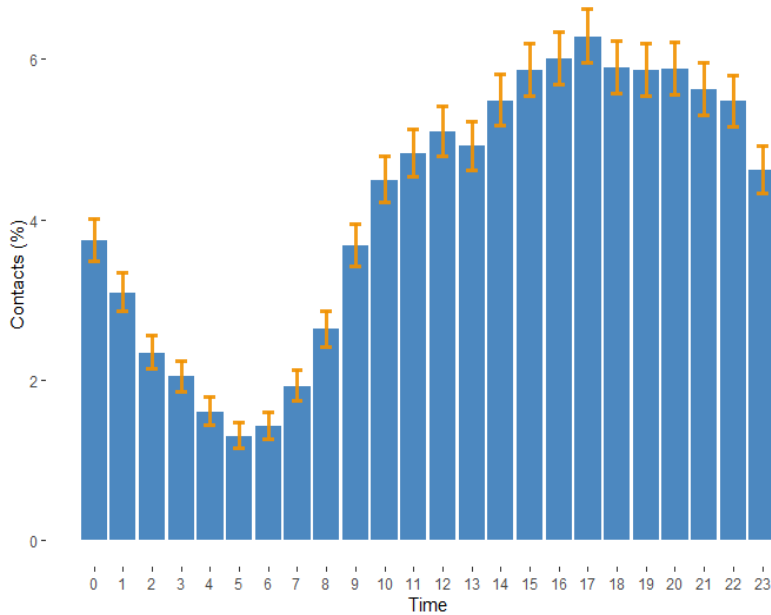
This pattern is also seen in the hourly data: 00:00-09:59 are significantly quieter than the afternoon and evening.

Figure 35: Suffolk Police, mental health related incidents, by time band, January 2014 to March 2018



Source: Norfolk and Suffolk constabularies FOI response, 2018¹⁴

Figure 36: Suffolk Police, mental health related incidents, by time, January 2014 to March 2018



Source: Norfolk and Suffolk constabularies FOI response, 2018¹⁴

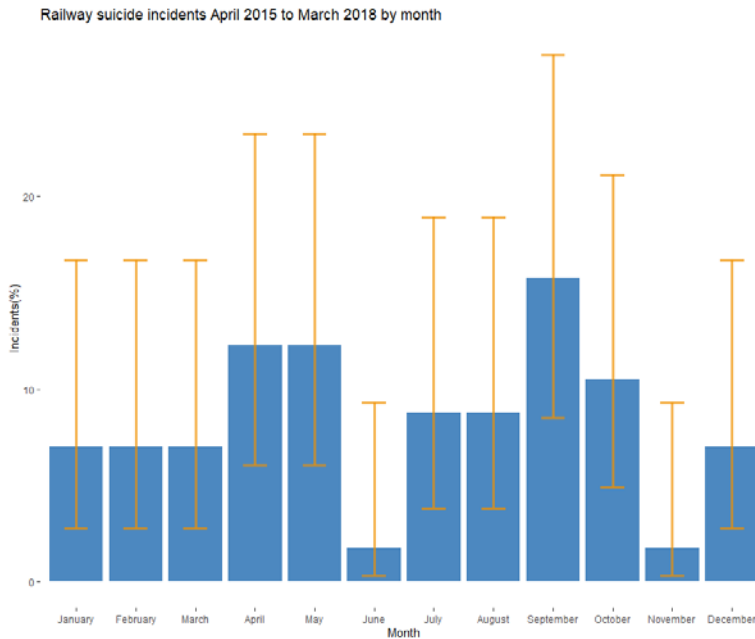
Suffolk railway lines: incidents

From April 2015 to mid-July 2018, British Transport Police recorded around 70 incidents on Suffolk railway lines which are believed to have been related to a mental health crisis.

When railway incidents happen

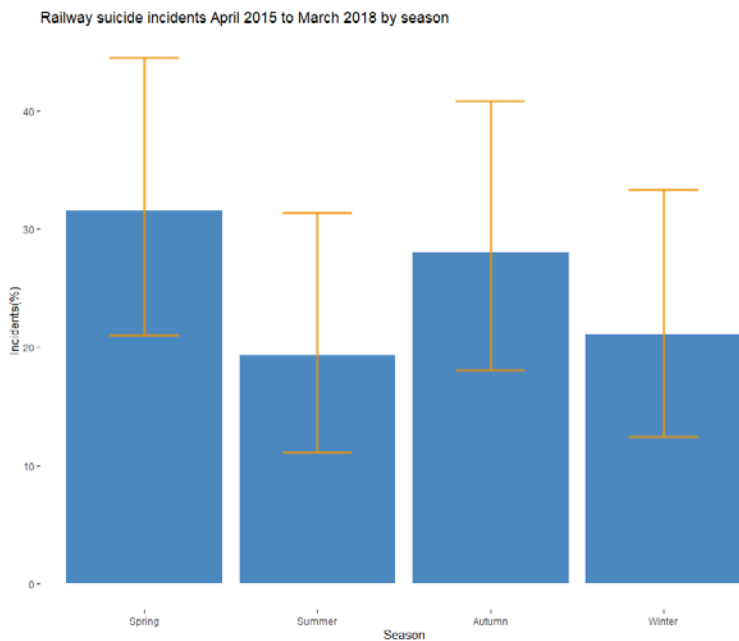
Displayed in Figures 37 and 38 below, the railway incidents data shows peaks in April, May and September, and in spring. However, the differences cannot be said to be statistically significant due to the small numbers.

Figure 37: Suffolk railways, mental health incidents, by month, April 2015 to March 2018



Source: private email, Network Rail, 2018¹⁵

Figure 38: Suffolk railways, mental health incidents by season, April 2015 to mid-July 2018



Source: private email, Network Rail, 2018¹⁵

Who is involved in railway incidents?

50.7% of incidents involved males, compared to 36.2% female. Gender was recorded as “not known” in 10.3% of incidents. These differences are not statistically significant as the numbers are small.

The person’s age is “not known” for nearly half (47.8%) of incidents. This, together with the small numbers involved, means no statistically significant differences can be analysed by age.

National context

'Right here, right now: Mental health crisis care review'⁴ undertaken by the Care Quality Commission (CQC) described people's experiences in England of help, care and support during a mental health crisis. The CQC found a weakness in mainstream mental health provision for 24-hour crisis care, and reported that patients with a mental health condition had poor experiences in A&E.

Table 3: Users' experience of mental health support, Care Quality Commission, 2014⁴

Local Service	I felt...				Average number of respondents
	I received the help I needed in a timely way	My concerns were taken seriously and listened to	I was treated with warmth and compassion	I was not judged for what I had done or how I felt	
Volunteers or a charity	74%	86%	88%	84%	97
GP	52%	64%	65%	66%	538
Telephone helpline	50%	62%	63%	64%	112
NHS ambulance	63%	61%	63%	53%	156
Police (encountered in a public place)	65%	54%		50%	104
Crisis resolution home treatment team	41%	44%	46%	47%	317
Community mental health team	38%	48%	52%	54%	431
Accident and emergency	35%	37%	34%	33%	316

Source: CQC's call for evidence 2014⁴

Risk factors for mental health crises

The crisis care profiles available on PHE Fingertips¹⁶ offer some insight on risk factors for developing a mental health crisis. Indicators for Suffolk county (including Waveney) that are significantly different to England include:

- significantly higher levels of social isolation among carers (2016/17 data): only a quarter (Suffolk 24.9%) of adult carers have as much social contact as they would like (England 35.5%)
- significantly higher dementia prevalence (all ages, Quality Outcomes Framework data, 2017/18): 0.9% Suffolk (0.8% England)
- significantly higher percentage of the population with a long-term health problem or disability (17.9% Suffolk, 17.6% England, 2011 data)
- significantly higher proportion of primary school fixed period exclusions (2016/17): rate per 100 pupils (3.01% in Suffolk compared to England 1.37%)
- significantly higher percentage of marital breakups: 12.2% Suffolk, 11.6% England (2011)

Crises in people with dementia can be grouped (top two reasons, from survey data, given in brackets)¹⁷:

- behavioural/psychological (wandering, physical aggression)
- physical health (falls, infection)
- vulnerability (inability to identify potential risks, very poor eating and drinking)



- family carer (burden, sudden absence)
- environment (physical hazards around the home, hazards relating to daily living tasks)

Effective interventions to prevent crises in dementia include¹⁷:

- a coordinated care plan (in 2017/18, 76.6% of dementia care plans had been reviewed within the last 12 months in IESCCG, 78.2% in WSCCG, in line with England: 77.5%)
- family carer education
- presence and training of home care staff
- education and support for family carers
- home adaptations
- a daily routine

Further information

The NHS RightCare commissioning for value, mental health and dementia packs^{18,19} provide pathways on a page and other useful data insights to help guide commissioning decisions using local analysis. Pathways are available by CCG for common mental health conditions, severe mental health conditions and dementia.

References

1. National Collaborating Centre for Mental Health. *Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care – Part 2: Implementing the Evidence-Based Treatment Pathway for Urgent and Emergency Liaison Mental Health Services for Adults and Older Adults – Guidance.*; 2016.
2. Frankenberg R. *Responding to Crisis.*; 2017.
3. Met Office. When does summer start? <https://www.metoffice.gov.uk/weather/learn-about/weather/seasons/summer/when-does-summer-start>. Published 2019. Accessed October 31, 2019.
4. Care Quality Commission. *Right Here, Right Now: Mental Health Crisis Care Review | Care Quality Commission.* London; 2015. <https://www.cqc.org.uk/publications/major-report/right-here-right-now-mental-health-crisis-care-review>.
5. NHS England. Mental health five year forward view. <https://www.england.nhs.uk/mental-health/taskforce/>. Published 2015. Accessed November 20, 2019.
6. Gillett G. Parity of esteem? Stop delaying liaison psychiatry assessment. *The Lancet Psychiatry.* 2019;6(5):372. doi:10.1016/S2215-0366(19)30136-1.
7. West Suffolk CCG, Ipswich & East Suffolk CCG. Inpatient and A&E data. April 2018.
8. Office for National Statistics. Clinical Commissioning Group Mid-Year Population Estimates (National Statistics). <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/clinicalcommissioninggroupmidyearpopulationestimates>. Accessed October 23, 2018.
9. Oxford Consultants for Social Inclusion (OCSI), Department of Communities and Local



- Government. General Practice: Index of multiple deprivation score (IMD 2015)Public Health Profiles. <https://fingertips.phe.org.uk/profile/general-practice/data#page/6/gid/2000005/pat/152/par/E38000086/ati/7/are/D83015/iid/91872/age/1/sex/4>. Published 2015. Accessed February 6, 2018.
10. Ipswich & East Suffolk CCG, West Suffolk CCG. GP out of hours data. April 2018.
 11. *Mental Health Act*. UK; 1983.
 12. Norfolk & Suffolk NHS Foundation Trust. section 136 hospital admissions data. April 2018.
 13. West Suffolk CCG, Ipswich & East Suffolk CCG. Ambulance data. October 2018.
 14. Norfolk & Suffolk Constabularies. Incidents with a mental health flag. 2018.
 15. Network Rail. Incidents on the rail network in Suffolk. 2018.
 16. Public Health England. Crisis Care Profile. Fingertips. <https://fingertips.phe.org.uk/profile-group/mental-health/profile/crisis-care>. Accessed February 19, 2018.
 17. Ledgerd R, Hoe J, Hoare Z, et al. Identifying the causes, prevention and management of crises in dementia. An online survey of stakeholders. *Int J Geriatr Psychiatry*. 2016;31(6):638-647. doi:10.1002/gps.4371.
 18. NHS RightCare and Public Health England. *Commissioning for Value Mental Health and Dementia Pack: NHS West Suffolk CCG.*; 2017.
 19. NHS RightCare and Public Health England. *Commissioning for Value Mental Health and Dementia Pack: NHS Ipswich and East Suffolk CCG.*; 2017.



Annex 1 – Mid-2017 population estimates

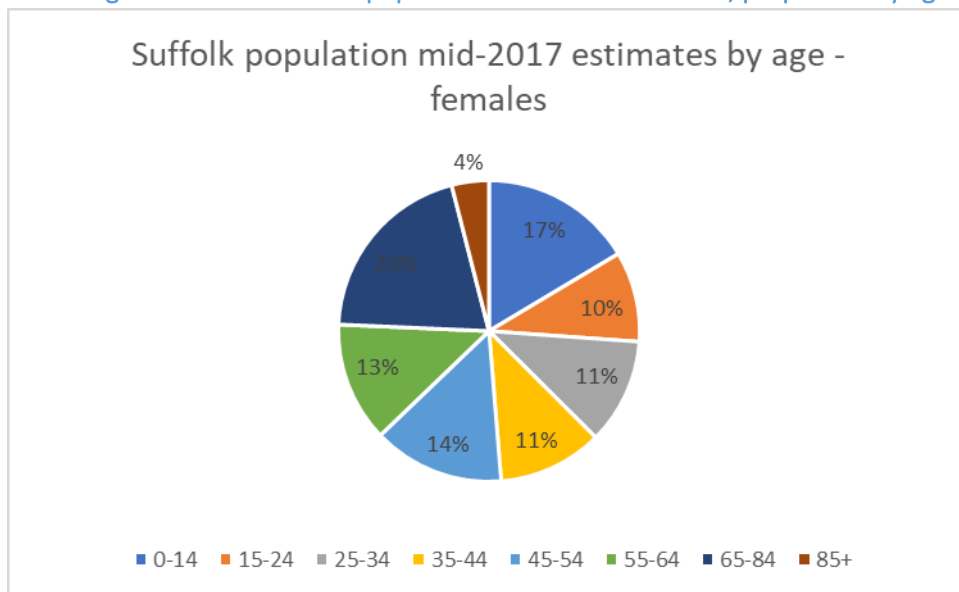
Office for National Statistics (ONS), population estimates mid-2017

(www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates)

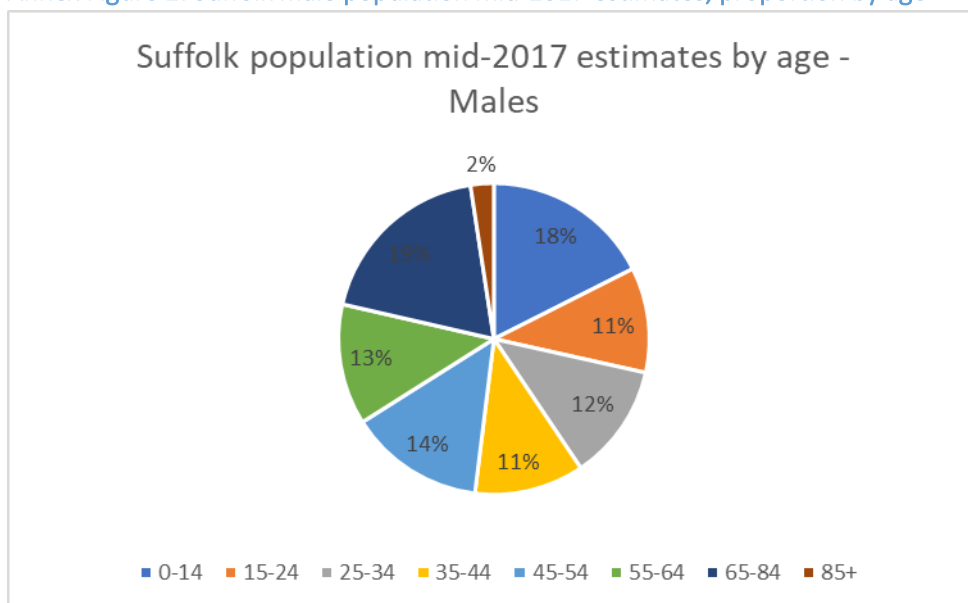
Annex Table 1: Suffolk population mid-2017 estimates; females, males and persons

Sex	Number	Percentage
Females	382,675	51%
Males	374,303	49%
Persons	756,978	100%

Annex Figure 1: Suffolk female population mid-2017 estimates; proportion by age



Annex Figure 2: Suffolk male population mid-2017 estimates; proportion by age





Annex 2 – Categories of contact extracted for this analysis

Inpatient codes

Ipswich Hospital

Acute and transient psychotic disorder, unspecified
Acute stress reaction
Alzheimer disease with early onset
Alzheimer disease with late onset
Alzheimer disease, unspecified
Alzheimer's disease, unspecified
Anorexia nervosa
Anxiety disorder, unspecified
Bipolar affective disorder, unspecified
Bulimia nervosa
Catatonic schizophrenia
Conduct disorder, unspecified
Delusional disorder
Dementia in Alzheimer disease, atypical or mixed type
Dementia in Alzheimer disease, unspecified
Dementia in Alzheimer's disease with late onset
Dementia in Alzheimer's disease, unspecified
Dementia in other specified diseases classified elsewhere
Dementia in Parkinson's disease
Depressive episode, unspecified
Disorders of initiating and maintaining sleep [insomnias]
Dissociative [conversion] disorder, unspecified
Dissociative motor disorders
Emotionally unstable personality disorder
Generalized anxiety disorder
Hypochondriacal disorder
Intentional production or feigning of symptoms or disabilities, either physical or psychological [factitious disorder]
Irritability and anger
Manic episode, unspecified
Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances
Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances: Acute intoxication
Mental and behavioural disorders due to multiple drug use and use of other

psychoactive substances: Dependence syndrome
Mental and behavioural disorders due to use of alcohol
Mental and behavioural disorders due to use of alcohol: Acute intoxication
Mental and behavioural disorders due to use of alcohol: Dependence syndrome
Mental and behavioural disorders due to use of alcohol: Harmful use
Mental and behavioural disorders due to use of alcohol: Withdrawal state
Mental and behavioural disorders due to use of alcohol: Withdrawal state with delirium
Mental and behavioural disorders due to use of cannabinoids
Mental and behavioural disorders due to use of cannabinoids: Acute intoxication
Mental and behavioural disorders due to use of cannabinoids: Psychotic disorder
Mental and behavioural disorders due to use of cocaine
Mental and behavioural disorders due to use of cocaine: Harmful use
Mental and behavioural disorders due to use of hallucinogens
Mental and behavioural disorders due to use of opioids
Mental and behavioural disorders due to use of opioids: Acute intoxication
Mental and behavioural disorders due to use of other stimulants, including caffeine
Mental and behavioural disorders due to use of other stimulants, including caffeine: Acute intoxication
Mental and behavioural disorders due to use of other stimulants, including caffeine: Harmful use
Mental and behavioural disorders due to use of sedatives or hypnotics
Mental and behavioural disorders due to use of tobacco
Mental and behavioural disorders due to use of tobacco: Harmful use
Mental disorder, not otherwise specified
Mild cognitive disorder



Mixed anxiety and depressive disorder
Multi-infarct dementia
Other Alzheimer disease
Other Alzheimer's disease
Other depressive episodes
Other reactions to severe stress
Other somatoform disorders
Other symptoms and signs involving emotional state
Panic disorder [episodic paroxysmal anxiety]
Paranoid schizophrenia
Persistent somatoform pain disorder
Poisoning: 4-Aminophenol derivatives
Poisoning: Alpha-adrenoreceptor antagonists, not elsewhere classified
Poisoning: Analeptics and opioid receptor antagonists
Poisoning: Angiotensin-converting-enzyme inhibitors
Poisoning: Antiallergic and antiemetic drugs
Poisoning: Anticoagulants
Poisoning: Antidiarrhoeal drugs
Poisoning: Antidotes and chelating agents, not elsewhere classified
Poisoning: Antiepileptic and sedative-hypnotic drugs, unspecified
Poisoning: Antihyperlipidaemic and antiarteriosclerotic drugs
Poisoning: Antineoplastic and immunosuppressive drugs
Poisoning: Antiparkinsonism drugs and other central muscle-tone depressants
Poisoning: Barbiturates
Poisoning: Benzodiazepines
Poisoning: Beta-adrenoreceptor antagonists, not elsewhere classified
Poisoning: Butyrophenone and thioxanthene neuroleptics
Poisoning: Calcium-channel blockers
Poisoning: Cannabis (derivatives)
Poisoning: Carbonic-anhydrase inhibitors, benzothiadiazides and other diuretics
Poisoning: Cardiac-stimulant glycosides and drugs of similar action
Poisoning: Cocaine
Poisoning: Coronary vasodilators, not elsewhere classified
Poisoning: Emollients, demulcents and protectants

Poisoning: Expectorants
Poisoning: Fibrinolysis-affecting drugs
Poisoning: Glucocorticoids and synthetic analogues
Poisoning: Heroin
Poisoning: Hydantoin derivatives
Poisoning: Iminostilbenes
Poisoning: Insulin and oral hypoglycaemic [antidiabetic] drugs
Poisoning: Iron and its compounds
Poisoning: Loop [high-ceiling] diuretics
Poisoning: Methadone
Poisoning: Mineralocorticoids and their antagonists
Poisoning: Monoamine-oxidase-inhibitor antidepressants
Poisoning: Other agents primarily affecting the gastrointestinal system
Poisoning: Other and unspecified antidepressants
Poisoning: Other and unspecified antipsychotics and neuroleptics
Poisoning: Other and unspecified drugs, medicaments and biological substances
Poisoning: Other and unspecified general anaesthetics
Poisoning: Other and unspecified narcotics
Poisoning: Other and unspecified psychodysleptics [hallucinogens]
Poisoning: Other antacids and anti-gastric-secretion drugs
Poisoning: Other antiepileptic and sedative-hypnotic drugs
Poisoning: Other antihypertensive drugs, not elsewhere classified
Poisoning: Other estrogens and progestogens
Poisoning: Other nonopioid analgesics and antipyretics, not elsewhere classified
Poisoning: Other nonsteroidal anti-inflammatory drugs [NSAID]
Poisoning: Other opioids
Poisoning: Other parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics, not elsewhere classified
Poisoning: Other parasympathomimetics [cholinergics]
Poisoning: Other psychotropic drugs, not elsewhere classified



Poisoning: Other specified systemic anti-infectives and antiparasitics
Poisoning: Other synthetic narcotics
Poisoning: Otorhinolaryngological drugs and preparations
Poisoning: Penicillins
Poisoning: Phenothiazine antipsychotics and neuroleptics
Poisoning: Predominantly alpha-adrenoreceptor agonists, not elsewhere classified
Poisoning: Psychostimulants with abuse potential
Poisoning: Salicylates
Poisoning: Succinimides and oxazolidinones
Poisoning: Thyroid hormones and substitutes
Poisoning: Tricyclic and tetracyclic antidepressants
Poisoning: Vitamins, not elsewhere classified
Post-schizophrenic depression
Post-traumatic stress disorder
Psychological and behavioural factors associated with disorders or diseases classified elsewhere
Reaction to severe stress, unspecified
Restlessness and agitation
Schizophrenia, unspecified
Severe depressive episode with psychotic symptoms
Severe depressive episode without psychotic symptoms
Somatoform autonomic dysfunction
Somatoform disorder, unspecified
State of emotional shock and stress, unspecified
Toxic effect of carbon monoxide
Toxic effect of soaps and detergents

[Additional codes used at West Suffolk Foundation Trust](#)

Adjustment disorders
Depressive episode, unspecified
Disorders of initiating and maintaining sleep [insomnias]
Dissociative convulsions
Eating disorder, unspecified
Hypomania
Mania with psychotic symptoms

Toxic effect: 2-Propanol
Toxic effect: Chlorine gas
Toxic effect: Corrosive acids and acid-like substances
Toxic effect: Corrosive alkalis and alkali-like substances
Toxic effect: Corrosive substance, unspecified
Toxic effect: Ethanol
Toxic effect: Gases, fumes and vapours, unspecified
Toxic effect: Herbicides and fungicides
Toxic effect: Mercury and its compounds
Toxic effect: Nitroderivatives and aminoderivatives of benzene and its homologues
Toxic effect: Noxious substance eaten as food, unspecified
Toxic effect: Organic solvent, unspecified
Toxic effect: Other metals
Toxic effect: Other organic solvents
Toxic effect: Other specified gases, fumes and vapours
Toxic effect: Petroleum products
Toxic effect: Toxic effect of unspecified substance
Unhappiness
Unsocialized conduct disorder
Unspecified dementia
Unspecified disorder of adult personality and behaviour
Unspecified mental disorder due to brain damage and dysfunction and to physical disease
Unspecified nonorganic psychosis
Vascular dementia, unspecified
Vomiting associated with other psychological disturbances

Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances: Harmful use
Mental and behavioural disorders due to use of alcohol: Amnesic syndrome
Mental and behavioural disorders due to use of alcohol: Psychotic disorder
Mental and behavioural disorders due to use of alcohol: Residual and late-onset psychotic disorder



Mental and behavioural disorders due to use of hallucinogens: Acute intoxication
Mental and behavioural disorders due to use of opioids: Withdrawal state
Mental and behavioural disorders due to use of sedatives or hypnotics: Withdrawal state
Mental and behavioural disorders due to use of volatile solvents: Dependence syndrome
Mental disorder, not otherwise specified
Mild cognitive disorder
Mixed and other personality disorders
Other dissociative [conversion] disorders
Other mixed anxiety disorders
Poisoning: Anticholinesterase agents
Poisoning: Antimalarials and drugs acting on other blood protozoa
Poisoning: Antiviral drugs

Poisoning: Other and unspecified drugs primarily affecting the autonomic nervous system
Poisoning: Other antacids and anti-gastric-secretion drugs
Poisoning: Peripheral vasodilators
Poisoning: Pyrazolone derivatives
Poisoning: Saline and osmotic laxatives
Psychological and behavioural factors associated with disorders or diseases classified elsewhere
Somatization disorder
Toxic effect: Ingested mushrooms
Toxic effect: Lead and its compounds
Toxic effect: Methanol
Toxic effect: Other alcohols
Toxic effect: Other ingested (parts of) plant(s)
Toxic effect: Toxic effect of other specified substances

Out of Hours (GP) code

1B13. Anxiousness
1B13. Anxiousness 1828. Atypical chest pain
1B13. Anxiousness 1B13. Anxiousness
1B13. Anxiousness 1B17. Depressed
1B13. Anxiousness 1B17. Depressed 1B17. Depressed
1B13. Anxiousness 8B3H. Medication requested 8B3S. Medication review ZV6.. [V]Other reasons for encounter ZV6.. [V]Other reasons for encounter 8B3H. Medication requested 8B3S. Medication review
1B13. Anxiousness 9N4G. Failed Encounter - phone number unobtainable
1B13. Anxiousness E200. Anxiety States
1B13. Anxiousness E28.. Acute Reaction To Stress/Panic Attacks 1C92. Has a sore throat
1B13. Anxiousness F2626 [X] Tension type headache
1B13. Anxiousness G2z.. Hypertensive disease NOS 677B. Advice about treatment given G2z.. Hypertensive disease NOS 677B. Advice about treatment given
1B13. Anxiousness H3z.. Chronic obstr.airway dis.NOS
1B13. Anxiousness K190. Urinary tract infection
1B13. Anxiousness R004. [D]Dizziness and giddiness

1B13. Anxiousness R00zD [D]Restlessness and agitation 1B13. Anxiousness
1B13. Anxiousness R051. [D]Palpitations
1B13. Anxiousness R065. [D]Chest pain R065. [D]Chest pain
1B13. Anxiousness SP25. Postoperative infection R0062 [D]Fever NOS 1B13. Anxiousness R0062 [D]Fever NOS
1B17. Depressed
1B17. Depressed 16D.. Falls
1B17. Depressed 1B13. Anxiousness
1B17. Depressed 1B17. Depressed
1B17. Depressed 1B17. Depressed TJ... Adverse Reac
1B17. Depressed 1B19. Suicidal
1B17. Depressed 1B19. Suicidal 1B17. Depressed 1B19. Suicidal
1B17. Depressed 1B1G. Headache
1B17. Depressed 677B. Advice about treatment given
1B17. Depressed 8B3H. Medication requested
1B17. Depressed 8B3H. Medication requested
8B3H. Medication requested
1B17. Depressed 8B3H. Medication requested
E200. Anxiety States
1B17. Depressed 9N4.. Failed encounter
1B17. Depressed 9N4C. Failed encounter - no answer when rang back



1B17. Depressed B.... Neoplasms R007z (D)
Malaise and Fatigue NOS ZV57C [V]Palliative care
1B17. Depressed C.... Endocrine and metabolic H33.. Asthma C108. Insulin depend diabetes melitus
1B17. Depressed C108. Insulin depend diabetes melitus
1B17. Depressed E.... Mental disorders
1B17. Depressed E.... Mental disorders 1B17. Depre
1B17. Depressed E030z Acute confusional state NOS
1B17. Depressed E030z Acute confusional state NOS K190. Urinary tract infection
1B17. Depressed E200. Anxiety States
1B17. Depressed E200. Anxiety States 1B17. Depressed
1B17. Depressed E200. Anxiety States 9N4C. Failed encounter - no answer when rang back
1B17. Depressed 9N4C. Failed encounter - no answer when rang back
1B17. Depressed E200. Anxiety States E.... Mental disorders
1B17. Depressed E200. Anxiety States E200. Anxiety
1B17. Depressed E200. Anxiety State F56.. Vestibular syndromes/disorders
1B17. Depressed E200. Anxiety States ZV6.. [V]Othe
1B17. Depressed E23.. Alcohol dependence syndrome
1B17. Depressed E28.. Acute Reaction To Stress/Panic Attacks
1B17. Depressed E28.. Acute Reaction To Stress/Panic Attacks E28.. Acute Reaction To Stress/Panic Attacks 1B17. Depressed
1B17. Depressed E2B.. Depressive disorder NEC
1B17. Depressed E2B.. Depressive disorder NEC 1B17. Depressed
1B17. Depressed E2B.. Depressive disorder NEC E.... Mental disorders
1B17. Depressed E2B.. Depressive disorder NEC E2B.. Depressive disorder NEC
1B17. Depressed Ez... Mental Disorders NOS
1B17. Depressed Ez... Mental Disorders NOS
1B19. Suicidal 1B17. Depressed

1B17. Depressed K190. Urinary tract infection
1B17. Depressed
1B17. Depressed K596. Metrorrhagia
1B17. Depressed M18z. Pruritus NOS
1B17. Depressed N145. Backache, unspecified
1B17. Depressed Nz... Musculoskeletal diseases NOS
1B17. Depressed R004. [D]Dizziness and giddiness
1B17. Depressed R0050 [D]Sleep disturbance, unspecif
1B17. Depressed R0050 [D]Sleep disturbance, unspecify 1B17. Depressed
1B17. Depressed R0050 [D]Sleep disturbance, unspecify E200. Anxiety States E200. Anxiety States
1B17. Depressed R0070 [D]Malaise
1B17. Depressed R00zD [D]Restlessness and agitation
1B17. Depressed R00zW [D]State emotion shock+stress
1B17. Depressed R021z [D] Rash/nonspec. skin erupt
1B17. Depressed TK0.. Suicide + selfinflicted poisoning
1B17. Depressed U2z.. Intentional Self Harm by unspecified means E.... Mental disorders
1B17. Depressed ZV57C [V]Palliative care
1B19. Suicidal
1B19. Suicidal 173.. Breathlessness 1B17. Depressed R065. [D]Chest pain
1B19. Suicidal 1B13. Anxiousness
1B19. Suicidal 1B17. Depressed
1B19. Suicidal 1B17. Depressed A07y0 Viral gastroenteritis A07y0 Viral gastroenteritis
1B17. Depressed 1B19. Suicidal
1B19. Suicidal 1B19. Suicidal
1B19. Suicidal 1B19. Suicidal E.... Mental disorders
1B19. Suicidal 38C1. Mental health assessment
1B19. Suicidal 9N4C. Failed encounter - no answer when rang back
1B19. Suicidal E.... Mental disorders
1B19. Suicidal E.... Mental disorders E.... Mental disorders
1B19. Suicidal E.... Mental disorders E21.. Personality disorders
1B19. Suicidal E200. Anxiety States



1B19. Suicidal E200. Anxiety States 1B19. Suicidal
1B19. Suicidal E21.. Personality disorders
1B19. Suicidal E23.. Alcohol dependence syndrome
1B19. Suicidal E23.. Alcohol dependence syndrome E.... Mental disorders
1B19. Suicidal E2B.. Depressive disorder NEC
1B19. Suicidal Ez... Mental Disorders NOS
1B19. Suicidal K190. Urinary tract infection
1B19. Suicidal R00zD [D]Restlessness and agitation
1B19. Suicidal R0700 [D]Nausea R0700 [D]Nausea
1B19. Suicidal TK0.. Suicide + selfinflicted poisoning
1B19. Suicidal U2z.. Intentional Self Harm by unspecified means
1B19. Suicidal U2z.. Intentional Self Harm by unspecified means 1B19. Suicidal
1B19. Suicidal U2z.. Intentional Self Harm by unspecified means E2B.. Depressive disorder NEC
1B19. Suicidal ZV6.. [V]Other reasons for encounter
1BE.. Life crisis
38C1. Mental health assessment
38C1. Mental health assessment 19F2. Diarrhoea
38C1. Mental health assessment 1B19. Suicidal
38C1. Mental health assessment 1B19. Suicidal 8B3H. Medication requested E.... Mental disorders
38C1. Mental health assessment 1B19. Suicidal E.... Mental disorders

38C1. Mental health assessment 1B19. Suicidal U2z.. Intentional Self Harm by unspecified means
38C1. Mental health assessment 222G. Only use if diagnosis not made
38C1. Mental health assessment 38C1. Mental health assessment
38C1. Mental health assessment E.... Mental disorders
38C1. Mental health assessment E.... Mental disorders R0050 [D]Sleep disturbance, unspecify 1B19. Suicidal

38C1. Mental health assessment E.... Mental disorders R090. [D]Abdominal pain
38C1. Mental health assessment E000. Senile dementia 419.. Lab. test result abnormal
38C1. Mental health assessment E1... Schizophrenia, Affect.Psychoses, Non-Organic
38C1. Mental health assessment E2B.. Depressive disorder NEC
38C1. Mental health assessment Eu2z. [X]Unspec nonorganic psychosis
38C1. Mental health assessment Eu2z. [X]Unspec nonorganic psychosis E.... Mental disorders
38C1. Mental health assessment K190. Urinary tract infection E200. Anxiety States E.... Mental disorders
38C1. Mental health assessment R0000 [D]Drowsiness
38C1. Mental health assessment R0050 [D]Sleep disturbance, unspecif
38C1. Mental health assessment R00zW [D]State emotion shock+stress H05z. Upper respiratory infect.NOS
38C1. Mental health assessment ZV6.. [V]Other reasons for encounter E.... Mental disorders
E.... Mental disorders 1B13. Anxiousness
E.... Mental disorders 1B19. Suicidal E.... Mental disorders 1B19. Suicidal E.... Mental disorders
E.... Mental disorders 1B19. Suicidal ZV6.. [V]Other reasons for encounter E.... Mental disorders
1BE.. Life crisis E.... Mental disorders 677B. Advice about treatment given
E.... Mental disorders 677B. Advice about treatment given K1... Other urinary system diseases
E.... Mental disorders 8B3H. Medication requested
E.... Mental disorders 8B3H. Medication requested 8B3H. Medication requested E.... Mental disorders
E.... Mental disorders 8B3H. Medication requested E.... Mental disorders
E.... Mental disorders 8B3H. Medication requested E1... Schizophrenia, Affect.Psychoses, Non-Organic 8B3H. Medication requested E.... Mental disorders



E.... Mental disorders 8B3S. Medication review 8B3S. Medication review
E.... Mental disorders 8B41. Repeated prescription
E.... Mental disorders 9N4C. Failed encounter - no answer when rang back
E.... Mental disorders 9N4G. Failed Encounter - phone number unobtainable
E.... Mental disorders 9Ni.. Did not attend
E.... Mental disorders AD30. Scabies AD30. Scabies
E.... Mental disorders C.... Endocrine and metabolic
E.... Mental disorders E.... Mental disorders
E.... Mental disorders E01.. Alcoholic psychoses
E.... Mental disorders E02.. Drug psychoses
E.... Mental disorders
E.... Mental disorders E200. Anxiety States
E.... Mental disorders E200. Anxiety States 8B3H. Medication requested
E.... Mental disorders E21.. Personality disorders
E.... Mental disorders E21.. Personality disorders E030z Acute confusional state NOS
E.... Mental disorders E23.. Alcohol dependence syndrome
E.... Mental disorders E23.. Alcohol dependence syndrome 1B19. Suicidal
E.... Mental disorders E24.. Drug dependence
E.... Mental disorders E2B.. Depressive disorder NEC
E.... Mental disorders J520. Constipation
E.... Mental disorders K190. Urinary tract infection
E.... Mental disorders K190. Urinary tract infection E.... Mental disorders
E.... Mental disorders R090. [D]Abdominal pain
E.... Mental disorders U2z.. Intentional Self Harm by unspecified means
E.... Mental disorders ZV6.. [V]Other reasons for encounter
E00.. Senile/presenile organic psych
E00.. Senile/presenile organic psych 16D.. Falls
E00.. Senile/presenile organic psych E00.. Senile/presenile organic psych

E00.. Senile/presenile organic psych R009. [D] Confusion R007z (D) Malaise and Fatigue NOS
E000. Senile dementia
E000. Senile dementia 173.. Breathlessness
E000. Senile dementia 1738. Difficulty breathing
E000. Senile dementia 19C2. Constipated
E000. Senile dementia 1B13. Anxiousness
E000. Senile dementia 2225. O/E - dehydrated
E000. Senile dementia 2225. O/E – dehydrated R0000 [D]Drowsiness
E000. Senile dementia 222G. Only use if diagnosis not made
E000. Senile dementia 2232. O/E - mentally confused R009. [D] Confusion
E000. Senile dementia AB21. Candidal vulvovaginitis
E000. Senile dementia C.... Endocrine and metabolic K1905 Urinary Tract Infection
E000. Senile dementia C10.. Diabetes mellitus
E000. Senile dementia E.... Mental disorders
E000. Senile dementia E.... Mental disorders
E000. Senile dementia
E000. Senile dementia E.... Mental disorders N145. Backache, unspecified E000. Senile dementia
E000. Senile dementia E00.. Senile/presenile organic psych
E000. Senile dementia E000. Senile dementia
E000. Senile dementia E000. Senile dementia F12.. Parkinson's Disease
E000. Senile dementia E030z Acute confusional state NOS
E000. Senile dementia E030z Acute confusional state NOS R00zD [D]Restlessness and agitation E000. Senile dementia
E000. Senile dementia E200. Anxiety States
E000. Senile dementia E28.. Acute Reaction To Stress/Panic Attacks E000. Senile dementia
E000. Senile dementia Eu2z. [X]Unspec nonorganic psychosis R00zD [D]Restlessness and agitation
E000. Senile dementia F11.. Other cerebral degenerations
E000. Senile dementia Hz... Respiratory System Diseases NOS
E000. Senile dementia J520. Constipation
E000. Senile dementia K1... Other urinary system diseases



E000. Senile dementia K15.. Cystitis
E000. Senile dementia K15.. Cystitis K190.
Urinary tract infection
E000. Senile dementia K190. Urinary tract
infection
E000. Senile dementia K190. Urinary tract
infection R007z (D) Malaise and Fatigue NOS
E000. Senile dementia N145. Backache,
unspecified
E000. Senile dementia N245. Pain in limb
E000. Senile dementia R0000 [D]Drowsiness
E000. Senile dementia R0062 [D]Fever NOS
SN52. Drug hypersensitivity NOS R009. [D]
Confusion
E000. Senile dementia R0070 [D]Malaise
E000. Senile dementia R007z (D) Malaise and
Fatigue NOS
E000. Senile dementia R007z (D) Malaise and
Fatigue NOS R009. [D] Confusion
E000. Senile dementia R009. [D] Confusion
E000. Senile dementia R009. [D] Confusion
Rz... Symptoms Signs and ill-defined
conditions NOS
E000. Senile dementia R00zD [D]Restlessness
and agitation
E000. Senile dementia R00zD [D]Restlessness
and agitation E00.. Senile/presenile organic
psych
E000. Senile dementia R00zD [D]Restlessness
and agitation E000. Senile dementia
E000. Senile dementia TC... Accidental falls
E000. Senile dementia TLx.. Assault by other
means
E000. Senile dementia ZV6.. [V]Other reasons
for encounter
E001. Presenile dementia
E030z Acute confusional state NOS
E030z Acute confusional state NOS 1JA..
Suspected neurological disease
E030z Acute confusional state NOS 9N4..
Failed encounter
E030z Acute confusional state NOS E000.
Senile dementia
E030z Acute confusional state NO K190.
Urinary tract infection
E030z Acute confusional state NOS K190.
Urinary tract infection E030z Acute
confusional state NOS

E030z Acute confusional state NOS R0000
[D]Drowsiness Kz... Genitourinary Disease
NOS
E030z Acute confusional state NOS R0070
[D]Malaise R0062 [D]Fever NOS
E030z Acute confusional state NOS R009. [D]
Confusion
E030z Acute confusional state NOS R051.
[D]Palpitations R051. [D]Palpitations
E1... Schizophrenia, Affect.Psychoses, Non-
Organic
E1... Schizophrenia, Affect.Psychoses, Non-
Organic 8B3H. Medication requested
E1... Schizophrenia, Affect.Psychoses, Non-
Organic E.... Mental disorders
E1... Schizophrenia, Affect.Psychoses, Non-
Organic E1... Schizophrenia, Affect.Psychoses,
Non-Organic
E1... Schizophrenia, Affect.Psychoses, Non-
Organic E200. Anxiety States
E1... Schizophrenia, Affect.Psychoses, Non-
Organic E200. Anxiety States E.... Mental
disorders
E1... Schizophrenia, Affect.Psychoses, Non-
Organic E21.. Personality disorders Ez...
Mental Disorders NOS
E1... Schizophrenia, Affect.Psychoses, Non-
Organic Ez... Mental Disorders NOS
E1... Schizophrenia, Affect.Psychoses, Non-
Organic R00zD [D]Restlessness and agitation
E1... Schizophrenia, Affect.Psychoses, Non-
Organic R00zD [D]Restlessness and agitation
E200. Anxiety States
E1... Schizophrenia, Affect.Psychoses, Non-
Organic ZV6.. [V]Other reasons for encounter
E200. Anxiety States
E200. Anxiety States 13CE. Mobility poor 173..
Breathlessness
E200. Anxiety States 16D.. Falls
E200. Anxiety States 173.. Breathlessness
E200. Anxiety States 1737. Wheezing
E200. Anxiety States 1738. Difficulty breathing
E200. Anxiety States 1738. Difficulty breathing
1738. Difficulty breathing E200. Anxiety States
E200. Anxiety States 1738. Difficulty breathing
1B13. Anxiousness E28.. Acute Reaction To
Stress/Panic Attacks
E200. Anxiety States 1738. Difficulty breathing
R062. [D]Cough



E200. Anxiety States 1739. Shortness of breath 1B17. Depressed
E200. Anxiety States 19F2. Diarrhoea 19F2. Diarrhoea
E200. Anxiety States 1B13. Anxiousness
E200. Anxiety States 1B13. Anxiousness E200. Anxiety States
E200. Anxiety States 1B17. Depressed
E200. Anxiety States 1B17. Depressed 173.. Breathlessness 1738. Difficulty breathing
E200. Anxiety States 1B17. Depressed 1B17. Depressed
E200. Anxiety States 1B17. Depressed 1B19. Suicidal
E200. Anxiety States 1B17. Depressed E200. Anxiety States
E200. Anxiety States 1B17. Depressed E200. Anxiety States 1B17. Depressed
E200. Anxiety States 1B17. Depressed Lz... Complications of pregnancy, childbirth and the puerperium NOS
E200. Anxiety States 1B19. Suicidal
E200. Anxiety States 1B19. Suicidal E200. Anxiety States
E200. Anxiety States 1B1G. Headache
E200. Anxiety States 1B1G. Headache 1B1G. Headache
E200. Anxiety States 1C3.. Earache symptoms
E200. Anxiety State 1C92. Has a sore throat 1B1G. Headache R062. [D]Cough
E200. Anxiety States 1M... Pain E200. Anxiety States 1M... Pain
E200. Anxiety States 1Z0.. Terminal illness
E200. Anxiety States 38C1. Mental health assessment
E200. Anxiety States 677B. Advice about treatment given
E200. Anxiety States 677B. Advice about treatment given Eu46z [X]Neurotic disorder, unspecify E... Mental disorders
E200. Anxiety States 8B3H. Medication requested
E200. Anxiety States 8B3H. Medication requested 8B3H. Medication requested
E200. Anxiety States 8B3H. Medication requested E200. Anxiety States
E200. Anxiety States 8B3S. Medication review 8B3H. Medication requested 8B3H.

Medication requested 8B3S. Medication review
E200. Anxiety States 8B3S. Medication review
E200. Anxiety States 8B3S. Medication review
E200. Anxiety States 8BA2. Terminal Care
E200. Anxiety States 9N4C. Failed encounter - no answer when rang back 1B13. Anxiousness
E200. Anxiety States A79z. Viral infection NOS
E200. Anxiety States E.... Mental disorders
E200. Anxiety States E.... Mental disorders E.... Mental disorders
E200. Anxiety States E.... Mental disorders
E200. Anxiety States
E200. Anxiety States E00.. Senile/presenile organic psych
E200. Anxiety States E030z Acute confusional state NOS
E200. Anxiety States E1... Schizophrenia, Affect.Psychoses, Non-Organic
E200. Anxiety States E1... Schizophrenia, Affect.Psychoses, Non-Organic E200. Anxiety States E1... Schizophrenia, Affect.Psychoses, Non-Organic
E200. Anxiety States E200. Anxiety States
E200. Anxiety States E200. Anxiety States 1B17. Depressed
E200. Anxiety States E200. Anxiety States R0070 [D]Malaise
E200. Anxiety States E200. Anxiety States R00zD [D]Restlessness and agitation
E200. Anxiety States E23.. Alcohol dependence syndrome
E200. Anxiety States E23.. Alcohol dependence syndrome E200. Anxiety States
E200. Anxiety States E28.. Acute Reaction To Stres
E200. Anxiety States E28.. Acute Reaction To Stress/Panic Attacks
E200. Anxiety States E28.. Acute Reaction To Stress/Panic Attacks 1739. Shortness of breath
E200. Anxiety States E28.. Acute Reaction To Stress/Panic Attacks E28.. Acute Reaction To Stress/Panic Attacks
E200. Anxiety States E28.. Acute Reaction To Stress/Panic Attacks H06z1 Lower resp tract infection
E200. Anxiety States E2B.. Depressive disorder NEC



E200. Anxiety States Eu46z [X]Neurotic disorder, unspecif
E200. Anxiety States Ez... Mental Disorders NOS
E200. Anxiety States Ez... Mental Disorders NOS 1B17. Depressed E... Mental disorders
E200. Anxiety States Ez... Mental Disorders NOS E200. Anxiety States 1B17. Depressed
E200. Anxiety States Ez... Mental Disorders NOS Ez... Mental Disorders NOS
E200. Anxiety States F12.. Parkinson's Disease
E200. Anxiety States F26.. Migraine 1BA2. Generalised headache
E200. Anxiety States F3... Peripheral nervous system dis.
E200. Anxiety States F5611 Benign paroxysm.posit.vertigo
E200. Anxiety States F583. Tinnitus
E200. Anxiety States G2z.. Hypertensive disease NOS
E200. Anxiety States G66.. Stroke/CVA unspecified E200. Anxiety States
E200. Anxiety States G84.. Haemorrhoids
E200. Anxiety States H01.. Acute sinusitis
E200. Anxiety States H05z. Upper respiratory infect.NOS
E200. Anxiety States H05z. Upper respiratory infect.NOS H05z. Upper respiratory infect.NOS
E200. Anxiety States H06z1 Lower resp tract infection
E200. Anxiety States H06z1 Lower resp tract infection H06z1 Lower resp tract infection
E200. Anxiety States H120. Chronic rhinitis
E200. Anxiety States H27z. Flu-like illness H27z. Flu-like illness
E200. Anxiety States H3z.. Chronic obstr.airway dis.NOS H05z. Upper respiratory infect.NOS
E200. Anxiety States H3z.. Chronic obstr.airway dis.NOS
E200. Anxiety States J16y4 Dyspepsia
E200. Anxiety States J16y4 Dyspepsia E200. Anxiety States
E200. Anxiety States J16y4 Dyspepsia H06z1 Lower resp tract infection 173..
Breathlessness R0062 [D]Fever NOS 1C92. Has a sore throat

E200. Anxiety States Jz... Digestive System Diseases NOS R0601 Hyperventilation
E200. Anxiety States K15.. Cystitis
E200. Anxiety States K190. Urinary tract infection
E200. Anxiety States L1... Pregnancy complications L1... Pregnancy complications
E28.. Acute Reaction To Stress/Panic Attacks
E200. Anxiety States M0... Skin/subcutaneous infections
E200. Anxiety States N145. Backache, unspecified
E200. Anxiety States N145. Backache, unspecified N145. Backache, unspecified
E200. Anxiety States R004. [D]Dizziness and giddiness
E200. Anxiety States R004. [D]Dizziness and giddiness 1B1G. Headache 173..
Breathlessness R0700 [D]Nausea
E200. Anxiety States R0050 [D]Sleep disturbance, unspecif
E200. Anxiety States R0050 [D]Sleep disturbance, unspecify E200. Anxiety States
E200. Anxiety States R0062 [D]Fever NOS ZV6.. [V]Other reasons for encounter
E200. Anxiety States R0070 [D]Malaise
E200. Anxiety States R0070 [D]Malaise 1738. Difficulty breathing
E200. Anxiety States R007z (D) Malaise and Fatigue NOS
E200. Anxiety States R009. [D] Confusion
E200. Anxiety States R00zD [D]Restlessness and agitation
E200. Anxiety States R00zD [D]Restlessness and agitation F4... Disorders of eye and adnexa
E200. Anxiety States R0206 [D] Numbness R0206 [D] Numbness
E200. Anxiety States R023. [D]Oedema
E200. Anxiety States R047. [D]Epistaxis
E200. Anxiety States R051. [D]Palpitations
E200. Anxiety States 1812. Palpitations
E200. Anxiety States R062. [D]Cough
E200. Anxiety States R065. [D]Chest pain
E200. Anxiety States R090. [D]Abdominal pain
E200. Anxiety States S5z.. Sprains and strains NOS
E200. Anxiety States ZV57C [V]Palliative care



E200. Anxiety States ZV6.. [V]Other reasons for encounter
E21.. Personality disorders
E21.. Personality disorders E.... Mental disorders
E21.. Personality disorders E.... Mental disorders E2B.. Depressive disorder NEC
E21.. Personality disorders E.... Mental disorder SG... Foreign body (FB) in orifice
E21.. Personality disorders E200. Anxiety States E200. Anxiety States
E21.. Personality disorders E2B.. Depressive disorder NEC E.... Mental disorders
E21.. Personality disorders H06.. Acute bronchitis/bronchiolitis E21.. Personality disorders
E21.. Personality disorders R00z2 [D]Pain, generalized E.... Mental disorders
E28.. Acute Reaction To Stress/Panic Attacks
E28.. Acute Reaction To Stress/Panic Attacks 173.. Breathlessness 173.. Breathlessness
E28.. Acute Reaction To Stress/Panic Attacks 1738. Difficulty breathing 1738. Difficulty breathing E28.. Acute Reaction To Stress/Panic Attacks
E28.. Acute Reaction To Stress/Panic Attacks 19F2. Diarrhoea E28.. Acute Reaction To Stress/Panic Attacks
E28.. Acute Reaction To Stress/Panic Attacks 1B13. Anxiousness
E28.. Acute Reaction To Stress/Panic Attacks 1B13. Anxiousness 1B13. Anxiousness
E28.. Acute Reaction To Stress/Panic Attacks 1B13. Anxiousness 1B17. Depressed R00zW [D]State emotion shock+stress
E28.. Acute Reaction To Stress/Panic Attacks 1B13. Anxiousness SN52. Drug hypersensitivity NOS
E28.. Acute Reaction To Stress/Panic Attacks 1B17.
E28.. Acute Reaction To Stress/Panic Attacks 1B17. Depressed 1B19. Suicidal
E28.. Acute Reaction To Stress/Panic Attacks 1Z0.. Terminal illness
E28.. Acute Reaction To Stress/Panic Attacks A79z. Viral infection NOS
E28.. Acute Reaction To Stress/Panic Attacks C108. Insulin depnd diabetes melitus

E28.. Acute Reaction To Stress/Panic Attacks
E200. Anxiety States E200. Anxiety States
E28.. Acute Reaction To Stress/Panic Attacks
E200. Anxiety States E200. Anxiety States
E28.. Acute Reaction To Stress/Panic Attacks
E28.. Acute Reaction To Stress/Panic Attacks
E200. Anxiety States E28.. Acute Reaction To Stress/Panic Attacks
E200. Anxiety States
E28.. Acute Reaction To Stress/Panic Attacks
E200. Anxiety States R009. [D] Confusion
E28.. Acute Reaction To Stress/Panic Attacks
E28.. Acute Reaction To Stress/Panic Attacks
E28.. Acute Reaction To Stress/Panic Attacks
8B3S. Medication review
E28.. Acute Reaction To Stress/Panic Attacks
Eu46z [X]Neurotic disorder, unspecif A0812 Gastroenteritis - presumed inf
E28.. Acute Reaction To Stress/Panic Attacks
Eu46z [X]Neurotic disorder, unspecif N245. Pain in limb
E28.. Acute Reaction To Stress/Panic Attacks
F26.. Migraine
E28.. Acute Reaction To Stress/Panic Attacks
H03.. Acute Tonsillitis
E28.. Acute Reaction To Stress/Panic Attacks
H06z1 Lower resp tract infection
E28.. Acute Reaction To Stress/Panic Attacks
H06z1 Lower resp tract infection E28.. Acute Reaction To Stress/Panic Attacks
E28.. Acute Reaction To Stress/Panic Attacks
H3122 Acute exacerbation of chronic obstructive airways disease
E28.. Acute Reaction To Stress/Panic Attacks
H3122 Acute exacerbation of chronic obstructive airways disease
E28.. Acute Reaction To Stress/Panic Attacks
H33z. Asthma unspecified H33z. Asthma unspecified
E28.. Acute Reaction To Stress/Panic Attacks
H3z.. Chronic obstr.airway dis.NOS
E28.. Acute Reaction To Stress/Panic Attacks
Jz... Digestive System Diseases NOS
E28.. Acute Reaction To Stress/Panic Attacks
K15.. Cystitis 1B13. Anxiousness
E28.. Acute Reaction To Stress/Panic Attacks
N145. Backache, unspecified
E28.. Acute Reaction To Stress/Panic Attacks
R0050 [D]Sleep disturbance, unspecif



E28.. Acute Reaction To Stress/Panic Attacks R007z (D) Malaise and Fatigue NOS
E28.. Acute Reaction To Stress/Panic Attacks R007z (D) Malaise and Fatigue NOS R007z (D) Malaise and Fatigue NOS
E28.. Acute Reaction To Stress/Panic Attacks R00zD [D]Restlessness and agitation
E28.. Acute Reaction To Stress/Panic Attacks R062. [D]Cough
E28.. Acute Reaction To Stress/Panic Attacks R065. [D]Chest pain 1812. Palpitations R065. [D]Chest pain 1812. Palpitations
E28.. Acute Reaction To Stress/Panic Attacks R0701 [D]Vomiting
E28.. Acute Reaction To Stress/Panic Attacks S5yz1 Muscle injury / strain
E28.. Acute Reaction To Stress/Panic Attacks ZV57C
E28.. Acute Reaction To Stress/Panic Attacks ZV57C [V]Palliative care
E28.. Acute Reaction To Stress/Panic Attacks ZV6.. [V]Other reasons for encounter
E2B.. Depressive disorder NEC
E2B.. Depressive disorder NEC 1B13. Anxiousness
E2B.. Depressive disorder NEC 1B17. Depressed
E2B.. Depressive disorder NEC 1B19. Suicidal
E2B.. Depressive disorder NEC 677B. Advice about treatment given
E2B.. Depressive disorder NEC 8B3S. Medication review
E2B.. Depressive disorder NEC 9N4C. Failed encounter - no answer when rang back
E2B.. Depressive disorder NEC E.... Mental disorders
E2B.. Depressive disorder NEC E.... Mental disorders E.... Mental disorders
E2B.. Depressive disorder NEC E.... Mental disorders E200. Anxiety States
E2B.. Depressive disorder NEC E200. Anxiety States
E2B.. Depressive disorder NEC E200. Anxiety States E2B.. Depressive disorder NEC E200. Anxiety States
E2B.. Depressive disorder NEC E23.. Alcohol dependence syndrome

E2B.. Depressive disorder NEC E23.. Alcohol dependence syndrome E200. Anxiety States J680. Haematemesis
E2B.. Depressive disorder NEC E28.. Acute Reaction To Stress/Panic Attacks Ez... Mental Disorders NOS
E2B.. Depressive disorder NEC E2B.. Depressive disorder NEC
E2B.. Depressive disorder NEC Eu46z [X]Neurotic disorder, unspecif E2B.. Depressive disorder NEC Eu46z [X]Neurotic disorder, unspecif
E2B.. Depressive disorder NEC Ez... Mental Disorders NOS
E2B.. Depressive disorder NEC R0050 [D]Sleep disturbance, unspecif
Eu2z. [X]Unspec nonorganic psychosis
Eu2z. [X]Unspec nonorganic psychosis 9N4C. Failed encounter - no answer when rang back
Eu2z. [X]Unspec nonorganic psychosis E1... Schizophrenia, Affect.Psychoses, Non-Organic
Eu2z. [X]Unspec nonorganic psychosis Eu2z. [X]Unspec nonorganic psychosis
Eu46z [X]Neurotic disorder, unspecif
Eu46z [X]Neurotic disorder, unspecif 1812. Palpitations
Eu46z [X]Neurotic disorder, unspecif 1B17. Depressed
Eu46z [X]Neurotic disorder, unspecif 1B1G. Headache R004. [D]Dizziness and giddiness
Eu46z [X]Neurotic disorder, unspecif 8B3H. Medication requested 8BC2. Medication given
Eu46z [X]Neurotic disorder, unspecif E.... Mental disorders
Eu46z [X]Neurotic disorder, unspecif E030z Acute confusional state NOS
Eu46z [X]Neurotic disorder, unspecif E200. Anxiety States
Eu46z [X]Neurotic disorder, unspecif E21.. Personality disorders
Eu46z [X]Neurotic disorder, unspecif Eu46z [X]Neurotic disorder, unspecif
Eu46z [X]Neurotic disorder, unspecif R007z (D) Mal
Eu46z [X]Neurotic disorder, unspecif R00zW [D]State emotion shock+stress
Eu46z [X]Neurotic disorder, unspecif R065. [D]Ches



Eu46z [X]Neurotic disorder, unspecif Rz...
Symptoms Signs and ill defined conditions
NOS
Eu46z [X]Neurotic disorder, unspecif ZV6..
[V]Other reasons for encounter
Ez... Mental Disorders NOS
Ez... Mental Disorders NOS 1B17. Depressed
Ez... Mental Disorders NOS E23.. Alcohol
dependence syndrome E23.. Alcohol
dependence syndrome Ez... Mental Disorders
NOS
Ez... Mental Disorders NOS E24.. Drug
dependence
Ez... Mental Disorders NOS E2B.. Depressive
disorder NEC
Ez... Mental Disorders NOS Ez... Mental
Disorders
Ez... Mental Disorders NOS Ez... Mental
Disorders NOS
Ez... Mental Disorders NOS R062. [D]Cough
Ez... Mental Disorders NOS U2z.. Intentional
Self Harm by unspecified means 1B17.
Depressed
SL... Poisoning U2z.. Intentional Self Harm by
unspecified means
TK0.. Suicide + selfinflicted poisoning
TK0.. Suicide + selfinflicted poisoning E23..
Alcohol dependence syndrome
TK0.. Suicide + selfinflicted poisoning
TK0.. Suicide + selfinflicted poisoning

U2z.. Intentional Self Harm by unspecified
means
U2z.. Intentional Self Harm by unspecified
means 1B19. Suicidal
U2z.. Intentional Self Harm by unspecified
means 1B19. Suicidal 1B17. Depressed
U2z.. Intentional Self Harm by unspecified
means 1JK.. Suspected transient ischaemic
attack
U2z.. Intentional Self Harm by unspecified
means E... Mental disorders
U2z.. Intentional Self Harm by unspecified
means E200. Anxiety States
U2z.. Intentional Self Harm by unspecified
means H06z1 Lower resp tract infection
U2z.. Intentional Self Harm by unspecified
means J15.. Gastritis or Duodenitis
U2z.. Intentional Self Harm by unspecified
means SL... Poisoning
U2z.. Intentional Self Harm by unspecified
means TK0.. Suicide + selfinflicted poisoning
U2z.. Intentional Self Harm by unspecified
means U2z.. Intentional Self Harm by
unspecified means
ZV4F. All social problems including
homelessness
ZV4F. All social problems including
homelessness ZV6.. [V]Other reasons for
encounter