

SCHEDULE 2 - THE SERVICES

A. Service Specifications

Service Specification No.	
Service	Psychiatric Liaison
Commissioner Lead	NHS Eastern Cheshire CCG
Provider Lead	Director of Operations
Period	
Date of Review	January 2014

1. Population Needs

1.1 National/local context and evidence base

- No health without mental health report (2009)
- Who cares wins (2005)
- National Dementia Strategy (2009)
- Alzheimer's Society report – counting the cost (2009)
- National Audit Office – improving services and support for people with Dementia (2007)
- New Horizon's (2009)
- No Secrets
- Economic evaluation of a Liaison Psychiatry service

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	X
Domain 2	Enhancing quality of life for people with long-term conditions	X
Domain 3	Helping people to recover from episodes of ill-health or following injury	X
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	X

2.2 Local defined outcomes

- Improve the experience of patients with dementia in the general hospital setting.
- Provide a range appropriately qualified practitioners to provide assessment and treatment.
- Reduce excess length of stay in hospital associated with co-morbid mental and physical disorder.
- Ensure patients attending A&E. for mental health needs are assessed appropriately in a timely manner to reduce the amount of time spent in A&E department.
- Contribute to the National and Local Suicide Prevention Strategy by taking appropriate action to reduce suicide.

- Reduce risk of self-harm or harm to others by appropriate risk assessment, treatment and management.
- Offer brief psychological intervention to patients who present following an incident of self-harm.
- Offer more appropriate signposting from assessment to other services.

3. Scope

3.1 Aims and objectives of service

The provision and development of Liaison Psychiatry services enable a wide range of support to be provided to people with mental health issues as well as meeting targets, standards and guidelines for the CCG, the Acute and Mental Health Trusts. These include:

- Emergency Department waits.
- Percentage of patients whose transfer of care from hospital was delayed.
- Health improvement in circulatory disease management, pain relief, depression and general mental health conditions.
- Equitable care in A&E.
- Suicide and self-harm reduction.
- Improved outcome for patients with long term conditions and mental health co-morbidity
- Management of patients who frequently attend A&E or present with somatoform disorders
- Objective 8 of the National Dementia Care Strategy

The service will build on existing service to provision to increase the level of detection and management of people with mental health needs. This will benefit Patients in the following ways:

- Provide a range appropriately qualified practitioners to provide assessment and treatment.
- Reduce excess length of stay in hospital associated with co-morbid mental and physical disorder.
- Ensure patients attending A&E. for mental health needs are assessed appropriately in a timely manner to reduce the amount of time spent in A&E department.
- Contribute to the National and Local Suicide Prevention Strategy by taking appropriate action to reduce suicide.
- Reduce risk of self-harm or harm to others by appropriate risk assessment, treatment and management.
- Offer brief psychological intervention to patients who present following an incident of self-harm.
- Offer more appropriate signposting from assessment to other services..
- Improve the experience of patients with dementia in the general hospital setting.

The service will provide the following:

Specialist mental health, social and risk assessment to patients presenting to A&E departments or receiving care and treatment within the acute trust.

Signposting and referral to other services; promoting self-help and the provision of patient information following assessment; brief, time limited psychological intervention and clinical management; support and advice to general hospital staff of patients presenting with:

- Self-harm
- Physical and mental health co-morbidity
- Adjustment to and behavioural reactions to physical health conditions and treatment
- Somatoform Disorders and 'medically unexplained' symptoms

- Organic mental disorders
- Psychiatric emergencies
- Suicide risk
- Dementia, Delirium and Organic mental disorders

Where these conditions:

Cause moderate to severe effect on presentation or management of associated physical condition; are moderate/severe in nature; and/or are enduring and unlikely to resolve spontaneously.

Liaison Psychiatry will encourage the effective engagement of the service user, and engage with carers unless expressly discouraged by the service user.

3.2 Service description/care pathway

Referral

- Referrals are accepted from A&E or Ward team.
- Emergency referrals made directly to bleep holder and recorded as per local team agreement.
- Urgent referrals are made to team base via telephone (or electronic referral process in Wirral)
- Routine referrals made to team base via telephone, fax or letter

Criteria for Referral

Emergency* (Seen within 1 hr – as per national guidelines)

- High risk self-harm /suicide
- Mental Health act assessment
- Presentation with acute & severe mental illness agitated or disturbed behaviour.
- Self-referral to A&E.

Urgent* (Within 24 Hours – locally agreed across CWP footprint)

- Psychosocial assessment following self-harm.
- Patients where mental health advice required for immediate management decision.

Routine* (Timescales locally agreed across CWP footprint)

- Non urgent ward referrals (within 7 working days)
- Outpatient clinic i.e.; Perinatal , Medically Unexplained Symptoms ,.etc. (within 12 weeks)

Pathways exist for emergency mental health assessments and integrated care pathways for self-harm.

* Response times as set out above only apply to the psychiatric liaison service and not to the out of hours service

Onward Referrals

Patients will be referred to the appropriate services depending on identified need and agreement with patient. These services will include:

- Acute Inpatient Mental Health Unit Cheshire and Wirral Partnership Trust via referral to the Home Treatment team
- Community Mental Health Teams
- Home Treatment Team.
- Referral for time limited treatment to Liaison Psychiatry Team.

- Referral back to General practice with appropriate advice.
- Drug & Alcohol services.
- Primary Care Mental health Team/ IAPT team

Discharge

- Following assessment a management plan will be agreed with the patient.
- Written psychosocial assessment will be retained in the patient's case notes and management plan communicated to A&E / ward staff.
- A brief summary of assessment and management / discharge plan (for patients presenting via A&E) will be faxed to GP within 24 hours.
- A copy of the assessment will be sent to the GP.
- A formal referral will be made to agencies /services where appropriate.
- A record of the assessment and management / discharge plan will be recorded in CWP electronic record system.

3.3 Population covered

- Adults aged 16 years and over
- Registered with a GP practice within one of the CCGs that commission the LP service.
- Or an emergency presentation from outside this catchment area.

and

- Have a presentation requiring mental health assessment.
- Have been admitted to A&E or are in receipt of treatment within the host hospital trust.

3.4 Any acceptance and exclusion criteria and thresholds

Exclusions

- Anyone under the age of 16 years of age

3.5 Interdependence with other services/providers

- Community Mental Health Teams (Adult and Older People)
- Primary Care Mental Health Teams
- Accident and Emergency Department
- Acute Hospital Trust
- General Practice
- Maternity Services
- Drug and Alcohol Services
- Child and Adolescent Mental Health Services
- Learning Disability Services
- Other statutory and non-statutory services

4. Applicable Service Standards

Applicable national standards (eg NICE)

- Living well with Dementia : A National Dementia Strategy
- NICE CG23: Depression
- NICE CG16: Self Harm

- NICE CG45: Postnatal Depression
- NICE CG: Schizophrenia
- NICE CG26: Post-Traumatic Stress disorder
- Greenlight Toolkit

Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

- Psychiatric Liaison Accreditation Network (PLAN) Standards
- Standards for Better Health
 - C3 Protect patients by following NICE Guidance.
 - C5d Audit and review of clinical services.
 - C13a Treating patients with dignity and respect.
 - C17 The views of patients, their carers and others are sought and taken into account in designing and planning the service
- Care Quality Commission standards

4.3 Applicable local standards

- Safeguarding
- Response times

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

Dementia assessment and support

6. Location and frequency of Service

The Service is located at:

Accident and Emergency Department, Macclesfield District General Hospital

The service is available at the following times:

9am – 6pm Monday to Friday including public holidays

Between 8pm and 8am, a limited service is provided giving priority to the Accident and Emergency Department by the Out of Hours practitioner with support from the Psychiatric trainee doctor or for more complex presentation via the Consultant Psychiatrist on call

Outside of the above operating hours, additional emergency cover will be provided by the Psychiatric trainee doctor outside of these hours. Additional support is provided for more complex presentation via the Consultant Psychiatrist on call.

7. Individual Service User Placement