2nd Annual Survey of Liaison Psychiatry in England.

William Lee
Liaison Conference
May 15th 2015
2nd Annual Survey of Liaison Psychiatry in England.

Plymouth Community Healthcare

Supporting people to be Safe, Well and at Home
Plymouth

- 261,000 people.
- Relatively deprived (17 lowest decile LSOA).
- Bombing and regeneration.
- Dockyard (still biggest in W Europe).
- Britain’s newest and smallest medical school.
- Britain’s loneliest academic psychiatrist.
- Anne Hicks’ natural habitat.
Background

• Norman Lamb >>> Alistair Burt
• Geraldine Strathdee spoke at TNC 2013. Policy wish to invest in Liaison due to promised savings from RAID. But how much and where? Needed an answer by Feb 4th 2014.
• Peter Aitken.
BRITONS

"WANTS YOU"

JOIN YOUR COUNTRY'S ARMY!

GOD SAVE THE KING

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Background – previous surveys

- Problem of nomenclature.
- Problem deciding what is good and what is not.
- Problem knowing what is liaison and what is not.
- Problem knowing how much money is going in…
- ….and how much good stuff is coming out.
In 2013 the Department of Health’s Care Pathways and Packages Project surveyed provision through the Finance Development Network. The survey included questions about costs of services, and responses from 13 commissioners indicated a mean payment per provider to be between £1 and £4 per head of population per year. The report found that 59% of the services are paid for by mental health block contracts, although commissioners reported that figure to be 96%. This disparity shows the need for better understanding of the services that come under the title of psychological medicine or liaison psychiatry.

A report for the South West Strategic Clinical Network for Mental Health, Dementia and Neurological Conditions reviewed liaison psychiatry services in the South West of England, showing that the region has very different models of provision. There was an incomplete, patchy range of services, covering a range of hours, supported by professionals of varying grades without a common system of measurement of outcome or model of care. The costs per service ranged between £237,000 and £641,000, with two areas working on block contracts and not specifying costs, and one area not able to provide information on costs.

Background – policy situation

- Crisis Care Concordat
- No Health Without Mental Health
- CR 183
- Counting the Cost
- Between Two Stools
- Commissioning guides (4)
- Centre for mental health:
  Economic Evaluation of a Liaison Psychiatry Service.
  Liaison Psychiatry in the Modern NHS.
- Closing the Gap
- Achieving Better Access to Mental Health Services by 2020
- Access and waiting times standard
RAID

- Now famous before/after study.
- City Hospital Birmingham.
- Conservative assumptions.
- 4:1 savings, just on reduced stays.
- Before:
  6 nurses, 2 medics, SW, admin.
- After:
  11 nurses, 5 medics, psychologist, SW, 3 admin
Commissioning Guides

- Four short documents now available online.
- Help for commissioners.
- Including some model services:

**Core** – The least investment which is likely to work.

**Core 24** – A lot like Optimal Model.

**Enhanced 24** – A lot like RAID.

**Comprehensive** – A lot like Leeds.
# Model services

<table>
<thead>
<tr>
<th></th>
<th>Core</th>
<th>Core 24</th>
<th>Enhanced 24</th>
<th>Comprehensive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example Number of Beds</strong></td>
<td>c 500</td>
<td>c 500</td>
<td>c 500</td>
<td>c 2000</td>
</tr>
<tr>
<td><strong>Consultants</strong></td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Other Medical</strong></td>
<td>0.6</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>Nurses</strong></td>
<td>2 Band 7, 6 Band 6</td>
<td>6 Band 7, 7 Band 6</td>
<td>3 Band 7, 7 Band 6</td>
<td>2 Band 8b, 17 Band 6, 10 Band 5</td>
</tr>
<tr>
<td><strong>Other Therapists</strong></td>
<td>0</td>
<td>4</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td><strong>Team Manager Band 7</strong></td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td><strong>Clinical Service manager Band 8</strong></td>
<td>0.2</td>
<td>0.2 - 0.4</td>
<td>0.2 - 0.4</td>
<td>1</td>
</tr>
<tr>
<td><strong>Admin Band 2, 3 and 4</strong></td>
<td>2.6</td>
<td>2</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td><strong>Business support (band 5)</strong></td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total Whole Time Equivalent</strong></td>
<td>14.4</td>
<td>25.2 - 25.4</td>
<td>22.2 - 24.4</td>
<td>69</td>
</tr>
<tr>
<td><strong>Hours of Service</strong></td>
<td>9-5</td>
<td>24/7</td>
<td>24/7</td>
<td>24/7</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>16+</td>
<td>16+</td>
<td>16+</td>
<td>16+</td>
</tr>
<tr>
<td><strong>Older Person</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Drug and Alcohol</strong></td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Out Patient</strong></td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Specialities</strong></td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Approx Costs</strong></td>
<td>£0.7M</td>
<td>£1.1M</td>
<td>£1.4M</td>
<td>£4.5M</td>
</tr>
</tbody>
</table>
Aims

• To carry out a survey of provision of Liaison Psychiatry Services in England in acute hospitals with EDs.

(Essentially, to grade each service)
Methods

- Google doc, editable by anyone with the link.
  - Pre-filled with names of Acute Trusts (NHS Choices).
  - Columns labelled.

- Filled it in for services I know about
  - made changes to make it easier for busy clinicians.

- Emailed people known to me and asked them to fill it in.
  - made more changes.

- Emailed the Liaison list – and then did follow ups.
Methods

• Last, Sarah Laidler, Peter Aitken and I cold-called the remainder.

• Any data which was not required from the teams, we filled in.
  – Number of beds.
  – Population served.
  – Etc.
Liaison Psychiatry Services in England

- Inadequate: 105
- Core: 42
- Core24: 14
- Enhanced24: 6
- Comprehensive: 3

Safe, Well and at Home
Interesting incidental findings for next time:

- Lots of services are called RAID, but are nothing of the kind.
- Some services claim to be 24hr because they have an SHO on overnight.
- Some services don’t even do ED out of hours – that’s crisis.
- The edges of Liaison are not clear. In some hospitals the psychologists are there but not thought to be part of Liaison. Derriford is like this.
- The rate of change of staff, location, roles, names, is huge.
Results (summary)

- There is not enough Liaison Psychiatry.
Discussion (summary)  Safe, Well and at Home

• There is not enough Liaison Psychiatry.....
  ....and this is bad.
Discussion: Strengths

- The first survey of Liaison Psychiatry services in England which accessed clinicians directly and yielded really useful answers to policymakers.
- Really good response rate.
- Aspects of community building, self help and other virtues.
Discussion: Weaknesses

• How meaningful are the ‘grades’?
• How good are the data?
  – Errors in data entry.
  – Errors in understanding/explanations.
  – Errors in spreadsheet use.
  – Mischief and vandalism. No paper trail.
  – Inconsistency within results unaddressed.
  – People graded their own services. “Self-generosity?”
• The whole thing is going out of date very quickly.
What happened next

- Requests to data-share from:
  - NHS England
  - NHS Benchmarking
  - CQC
  - Monitor
  - DH itself
- Dataset containing only the ‘grades’.
- A short and very clear data quality statement.
- Specific undertakings that there will be no resharing, no publication of data, and absolutely no regulatory undertakings on the basis of this information.
Then it got weird

- People with services under attack wrote for support and advice.
- People asking about how best to organise their services.
- People asking about how to best prioritise when their service is been under-commissioned.
Dear All,

Thanks to you, the targeted crowdsourced survey of Liaison Psychiatry Services in England was a success.

It is complete and was initially published on Feb 3rd, where it could do most good, as an appendix to one of the guides for commissioners. Thanks to you, commissioners up and down the land not only know the provision of Liaison Psychiatry needed to generate huge savings elsewhere in the healthcare economy, but they also know services capable of delivering the savings on the scale of the RAID study are really rare.

In December and January I wrote to you asking you to help to me to help Peter Aitken to help Geraldine Strathdee to help the ministers to help us help our patients. You answered. Enough data were available from 170/184 (92%) of hospitals and there were some data from 182/184 (99%) – incredibly good response rates.

Since publication there has been great interest in the survey from many regions of government. This is a consequence of how the message is getting through, and will of course assist in the message getting through to decision makers all the more clearly.

Thanks to you, we are closer to improving things for our patients.

With best wishes,

Will
Thanks to:

Alex Mitchell  Fiona Ellis  Sarah Hepburn  Praveen Singh
Alex Thomson  Geoff Lawrence  Kate Chartres  Rachel Cross
Anita Gunnuck  Geraldine Swift  Lena Rane  Rob Stewart
Anna Fryer  Gina Waters  Marc Mandell  Ross Overshott
Anne Abe  Gosia Raczek  Marcus Hughes  Sarah Burlinson
Anne Morris  Graham Ash  Mark Ridell  Sarah Cohen
Bob Taylor  Hussain Abrar  Matt Hagger  Sarah Laidler
Chris Schofield  Luke Solomans  Matt Rowett  Sean Cross
Chris Smith  Janet Butler  Matthew Hotopf  Stella Morris
Christopher  Jackie Waghorn  Nora Turjanski  Stephen Taylor
Hilton  Janet Butler  Pavan Joshi  Tom Smith
Damien Longson  Jenny Cook  Peter Aitken  Victoria Spencer
David Okai  Jim Bolton  Peter Trigwell  Tracey Rose
Eliza Johnson  Julia Ryder  Philip Dick  Plymouth Community
Else Guthrie  Justin Shute  PJS  HEALTHCARE
Eric Craig  Plymouth UNIVERSITY
Background – 2nd Survey

Guidance to support the introduction of access and waiting time standards for mental health services in 2015/16
Background – 2\textsuperscript{nd} Survey

4.3 How will the standard be measured?

During 2015/16 NHS England will be assessing progress against the 2020 aim by commissioning a baseline and 12-month follow-up survey of liaison mental health service staffing and skill-mix in each acute hospital and a supporting analysis of service adequacy relative to the size, acuity and specialty of each acute hospital.

- NHS England commissioned us to do another survey.
- Asked for some questions to be added.
- Liaison is growing up and down the land.
- Manifesto commitments.
- Election.
Methods – 2nd Survey

Serving clinicians, first and last.

Opened on 14th Jan.

Emails to contacts from the previous year, to the TNC mailing list, to the JISCMail list and to known contacts.

Emails to services which responding services told us about.

Certain telephone calls.

Follow-up calls.
Results – 2\textsuperscript{nd} Survey

• First email went out 14/01/2015 16:58.
• First reply was back 14/01/2015 17:25.

• 27 Minutes.
Results – 2\textsuperscript{nd} Survey

- First email went out \textit{14/01/2015 16:58.}
- Last reply was back \textit{13/05/2015 17:39.}
- 17,141 Minutes.
How Emergency Departments in England have changed between 2014 and 2015.
How Emergency Departments in England have changed between 2014 and 2015.
Differences between 2014 and 2015:

**Single ED Trusts → Two ED Trusts**
- Barnet and Chase Farm Hospitals Trust dissolved. Barnet Hospital → Royal Free London NHS Foundation Trust.
- Frimley Park Hospitals NHS Foundation Trust and Heatherwood and Wexham Park NHS Foundation Trust merged → Frimley Health NHS Foundation Trust.
- Mid Staffordshire NHSFT (County Hospital – prev. Stafford Hospital) and University Hospital of North Staffordshire NHS Trust (Royal Stoke Hospital – prev. University Hospital of North Staffordshire) merged → University Hospitals of North Midlands NHS Trust.

**Three EDs → Two EDs**
- An ED closed in Imperial College Healthcare NHS Trust (Hammersmith Hospital) – UCC remains.

**Two EDs → Single ED**
- A hospital closed in North Bristol NHS Trust (Frenchay Hospital).
Number of Liaison Psychiatry services that have improved, worsened, or remained the same in the past year.

Subjective rating of service compared to last year:

- **Better**: 102 services
- **Worse**: 29 services
- **Same**: 27 services

Due to Winter Pressures: 21 services
How many more Emergency Departments now have Liaison Psychiatry?

2014 Survey

- Emergency Departments with Liaison Psychiatry
- No Liaison Psychiatry
How many more Emergency Departments now have Liaison Psychiatry?

2015 Survey

Emergency Departments with Liaison Psychiatry
No Liaison Psychiatry
Number of nurses employed in Liaison Psychiatry (WTE), inclusive of Winter Pressure employment, and the recommended number of WTE nurses required to reach a Core 24 service.

Current Staffing Levels

- Band 5: 34.2
- Band 6: 997.5
- Band 7: 320.2
- Band 8: 28.1
- Unknown Band: 37.1

Staffing recommendations for CORE 24

- Band 5: 1,401.4
- Band 6: 1,201.2
Number of doctors employed in Liaison Psychiatry (WTE), inclusive of Winter Pressure employment.

### Number of WTE Staff

- **Consultants**: 194.6
- **ST 4-6**: 48.5
- **CT 1-3**: 31.8
- **Foundation Doctor**: 42.0
- **SAS**: 31.0
- **Trust Grade Doctors**: 3.0
- **Junior Doctors (NOS)**: 10.7

**Seniority of Doctor**
Total Number of doctors employed in Liaison Psychiatry (WTE), inclusive of Winter Pressure employment, and the recommended number of WTE doctors required to reach a Core 24 service.
Number of other Mental Health Practitioners employed in Liaison Psychiatry (WTE), inclusive of Winter Pressure employment.

‘Other’ Mental Health Practitioners/Members of Staff include
- Research Assistants
- Peer Support Workers
- Carers Assessment Officers
- Physiotherapists
- Pharmacists
The spread of Psychologists within Liaison Psychiatry services in England.
Total Number of other Mental Health Practitioners employed in Liaison Psychiatry (WTE), inclusive of Winter Pressure employment, and the recommended number of WTE 'other therapists' required to reach a Core 24 service.
Current Hours of Operation across Liaison Psychiatry services in England, inclusive of Winter Pressure extensions.
Number of Liaison Psychiatry services characterised by their Weekly Hours of Operation.
The differences of service gradings from 2014 to 2015.

Number of Liaison Psychiatry Services in England

The spread of Liaison Psychiatry services providing work outside of the Acute Care Pathway (e.g. Clinics or Follow Up)

- Enhanced Services
- Acute Pathway Only Services
- No Liaison Psychiatry

[Map of spread of Liaison Psychiatry services]
Number of services which provide enhanced features (e.g. Outpatient Clinics or Follow Up) within each service grade.
How many services call themselves RAID within each service grading.

<table>
<thead>
<tr>
<th>Service Grade</th>
<th>Services that do not call themselves RAID</th>
<th>Services that call themselves RAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>SubCore</td>
<td>10</td>
<td>107</td>
</tr>
<tr>
<td>Core</td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>Core 24</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Enhanced +</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>
Results (summary)

- There is more Liaison Psychiatry…. …in acute hospitals with EDs in England.
- Certain services are under attack.
- About 2/3 of services do DSH/ED/inreach and nothing else.
- There are about half as many WTE Drs as we need, which is progress.
- Situation a bit worse for nurses.
- There are many psychologists, though they are concentrated in major centres.
Discussion (summary)

- There is more Liaison Psychiatry....
  ...in acute hospitals with EDs in England.
- Certain services are under attack.
- This is good...
  ...and bad.
Discussion

- Liaison services have grown.
- There is still a long way to go to get a Core 24 service everywhere, let alone more non-acute work.
- There is huge variety.
- The 2\textsuperscript{nd} Survey is better than the 1\textsuperscript{st}, and the 3\textsuperscript{rd} will be better than the 2\textsuperscript{nd}.
- No ‘bodycount’ survey could ever inform what provision should be considered ‘adequate’.
- Merging with LP-MAESTRO will serve knowledge, you and our patients.
CONNECT WITH PLYMOUTH UNIVERSITY
CREATE WITH PLYMOUTH UNIVERSITY
DISCOVER

WITH

PLYMOUTH UNIVERSITY
ENGAGE WITH PLYMOUTH UNIVERSITY
IMAGINE
WITH
PLYMOUTH UNIVERSITY
THANK YOU