



Newsletter of the Faculty of Liaison Psychiatrists

Equity & Excellence: What does the “White Paper” Mean for Liaison Psychiatry Services? Dr Peter Aitken, Vice-Chair, Editor

On the 12th July Secretary of State for Health, Andrew Lansley, set out the Coalition Government's plans to reform the NHS. ‘Equity and Excellence: Liberating the NHS’ details how power will be devolved from Whitehall to patients and professionals. Professionals will be freed to focus on improving health outcomes and improving the quality of care will become the main purpose of the NHS. Patients will get more choice and control. The principle will be “no decisions about me without me”.



Andrew Lansley

IN THIS ISSUE:

- **Equality & Excellence: What does the “White Paper” Mean for Liaison Psychiatry Services?**
- **Academic Psychiatrist of the Year speaks in Devon**
- **Time to call for papers and letters?**
- **EACLPP & ECPR 2010 Joint conference**
- **NICE Fellowships/Scholarships**
- **News in Brief**
- **Situations Vacant**
- **The times, they are a changing**
- **Royal College Eating Disorders Annual Conference 5/11/10**

Under the new plans, patients will be able to choose which GP practice they register with, regardless of where they live, and choose between consultant-led teams. More comprehensive and transparent information, such as patients’ own ratings, will help them make these choices together with healthcare professionals.

Groups of GPs will be given freedom and responsibility for commissioning care for their local communities. Providers of services will have new freedoms and they will be more accountable. There will be greater competition in the NHS and greater cooperation. Services will be more joined up, supported by a new role for Local Authorities to support integration across health and social care.

As a result of the changes, the NHS will be streamlined with fewer layers of bureaucracy. Strategic Health Authorities and Primary Care Trusts will be phased out. Management costs will be reduced so that as much resource as possible supports frontline services. The reforms build on changes started under the previous Government.

This newsletter carries a feature on the ‘New Liaison Psychiatry’ presented by Professor Michael Sharpe to an audience of academics, clinicians and managers at the Peninsula College of Medicine & Dentistry. Drawing together Professor Michael Sharpe’s research in Cancer Care in Scotland with the experience of Liaison Psychiatry Service development in the Southwest, it seemed likely to the audience that we have a once in a generation opportunity to provide Consultation-Liaison Psychiatry as a solution for many of the problems the white paper seeks to address. It is clear that we need to offer general practitioners first hand experience of how the model can help outcomes, satisfaction & experience for people with unexplained symptoms. The evidence for the excess treatment costs associated with co-morbidity for unrecognised, untreated depression in long-term medical conditions is compelling for commissioners charged with increasing quality whilst reducing cost. The opportunity to extend the reach of the consultation-liaison model to include the supervision of interventions delivered by non-mental health practitioners with information technology support is clear. The advantage of IT is that it provides high quality personalised data describing the quality, quantity, experience, satisfaction and experience of the care which is readily costed and appreciated by commissioners and the people being cared for.

The White Paper marks the start of an extensive consultation that will take place over the summer and Liaison Psychiatrists across the country have never had a better opportunity to say how our models of care can contribute.



Academic Psychiatrist of the Year 2009 Speaks in Devon



The Peninsula College of Medicine & Dentistry welcomed [Professor Michael Sharpe](#) to its Institute for Health Research seminar series on Thursday 8th July 2010. A well informed trust and academic audience heard Professor Sharpe describe the opportunity for liaison psychiatry services to contribute to cost reduction and improvement in quality of care by adequately addressing medically unexplained symptoms and co-morbid depression in a wide range of clinical settings. Referring to the “New Liaison Psychiatry” he made the case for taking the consultation-liaison model, increasingly familiar in acute trusts, to community and general practice settings.

He shared his research experience of broadening the reach of liaison psychiatry by using telephone consultation and follow up, including the use of computer generated calls. His research work in Cancer Care in Scotland complements the service development currently underway in Devon and Cornwall, Isles of Scilly and suggests fertile ground for collaborative partnership.

Devon Partnership Trust Director of Planning & New Business Ian Harrison said “Professor Sharpe’s presentation provides us with the theory and evidence underpinning much of what we’re already doing toward the Quality Innovation Productivity and Prevention agenda in Devon. He was very encouraging” Maureen Casey, General Manager, New Ways of Working welcomed the shift of emphasis to include providing the model to General Practice. “Going forward, General Practitioners will increasingly determine the models of care we provide through commissioning, and the consultation-liaison model is one that is in high demand in Devon and the Southwest” Dr Peter Aitken, as Lead for Improvement in the NIHR CLAHRC for the Southwest Peninsula, welcomed the opportunity for further research collaboration implementing new technologies to support the wider application of the consultation-liaison model ranging from text messaging to telemedicine. “The event demonstrated how well the Peninsula College of Medicine & Dentistry is working to meet the research priorities of its NHS partners and the strength of the CLAHRC program”.

The NIHR Collaboration for Leadership in Applied Health Research & Care for the Southwest is one of ten CLAHRCs awarded nationally in 2008 following the report of the Chief Medical Officers High Level Group into Clinical Effectiveness and the Cooksey report recommending that more needs to be done to implement effectively the available evidence base and align the University effort to meet the priority research needs of the NHS where evidence is lacking.

<http://www.pms.ac.uk/research/index.php?page=4&group=20>

<http://community.clahrc.net>



Time to call for papers and letters?

Dr Peter Aitken, Editor



Maureen Casey



Dr Peter Aitken

The Liaison Psychiatry Faculty Newsletter has been the voice of the Faculty since our inception. We have an audience of around 12,000 psychiatrist registered to receive our news.



If as a Faculty we are finally to come of age in the era of austerity, should we think about developing our newsletter toward being the definitive journal celebrating learning from the implementation and evaluation of new consultation-liaison services and models of care?

How will we quickly determine those aspects of services useful in Edinburgh that might work in Exeter? Can we promote a literature drawing on a range of methodologies from medicine and social science from step wedge design randomised controlled trials of complex interventions to 'realist evaluation' of real world services.

I would welcome the submission of abstracts and papers, perhaps in the PICO style, of around 500 words, which celebrate the evaluated implementation of liaison psychiatry models, services or related interventions where there has been some objective evidence of benefit to quality measured by the experience, satisfaction or experience of all people involved in the service, from commissioners to carers and the associated economic benefits.

Would members be interested to receive papers like this for peer review and shared learning?

Comment, ideas, letters and even outline papers to Jayne Clarke (jayneclarke@nhs.net) in time for the next issue please and we will work with the response to make it happen.



**EACLPP & ECPR 2010 Joint conference:
Innsbruck 30 June—3 July 2010 Dr Peter
Hindley, Vice-President EACLPP and Chair of Child and
Adolescent Working Party**



The year's joint EACLPP & ECPR conference was held in the beautiful Tyrolean city of Innsbruck. It was organised jointly by Innsbruck Medical University and the Professional Association of Austrian Psychologists. Prof. Gerhard Schussler and Professor Stefan Hofer were the driving forces behind the conference.

The EACLPP/ECPR joint conferences attract key note speakers, paper and poster presentations from across the World, with just about every continent represented. The theme of both conferences was consultation liaison psychiatry and psychosomatics in different medical settings, ranging specialist hospital services, through generic hospital service through to primary care.

Mike Sharpe's inspiring opening talk on using research findings to develop whole population services and systems to manage depression in chronic illness set the tone of the conference. A subsidiary theme was CLP across the age range and there were outstanding contributions from Dr John Campo from Ohio State university and Nationwide Children's Hospital and Per Fink from Aarhus.

As ever the conference covered a wide range of clinical areas from medically unexplained symptoms to psycho-oncology and this was reflected in the oral and poster sessions.



The EACLPP part of the joint conference offers an opportunity for the EACLPP Working Groups to come together. Francis Creed's working group on a European Guideline on the management of medically unexplained symptoms was particularly well attended.

I was delighted that the Children and Adolescents' Working Group attracted a good number of German speaking psychiatrists and psychologists to add to our growing number of Dutch and Scandinavian colleagues who are already involved. There was enthusiastic support for a European paediatric multidisciplinary conference which we hope to hold in the UK in late autumn 2011.

As ever the conference combined a high standard of academic and clinical content with a relaxed and convivial atmosphere with plenty of opportunities to network. The next, standalone, EACLPP conference will be in Budapest in from 30 June—2 July 2011. The theme will be interventions in C-L Psychiatry and Psychosomatics. For further information please visit www.eaclpp.org.



NICE Fellowships/Scholarships

Members may be aware that NICE fellowships & scholarships are available to health professionals. Fellows are appointed for three years, & are expected to devote about a day a month, during that time, to their NICE duties. Scholars are appointed for a year, & are expected to utilise a day a week to NICE responsibilities. These positions are unpaid, but reasonable expenses will be met. NICE welcomes nominations from Royal Colleges, & the faculties of our college have been asked whether we could assist in identifying possible college nominees. Nominees must get local approval, from their Trust & Deanery (if appropriate). Further details can be found on the NICE website:

www.nice.org.uk/getinvolved/nice_fellows_and_scholars

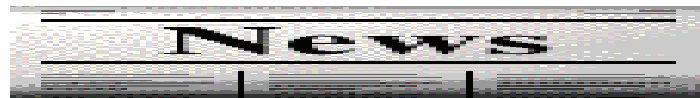
The scholarship scheme appears to be aimed at ST4-6 trainees in particular. If you wish the Faculty to ask the College to nominate you, please send a current CV and a letter of recommendation from a consultant member of the Faculty, together with a covering letter to Paul Gill, c/o Greg Smith at the College (gsmith@rcpsych.ac.uk).

NEWS IN BRIEF

South West London—Dr Jim Bolton

In South West London, my Trust is considering the implications of the health white paper, the introduction of payment by results (PBR) and the financial squeeze, as part of our service improvement programme. In line with most other trusts we are considering how we will deliver robust mental health services with a marked reduction in overall income. Proposed changes are likely to see a focus on early expert assessment by senior clinicians and reconfiguring services around the delivery of the packages of care under PBR. How Liaison Psychiatry will fit with these plans remains to be seen, but even in advance of the election we were considering how the expertise of Liaison could be disseminated into primary care, in the management of patients with long term conditions and medically unexplained symptoms. Discussions are being held jointly with colleagues who deliver psychological therapies in primary care.

Some pilot work that Liaison is involved in is improving access to psychological therapies for patients with comorbid physical illness, referred by hospital staff rather than GPs. We are also piloting specific psychological therapy for patients with diabetes. One thing is for certain, in the brave new world of GP commissioning, we mustn't let our colleagues in primary care forget about the benefits of Liaison Psychiatry!



Birmingham—Dr Mahnaz Hashmi

In Birmingham, as is the case across the UK, liaison psychiatry commissioning and provision has traditionally been patchy. However, in 2008 an exciting opportunity for Liaison Psychiatry arose as a result of an agreement between Birmingham and Solihull Mental Health Foundation Trust, Heart of Birmingham PCT and City Hospital, Birmingham. £1.2 million pounds was made available by the PCT to set up an 18 month pilot at City Hospital, with the aim of demonstrating that a comprehensive, integrated liaison psychiatry service could effectively reduce length of stay and improve patient care.

The Rapid Assessment, Interface and Discharge (RAID) model of liaison psychiatry was launched at City Hospital in October 2009. Pre-existing mental health provision was fragmented and operated from 9-5 Monday to Friday. It consisted of a full-time general adult consultant psychiatrist exclusively carrying out overdose assessments, 2 A&E nurses, an older adults nurse, a team manager and admin. The majority of the funding for the RAID model came from the pre-existing liaison psychiatry service.

By reorganising and adding to the old service, a new liaison psychiatry service has been set up that operates 24 hours a day, 7 days a week. A key feature of the RAID model is the integration of different psychiatric specialties within a single team. The team of 25 includes consultants in general adult and old age psychiatry, substance misuse and psychology. There is trainee and junior medical and psychology support, a mental health housing support officer, admin, and psychiatric liaison nurses with specialist backgrounds in general adult, old age and substance misuse. The team offers a single point of referral for all inpatients and patients presenting to A&E with mental health problems over the age of 16. There is a 24 hour response target for wards and 1 hour for A&E. All referrals are discussed daily by the team to enable clinicians from various sub-specialities to contribute to patients' care plans. The referral rate has been consistently increasing, and at present the team sees at least 300 referrals a month.

Whilst the team has been extremely busy, the caveat of course will be the outcome of the evaluation of the RAID model. So far, evaluation has been hugely positive in terms of City Hospital staff and patient response regarding quality of care. The challenge will be to demonstrate savings in hard financial terms to the PCT and acute trust, who will ultimately make a decision in these financially-constricted times about the future funding of the team. There has been a focus on length of stay and frequent attenders, and the initial results on older adults with a diagnosis of dementia look promising. However, such savings are notoriously difficult to pin down, and are confounded by poor quality data prior to the existence of the current service.



SITUATIONS VACANT

LIAISON PSYCHIATRY PSYCHIATRY SPECIALITY DOCTOR POST, BRISTOL ROYAL INFIRMARY



This is a replacement post (the present incumbent is leaving to finish higher training) to join the enthusiastic and committed team of Dr John Potokar, Honorary Consultant in Liaison Psychiatry and Senior Lecturer in Psychiatry at the University of Bristol, Dr Lucy Griffin Locum Consultant, Salena Williams, Band 8 Clinical Team Manager, 2.5 WTE Band 7 RMNs (in post), as well as Foundation, Core and Speciality Training grade Doctors. For further information please contact: **Dr Lucy Griffin, Locum Consultant Psychiatrist on 0117 3422777**



We welcome any feedback you may have on the newsletter and its contents. Please email all feedback/comments/suggestions to peter.aitken@nhs.net or jayneclarke@nhs.net



“THE TIMES THEY ARE A CHANGING”

Dr Arun Kaul SpR Liaison Psychiatry Bristol Royal Infirmary

Dr John Potokar Senior Lecturer and Hon Consultant Liaison Psychiatry, University of Bristol and Bristol Royal Infirmary

Revolution is again on the horizon, ostensibly to liberate the NHS of its inefficiencies and officialdom, and aiming to usher in a patient centred service, accountable to the nation for improving its health. After a summer of plenty, having seen its budget allocation double to greater than £100 billion over the last 10 years, the NHS is having to find savings of £20 billion in the face of a zero growth budget, creating



The implications from the severe chill blowing across the nations finances are particularly dire for mental health services. Currently, accounting for up to 12% of PCT budgets, mostly reflecting a need to correct historic underinvestment, mental health services look increasingly vulnerable from the proposed efficiency savings in the short term and disinvestment thereafter. The political mantra of ringfencing, improving quality and productivity is diverting and to be expected but the harder reality is relative cost cutting that could leave Liaison Psychiatry exposed.



Ringfencing of current expenditure fails to account for the real time costs of an ageing population, technological advances, patient expectations, continuing health inequalities and the health consequences of the economic downturn. Considered together with the lack of commitment to plough back efficiency savings into the NHS, the danger of cuts to services and workforce remains real and present. Is there a positive reframe?

Abolition of non clinical targets, focus on outcomes rather than activity, removing unnecessary quangos, joining up of local NHS services, social care and health improvement are sensible, and may provide opportunities. Disbanding of SHAs, and PCTs, with the best managers being more integrated into frontline delivery and the best manager clinicians returning to practice with perhaps more awareness of fiscal limitations may help focus communication between purchaser and provider (or its progeny). It may also allow for targeted development of Liaison Services - at the moment there are too many people who know too little to interact with and blind alley culture pervades. GPs are going to become more central to commissioning and they of all people are aware of the iceberg of psychopathology that feeds symptom presentation but and this is a big BUT we need to influence our local agendas and we (our patients and us) need to be vocal and creative advocates of the holistic approach if this changing relationship is to be more than window dressing.

Innovating, improving productivity and quality of patient care in acute hospitals is the raison d'être of liaison services, as is safeguarding equitable distribution of resources, autonomy, dignity and privacy of the most vulnerable in our society. Locally we need to constructively engage with commissioners and acquire a more public profile, to challenge the stigma towards mental illness and mental health services that remains institutional in some parts of NHS. We need to take the lead ourselves in improving efficiencies and exploring opportunities for partnership with other sectors and to provide more versatile and equitable services.

The challenge for us is to hold the government to its commitment of providing patient centred services freed from the bureaucracy of a central command economy. The white paper potentially offers us this opportunity to locate the “ headquarters of NHS in the consulting room.”

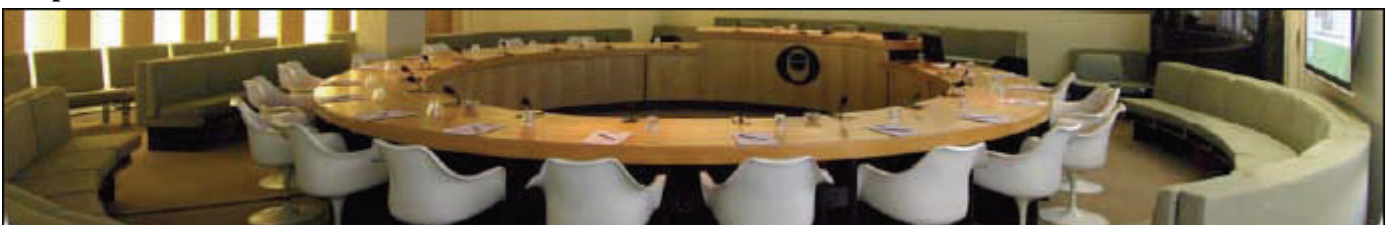
We need to educate about what we do and continue to do what we do well, which is continuing to reinvent and innovate in accordance with patient needs and expectations, whilst being mindful of the political environment in which we have to operate.



THE ROYAL COLLEGE OF PSYCHIATRISTS, EASTING DISORDERS ANNUAL CONFERENCE, 5th NOVEMBER 2010—ICO, 22 BERNERS ST, LONDON

A national, one-day conference, examining the complex relationships between obesity, eating disorders and current approaches to treatment. Environmental and genetic contributions to risk, the neurobiology of obesity and outcomes from psychological and surgical interventions for binge eating disorder and obesity will be reviewed. This will provide an evidenced based context for a lively debate to examine the interface between eating disorder and obesity services across the life span.

The conference is open to all and will be of appeal to psychiatrists, psychologists, physicians, surgeons, dietitians, mental health nurses/professionals in child and adolescent/ adult services with an interest in obesity, and all those who feel this knowledge would benefit them. Feel free to forward this flyer to colleagues who would be interested in attending to maintain and develop knowledge skills in this increasingly important area of clinical work.



Highlights include;

- A call to action for prevention of obesity and eating disorders.
- An in-depth look at Bariatric Surgery and its effects on obesity and eating behaviour.
- State of the art psychological interventions for binge eating disorder.

AND

- A closing debate *“There is no place for obesity in ED Services”* including leading professionals in the field which will provide a lively opportunity delegates to contribute and much more....

Reserve your place today to avoid disappointment!

For further information please contact the College Conference Office

Tel: +44 (0)20 7235 2351 x6129. Fax: +44 (0)20 7235 7976

Email: conference@rcpsych.ac.uk

www.rcpsych.ac.uk/events/collegediary.aspx



HELP US TO HELP OUR ENVIRONMENT

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membership@rcpsych.ac.uk

If you would like to include an article in the next edition of the newsletter or have any queries please contact: Dr Peter Aitken, peteraitken@nhs.net (PA: jayneclarke@nhs.net)