

# MAKING A PACCT

An Evolving Project: The role of Patient And Carers' Community Team meetings in a Mental Health Liaison Service

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## BACKGROUND

The North Middlesex University Hospital's (NMUH) Patient and Carer's Community Team (PACCT) meeting was born out of recommendation from our PLAN peer review. It was felt that to improve our service, we needed to meet more regularly with our users and gain feedback.

The NMUH Liaison Team is a 24 hour service, who on average assess and provide interventions for 350 people a month. It is a joint endeavour between the acute trust and Barnet Enfield and Haringey (BEH) Mental Health Trust. The group sat well with NMUH's key objective to "Ensure positive experiences for patients" and BEH's key value to, "Put the needs of our patients and carers first, and involve them fully in their care".

## ATTENDEES

All patients seen in November 2015, January 2016 and February 2016 were invited via a poster attached to their GP letter. Patients and Carers were also told via word of mouth following contact with mental health liaison and staff were encouraged to list names of potential attendees which were then contacted and invited.

Services invited included: Enfield Carers Support Centre, Haringey Association for Independent Living (HAIL), Crisis Resolution Home Treatment, EIS, Dual Diagnosis worker, IAPT and MIND.

The idea to invite services was to help attendees understand the relationship between different mental health services in accessing care. We also felt it would be helpful for other teams to hear about the work we do.

On average attendance in increasing order were: Service Users (SU), 11%, Professionals (P), 41% and Carers (C), 48%. In total 27 people attended the PACCT meetings.

## FEEDBACK

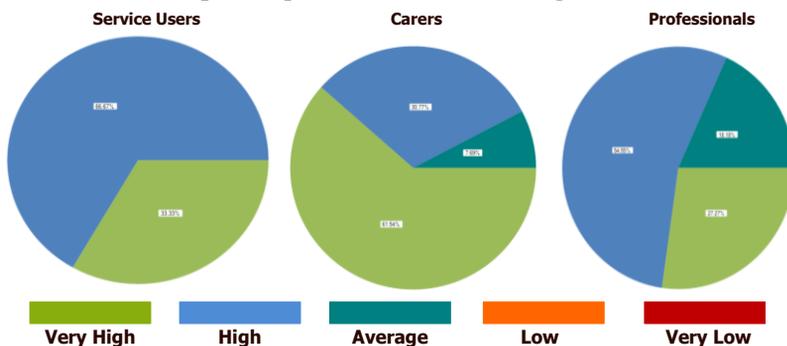
Feedback was gathered via surveys circulated at the end of the meeting.

**100%**

of attendees reported they would recommend Friends and Family to attend a PACCT meeting at NMUH.



## What was your opinion of the meeting as a whole?



Comments were explored via thematic analysis methodology. Main themes elicited include:

### INFORMATION AND KNOWLEDGE ON SERVICES

**Service User:** "The meeting was very informative and I'm sure others would find it helpful."

**Carer:** "Listening to people's first hand experiences of their troubles, getting the support and help they needed and then being able to be put in touch with a new source of support."

**Professional:** "Can learn about other services and sources of help available."

### HEARING FROM AND SHARING WITH OTHERS

**Carer:** "I find this group very helpful. It's nice to know I'm not the only one going through problems."

**Carer:** "It was good to hear NMUH Liaison's team receive good feedback"

**Professional:** "Good forum to hear Carer's voice."

### OUTCOMES, REFLECTIONS AND GOING FORWARD

Although there were some initial anxieties about the usefulness of the group, the process has been a positive and informative one. While the PACCT meetings set out to be a focus group and information-providing meeting, it has however evolved into a useful one-stop holistic support group for users of the NMUH Mental Health Liaison service, involving them in the feedback loop.

Via linking patients and services together we were able to identify unmet needs and provide a conduit for service development. The PACCT group helped to facilitate the (1) **implementation of a separate trust-based EIS Carer group**, contributed to the development of a (2) **directory of local Mental Health Carer's resources** by our student nurse, and, overall (3) **contributed to the patient/carer experience.**

Recruitment has been challenging – particularly for service users. The team are beginning now to think of strategies to involve acute hospital staff in improving attendance.

The presence of the group helps to meet some of the aims of our mental health trust's **Enablement strategy**, particularly *knowledge about resources in the local community* and *providing opportunities for service users, family members and staff to learn about Recovery*. In the future it may be worth sharing data from PACCT meetings with CCGs and possibly considering the presence of one as a quality marker for Psychiatric Liaison teams.