

In this issue

- Updates from the PLAN team
- Update on LP-MAESTRO
- Save the Date: PLAN Annual Forum
- 'My role within a Liaison Psychiatry Team' - Support Worker
- Opportunities for Service Users and Carers
- Upcoming peer-reviewer training
- Care plan template from Camden and Islington Mental Health Trust and the Royal Free Hospital Trust
- Useful Links
- Contact the PLAN team

Hello from the PLAN Team!

We hope you have all had a lovely summer. Our last newsletter was sent out in December, and it's been a busy few months here at PLAN since then.

This year we have accredited the following teams, who we would like to congratulate for all of their hard work and on achieving PLAN Accreditation:

- Rapid Response Liaison Psychiatry Team at King's Mill, Mansfield Community, and Newark General Hospitals;
- Liaison Psychiatry Team at North Devon District Hospital;
- Liaison Psychiatry Team at Wonford House Hospital;
- Older Peoples' Mental Health Liaison Team at Queen Elizabeth Hospital, Gateshead.

We currently have 13 other teams in review stage, who are all working really hard to meet the PLAN threshold for Accreditation. We have also welcomed 7 new teams who will be starting the PLAN process soon. You can find a list of all PLAN's current members on the RCPsych webpage.

We had another successful special interest day in January on Suicide and Self Harm, and we are looking forward to our Dual Diagnosis special interest day

later this month. We advertise all events on PLAN-Chat, so keep an eye out for future events on there!

As I am sure many of you are already aware we have recently published the 5th edition of the PLAN Standards, which can be found [here](#). Thank you to all those who provided their valuable input to this edition.

The CCQI have also developed a centre wide information management system called CARS and PLAN have now moved onto this system. This will now be where teams can manage the data collected during the review process.

In other news, last month we said goodbye to Deputy Programme Manager, Francesca, who many of you will have met or spoken to whilst PLAN members. We would like to thank her for all the hard work she put into PLAN, and also congratulate her on becoming Programme Manager for the National Clinical Audit of Anxiety and Depression, here at the Centre for Quality Improvement. This also means congratulations are in order to Emily, who has taken over as PLAN Deputy Programme Manager. New Project Worker, Ellen, has now been with the team for four months, and we hope to have another Project Worker on the team soon.

Finally, thank you to all those who have contributed to this newsletter. We hope that you enjoy the issue and we look forward to working with you all in the future!

The PLAN team

Update on LP-MAESTRO (work-stream one): A service-organisation level exploration of liaison psychiatry service structures, processes and outcomes

Authors: Dr Andrew A Walker, Jasmin K Keeble, Dr Alan Quirk, Hannah Lucas, Professor Allan House

Readers may be aware of the NIHR commissioned health service research project: Liaison Psychiatry: Measurement And Evaluation of Service Types, Referral patterns and Outcomes (LP-MAESTRO). This is the third update ^[1]^[2]. The commissioned bid contained three requirements:

- Mapping services
- Assessing quality, including patient experience
- Evaluating cost-effectiveness of models of care

Requirement one, liaison psychiatry service mapping, was accomplished through collaboration with the 2nd Annual Survey of Liaison Psychiatry in England (LPSE-2015) ^[3]. LP-MAESTRO followed up 61 of the 179 services identified by LPSE-2015 with a telephone interview. As predicted in the NIHR commissioning brief from which LP-MAESTRO was funded, pronounced variation in the staffing, skill-mix, and scope of services emerged. A statistical technique (model-based clustering ^[4]) of LPSE-2015 data produced a taxonomy of service models with each of the services fitting into one of four clusters ^[2].

Requirement two, assessing quality, has been assessed in work-stream one by evaluating the processes liaison services use to meet their outcomes, and obtaining service user feedback:

1. 73 case-study interviews of liaison psychiatry teams and interfacing acute colleagues across 11 acute hospitals sampled from the 4 clusters.
2. A seven-day survey of clinical activity completed by 19 liaison psychiatry teams.
3. An online liaison psychiatry user survey promoted through Facebook, relevant user-groups and from a sample of liaison services.
4. Also, imminently, a number of liaison psychiatry service user (i.e. patient and carer) interviews.

The results of the LP-MAESTRO work-stream one (reporting on the patterns of liaison psychiatry services, structures, processes and outcomes) will be submitted for publication this year. The output from this work will inform the evaluation of cost-effectiveness of models of care, which is the remit of

the data linkage project that constitutes work-stream two ^[5].

This first part of the LP-MAESTRO project will add nuance to the description of what liaison psychiatry services are and what they do – moving on from simplified or under-specified accounts of how catchily-named service configurations can deliver certain objectives, to emphasise the diversity of liaison service delivery that is needed to respond to widely varying needs for mental health care in the acute hospital setting. It will form an important part of the work needed to inform service commissioners and planners about what is really needed to ensure the organisational effectiveness of liaison services.

As ever, the LP-MAESTRO team would like to sincerely thank all the individuals, services and the respective NHS Trusts who have participated in the research to date.

Acknowledgements: LP-MAESTRO is funded by the National Institute for Health Research HS&DR (project number 13/58/08). Department of Health Disclaimer: The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the HS&DR, NIHR, NHS or the Department of Health.

References:

- 1 The Structures of Liaison Psychiatry Services in England: Existing models and a novel statistical approach to identifying services which are similar to each other. Andrew Walker, Allan House, William Lee, Jessica Barrett. August 2016 issue Psychiatric Liaison Accreditation Network (PLAN) newsletter.
- 2 Liaison Psychiatry in England: an update on the 'what', 'when', 'where' and with 'who' and plans to explore the 'why'. Professor Allan House, Dr Andrew A Walker. December 2016 edition of the Royal College of Psychiatrists Faculty of Liaison Psychiatry newsletter.
- 3 Liaison Psychiatry in England: an update on the 'what', 'when', 'where' and with 'who' and plans to explore the 'why'. Professor Allan House, Dr Andrew A Walker. December 2016 edition of the Royal College of Psychiatrists Faculty of Liaison Psychiatry newsletter.
- 4 Chris Fraley & Adrian E Raftery (2002) Model-Based Clustering, Discriminant Analysis, and Density Estimation, Journal of the American Statistical Association, 97:458, 611-631, DOI: 10.1198/016214502760047131
- 5 <http://www.hra.nhs.uk/news/research-summaries/lp-maestro-ws2p1/>

Save the Date: PLAN Annual Forum 8th March 2018

The popular annual PLAN conference is back for another year! Join us at this event to discuss and debate key issues, with interactive sessions delivered by expert clinicians, patients and carers. Further details to follow.

'My role within the Liaison Psychiatry Team'

Author: Lynne Penman, Peer Support Worker at Sunderland Liaison Service

My role within the psychiatric Liaison team started in December 2016. I had previously worked for the Trust for 18 months on a community mental health team. I am passionate about peer support and the power that it can have on recovery. **We as peer support workers lead by example, instilling a sense of hope** and bringing some order to the chaos that ensues when you live with mental health difficulties.

My own Journey began in 2002. Although my recovery is still ongoing, there were many turbulent years until I developed the appropriate coping strategies in order to live a full and exciting life whilst still experiencing mental health difficulties. Anything is possible with the right support, guidance, and a level of hope to help you through the dark days.

In 2015 I secured a job as peer support worker working in a community mental health team. I thoroughly enjoyed my job and worked with some incredible people, supporting people through the minefield of mental illness and helping to challenge stigma. My role within the team helped me to build my own resilience and set new goals for my own career and development. When the role in the psychiatric liaison team became available I felt ready

for a new challenge. The role was initially difficult for me as I had not worked in an environment where physical health took precedent. Whilst I had the knowledge that physical ill health significantly impacts on one's mental health, it was difficult for me to adapt to the clinical environment and the severity of people's physical illness. The team as a whole was incredibly supportive and nurtured me until I found my feet. **Every single day in this job is filled with challenges and many learning curves, but with guidance and knowledge from my colleagues I feel I am developing my skills to deliver the best possible care to patients** who have suffered life changing illnesses, and inspire a sense of hope.

My previous career as a teacher has helped me to tailor treatment, and support people to set achievable goals to further both their physical and mental recovery. Teaching is about enthusing, and inspires minds to want to learn more and help people fulfil their potential by identifying their strengths. In some ways the work of a peer support worker is similar; empathising, understanding, goal setting and encouraging and supporting people to make the changes they want to see in their lives. Melissa and Kate, colleagues within my team have stated how important the role of peer support worker has been within the team:

"Having someone with lived experiences of mental health difficulties, challenging life events, and a level of understanding beyond our clinical experience is a vital part of engaging patients within psychiatric Liaison. Having an individual who has the ability to put themselves in someone else's shoes and feed back to clinical staff about the struggles people might be facing is very valuable. Peer support workers have the ability to engage with people confidently, without fear or judgement and have a great understanding of the difficult journey that lies ahead."

Each day I look forward to the day ahead, filled with passion and excitement. This for me is the best part of my day, as I spent many years unhappy with my working life, which took its toll on my mental health, leaving me with a sense of dread each day. I had lost all hope. Waking up each day with a sense of contentment is a state I thought would never be possible again. **I work within a team where I feel supported, but most importantly valued.**

The role of peer support and support workers within the team is varied, utilising the many skills and talents we have ranging from anxiety management, relaxation techniques, mindfulness, and the creative arts. We work within the hospital environment, however as we take a holistic approach to care and deliver the best care for the patient and their needs, our roles can often involve home visits, group work, and supporting patients to manage their symptoms in our patient clinics. The variety of the role is what has attracted many of us to the job, **challenging our perceptions and developing our skills in order for us to deliver treatment that gives equal weight to physical and mental health.** As support/peer support workers we naturally have empathy, good listening skills, and the ability to communicate with a broad range of people, however our knowledge of the world of medicine/nursing and medical terminology can be limited. For me this was the biggest challenge to overcome. My clinical colleagues have been patient and understanding, and have taken a lot of time to impart their knowledge and wisdom and given me the confidence to question what I don't understand.

My top tips: 'variety is the spice of life'. **No two days are ever the same** within the team which can be a good thing but also what can make the job difficult. **View each day with fresh eyes and the mission that we can give people hope.** As Joseph Addison said:

“Three grand essentials to happiness in this life are something to do, something to love, and something to hope for.”



Opportunities for service users and carers to become PLAN peer reviewers

PLAN is currently looking for new patient and carer representatives to join the network as peer-reviewers.

Working with the CCQI provides many opportunities to improve mental health services. The patients and carers we currently work with have said that:

- They feel good about helping to improve services;
- They learn about standards of care and what good practice looks like;
- They feel their voice is heard and that their opinion is important;
- They value meeting other service users and carers and hearing their views.

If you are interested in either of these roles, please visit the PLAN website:

rcpsych.ac.uk/plan

or contact Emily:

Emily.Patterson@rcpsych.ac.uk,

tel. 0203 701 2725

Upcoming Peer-Reviewer Training

If you're interested in visiting other teams as part of the review process and to share best practice/ideas you could become a trained peer-reviewer.

Peer-reviewer training takes place 2/3 times a year. The next session is:

31 October 2017

Training takes place at the RCPsych offices in London.

If you are interested in attending please email Emily (Emily.Patterson@rcpsych.ac.uk) or Ellen (Ellen.Rhodes@rcpsych.ac.uk).

Care plan template from Camden and Islington Mental Health Trust and the Royal Free Hospital Trust

Author: Hayner Harries, Team Lead at Royal Free Liaison Team

This care plan template is a joint initiative based on consultation between Camden and Islington Mental Health Trust and the Royal Free Hospital Trust. This was first rolled out in October 2016 and has run continuously to date. There has been very positive feedback from the Emergency Department (ED). The positive comments are related to improved communication between the liaison team and the ED, improved quality of care, improved relations, and clarity of joint work. Interestingly, medical wards who have received patients transferred from the ED have utilised the form for handover information. This handover information has supported their decision-making, such as level of observations whilst on the medical ward.

Underpinning the development of this joint working strategy are the following areas:

- Recommendations from serious incident investigations;
- The Quality Improvement framework;
- To contribute toward meeting the standards for accreditation by the Royal College of Psychiatrists (PLAN);
- Advice following Health and Safety annual review of the ED department.

The Drivers:

1. The need to have more of a legal framework for decision-making around stopping patients from leaving the ED.
2. ED staff to be informed immediately of risk assessment and risk management.
3. Problem of mental health entries by the liaison team being documented in different areas of the acute hospital notes. Liaison staff write everything in this document. The need for more immediate information to ED staff.
4. Ensuring that physical health care is not neglected and everyone knows who is doing what. Advice on mental health medications when necessary. We advocate starting treatment immediately when necessary e.g. avoiding unnecessary delay whilst awaiting crisis team contact, and review by a psychiatrist. Naturally in relation to Mental Health Act the effect of medication on the assessment process is strongly considered.
6. The need for a brief formulation and understanding of the outcome of the assessment that is digestible for busy ED staff.
7. The need to have standard protocol of returning to review the patient whilst they are waiting (this is the last page of the form) our standard is to return within 2 hours to review.
8. Clarity around discharge planning.

Upon the six-month review of this form the main areas for improvement and development are the design of the physical health and medication sections. ED are interested in integrating 'The Mental health Patient Care Plan' more fully into the acute hospital electronic records. There will also be more development in linking the ED Triage risk assessment with this joint care plan.

MENTAL HEALTH PATIENT CARE PLAN 2

Version 2014

ID STICKER

Mental Capacity and Mental Health Act			
Can patient leave if they wish?	<input type="checkbox"/> Yes <input type="checkbox"/> No Time of decision:	IF NO: Justification for decision:	<input type="checkbox"/> MCA <input type="checkbox"/> Common Law <input type="checkbox"/> 136 section
Comment:			
Can patient leave temporarily (e.g for cigarette)	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF NO: Justification for decision:	<input type="checkbox"/> MCA <input type="checkbox"/> Common Law <input type="checkbox"/> 136 section
Supervision required during leave:			

Levels of Observation	
Requirements (tick what is advised):	
<input type="checkbox"/> Security <input type="checkbox"/> RMN 1:1 <input type="checkbox"/> HCA <input type="checkbox"/> ED staff only	
Action Taken:	
Constant sight of patient (including bathroom)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Escort of Patient	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does patient require a search for potential object of harm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If search completed, what removed & by whom?	

MENTAL HEALTH PATIENT CARE PLAN 3

Version 2014

ID STICKER

Physical Interventions/Investigations	
Investigations requested by Liaison team:	NEED TO INSERT RCEM RECOMMENDED LIST FROM HILLARY
Liaison team is concerned about patient's hydration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Action taken/Plan:	

Medication				
Recommended medication (by liaison team):				
Drug	New/Existing	Requestor	Prescriber	Prescribed on drug chart
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

ED Mental Health Discharge Plan			
Refer for inpatient Psychiatric Bed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Informal admission?	<input type="checkbox"/> Yes <input type="checkbox"/> No Time referred:
	Time referred:	MHHA?	<input type="checkbox"/> Yes <input type="checkbox"/> No Time referred for 1 st Rec:
Referred to:	HTT/crisis team <input type="checkbox"/> Crisis House <input type="checkbox"/> Community mental health service <input type="checkbox"/> Back to GP only <input type="checkbox"/>	Time referred:	Time referred:
Patient needs to wait in ED until plan finalised?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient can be discharged from ED once medically cleared?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Admission to medical ward required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specialty: Named Consultant:	

Useful links

Department of Health

www.doh.gov.uk

Health and Social Care Advisory Service

www.hascas.org.uk

An evidence based service development organisation working in all aspects of mental health and older people's services across the health and social care continuum

Institute of Psychiatry

www.iop.kcl.ac.uk

The largest academic community in Europe devoted to the study and prevention of mental health problems.

National Institute for Health and Clinical Excellence

www.nice.org.uk

An independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. Includes the National Collaborating Centre for Mental Health (NCCMH), a partnership between the RCP and BPS.

Centre for Mental Health

www.scmh.org.uk

An independent charity that seeks to influence mental health

policy and practice and enables the development of excellent mental health services through a programme of research, training and development.

QIPP

www.dh.gov.uk/health/category/policy-areas/nhs/quality/qipp

College Centre for Quality Improvement

www.rcpsych.ac.uk/quality.aspx

College Training

www.rcpsych.ac.uk/rainingpsychiatry/eventsandcourses.aspx

Offers courses for professional development in mental health care.

Contact the PLAN team

We love hearing from our members and helping to facilitate communication amongst our teams — after all, it's what being part of a network is all about!

If you would like more information regarding the contents of this newsletter, have any ideas for something you'd like to see next time, or would like to contact us about anything else at all then do get in touch!

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