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North Derbyshire Liaison Team

Developing an Older Adult Liaison Service (within Rapid Access Interface and Discharge): Strengths and Challenges

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Aims

1. Our team
2. Concerns
3. The challenges
4. Possible solutions
5. Small, creative, group work

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- A new psychiatric liaison service based upon (RAID) commissioned -April 2014
-
- fully implemented - February 2015
- 24/7 service
- 17 years of age
- one hour target for Emergency Department (ED)
- 24 hour target for seeing patients who have been admitted to a hospital ward.

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Staff numbers

- 1 older adult consultant : 8 sessions
- 1 GA consultant: 2 sessions
- 1D&A consultant: 4 sessions
- 1 staff grade: 5 sessions
- Nursing: 14 band 6 nurses
- 3 band 7 leads
- Band 7 manager
- Band 8 nurse consultant
- Research assistant: Vacant
- Students: 2-4 at any time
- Trainees: 1 HT, 2 days
- Admin: I full time, 2 part times

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- providing advice and guidance to CRH staff, external partner organisations, patients, families and carers around mental illness and substance misuse
- providing specialist psychosocial assessments for CRH
- supporting patient discharge with necessary community referral and signposting
- liaising with mental health professionals, if the person presenting needs admitting to a mental health inpatient ward

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Hospital OA Team

- provide “enhanced care” for patients who require 1:1 support
- support staff with Dols assessments.
- band 6 nurses and a support worker.
- mainly a screening service
- will often refer patients on to the Liaison team for assessment for dementia diagnosis, BPSD, unresolved delirium.
- Liaison team will utilise the enhanced support aspect of the Older Adult Team if they feel a patient requires 1:1 support.

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Who Cares Wins' (2005)

- The Royal College of Psychiatrists report 'Who Cares Wins' (2005) states that two-thirds of NHS beds are occupied by people aged 65 years or older.
- Up to 60% of general hospital admissions in this age group will have or will develop a mental disorder during their admission.
- i A typical district general hospital with 500 beds will admit 5,000 older people each year and 3,000 will suffer a mental disorder. On average, older people will occupy 330 of these beds at any time
- ii Depression, dementia and delirium account for 80% of mental disorders.
- iii In 500 bed hospital 96 patients will have depression, 102 dementia and 66 delirium.

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Why is it important to detect and manage mental health problems in older adults in acute hospital?

- There is growing evidence that the cost and quality of care markedly is compromised with poorer outcome for patients if we don’t address the underlying mental health problems in the group of patients.
- The Mortality rates for individuals with co-morbid asthma and depression are twice as high as among people with asthma on its own
- People with Chronic Heart Failure are 8 times more likely to die within 30 months if they also have depression
- The quality of life and functional status of this group of patients are far worse than patients with two or more physical health problems.
- Co morbid mental health problems are typically associated with increases of 45-75% in the costs of physical health care for long-term conditions.

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Total population aged 65 and over predicted to be admitted to hospital as a result of falls

	2017	2020	2025	2030	2035
England	2,674,388	2,835,621	3,162,260	3,606,135	4,018,813
East Midlands	240,633	256,376	287,189	328,917	366,885
Derbyshire	3,386	3,736	4,431	4,938	5,459

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People aged 65 and over predicted to have depression

	2017	2020	2025	2030	2035
England	865,218	910,672	1,005,852	1,130,567	1,237,031
East Midlands	78,314	82,823	91,750	103,315	113,019
Derbyshire	14,513	15,347	16,939	18,977	20,711

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People aged 65 and over predicted to have dementia

	2017	2020	2025	2030	2035
England	702,039	757,461	878,771	1,032,725	1,194,419
East Midlands	61,823	67,169	93,538	78,833	108,768
Derbyshire	11,295	12,259	14,517	17,275	19,969

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Number of assessments carried out by Liaison team 2017/18

Month	Older adults	Total
Dec 2017	96	485
Jan 2018	101	519
Feb 2018	102	471

Number of assessments carried out by Liaison team 2018/19

Month	Older adults	Total
Dec 2018	92	550
Jan 2019	133	647
Feb 2019	87	513

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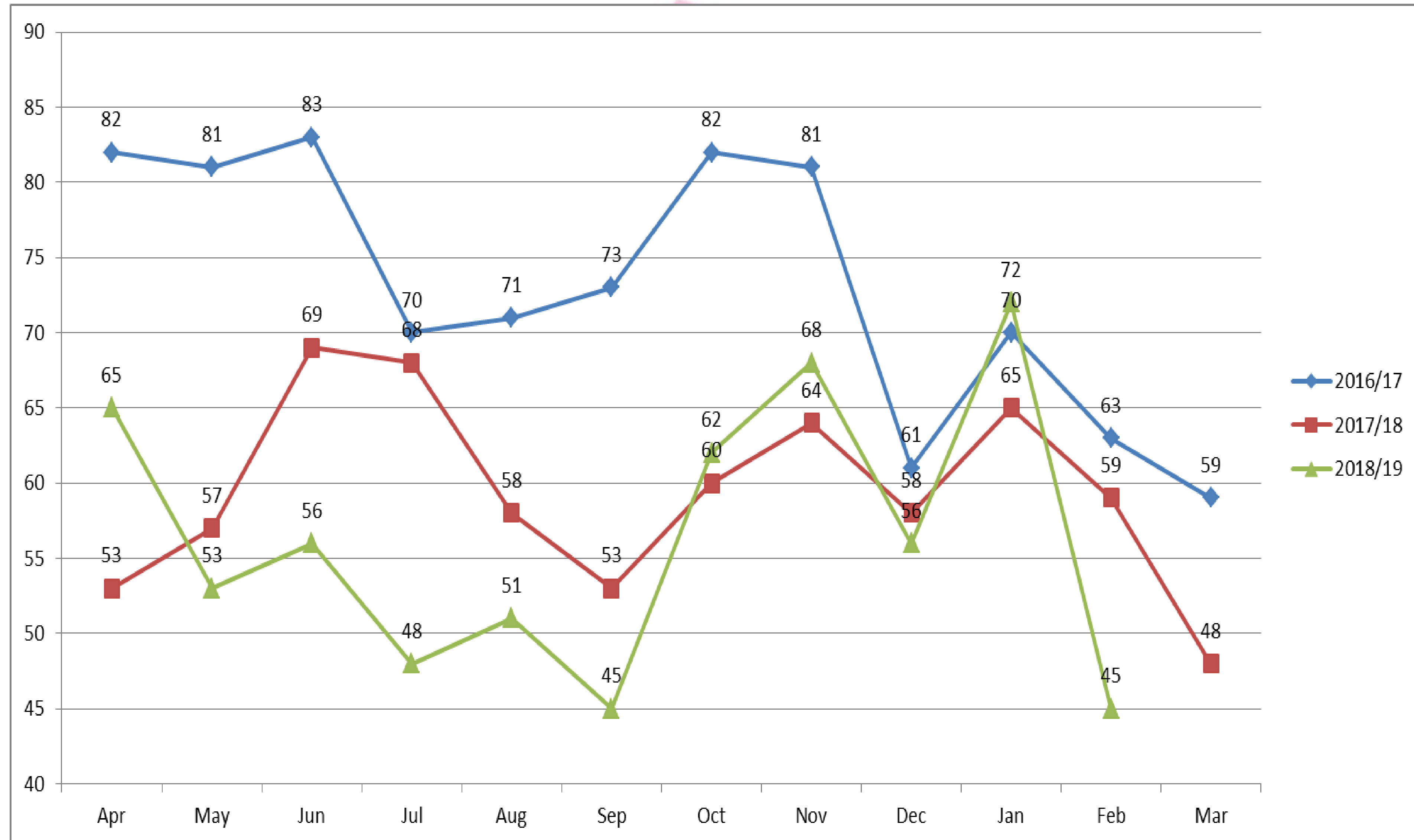
Referral numbers by months



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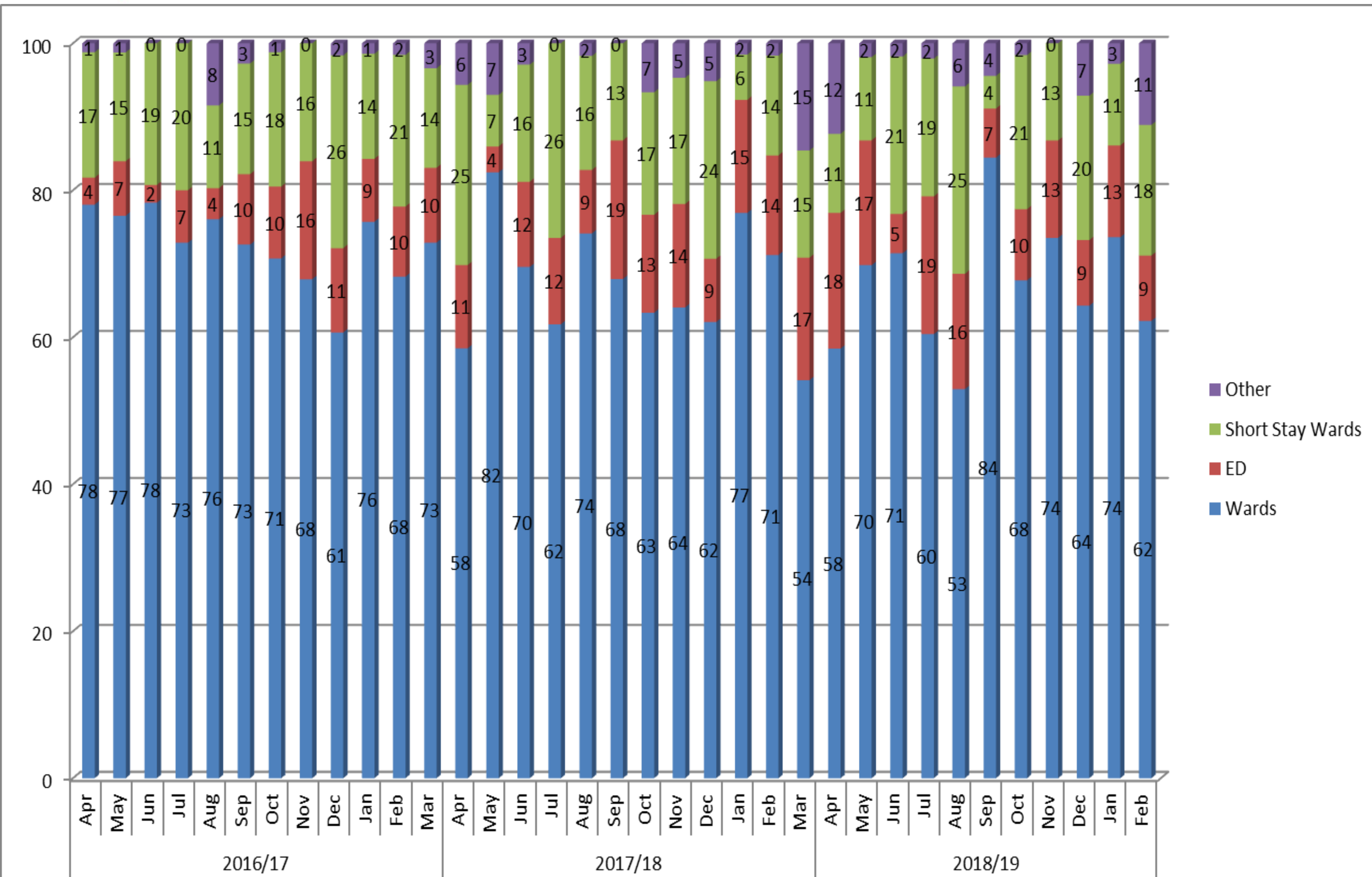
Proportion of Referrals by Referral Source and Month



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Proportion of patient referral by primary referral reason and month

Suicidal Ideation
Self-Harm
Behaving Strangely
Substance Misuse
Alcohol
Organic and Confusion
Functional

0
20
40
60
80
100

Apr-16
Jun-16
Aug-16
Oct-16
Dec-16
Feb-17
Apr-17
Jun-17
Aug-17
Oct-17
Dec-17
Feb-18
Apr-18
Jun-18
Aug-18
Oct-18
Dec-18
Feb-19

Why is it difficult to detect mental health problems in Older adults?

various reasons

- presence of a serious physical health problems
- lack of appropriate skills and training
- lack of time and resources
- lack of clear communications between primary and secondary care
- focused attention to the primary health problems rather than associated problems

and so on………

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Challenges

- This overlap in service provision -likely to be having a detrimental impact of efficiency and quality of care.
- Lack of clarity because of two teams- delays and reluctance in informal contact with the liaison team for advice and guidance.
- Furthermore, the length of stay has not decreased for patients presenting with dementia, delirium and confusion sine the implementation of the liaison team and it has actually increased for patients with dementia aged 65 years and over. This is likely to be related in part to an over lengthy screening and referral process resulting from having a separate older adult team within the hospital.
- Two of the core principles of a RAID model of liaison psychiatry (and why it will lead to a reduction in length of stay for older adults), is because there is a single point of contact and a single assessment model. Whilst there are two separate teams screening, supporting, assessing and referring patients within Chesterfield Royal hospital, the Liaison team are unable to function to a RAID model and it is therefore unlikely that a reduction in length of stay will occur.

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Challenges (Liaison team)

- A/E taking priority
- Lack of training
- Age discrimination
- Lack of services like CRHT
- OA Staffing

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What are we doing

- Developing a joint referral pathway between the hospital OA team the Liaison team
- Reduce rate of readmissions as outcome measure
- Training of acute hospital staff
- Increasing older adults staff within LT
- Improved assessments
- Exploration of onward referrals (to and from LT)

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Services LT OA can offer

- Advice/assesements of challenging behaviour
- Dementia diagnosis
- Advice to GP for follow up
- Referrals to MAS
- Referrals to DRRT

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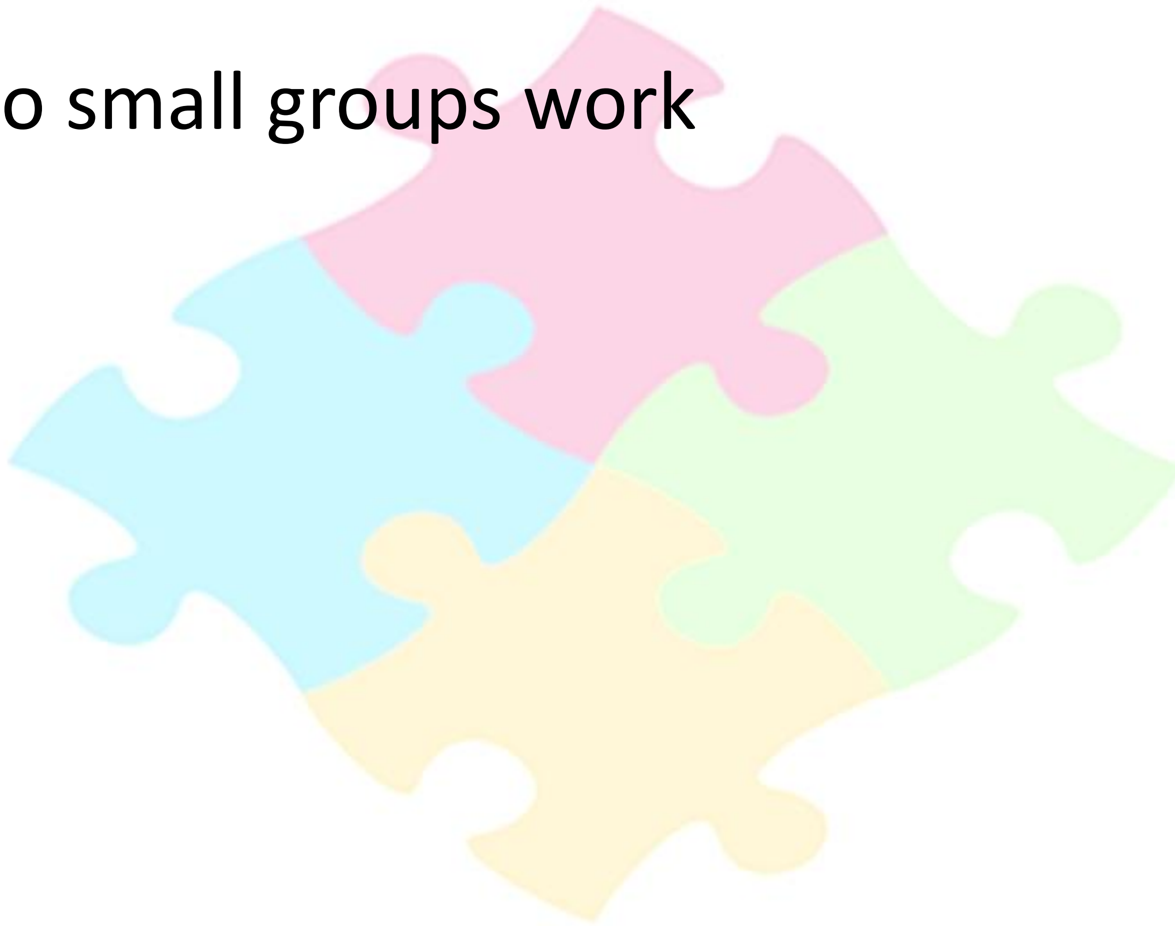
Let's do small groups work



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