

PLAN

Quality Standards for Paediatric Liaison Services

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Outline

- Paediatric Liaison Network: History / background
- Development of Standards – current version
- Discussion:
 - What is the plan for the use of the standards?

Paediatric Liaison Network

- First minuted meetings approximately 2005 of a few consultants
- Now international network with
 - 250 members
 - from UK, Ireland, Australia, Netherlands, and more
 - Representation in [RCPsych \(CYP & Liaison\)](#)
 - Links with [PPN](#) and [RCPCH](#)
 - Bi - Annual network meetings (one at the Liaison Faculty AGM)
 - SIG application

Current PLAN Standards for adults

Domain1 Core Standards : 18.1.12

Working with 16-18 year olds, if relevant.

Guidance: Training includes:

Mental health presentations in children and young people;

Legal issues relevant to working with children and young people;

Ability to engage and work with families, parents and carers;

Ability to communicate with children/young people of differing ages, developmental levels and background.

[2] [3] [5]

Paed Liaison Standards

- First attempt in 2009 (Peter Hindley)
- First PLAN meeting at RCPsych 2011
- No agreement on quality “level” achieved

- Revisited in 2016
- Draft Standards for **A&E settings (only)**:
- Revised by
 - RCPCH, Adult Liaison Faculty, PPN, CYP faculty

Current Draft Version

- The most controversial points:

Domain 2: Core Standards for access to mental health services for U18s within A and E settings

Standard 1:

There is a timely and developmentally appropriate response from mental health services when U18s require their input in A and E departments

PLAN?

1.1

1

There are clear referral pathways in A and E for contacting U18s mental health services 24 hours/day, 365 days/year.

This may involve different mental health services during normal working hours and out of hours which needs to be clear to both A and E and mental health staff.

Evidence of referral pathway in A and E department

Whole section in PLAN- 3.1 onwards

Resource issue

Mental health and A and E staff are able to speak to a consultant child and adolescent psychiatrist 24 hours/day, 365 days/year for advice if required.

- *This may require reorganisation of current out of hours arrangements, including merging of current rotas to gain universal access to consultant child and adolescent psychiatrists.*
- Evidence of rota for consultant CAP's.

Response time

- U18s who require an urgent or emergency mental health assessment in A and E settings are **seen within 1 hour** of the referral being received, with the expectation that they have been physically assessed in the first instance.
- *In case of emergencies A and E staff should be able to contact U18s mental health services for immediate guidance on observation levels, rapid tranquilisation and access to RMNs.*
- Audit of ABA standards

Other developments

- NHS-E ABA U&E care pathways ...
 - For adults (published Nov 2016)
 - Assessment within 1 hour / Plan: 4 hours

 - For CYP (under 18 yo) - ? Not released yet...
 - 1 hour / 4 hours probably less prescriptive

Admission to paediatric ward

- Children under 16 years presenting with self harm out of hours to A and E should be admitted to a paediatric bed for a full psychosocial assessment the following day as per NICE guidance on Self Harm.
- Those aged 16 or 17 years may also need an overnight admission to facilitate a full assessment during normal working hours which should be considered in every case, ideally to an adolescent ward if available.
- *As well as facilitating a thorough psychosocial assessment to be carried out during normal working hours, this also allows for observation by ward staff which can contribute helpfully to this assessment.*
- Audit assessing adherence to NICE CG16

NICE guidelines

New amendment 2018:

- Admission recommended for CYP aged 8-17

Competency Framework for paed liaison clinicians

(To be)Launched spring 2018

Collaboration :

- UK wide (Scotland & England)
 - Paediatric Psychology Network PPN
 - UCL
 - RCPCH
 - CAMHS clinicians of all disciplines

Mental Health Training for paediatricians

RCPCH adjusted curriculum :
training competencies in MH

- WPBSs

Discussion:

Should we aim high?

What is the plan for the use of the standards?

- Primarily for reference for commissioners and providers?
- Or also be used for a peer review or accreditation network?

Thank you

