National Audit of Dementia (care in general hospitals)
First round of audit 2010

Key findings on liaison psychiatry services
Background of the audit

The audit was established in 2008 with funding from the Healthcare Quality Improvement Partnership.

Key questions:

• What structures and resources do hospitals have in place to enable them to identify and meet the care needs of people with dementia?

• What evidence can be assembled to show that people with dementia in the hospital have received an acceptable standard of care?
The audit was open to all general hospitals in England and Wales providing acute services on more than one ward and admitting adults over 65. The audit was divided into two parts:

1) **Core audit**: collected information at hospital level about governance, policy and procedures and evidence from audit case notes of assessment, care planning and discharge.

2) **Enhanced audit**: collected data at a ward level and was limited to a smaller number of general hospitals.
Participation in the audit

Core Audit

• 88% (210) of eligible hospitals, representing 99% (151) of Trusts/Health Boards in England and Wales, participated in the core audit.

Enhanced audit

• 55 hospitals nominated a total of 145 wards to participate in the enhanced ward level audit.
Data received

Core Audit

210 organisational checklists
7934 case notes (from 206 hospitals)

Enhanced audit

2211 staff questionnaires
145 ward organisational checklists
144 environmental checklists
145 carer/patient questionnaires
Information collected on Liaison Psychiatry

- Hospitals access to Liaison Psychiatry services and service provision (organisational checklist)
- Number of patients who were referred to Liaison Psychiatry services (case note audit)
- Hospital staff feedback on the accessibility of Liaison Psychiatry services (staff questionnaire)
Audit standards on Liaison Psychiatry

There is a psychiatric liaison service commissioned to provide emergency/urgent assessment and treatment to adults throughout the hospital, including older people.

There is a named Psychiatrist for consultation/liaison.

The Consultant Psychiatrist has dedicated time in his/her job plan.

The Consultant Psychiatrist specialises in the care and treatment of older people.

All liaison practitioners have protected time to perform consultation liaison duties.

Liaison teams from local mental health and learning disability services offer regular consultation and training for healthcare professionals in the hospital who provide care for people with dementia.
Provision of service

- **90%** of hospitals had access to a liaison psychiatry service - in most cases this service was provided by a team, rather than a single practitioner.

- **88%** of hospitals reported that the liaison psychiatry service includes assessment and treatment of older people.

- **45%** of hospitals have a liaison service led by a named consultant with time dedicated within his/her job role, and with a specialism in the care and treatment of older people.
"In relation to the adult mental health team referral procedure we have no complaints. However, the response from the elderly mental health team and young persons' CAMHs team is not as timely. There is often a delay in assessment and a lack of support to the nursing staff in risk assessing and managing such patients."

"I have serious concerns regarding service for elderly and under 18 age group. Very slow service."
Provision of out-of-hours service

- Only around a third of hospitals who have access to a liaison psychiatry service are able to provide an out-of-hours service during evenings or weekends.

**PLAN comments:**

"Increase their working hours. When there is no liaison service available the support on the ward from mental health services is practically nil"

"If a patient is medically fit they need seeing promptly out-of-hours and at weekends"
## Reasons for referral

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment and review (incl. care planning/management)</td>
<td>20 %</td>
</tr>
<tr>
<td>Not specific, e.g. dementia/unknown/routine/not stated/blank</td>
<td>17 %</td>
</tr>
<tr>
<td>Confusion (+ others)</td>
<td>11 %</td>
</tr>
<tr>
<td>Diagnosis/capacity</td>
<td>10 %</td>
</tr>
<tr>
<td>Aggression/risk to others (+ others)</td>
<td>8 %</td>
</tr>
<tr>
<td>Agitation/mood change/anxiety (+ others)</td>
<td>7 %</td>
</tr>
<tr>
<td>Cognitive impairment/deterioration (+ others)</td>
<td>6 %</td>
</tr>
<tr>
<td>Support on discharge</td>
<td>5 %</td>
</tr>
<tr>
<td>Depression/low mood (+ others)</td>
<td>4 %</td>
</tr>
<tr>
<td>Harm to self (inc suicide threat, refusal to eat/drink)</td>
<td>3 %</td>
</tr>
<tr>
<td>Medication review</td>
<td>3 %</td>
</tr>
<tr>
<td>Other</td>
<td>6 %</td>
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</tbody>
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Referrals to liaison psychiatry

- **17%** of case notes in the audit contained a referral for assessment

- At any one time, up to one quarter of acute hospital beds are in use by people with dementia over the age of 65 (*Counting the Cost*).
- This figure does not include older people with other mental health conditions, bringing the total to estimated 44% bed occupancy in a 500 bed hospital (*Who Cares Wins*)
Waiting times

- Nearly a third of urgent referrals waited over 4 days to be seen.
Waiting times

- **39%** of staff surveyed strongly agreed/agreed it was easy to gain access and input from Liaison Psychiatry

**PLAN comments:**

"Very good team, hard working, good communication and respond efficiently when available"

"Out of hours response time can often be long. Patient often becomes agitated/aggressive due to the wait time"

"Sometimes the more mundane (especially care of elderly) referrals take a while to be seen, and can be sometimes difficult to talk to someone in the team..."
Training provision by Liaison Teams

- 43% of hospitals reported that liaison teams offer regular training for healthcare professionals in the hospital who provide care for people with dementia

**PLAN comments:**

"The ‘About Me’ training was a very valuable session - it was structured and presented in a way that enabled me to see how I would put what I've learnt into practice."

"We would all welcome more training on mental health as a lot of nurses feel incapable of assessing the patients adequately and risk assessing patients/clients with mental health issues“
Recommendations made in the National Report (2011)

Commissioning Boards/Health Boards should ensure that liaison psychiatry services are in place to provide adequate access over 24 hours for treatment and referral of people with dementia in hospital. This should include the ability to provide an emergency or urgent response. Response times to referral should be a key performance indicator for these services.

Mental health providers should self-assess their policies and practice of liaison teams and report to commissioners on equality of access for people with dementia.
Discussion points

• We collected comments from participating hospitals and wards about access to services. Comments about liaison psychiatry often highlighted that:

• The service was not adequate – not commissioned or not large enough for the hospital

• The service was inequitable – provision for older people was limited