Questionnaire

Sixth Liaison Psychiatry Survey of England (LPSE-6)

This is the 6th Liaison Psychiatry Survey of England. We are asking about the staffing and activities of services which provide mental healthcare in Acute Hospitals with Emergency Departments in England. All responses are read and understood by a person, so please just describe your situation if the questions don't address your circumstances very well. The spaces between the questions can be expanded, so please write as much as you'd like to.

Your details

1. What is your name and what are your contact details?

Hans Goethals

Team manager Ashford liaison psychiatry

Kent and Medway NHS and Social Care Partnership Trust
Ashford Liaison Psychiatry Service
William Harvey Hospital, Kennington Road, Ashford, Kent, TN24 0LZ

Service overview questions

2. What is the name of Acute Hospital and Acute Trust in which your team works?
Most Liaison Psychiatry services operate in a single acute hospital. If that is not your situation, please describe it.

East Kent Hospitals University NHS Foundation Trust William Harvey hospital

3. What is the name of the provider of your service?
Usually this is a Mental Health Trust.

Kent and Medway NHS and Social Care Partnership Trust

4. What is the name of your team?
For example, Working Age Adult Liaison Psychiatry, Older Adult Liaison Psychiatry, Dementia Team, Drug and Alcohol, Children and Young People, HIV, Adult all age Liaison Psychiatry.

Ashford Liaison Psychiatry Service

5. Does your team offer Liaison Psychiatry to any other sites?
This might be another hospital, GP surgeries or somewhere else.

The team is part of a Kent county wide liaison psychiatry service where each acute medical NHS hospital has an individual liaison psychiatry team

6. During the Covid-19 pandemic, was there an alternative care pathway to the Acute Hospital Emergency Department for patients presenting primarily with a mental health problem? If yes, do you know when the service started, whether it remains in operation and/or when it stopped?
Please describe the location of this service, for example, acute hospital site either within or outside of ED footprint/on another site co-located with other mental health services. Please describe the staffing provision for this service, for example, staff from liaison services, staff from other mental health services

or temporary staffing, or a mix. Please also describe the degree of physical healthcare this service can/could deliver.

no

7. Are there any other Liaison Psychiatry teams operating in your Acute Hospital? If so, please provide a name and contact for these teams.
We want to count every liaison professional once. You can do this by each service responding separately, or by including the people in all the services in a single response, or some combination.

As we do not deal with patient under the age 18, the acute hospital relies on children and adolescent services covered by North East London NHS Foundation Trust

8. Is your team's office in the same building as ED/wards? If not, is it on site? If not, what is the travel time (and mode of transport)?

The team has two very small offices not in the same building as ED but close to some of the wards
The walking time is estimated between 5 to 10 min walk from office to ED pending on the person health and fitness and speed

9. Does your service/team offer anything clinical other than Liaison? If so, please outline the other clinical activities:
Some teams are unified Crisis, Home Treatment and Liaison, for example. Many pediatric services offer Liaison as one of many activities undertaken.

NO

10. Is your service securely and recurrently funded?
If the term is fixed but long, please tell us when it is up for review. Please describe if some or all of your service is recurrent but some is on short-term contracts. Please say if your service has to rejustify its existence at intervals or similar, even if the terms of this justification are vague.

Yes, we are and at present operates a 24/7 services and funded accordingly aiming for a core 24 services in the near further with the according funding

11. In early 2022, NHSE announced £19M in flexible funding for adult crisis/liaison services up to 2024. Do you know if your Trust has been awarded a share of this funding? Do you know if any of the funding has come directly into your liaison service? If Yes, do you know how much was awarded to liaison and what was it used for? If No, do you know the destination of this funding?

I’m not sure

Workforce
If your service delivers clinical care other than Liaison, please only include workforce figures for the Liaison part if you can. If there is no clear division, please describe the entire service and indicate approximately what fraction of the workload is Liaison.

In the 'No. of FTEs' column, please write the total number of Full Time Equivalents for each row. For example, there may be 2 people in Band 2 Administrator roles, each working 0.6 of full time. This would make 1.2 FTEs.

12. Administrators, MHPs and Doctors:

Role description & Band/Grade	**No. of people**	**No. of FTEs** *Please only include time assigned to this service.*	**Employment status** *e.g. Substantive/ Fixed term/Locum/ Temporary/ Winter pressures*
Administrators Band 2			
Administrators Band 3	1	1	Substantive
Administrators Band 4			
Administrators Band 5			
MHP Band 5			
MHP Band 6	13	4	Substantive
MHP Band 7	2	2	Substantive
MHP Band 8	1	1	Substantive
Dr F1			
Dr F2			
Dr CT1-3 (SHOs)			
Dr ST4-6 (SpR)			
Dr SAS (Staff Grade/ Associate Specialist)			
Psychologists			
Others with non-MHP roles, and their bands *e.g. Associate Physician/Social Worker/Pharmacist/ Drug and Alcohol Worker/ HCA etc.*			

13. Consultants: Please use one row for each consultant and describe the following for each:

FTE *Please only include time assigned to this service*	**Certificate of Completion of Training (CCT)** *General Adult/Old Age/ CAMHS etc.*	**Endorsements** *Liaison/Addictions etc.*	**Employment status** *Substantive/Locum/ Temporary/Fixed term*

1	General adult		Substantive

ED Activity

14. Service referral criteria (incl. age range) from ED:

Please be as specific as you can, and please specify whether you always/sometimes/never wait for patients to be 'medically fit for discharge', or 'medically cleared' before seeing them.

General hospital staff can refer patients aged 18 and over for an assessment and advice on management of the following conditions:
Dementia or Delirium
Self-harm
Depression or Anxiety
Psychosis (hallucinations, delusions, paranoia)
Challenging behavior
Patients who are prescribed Clozapine
Advice regarding patients prescribed Lithium

A single point of contact is available 24 hours a day via a pager for all referrals. Liaison Psychiatry clinicians will respond to the pager within 30 mins and take details of the request for advice or assessment.

Actions will then be agreed including an approximate time of attendance to the ward.

The mental health clinician will quickly gather information from a variety of sources to establish if the patient is known to Mental Health Services; then will liaise with the Consultant Psychiatrist, Care Coordinator, Crisis Team and arrange the assessment.

The Mental Health clinician will keep the referrer informed of any progress or any delays in attendance to the ward.

Following attendance the Mental Health clinician will record their findings and the recommended action in the ward medical notes; clearly identifying Liaison Psychiatry, the time attended, their name and post.

In addition, verbal feedback will be provided to the referrer or in their absence to the nurse in charge.

The patient doesn't have to be medically fit as we work in tandem with the medical staff

15. Which team/s or service/s see ED referrals your service does not see?

Please be as specific as you can: Tell us who sees patients in different age ranges, out of hours, primary alcohol presentations etc. or if they are not seen.

Dementia team
Camhs
Integrated discharge team
Frailty team

16. Hours of service (incl. number of days per week):

Do not include transferring over to the on call SHO or a crisis team out of hours

24 hours 7 days a week

17. What happens outside the above hours?
Who sees the patients? Do they wait until the next shift?

N/a

18. What are the target wait times to see ED referrals (if any)?

1 hour

Ward Activity
19. Service referral criteria (incl. age range) from wards:
Please be as specific as you can, and please specify whether you always/sometimes/never wait for patients to be 'medically fit for discharge', or 'medically cleared' before seeing them.

Same as ED point 14

20. Which team/s or service/s accept ward (incl. MAU) referrals your service does not see?
Please be as specific as you can: Tell us who sees patients in different age ranges, out of hours, primary alcohol presentations etc. or if they are not seen.

Dementia team
Camhs
Integrated discharge team
Frailty team

21. Hours of service (incl. number of days per week):
Please do not include transferring over to the on call SHO or a crisis team out of hours.

24 hours 7 days a week

22. What happens outside the above hours?
Who sees the patients? Do they wait until the next shift?

N/a

23. What are the target wait times to see ward (incl. MAU) referrals (if any)?

24 hours

24. Criteria by which your service sees outpatients, if at all:
If there is more than one pathway to being seen as an outpatient, please list them and their criteria.

We don't not see outpatients
25. Is there a Frequent Attenders service? If there is, what date did it start, if you know? If there used to be one, what date did it start and what date did it stop, if you know? Please include contact details for the service if it is different to your Liaison service.

Please indicate how the frequent attenders service is best described	**Yes/No**

No specific staff - Case Management Meetings only.	yes
Designated member of staff or staff time from Liaison.	no
Designated member of staff or staff time from Acute Hospital.	no
Designated member of staff or staff time from another organisation, or other structure (please describe below)	no

We meet monthly with key stockholders and try to set up professionals' meetings and attendance plans

26. Impact of Covid-19 pandemic:
Please describe how the Covid-19 pandemic has affected your service. Please include the impact on staffing/morale/case mix/activity levels/relationships with other services. Please describe input into any specialist covid clinics.

We were fully staffed at the start of the pandemic and the pandemic causes huge anxiety in the team as a lot of them where from the BAME community and feared the virus

The demand on the service increased significantly as community-based services were shutting down and no longer were seeing patients face to face, subsequently a lot of the ED presentations were purely mental health related and without a physical health component (eg overdose or self-harm). Also, case where by adult abuse and domestic violence case with mental health issues become more increasingly apparent

No input in specialist covid clinics

Re case mix: increase in patients without pre-pandemic mental health issues due to not being able to cope with lock down or direct consequences of the pandemic eg loss of work. Also increase in elderly people attempting to commit suicide due to social isolation issues

Overall staff morale was initially fine with a "can do attitude" but as the pandemic went on and became more pre-longed and staff not being able to the normal tings outside work to relax (seeing friends, holidays) and add in the mix increased demand of the services. The staff morale became low, with a lot of negativity spiraling in the team and also people becoming physically and mentally tired. Evidenced with sickness rates going up and at times the loss of the previous excellent "can do work attitude"

As covid restrictions eased some members of staff designed to resign and work in primary care and it became harder and harder to recruit in vacant positions putting additional strain on remaining staff resulting in more resignations

27. Other activities your service undertakes, if any:
Many liaison services deliver teaching to staff, managers, students etc. Please describe all that happens and how frequently. Please also document any student attachments with your service. Please record any work undertaken by your service not captured above (e.g. non-ED S136s being undertaken).

We have paramedic students and student nurses and student OT's and junior doctors all the time in the team

We are also expected to deliver mental health awareness training to the general hospital staff to increase their awareness and ensure they have a better understanding in terms of mental illnesses, the services available and what to expect from liaison psychiatry

There is no set frequency for the teaching but we encourage this as much as possible

Final queries

28. Does your service use a competence framework? If so, please give details.
Particularly in how one is used. If no competence framework is actually in organisational use, but its existence is known and there are plans to use it, please document this too.

I believe we use the national liaison psychiatry competence frame work document

29. Do you use FROM-LP or FROM-LP 2 outcome measures? If so, please indicate which elements:

	Yes/No
IRAC	yes
CGI-I	no
CORE-10	no
Patient Satisfaction Scale	no
Friends & Family Test	yes
Referrer Satisfaction Scale	no
CROM	no
GOMM	no

30. Do you use any other outcome measures? If so, please describe them:

PREM : patient reported experience measures

31. Is your service worse, similarly or better resourced than it was in July 2019?

Funding wise better but we are having large issues with recruitment and retention at present and rely very heavy on agency rmn cover.

In addition, we have been unable to recruit a second consultant psychiatrist since 2020

32. What does your service do well?

Despite our challenges we have been able to provide an ongoing service and our quality click checks recently showed an improvement

33. What in your service is a challenge?
In particular, we would like to know if recruitment and retention is a challenge and what you may have done/are planning to do to meet that challenge. If one or more of your consultants has reduced their hours or retired early due to the pension rules, please document it here.

Recruitment and retention especially when it come to good quality staff, we rely very heavy on agency and locum staff

Educating the acute hospital in order to receive better quality referrals

34. Is there anything else you would like to contribute to the survey?
Perhaps your service has piloted an initiative, or used winter monies creatively – please tell us the specifics of your unique service. Please also tell us if you are delivering one or more research studies.

We have introduced a follow up clinic where by a patient can agree to receive either a call or video call 72 hours post discharge from liaison for those patients that have been referred to the community mental health team. However, this referral to cmht was prior to a weekend and or bank holiday. So, in order to breach that time, cap the clinic was introduced

Thank you for taking part in the Sixth Survey of Liaison Psychiatry in England (LPSE-6)

Please email your response to cft.lpse@nhs.net