Sustainable Outcomes Framework - Liaison Psychiatry

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"Sustainability in mental health care will deliver better outcomes for patients now and in the future, in the face of environmental, economic and social constraints."*

The NHS Five Year Forward View's first exhortation is that the sustainability of the NHS depends upon a radical upgrade in prevention. The Centre for Mental Health recommends that every general and acute hospital should have a sustainable, dedicated in-house liaison psychiatry service that can meet local needs. With innovative models of liaison services and outcome measures being developed, now is *the* time to develop sustainable liaison services. In mental health care, sustainability is achieved by systematically applying four principles: *Prevention, Empowerment, Improving value, Considering* carbon

On 27th October 2015, nine leading organisations in mental health pledged their commitment to a statement on the future of mental health care. The statement was launched alongside the Guidance for Commissioners of Financially, Environmentally and Socially Sustainable Mental Health Services at the Mental Health Sustainability Summit 2015.* The commitment was to improve the sustainability of mental health services by designing and delivering services that **prioritise these four principles**.

Here we present a framework demonstrating the application of these core principles to liaison psychiatry, with suggestions for outcome measurements to drive positive service change; we acknowledge that the provision of liaison psychiatry services is very variable across the country and that some of the suggestions will be more relevant than others for a given service.

PREVENTION

The liaison service holds a pivotal position in preventative measures in its interactions with patients, carers, acute trusts and community-based providers. With a span of mental and physical health, it can genuinely claim to be a holistic service. Liaison services will work towards preventing deterioration in mental, social and physical health, thereby reducing future crises and promoting recovery.

<u>Ways of achieving this include:</u>

- ✓ Presence of experienced staff in A+E
- \checkmark Use of predictive modelling tools
- Case management / MDT reviews of 'high risk' / 'frequent flyers'
- \checkmark Case finding
- ✓ Liaison with nursing homes
- ✓ Outpatient clinics for MUS/LTC

EMPOWERMENT

For those with episodes of mental illness, liaison services ought to approach treatment beyond the acute 'firefighting' period. Efforts are needed to encourage self-management and independence, through supporting community projects and other measures to maximise resilience.

Ways of achieving this include:

- ✓ Targeted input for those from vulnerable groups
- ✓ Social worker presence in the team
- \checkmark 24hr access to the liaison team
- \checkmark Educational sessions for staff and patients (may help with stigma)
- ✓ Availability of interpreters

Suggested outcome measures:

> % Patients with a self-care plan

Suggested outcome measures:

- \succ Reduction in self harm presentation rates
- \succ Reduction in inappropriate admission
- \succ Reduction in readmission rate at 30 days
- \geq Reduction in A+E attendance of 'frequent flyers'
- \succ Reduction in mental health admissions from care homes
- Reduction in discharges to long term care
- \succ Reduction in length of stay
- \succ Reduction in antipsychotic use and duration in dementia

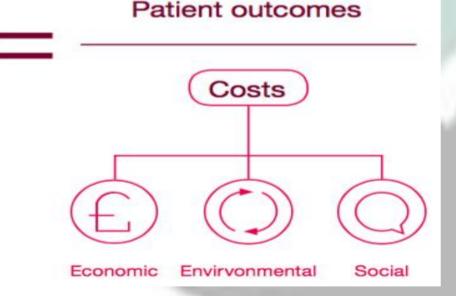
- > % Patients given copy of discharge correspondence Response times to referrals
- >Number of training sessions attended by acute trust staff Service user / carer involvement in service development / recruitment
- >Number of patients referred for self-help / peer support Improved scores on Patient Activation Measure assessments (or equivalent)
- >Number of patients taught self-help techniques (e.g. CBT)

IMPROVING VALUE

Commissioners of liaison services ought to ensure patient outcomes are paramount and not incentivise low value activities. A sustainable approach to increasing value is to ensure that every contact counts, that the right person is giving the right intervention at the right time, and that duplication and waste are minimised.

<u>Ways of achieving this include:</u>

- Presence of an appropriate skill mix of staff
- **Evidence-based interventions**
- ✓ Shared IT services
- Shared administrative structure (e.g. with SPOA)
- \checkmark Advice to colleagues on unnecessary investigations

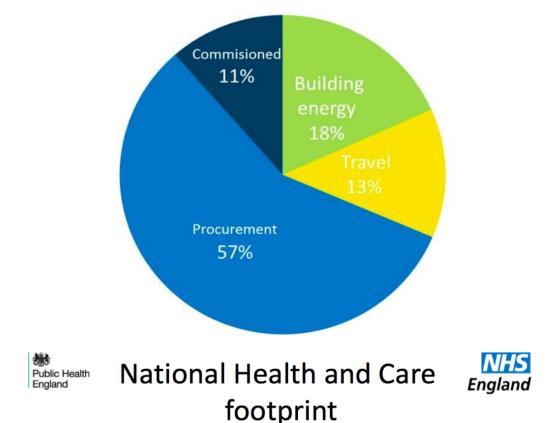


CONSIDERING CARBON

There is strong evidence on the adverse impact of climate change on mental health and the NHS is committed to reducing carbon emissions by 34% by 2020, in line with the UK Climate Change Act (2008). Within mental healthcare, pharmaceuticals and patient travel have been identified as carbon hotspots. Liaison services have a responsibility to consider the carbon footprint of their own activities and of their impact on the carbon footprint of wider services.

Ways of achieving this include:

- Use of telemedicine



<u>Suggested outcome measures:</u>

>Improved scores on patient and referrer satisfaction scales \geq Number of staff trained in CBT/MI (or equivalent) \succ Time spent on administrative work by clinicians >Achieving NICE indicators for self harm and other conditions



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✓ OPA clinics held in primary care ✓ Minimise energy usage ✓ Carbon footprint study of the service Suggested outcome measures:

>Number of patients offered telephone review for follow-up >Uptake of staff incentives for active travel >Energy consumption in liaison offices Holistic medication reviews

www.sustainablehealthcare.org.uk/mental-health

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