Kent and Medway
NHS and Social Care Partnership Trust

Liaison Psychiatry Services
Operational Policy

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DOCUMENT TRACKING SHEET

Liaison Psychiatry Services Operational Policy

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V1.0	Draft	February 2015	Acute Service Line Governance Meeting	Approved
V1.1	Draft	December 2018	Core Operational Group	Approved
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REFERENCES

Liaison Psychiatry for Every Acute Hospital. Integrated mental and physical healthcare. (RCPsych 2013)
No Health Without Mental Health The Alert Summary Report, Royal College of Psychiatrists and Academy of Medical Royal Colleges (July 2009)
Managing Urgent Mental Needs in the Acute trust, Academy of Medical Royal Colleges (2008)
Who Cares Wins. Improving the outcome of Older people admitted to the general hospitals. Royal College of Psychiatrists (2005)

RELATED POLICIES/PROCEDURES/protocols/forms/leaflets

Clinical risk assessment and management of service user Policy	KMPT.CliG.009
Use of HONOS Practice Guideline	KMPT.CliG.056
Consent to Treatment Policy	KMPT.CliG.049
Supervision Policy	KMPT.CliG.045
Safeguarding and Protecting Children and Young People Policy	KMPT.CliG.030
Safeguarding Vulnerable Adults Policy	KMPT.CliG.006
Confidentiality Code of Practice	KMPT.InfG.009
Health and Social Care Records Policy	KMPT.CliG.071
Sharing Personal Information Policy	KMPT.InfG.062
NICE guidelines (Self harm, anxiety, depression)	
NICE Implementation policy	KMPT.CliG.028

SUMMARY OF CHANGES

Date	Author	Page	Changes (brief summary)

CONTENTS

1 INTRODUCTION

"…liaison psychiatry is a crucial service for every acute hospital. This will improve quality of care and safety for patients as well as improving efficiency that is vital to the sustainability of our hospital systems"
Dr Janet Butler, Joint Chair of Working Group for "Liaison Psychiatry for Every Acute Hospital. Integrated mental and physical healthcare". (RCPsych 2013)

1.1 People with mental health problems attending or admitted to a district general hospital should receive the same priority as patients with physical problems. There should not be any discrimination against an individual because of mental health problems.

1.2 Many people are brought to Emergency Departments in acute distress, often in despair, some having harmed themselves; many are seriously disturbed or made ill by substance misuse, many are distressed as a consequence of the illness or injury that has brought them to hospital. Among people with a physical illness or injury serious enough to require admission, a high proportion of them have a mental health problem, frequently masked or overlooked and impacts on recovery.

1.3 According to the Royal College of Psychiatrists' and Academy of Medical Royal Colleges' Alert Summary Report, up to 60% of people aged 65 and over admitted to a general hospital will have or will develop a mental health organic or functional problem during their admission. Often dementia is not diagnosed until a patient is admitted to hospital for an acute physical illness, however it may be missed.

1.4 Good management of mental health problems can make a significant contribution to the effectiveness and efficiency of acute hospitals and improve the outcome for patients. Improved liaison services will enable effective management that builds on understanding within the workforce to develop core skills in the mental health care of general hospital patients.

1.5 A formal agreement has been made with the acute Trusts across the county to deliver a Liaison Psychiatry Service within their district general hospitals.

2 PHILOSOPHY OF THE SERVICE

2.1 All people in a general hospital should have equal and fair access to appropriate advice and or assessment and that people are seen at the right time, in the right place by staff with the most appropriate skills. As such the Liaison Psychiatry Service will promote the rights of patients with mental health problems to the highest level.

2.2 We maintain the values of KMPT:

Respect - We value people as individuals, we treat others as we would like to be treated

Open - Work in a collaborative, transparent way

Accountable - We are professional and responsible for our actions

Working together - We work together to make a difference for our service users

Innovative - We find creative ways to run efficient, high quality services

Excellence - We listen to continually improve our knowledge and ways of working

3 OBJECTIVES

3.1 The objective of a Liaison Psychiatry service according to the 2013 Liaison Psychiatry for every acute hospital is to take a proactive approach not limited to direct patient contact with a physical presence in the general hospital in order to:

3.1.1 Provide a mental health assessment service to patients aged 18 and over with mental health problems who attend the Emergency Department and/or those admitted to a district general (acute) hospital. These patients often have complex assessment needs resulting in longer waits and stays.

3.1.2 Ensure mental health assessments are undertaken in a timely manner and to facilitate effective discharge planning.

3.1.3 Reduce unnecessary hospital admissions and reduce the length of stay where appropriate.

3.1.4 Raise awareness of the importance of mental health; improve early detection of illness and its impact on physical health and recovery in a general hospital setting.

3.1.5 Facilitate the development of basic skills of mental health assessment and treatment by acute hospital staff.

3.1.6 Ensure that people with mental ill health have their needs appropriately met whilst under the care of the general hospital.

4 SCOPE AND RESPONSIBILITIES

4.1 Referral Criteria/Inclusion

4.1.1 The Liaison Psychiatry Service is available for anyone aged 18 and over, regardless of address, who is attending an emergency department or is an inpatient of the acute trust and requires advice, assistance or a mental health assessment.

4.1.2 Whilst the elements of the service are likely to be different for people aged 18 to 64 and people 65 and over, it will be delivered on the basis of need rather than age. (Who Cares Wins. Improving the outcome of older people admitted to the general hospitals. Royal College of Psychiatrists 2005)

4.2 Exclusions:

4.2.1 People 17 years and younger

4.3 Staffing:

4.3.1 Liaison Psychiatry is a sub speciality of mental health and as such requires an understanding of the special aspects of liaison work in an acute hospital setting and the significant difference from community mental health care delivery. It therefore requires a discrete team whose members' sole responsibility is Liaison Psychiatry.

4.3.2 All employed staff are professionally qualified and clinically supported.

4.3.3 All clinical professionals should be receptive and respectful of the individual's needs, competent to undertake an assessment, provide information on the problem, its management, the resources or interventions available to enable patient choice and facilitate access to other services on their behalf, considering risks and outcomes, demonstrating KMPT's values at all times.

4.4 **Resources:**

4.4.1 Within each emergency dept. there is an identified liaison assessment room and office space with PC and access to the patient electronic record, Rio, KMPT i-connect and email.

4.5 **Support:**

4.5.1 Anyone working outside of 9am to 5pm Monday to Friday can be supported by the Trust Clinical Lead; Psychiatric Manager on-call; Consultant Psychiatrist on-call; Child and Adolescent Mental Health Service; Kent Adult Social Services for advice or support if required/ as appropriate.

4.6 The team works closely with the Crisis Home Treatment teams for accessing admission to KMPT inpatient beds or to provide Home Treatment as an alternative to hospital admission.

5 MANAGEMENT STRUCTURE

5.1 The purpose of the Liaison Team is to develop and deliver an effective Liaison Psychiatry Service within a general hospital and in accordance with jointly agreed policies and protocols, overseen by the Liaison Management Team (consisting of Service Manager, Modern Matrons, Clinical Lead, Team Managers, Clinical Nurse Specialists and Consultant Psychiatrists)

5.2 Key service Indicators will be used to monitor the quality and effectiveness of service delivery.

6 ACCOUNTABILITY

6.1 Whilst the management team is accountable to and will report to the appropriate Head of Service, performance will be reviewed on a monthly basis via the Liaison Psychiatry and Acute Care Group Governance meetings.

6.2 Administration staff will be operationally managed by the Admin co-ordinator, working closely with Team Managers to effectively manage the admin requirements of the teams.

6.3 Local A&E delivery boards will hold the service to account as part of the Urgent Care pathway delivery system.

7 MEDICAL RESPONSIBILITIES FOR PSYCHIATRIC CARE

(Acute trust consultants will retain responsibility for physical health needs)

7.1 When a patient is taken on by the Liaison Team, medical responsibility (regarding mental health) is temporarily assumed by the Liaison Team Consultant, who will work in conjunction with the locality Consultant for the patient.

7.2 Medical responsibility transfers back to the locality Consultant Psychiatrist at the point of discharge from the Liaison Team.

7.3 If a medical intervention is required relating to mental health 'out of hours', the Liaison Team (or services acting on its behalf) will access the 'on-call' psychiatrist or duty junior psychiatrist for advice and/or guidance, where necessary.

8 LOCATION OF SERVICE

8.1 The service will be situated within the general hospitals.

9 TEAM MEETINGS

9.1 All team members will attend monthly team business meetings and monthly group clinical supervision sessions.

9.2 Representatives will also attend clinical meetings with the acute trust clinicians.

9.3 The Team Manager, Modern Matrons and Service Manager will attend both acute and mental health Trust management meetings as required.

10 SERVICE PROMOTION

10.1 The service will provide written material, outlining the service aims and objectives and how it can be contacted.

10.2 The teams will make presentations and be involved in educational sessions to the acute trust.

11 COMMUNICATION

11.1 The Service works with a broad range of systems to deliver effective communication with other services.

11.2 Team members carry pagers at all times to maintain communication with each other and the team base. This also ensures rapid response to referrals.

12 REFERRAL PATHWAY

12.1 Acute trust staff can request urgent and routine psychiatric opinion or assessment as per local referral pathway.

12.2 For an urgent referral where advice or assessment is required referrers will page the team leaving their name and extension number and will be contacted within 30 minutes for further details. Response times for urgent referrals will be 2 hours, except in Core 24 sites where this will be 1 hour.

12.3 The current commissioned operational hours of each Liaison Psychiatry Service are noted in Appendix B. On sites that do not have a commissioned Liaison Psychiatry Service across the full 24 hour period, Emergency departments can make urgent referrals to the locality Crisis Resolution Home Treatment Team (CRHTT) outside of operational hours. They will provide urgent assessment on site within 4 hours of referral where clinically appropriate and alongside their existing workload. Any referrals received but not assessed will be handed over to the Liaison Psychiatry

team at the commencement of the next shift. Those patients needing follow-up / review by Liaison will be allocated to the appropriate clinician.

12.4 **Escalation** Any referrer who is unhappy with a response from liaison psychiatry or the wider mental health service will be directed to the Team Manager, Matron or Service Manager or if outside of Monday to Friday 9am to 5pm then they should be directed to the Psychiatric on-call Manager via the Littlebrook Hospital switchboard (01322 622222).

13 OUT OF LIAISON COMMISSIONED HOURS ARRANGEMENTS

13.1 The Liaison clinicians will verbally handover and provide details by email of any ED referrals that cannot be completed within commissioned hours to the CRHT shift coordinator.

14 INTERFACE WITH OTHER MENTAL HEALTH SERVICES

(THERE ARE SPECIFIC INTERFACE PROTOCOLS AVAILABLE FOR EACH SERVICE, APPENDIX C)

14.1 **Home Treatment:** The Liaison service can accept referrals for people who my require home treatment on behalf of the CRHT Team,

14.2 **Requests for Hospital Admission:** When a decision has been reached by CRHT that a person requires admission to a mental health unit, the target transfer time agreed is 4 hours. The Liaison service will support acute colleagues in agreeing a management plan for patients awaiting a mental health bed.

14.3 It is the responsibility of the Acute Hospital Trust to arrange transfer of the patient to the identified mental health ward.

14.4 The Liaison staff can accept people into specialist mental health care on behalf of the community mental health team or crisis resolution home treatment team and therefore maintain close links through regular liaison.

14.5 The Liaison service will not take on the role of Care Coordinator within the CPA process. The responsibility for Care Co-ordination for existing secondary care mental health service users remains with the locality mental health team.

14.6 Secondary mental health services should inform Liaison if a patient open to them is admitted to a general hospital and would benefit from liaison support to ensure continuity of care. This is particularly important for patients from the mental health inpatient units, particularly those under Section. The Liaison service will communicate with the mental health teams, advising of their involvement and requesting information that may inform general hospital treatment plans/interventions. Joint working is encouraged.

15 SERVICE DELIVERY AND INTERVENTION

15.1 The Liaison Psychiatry service clinicians will provide advice, assessment and on occasion follow up and review of patients referred by acute trust clinicians.

15.2 After the patient has been assessed, the liaison worker will inform the referrer /GP of the outcome of the referral and the agreed plan if applicable. This will be

provided in the form of written feedback and verbal feedback.

15.3 Social care support is a critical component for patients and can inform the assessment process and influence the delivery of care. The Local Authority teams are required to work positively with liaison services.

15.4 The Liaison service will provide information to both patients and their carers/families on where they may be able to further access support services such as advocacy, practical assistance or information.

15.5 **Frequent Attenders:** Identified frequent attenders will be discussed with the relevant services and multi-agency professionals meetings arranged where applicable.

15.6 **Mental Health Act Assessments:** Liaison Psychiatry will provide a route for general hospital staff to follow to assist them in requesting a mental health act assessment and support in ensuring a timely assessment both in and out of hours.

15.7 **Section 136:** Members of the public who are detained under Section 136 of the Mental Health Act and taken to an Acute Hospital site will be referred directly to the AMHP Service by the Police. The Police and A&E staff will follow the 'S136 Pathway for Adults' as described in the Kent & Medway Section 136 Standards.

15.8 Liaison Psychiatry will not routinely become involved in the assessment of the individual. They can provide support to the Senior Clinician on duty in A&E in the risk assessment and decision making process of whether A&E can safely take legal custody for the S136 detained individual for the purpose of the MHA assessment due to prolonged physical treatment. This will enable the Police to withdraw. This decision will only be agreed if they are confident that A&E staff including security staff, are suitably trained and able to manage them appropriately. If a Section 136 expires whilst the detainee is undergoing physical treatment and all parties involved agree that an extension is not required, then the Section 136 will lapse and the individual will be referred to Liaison Psychiatry for assessment.

16 INFORMATION SHARING AND COPYING CORRESPONDENCE

16.1 Sharing information with patients can enhance communication and understanding, lead to informed decision-making and consent and promote engagement and empowerment.

16.2 For this reason all people assessed by liaison will be offered a copy of the Action Plan / GP Letter completed. Exceptions to this will be:

- When the patient does not want a copy
- When the clinician or team considers it may cause harm to the patient
- When the copy includes information about a third party who has not given consent to its disclosure (this exception does not apply where the person identified is a health professional acting in his/her professional capacity.

16.3 If not copied to the patient the reason must be recorded in the notes.

16.4 Reinforce the information and plan agreed with the patient

16.5 It must not contain information that is new to the patient

16.6 **Communication:** The Liaison Psychiatry Service will jointly work with the acute trust to improve patient experience by ensuring specific needs are met, have access to information allowing them to make informed decisions about their healthcare

17 DOCUMENTATION AND RECORD KEEPING

17.1 The Liaison staff use RiO patient database

17.2 Any assessments that cannot be recorded on RiO due to lack of time or technical problems should be handwritten and entered when next on duty, as per KMPT business continuity policy.

17.3 A brief written entry will be made in the acute trust records detailing date and time of assessment, summary of findings and ongoing management plan, with the clinicians name printed clearly under their signature.

17.4 All entries will be made in accordance with both acute and mental health Trust's Health and Social Care Records Policy.

18 SAFEGUARDING

18.1 The Liaison Service will liaise closely with Social Services Children and Families Services wherever appropriate, and will always adhere to statutory responsibilities regarding children and young people. The needs of dependent and adult children in relation to information about their parent's illness must be responded to in a manner which is age appropriate and recognises the fears and misconceptions which may be experienced by children.

19 CONFIDENTIALITY

19.1 The Liaison service abides by the KMPT and acute trust policies on patient confidentiality. The Liaison team works closely with significant others and will seek consent in involving others in patient care at all times.

20 STAFF SAFETY

20.1 All staff will be expected to adhere to the Health and Safety and Lone working policies of KMPT and acute trust and be aware of their own responsibilities with regard to their health and safety at work.

20.2 All necessary training will be undertaken in relation to:

- Risk assessment and management
- Lone working
- Health and Safety
- Personal Safety

21 PATIENT OUTCOMES

21.1 The service specification as part of the NHS contract will be monitored by the commissioning managers.

22 KEY SERVICE INDICATORS

22.1 A performance measurement system has been accepted as an important way of keeping track of progress and will assist in determining the starting point for target setting for the patient outcomes with the commissioning manager. The key service indicators will be reported each quarter for monitoring and evaluation purposes.

22.2 There are KPIs set across Kent and Medway.

23 MONITORING AND EVALUATION

23.1 The effectiveness of the Service will be evaluated and methods of evaluation will include: clinical supervision, evaluation of patient, carer and referrer satisfaction, staff morale indicators via satisfaction surveys, sickness levels, key service indicators and clinical audits, audit of 'Serious Untoward Incidents' via the Trusts' risk management and complaints process (as described in the Service Agreement with acute trust).

24 EQUALITY IMPACT ASSESSMENT

24.1 The Equality Act 2010 places a statutory duty on public bodies to have due regard in the exercise of their functions. The duty also requires public bodies to consider how the decisions they make, and the services they deliver, affect people who share equality protected characteristics and those who do not. In KMPT the culture of Equality Impact Assessment will be pursued in order to provide assurance that the Trust has carefully considered any potential negative outcomes that can occur before implementation. The Trust will monitor the implementation of the various functions/policies and refresh them in a timely manner in order to incorporate any positive changes. The Equality Impact Assessment for this document can be found on the Equality and Diversity pages of the trust intranet.

25 HUMAN RIGHTS

25.1 The Human Rights Act 1998 sets out fundamental provisions with respect to the protection of individual human rights. These include maintaining dignity, ensuring confidentiality and protecting individuals from abuse of various kinds. Employees and volunteers of the Trust must ensure that the trust does not breech the human rights of any individual the trust comes into contact with.

APPENDIX A ABBREVIATIONS

Abbreviation	Meaning
KMPT	Kent and Medway NHS and Social Care Partnership Trust
CRHTT	Crisis Resolution Home Treatment Team
CAMHS	Child Adolescent Mental Health Service
KASS	Kent Adult Social Services
KCC	Kent County Council
NICE	National Institute Clinical Effectiveness
CPA	Care Programme Approach
LPS	Liaison Psychiatry Service

APPENDIX B COMMISSIONED OPERATIONAL HOURS

Please note: this information is correct as of January 2019. Changes / Updates can be found via KMPT i-connect.

Acute Hospital Trust	Acute Hospital Site	Liaison Psychiatry Commissioned Hours
East Kent Hospitals University NHS Foundation Trust (EKHUFT)	Queen Elizabeth the Queen Mother (QEQM) Hospital, Margate	24 hours x 7 days a week
	William Harvey Hospital (WHH), Ashford	8am – 11pm x 7 days a week
	Kent & Canterbury Hospital (KCH), Canterbury	8am – 4pm x Mon to Fri
Maidstone and Tunbridge Wells NHS Trust (MTW)	Maidstone General Hospital (MGH)	8am – 8pm x 7 days a week
	Tunbridge Wells Hospital at Pembury (TWH)	8am – 8pm x 7 days a week
Medway NHS Foundation Trust (MFT)	Medway Maritime Hospital (MMH), Gillingham	24 hours x 7 days a week
Dartford and Gravesham NHS Trust (DGT)	Darent Valley Hospital (DVH), Dartford	9am – Midnight x 7 days a week

APPENDIX C LOCAL PROTOCOLS

Liaison Psychiatry Service and Community Mental Health Team / Community Mental Health Service for Older People Interface

LPS and CRCG and OASL Interface Proto

Liaison Psychiatry Service and Crisis Resolution Home Treatment Team Interface

LPS and CRHTT Interface Protocol De

Liaison Psychiatry Service and Mental Health Units Interface

11.12.17 LPS Mental Health Unit Interface

Liaison Psychiatry Service and Custody and Justice Liaison and Diversion Service Interface

October 2018 Liaison Psychiatry CJ