

CWOP/13/11

Adult Psychiatric Liaison Service

Service Specification

SUHFT ~ SEPT

Version 9
3/2/11

Contents

	Page
List of Abbreviations	3
1. Introduction	4
2. Service Aims, Objectives and Purpose	4
3. Clinical Governance	5
4. Referrals	5
5. Response Times	5
6. Assessments	6
7. Record Keeping	7
8. Communication	7
9. Prescribing	7
10. APLS Structure	7
11. Confidentiality	7
12. Service Development and Business Planning.	7
13 Key Performance Indicators	8
Appendix: Care Pathway	9

Transport: At the time of writing this service specification, processes around the transport of patients with psychiatric need to and from the ED at SUHFT are in the process of being agreed between SUHFT, NHSEEE and East of England Ambulance Trust.

At the point that these discussions conclude, this Service Specification will be amended to reflect the agreements reached.

List of Abbreviations.

AOS – Assertive Outreach Service.

APLS – Adult Psychiatric Liaison Service.

AMHP– Approved Mental Health Professional.

ED – Emergency Department.

MDTM - Multi Disciplinary Team Meeting

MFA – Medically Fit for Assessment

NICE – National Institute for Clinical Excellence.

RMN – Registered Mental Health Nurse

SEPT - South Essex Partnership Trust (Mental Health Trust)

SIs - Serious Incidents Requiring Investigation (SI(RI)) (Formerly SUIs - Severe Untoward Incidents)

SHO – Senior House Officer.

SLA - Service Level Agreement

Drafting Date: 1/2/11

Review Date: 6 months from date of signing.

Target Audience: SEPT /SUHFT

Circulation List: SEPT / SUHFT / NHS SEE/ ECC/ LINKS

Consultation Process: Electronic

Impact Assessment: Yes

1.0 Introduction.

The Adult Psychiatric Liaison Service (APLS) is provided by the liaison nurses based at the Assessment Unit and on call Psychiatrist based at Rochford Hospital.

The service is provided between the hours of 14.00 to 22.00, seven days a week, including Bank Holidays¹ and during these hours, an RMN is based in the ED at SUHFT.

The on-call Psychiatrists are based at Rochford Hospital and travel to SUHFT to assess patients at the request of A and E staff once patients have been examined and organic conditions ruled out. Patients must be deemed medically fit for assessment. The on-call rota covers the A and E for 24 hours although doctors work in shifts from 9am to 9.30pm and from 9pm until 9.30 am with half hour handover periods at the beginning of each shift.

Outside these hours, support is provided by the on call Psychiatrist.

2.0 Service Aims, Objectives and Purpose

2.1 To provide advice, signposting and emergency or urgent holistic biopsychosocial assessments if required that includes a risk assessment and mental health state examination and assessment of adults presenting at SUHFT ED with behaviours associated with a mental illness, deliberate self harm, including expressing suicidal ideation and inappropriate behaviours not associated with the toxic effects of substances with signs and symptoms of mental illness, including suicidal ideation and deliberate self harm.

2.2 To provide a risk assessment, advice (both to patients and health care professionals) and possible referral service for patients who are to be admitted (electively or non electively) to SUHFT with behaviours associated with a mental illness, deliberate self harm, including expressing suicidal ideation and inappropriate behaviours not associated with the toxic effects of substances.

2.3 To link with community services, including the voluntary sector carers or family members in planning outcomes where appropriate and with explicit patient consent.

2.4 To enable safe disposal from the ED within four hours of presentation (DOH 2002). (assuming availability of AMHP if necessary)

2.5 To provide education and advice to staff within the hospital, other colleagues and key stakeholders.

2.6 To incorporate into their work, the relevant professional and clinical standards from the National Service Framework for Mental Health (1999) and current national, local guidance and Best Practice.

¹ These hours are shortly to be extended

2.7 Where appropriate, following a comprehensive assessment of associated risks, an evidence based intervention plan will be jointly formulated with the service user and carers / family that seeks to promote the overall health and well being of the individual patient and their immediate family or carers. The APLS always seeks Service User consent before extending confidentiality to carers / family in this way.

3.0 Clinical Governance.

3.1 At the point that the APLS commences assessment, clinical responsibility for the patient passes to SEPT. This also results in a “clock stop” of the relevant SUHFT KPI. If following assessment secondary Mental Health Care Services are not indicated, clinical responsibility reverts back to SUHFT.

3.2 The APLS provides the highest standard of holistic assessment through the process of joint interviews whenever possible. This assessment is nurse led, or if necessary conducted with the on-call psychiatrist or other mental health professional.

3.3 As well as promoting overall worker and patient safety, joint assessments are also seen as a key step in Clinical Governance in the absence of a MDTM structure. On occasions, patients may be interviewed by a lone worker, and further referrals to the Home Treatment Team or other Teams as appropriate are further measures of Clinical Governance and patient safety.

3.4 Matters relating to Clinical Governance and professional discipline are processed through line management with due observation of relevant policy such as the Complaints Procedure and the recording of SIs² (serious Incidents, etc.)

3.5 All the nursing posts in the APLS are of a senior level for experienced and extensively trained nurses with a requirement for ongoing professional development.

3.6 The APLS seeks to provide a person centred and solution focused approach to assessment and possible intervention.

3.7 The APLS will respond appropriately with respect to enquiries and referrals arising from SUHFT and the wider care community, at the same time as operating within the boundaries defined by currently commissioned service.

4.0 Referrals.

4.1 Between the hours of 14.00 to 22.00, seven days a week, including Bank Holidays, referral is made directly to the RMN based within the ED at SUHFT

4.2 Outside these hours, to access the APSL, SUHFT contact the on-call Psychiatrist based at Rochford Hospital on 07507836959 or via the Contact Centre on 0300 123 0808 and ask for the psychiatrist on call.

5.0 Response Times

² Serious Incidents Requiring Investigation (SI) (Formerly SUIs - Severe Untoward Incidents)

5.1 The APLS / duty doctor from SEPT, will aim to achieve its target of enabling disposal from SUHFT A&E with 4 hours of the adult presenting at SUHFT. However, the APLS cannot commence an assessment until the patient has been deemed to be medically fit for assessment. At that point SUHFT will make a referral (to the APLS) and the assessment will commence within 2 hours.

5.2 If the time delay is due to factors other than the need for acute medical treatment, in order to achieve MFA, then the four hour clock will be stopped until such time as the patient is MFA. It is at this point that SUHFT should make a referral to the APLS.

5.3 In all cases, (other than for referrals by the wards at SUHFT for support and advice) a request from SUHFT for a physical presence on site at SUHFT of the APLS should be met within two hours. Out of hours the on-call psychiatrist will attend within two hours of being called (once the patient is medically fit for assessment), unless exceptional circumstances arise at Rochford Hospital in which the doctor must prioritise clinical risk and need and triage which site to attend first. The on-call psychiatrist will inform SUHFT about such circumstances.

5.4 Where a ward at SUHFT wishes to contact the APLS in order to obtain advice or support in the management of a patient on the ward who may have psychiatric needs, depending on the urgency / risk of the situation, the APLS will respond to urgent (chronic, not acute) calls within 4 hours (as with the A&E response) and routine calls with 24 hours. All routine requests for referral will be made through the APLS based in the ED on site.

6.0 Assessments.

6.1 No full assessment is conducted until the patient has been deemed to be medically fit for assessment and this opinion documented in the patient's hospital notes.

6.2 The APLS may gather and share patient information prior to assessment as appropriate, including items relating to risk and patient management. Patients are not obliged to stay for the assessment or talk with the APLS, unless it is determined by the referrer that there is a significant risk of further self harm or harm to the public.

6.3 Rarely, the patient might be deemed to lack the capacity to make this decision. (This decision is made by PHNT personnel with reference to The Capacity Act 2007).

6.4 Patients who are currently under the care of mental health services or who have recently received a full psychosocial assessment will be offered a review of their current mental state and a risk assessment.

6.5 The APLS provides joint assessments, and is gender sensitive to the patient's stated requests where possible. Assessments are undertaken within a holistic framework, and are person and solution focused.

6.6 Following assessment, if admission to a psychiatric hospital is indicated, the APLS will assume clinical responsibility and be responsible for and initiate an appropriate management.

6.7 Where, following initial assessment, it is deemed necessary to proceed to an assessment under the Mental Health Act, the APLS will make the necessary initial arrangements such as contacting the duty AMPH. From this point on, the assessment process (and therefore the disposal decision and time) becomes the responsibility of the AMPH with responsibility (for the assessment). Whilst SEPT (and SUHFT) will facilitate, (as they are able to) the completion of an appropriate assessment in a timely manner, the course of the assessment is without their preview.

7.0 Record Keeping.

All documentation arising from referral, contacts or assessments is stored on an appropriately secure data system.

8.0 Communication.

All patients have the right to be spoken to with the highest standards of communication. Equally, the APLS have the right to be addressed by patients in a non-aggressive, non-hostile manner that is free from prejudice. The APLS communicates on a regular basis to exchange information and ensure that effective working partnerships are maintained internally and externally. All APLS personnel receive regular clinical supervision, line management and annual appraisal, and refer to the Conflict Resolution Policy if required.

9.0 Prescribing.

The APLS is not directly a prescribing service, so when prescribing is required therefore, the APLS involves either the medical staff on duty in the ED at the time, or the on-call psychiatrist as appropriate. So, APLS staff need to be aware of the limitations of psychiatric pharmacy available in the ED and associated departments.

10.0 APLS Structure.

In the defined hours, the APLS is currently staffed by a senior level Registered Mental Health Nurse.

Outside the defined hours, cover is provided by the on-call psychiatrist.

11.0 Confidentiality.

The APLS adheres to the latest PCT policy on confidentiality and all Data Protection legislation in accordance with the Data Protection Act 1998.

12.0 Service Development and Business Planning.

12.1 Through audit and case by case discussion the APLS will continue to examine its role collaboratively with partnership colleagues and teams in:-

- 12.1.1 Breaches in the four hour ED target.
- 12.1.2 Serious Untoward Incidents, including patient deaths.
- 12.1.3 Complaints, enquiries and relevant investigations.
- 12.1.4 Training requests within SUHFT.
- 12.1.5 Breaches in the two hour referral target

12.2 The APLS will collate qualitative data from patient satisfaction surveys and ED staff questionnaires.

12.3 The APLS will promote parity and equitable service for all current and prospective mental health patients in SUHFT, as recommended by NICE (2004).

12.4 The APLS will work collaboratively with the ED and commissioners in developing dedicated Psychiatric Liaison Services for SUHFT

13.0 Key Performance Indicators

Indicator	Measure	Implication of non compliance
Time from receipt of telephone referral from SUHFT to physical presence on site at SUHFT of APLS	100% compliance to less than or equal to 2/4 hours as defined	As per Schedule 5 (or other) of contract
Time taken for disposal of patient from SUHFT to be achieved	100% compliance to less than 4 hours unless involvement of AMHP	As per schedule 5 (or other) of contract

14. Signatures:



For and on behalf of SUHFT

Date:4th February 2011.....



.....
For and on behalf of SEPT
Denise Cook , Director of Mental Health Essex

Date: 9th February 2011



.....
For and on behalf of NHS SEE

Date:3/2/2011.....

Appendix: Care Pathway



E:\SEEPCT\
Secondary Care Perf