

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement
Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

Service Specification No.	05/MHLD/0016
Service	Pan Dorset Psychiatric Liaison Service
Commissioner Lead	Mental Health & Learning Disability CCP
Provider Lead	Specialist Mental Health Service Manager
Period	
Date of Review	tbc

1. Population Needs

1.1 National/local context and evidence base

- Centre for Mental Health, 2011, Economic evaluation of a liaison psychiatry service
- Department of Health, 2011, Case for Change – mental health liaison service for dementia care in hospitals
- Department of Health, 2011, No health without Mental Health - Delivering Better Mental Health Outcomes
- Mental Health Network NHS Confederation, 2011, With money in mind – The benefits of liaison psychiatry
- Centre for Mental Health, 2012, Liaison psychiatry in the modern NHS
- Joint Commissioning Panel for Mental Health, 2012, Guidance for commissioners of liaison mental health services to acute hospitals
- Mental Health Network NHS Confederation, 2012, Liaison psychiatry – the way ahead
- Royal College of Psychiatrists' Faculty of Liaison Psychiatry, 2012, Liaison psychiatry and the management of long term conditions and medically unexplained symptoms
- Centre for Mental Health, 2014, Outcomes and performance in liaison psychiatry
- Department of Health, 2014, Achieving Better Access to Mental Health Services by 2020
- Department of Health, 2014, The Mandate A mandate from the Government to NHS England: April 2015 to March 2016
- NHS England, 2014, Five Year Forward View
- Department of Health, 2014, Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis
- Psychiatric Liaison Accreditation Network, 2014, Quality Standards for liaison Psychiatry Services, 4th Edition
- Public Health Dorset, 2014, Dorset, Bournemouth & Poole Joint Strategic Needs Assessment
- Strategic Clinical Network for Mental Health, Dementia and Neurological Conditions South West, 2014, Model Service Specifications for Liaison Psychiatry Services - Guidance
- NHS England, 2015, Guidance to support the introduction of access and waiting time

standards for mental health services in 2015/16

According to the Royal College of Psychiatrists (2013), 80% of all hospital bed days are occupied by people with co-morbid physical and mental health problems. Local intelligence estimate that at least 40% of the existing mental health treatment system population access general hospital services (Bournemouth & Poole Psychiatric Liaison Service Annual Audit, 2014).

National data suggests that 25% of all patients admitted to hospital with a physical illness also have a mental health condition. Local intelligence suggests that over 4000 presentations to local ED departments are attributed directly to mental health conditions. An audit of activity in Royal Bournemouth and Poole Hospitals in November 2013 recorded 166 self-harm presentations for that month alone. Extrapolated data collated as part of a local service review also suggests that more than 15,000 hospital admissions in 2013/14 were recorded as having both a physical and mental health diagnosis (Psychiatric Liaison Service Review, 2014).

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely <ul style="list-style-type: none">Reducing premature death in people with serious mental illness	✓
Domain 2	Enhancing quality of life for people with long-term conditions <ul style="list-style-type: none">Ensuring that people feel supported to manage their conditionEnhancing quality of life for people with mental illness	✓
Domain 3	Helping people to recover from episodes of ill-health or following injury <ul style="list-style-type: none">Improving outcomes from planned treatmentsImproving outcomes from injuries and trauma	✓
Domain 4	Ensuring people have a positive experience of care <ul style="list-style-type: none">Friends and Family TestImproving peoples experience of emergency and in-patient careImproving access to primary care servicesImproving experiences of healthcare for people with mental illness	✓
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm <ul style="list-style-type: none">Patient Safety Incidents ReportedReducing the incidence of avoidable harm	✓

2.2 Local defined outcomes

- Patients of local acute hospitals (Royal Bournemouth, Poole Hospital, Dorset County Hospital) have access to timely specialist mental health assessments that supports compliance with national waiting time directives.
- Reductions in length of stay / excess bed days among patients with a mental health / dementia diagnosis.

- Reduction in readmissions of people with dementia and mental illness
- Reduction in the number of frequent attendees to Emergency Departments
- Improved mental wellbeing of local population
- Improved awareness and understanding of functional and organic mental illness across acute hospital settings
- Improved levels of competence within acute general hospital workforce around risk screening
- Reduced number of serious adverse events associated with mental health presentations to acute general hospital settings.
- Improved patient and carer experience

3. Scope

3.1 Aims and objectives of service

- Provision of specialist mental health assessment and intervention within local acute general hospital settings
- Provision of a 24hr rapid response to Emergency Departments and Acute Assessment units that supports compliance with national ED waiting time directives
- Provision of risk assessment and associated management advice
- Provision of advice and brief intervention that supports hospital staff in respect of the safe operation of the mental health act and complex capacity assessments
- Provision of training and supervision to general hospital staff in the recognition and management of common mental health presentations including depression and anxiety, self-harm, alcohol and addictions, personality and eating disorders, psychosis, delirium and dementia.
- Provision of advice and guidance to local acute hospital services to enable them to meet NICE guidance criteria for managing mental health and psychological conditions and those co-morbid with long-term conditions
- Facilitate the smooth transfer of patients between in-patient hospital settings and community services for mental health, addictions, housing, care support and primary care to accelerate the onward care of people into a community setting.

3.2 Service description/care pathway

- 3.2.1 Liaison psychiatry, also known as Mental Health Liaison or Psychological Medicine, is the medical specialty concerned with the care of people presenting with both mental and physical health symptoms regardless of presumed cause. The specialty employs the bio-psychosocial model being concerned with the inter-relationship between the physiology, psychology and sociology of human ill health.
- 3.2.2 Liaison psychiatry services are designed to operate away from traditional mental health settings, in the main in acute care hospital emergency departments and wards, and medical and surgical outpatients.
- 3.2.4 Teams are consultant led multidisciplinary teams with clinicians usually having higher specialty training in general adult psychiatry in addition to a higher degree of specialty training in general medicine or general practice.
- 3.2.5 Liaison psychiatrists, as well as being in a position to diagnose and prescribe, can also formulate and deliver brief psychotherapeutic interventions most commonly cognitive behavioural therapy or psychodynamic interpersonal therapy.
- 3.2.6 Liaison psychiatry services hold expert knowledge on the safe operation of the mental health act in general health settings and provide expertise to capacity assessments.
- 3.2.7 The pan Dorset Psychiatric Liaison Service will provide rapid access to patients who require a specialist mental health assessment and supportive interventions whilst attending or already admitted to:

	<ul style="list-style-type: none"> • Royal Bournemouth Hospital • Poole Hospital • Dorset County Hospital
3.2.8	Access to specialist mental health assessment and intervention will be provided on the following basis: <ul style="list-style-type: none"> • Hospital in-patient settings: Mon – Fri 9.00am – 5.00pm (emergency requests for support from in-patient settings will also be accepted beyond these hours) • ED and Acute Admission Units: 24hrs per day
3.2.9	The service will provide timely access for patients irrespective of the hospital site by networking psychiatric liaison provision across the county to meet presenting demand.
3.2.10	Access standards will be in line with nationally derived standards for psychiatric liaison services as outlined below: <ul style="list-style-type: none"> • Emergency Referrals: specialist mental health response within 1 hour (An acute disturbance of mental state and/or behaviour which poses a significant, imminent risk to the patient or others) • Urgent Referrals: specialist mental health response within 4 hours (A disturbance of mental state and/or behaviour which poses a risk to the patient or others, but does not require immediate mental health involvement) • Non-urgent referrals (predominantly in-patient ward referrals): Specialist mental health assessment within 24 hours (All other referrals, including patients who require mental health assessment, but do not pose a significant risk to themselves or others, and are not medically fit for discharge)
3.2.11	Referrals received from Emergency Department settings will receive a response within a maximum of 4 hours to support compliance with national ED waiting time targets whereby 95% of individuals must be seen, treated, admitted or discharged within four hours of presenting.
3.2.12	Full bio-psycho-social assessments will be completed using formal assessment tools incorporating bio-psychosocial formulation, psychiatric diagnosis, and an emphasis on immediate risk assessment and management. Risk management plans will be developed that include co-produced crisis management plans that enable improved self-management.
3.2.13	The service will actively work with acute care hospital teams to optimise length of stay and accelerate care to out-of-hospital pathways by supporting treatment and discharge planning.
3.2.14	Key conditions / presentations that the service will offer expertise and support to include: <ul style="list-style-type: none"> • Deliberate self-harm • Common mental health problems • Severe and enduring mental health problems • Functional and organic mental health problems • Suspected somatoform disorder • Learning difficulty • Medically unexplained physical symptoms
3.2.15	Advice and guidance will be made available to acute hospital colleagues on a range of areas including: <ul style="list-style-type: none"> • Medicines management • Behavioural management • Eating disorders • Delirium • Dementia • Medically unexplained symptoms • Patients presenting with co-morbid mental health problems

- Access to mental health services
- The management of frequent attenders to ED
- Use of the Mental Health Act
- Mental Capacity Act assessment
- Safeguarding
- Comorbid mental health and substance misuse issues (in conjunction with hospital substance misuse / alcohol liaison teams where they exist)

3.2.16 The service will provide direct patient interventions incorporating:

- Therapeutic interviewing
- Brief evidence based psychotherapeutic and psychosocial interventions
- Pharmacotherapy
- Signposting and referral to other support health and social care services
- Mental Health Act assessment
- Mental Capacity Act assessment
- Follow up appointment on an out-patient basis where required and capacity allows

3.2.17 For those with severe and enduring mental health needs the service will facilitate access into specialist secondary care mental health services.

3.2.18 To support this, strong links and relationships will be fostered with key elements of the mental health treatment system including:

- Crisis Home Treatment Team
- Community Mental Health Teams
- Steps to Wellbeing
- Early Intervention in Psychosis Service
- Intermediate Care Service for Dementia
- Memory Assessment Service
- Memory Support and Advisory Service

3.2.19 The service will also develop strong links with other key services including:

- Drug & Alcohol services
- Street triage services
- Local Authority Out of Hours service (incorporating access to Approved Mental Health Practitioners)
- Primary Care

3.2.20 The service will ensure referral protocols/processes are clear, effective, and evidence based. Protocols will be monitored for compliance and effectiveness to support a culture of continuous service improvement.

3.2.21 Operational protocols incorporating thresholds for referral will be agreed jointly with acute care clinicians across the three hospital sites to ensure equitable and consistent provision across Dorset which support the development and delivery of a pan Dorset psychiatric liaison service.

3.2.22 The ethos of the service will be predicated upon a recovery model that supports social inclusion, and facilitates retention of positive attributes such as family, community supports and work & leisure occupations.

Support and Training

3.2.23 All local acute care hospital inpatient teams and ED can make a request to the liaison psychiatry service for support and training. Management and risk committees may also request help.

3.2.24 Training will be provided via a mixture of formal sessions on core topics and informal learning through working alongside the liaison psychiatry team supported by coaching and mentoring. The content of training provision will comply with the relevant PLAN accreditation

standards.

3.3 Population covered

3.3.1 All patients admitted or presenting to:

- Royal Bournemouth Hospital
- Poole Hospital
- Dorset County Hospital

3.4 Any acceptance and exclusion criteria and thresholds

3.4.1 All adults aged 18 years and over

3.5 Interdependence with other services/providers

3.5.1 The pan Dorset psychiatric liaison team will develop links with a wide range of services to promote safe, planned and joined up care that supports smooth transition from acute general hospital to community based settings.

Key interdependencies are with:

- Acute care physicians within ED and ward settings
- Hospital based psychology services
- Acute hospital drug & alcohol liaison teams
- Steps to Wellbeing (Primary Care Psychological Therapies)
- Primary Care Teams
- Community mental health teams
- Intermediate Care Service for Dementia
- Early Intervention in Psychosis services
- Intensive Psychological Therapy Service
- Crisis Resolution and Home treatment teams
- Community LD teams
- Community Aspergers and Autism Service
- Community Drug & Alcohol services
- Local Authority out of hours services
- Mental Health Street triage service
- 3rd Sector support organisations
- Recovery Education Centre

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

NICE clinical guideline 16, The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care

NICE clinical guideline 25, Violence: The short-term management of disturbed/violent behaviour in in-patient psychiatric settings and emergency departments

NICE clinical guideline 38, Bipolar disorder - The management of bipolar disorder in adults, children and adolescents, in primary and secondary care

NICE clinical guideline 42, Dementia: Supporting people with dementia and their carers in health and social care

NICE clinical guideline 77, Antisocial personality disorder - Treatment, management and prevention

NICE clinical guideline 78, Borderline personality disorder - Treatment and management

NICE clinical guideline 90, The treatment and management of depression in adults

NICE clinical guideline 91, Depression in adults with a chronic physical health problem: Treatment and management

NICE clinical guideline 103, Delirium: Diagnosis, prevention and management
NICE clinical guideline 120, Psychosis with coexisting substance misuse
NICE clinical guideline 133, Self-harm: longer-term management
NICE clinical guideline 136, Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services
NICE clinical guideline 178, Psychosis and schizophrenia in adults: treatment and management
NICE QS1, Quality standard for supporting people to live well with dementia
NICE QS39, Attention deficit hyperactivity disorder
NICE Q14, Quality standard for service user experience in adult mental health

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

Psychiatric Liaison Accreditation Network – Quality Standards for Liaison Psychiatry Services, 4th Edition
Nursing workforce that adheres with the Competence Framework for Liaison Mental Health Nursing [available at: <http://www.rcpsych.ac.uk/pdf/A%20Competence%20Framework%20for%20Liaison%20Mental%20Health%20Nursing%202014.pdf>] Accessed 15th June 2015.

4.3 Applicable local standards

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-D)

5.2 Applicable CQUIN goals (See Schedule 4E)

6. Location of Provider Premises

The Provider's Premises are located at:

7. Individual Service User Placement