Mental Health Provision in Acute General Hospital Health Setting
Ipswich Hospital NHS Trust

Expert care where needed competent care everywhere

Others Partners in the delivery of our vision include:
- Turning Point commissioned by Public Health, Suffolk County Council
- University of Suffolk
- Health Education East of England
- AMGER – Acute Medicine Group in the Eastern Region
Model Overview

Education programmes delivered to general practitioners along all points of continuum to ensure expert care where needed sustainable care and support everywhere.

Positive Emotional and Mental Health

Care delivered by a competent practitioner

Future care delivered by general nurses and doctors. Delivery of low level mental health care/high level emotional support to all patients supported by mental health screening tool

Aim:
Increase this cohort

Mental Health intervention required

Expert care delivered by psychiatric practitioners through referral

Out of hours referrals made into consultant by general practitioners with enhanced training (Trusted Assessors)

Outpatients input into targeted clinics

Aim:
Reduce this cohort

Acute psychiatric intervention / crisis care

FUTURE CARE
CORE24 and beyond for emergency care

24 Hour Mental Health Liaison for ED and short stay wards (EAU, SAU, PAU)
Improved patient experience – the right care in the right place at the right time, all the time

- Physical and mental health treated seamlessly
- Work towards ED working with the Psych Liaison team embedded as one team with one off duty
- Timely decision making and approach to ongoing care
- Reduce the time patients wait for assessments in the ED to 1 hour (24 hours/day)
- Patients in assessment areas have a mental health screening completed (MAU/SAU)
- Patients in assessment areas to be seen within 2 hours of referral
- Patients on in-patient wards to be seen within 24 hours (with a phased reduction to within 12 hours) 6 days a week
- All patients in the admitted pathway have access to information about where to seek help for their mental health
- Reduction in the need for patients in Woodlands to be transferred to IHT for treatment where possible
- Improved patient experience – the right care in the right place at the right time all of the time.
The update on phased operational approach of the model

**Front Door only service - Current**
- 07.00 – 21.00 – in-house Psychiatric Liaison Service to ED, EAU, Braitham/Capel Wards, SAU and PAU and Bergholt
- Overnight service provided by AAT from Woodlands

**Phase One (December 2017)**
- Nurse led service across base wards both in Acute and Community Hospitals provided Monday to Saturday 09.00 - 17.00
- Educational Programme Lead appointed and programme commenced
- Training programme developed with HEE

**Phase Two (April 2018)**
- Dedicated Consultant Psychiatrist for Older People across inpatient wards - 5 days a week
- Enhanced Nurse Practitioner service to include prescribing
- Review of clinics provision
- Appoint Psychologist to develop baseline and service for Medically unexplained Symptoms

**Phase Three (Post April 2019)**
- Continue to review demand and capacity for potential implementation of a 24/7 service for ED and Short Stay Wards
- Gap analysis and agreement of next steps

**Consultant still remains a locum - but will stay until post is filled**

**Delayed: recruitment now complete all band 6 commenced in April/May 2018 and started on the wards**

**Consultant Psychiatrist now appointed awaiting start date**
- Nurse Practitioner recruitment in progress
- Psychologist expanding to 1.0wte with UEA
Time of PLS attendance (completed by PLS)
**Ops Centre Display**

- Breach of SLA (Black) set by referral location
  - ED – 1 Hour
  - Assessment areas (EAU, SAU & PAU) 2Hrs
  - Base Wards 24hrs (1 working day)

**Psychiatric Liaison Service Display**

<table>
<thead>
<tr>
<th>NHS NO</th>
<th>FirstName</th>
<th>Surname</th>
<th>Age</th>
<th>Reason for Referral</th>
<th>Time of Referral</th>
<th>Location / Ward</th>
<th>Time seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>111-111-1111</td>
<td>Patient1</td>
<td>Surname1</td>
<td>54</td>
<td>Psychosis</td>
<td>1st May 18 07:15:00</td>
<td>EAU</td>
<td></td>
</tr>
<tr>
<td>111-111-1112</td>
<td>Patient2</td>
<td>Surname2</td>
<td>67</td>
<td>Anxiety</td>
<td>1st May 18 07:15:00</td>
<td>ED</td>
<td></td>
</tr>
<tr>
<td>111-111-1113</td>
<td>Patient3</td>
<td>Surname3</td>
<td>24</td>
<td>Drug &amp; Alcohol difficulty</td>
<td>1st May 18 07:15:00</td>
<td>Washbrook</td>
<td></td>
</tr>
<tr>
<td>111-111-1114</td>
<td>Patient4</td>
<td>Surname4</td>
<td>53</td>
<td>Psychosis</td>
<td>1st May 18 07:15:00</td>
<td>Woodbridge</td>
<td></td>
</tr>
<tr>
<td>111-111-1115</td>
<td>Patient5</td>
<td>Surname5</td>
<td>67</td>
<td>Anxiety</td>
<td>1st May 18 07:15:00</td>
<td>EAU</td>
<td></td>
</tr>
</tbody>
</table>

Auto – populated from Evolve when PLS staff Enter appointment time
Dashboard to measure delivery

Phase 1

Phase 1

- Create Dashboard for ED, Assessment Areas and Base Wards, as separate areas
- Review metrics to ensure remain act as Key Performance indicators

Phase 2

- Expand to days of week
- AAT activity vs PLS activity
- Define and embed feedback for learnings
- Capture ED attenders signposted to Primary Care (Risk matrix redesign), build
**Base Wards Mental Health Dashboard - (24hrs) - 1 working Day from TOR**

**Select Month**  
**Month-Year:** Jul-2016

**Click figures to go to data**

**Number of patients**

| LOS (Day) |  
|-----------|---
| Min LOS   | 3  
| Max LOS   | 30 |
| Average LOS | 15 |

**Age Group**

- 0 to 16: 25
- 17 to 18: 14
- 19 to 64: 247
- 65 to 74: 11
- 75 to 84: 2
- 85+: 3
- Unknown: 4

**Referrals**

<table>
<thead>
<tr>
<th>Number of Patients referred</th>
<th>205 / 67.45%</th>
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</thead>
<tbody>
<tr>
<td>Referred within 24 Hrs</td>
<td>128 / 42.11%</td>
</tr>
<tr>
<td>Average time to Referral</td>
<td>110</td>
</tr>
</tbody>
</table>

**Gender**

- Female: 51%
- Male: 49%

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**Referrals by hour**

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**Attendances Last 6 Months**

<table>
<thead>
<tr>
<th>Jan-16</th>
<th>Feb-16</th>
<th>Mar-15</th>
<th>Apr-16</th>
<th>May-16</th>
<th>Jun-16</th>
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<tbody>
<tr>
<td>284</td>
<td>290</td>
<td>304</td>
<td>284</td>
<td>290</td>
<td>304</td>
</tr>
</tbody>
</table>
Mental Health Education and Learning Strategy
The mental health education programme will include:

- Identification of mental health including mental health conditions
- High quality information enabling patients and staff to achieve their individual outcomes
- Personal resilience and emotional wellbeing
- Self-help signposting
- Simulation and reflection

In-patient with physical problem and long term mental health problem

Personal resilience and emotional wellbeing

The teaching methods will include:

- Case studies
- Simulation
- E-learning
- Patient stories
- Face to face
- iBooks
- Shadowing
- Reflection
- Care in a range of settings
- 1:1 learning
- Presentation
- Publication
- Undergraduate programmes
The outcome measures will be:

- Responsive care - patients getting input to maximise their physical and psychological needs to enhance clinical and wellbeing outcomes measured in time.
- Reduction in the need for patients in Woodlands to be transferred to IHT for treatment where possible
- Reduction in length of stay and readmissions for inpatients
- Supports the Trust strategic objective to reduce outpatients follow ups by the introduction of seamless pathways
- Reflect what people who use the service particularly in the self harm pathway
- Reduction in LOS patients referred to Psychiatric Liaison
- Reduction in outpatient follow-ups
- Be measurable using metrics with established reliability and validity.
Developments

Parity of service across the whole of ESNEFF

Quality work stream reporting into new Portfolio board

Scoping to be fully complete by end July 18.

- To include emergency, elective and outpatients at ESNEFT and Community hospitals, presenting with acute mental health conditions requiring acute general care.
- Over 13 years, patients requiring physical care with a mental health history or developing mental health presentation whilst inpatient. Patients referred Outpatients identified as having a potential or actual mental health condition
- This Project is focus on the delivery of services with ESNEFT.

System wide interphase:
Mental Health Crisis Task and Finish group
Suffolk Mentally Healthy Communities
Widening the engagement of Education providers