Improving patient care for mental health in Urgent and Emergency care

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- Lead Clinician (mental health) for the Greater Nottingham System Resilience Group UEC Vanguard
• How UEC Mental Health input can improve whole-system performance
• Providing specialist input at a local level (navigation)
• Enhancing access and support within primary care linked to integrated care models
How UEC Mental Health input can improve whole-system performance

- Liaison Psychiatry: positive outcomes for Acute Trust Emergency Department and Medical Admissions Unit flow.

- Dr Chris Schofield (Lead Consultant Liaison Psychiatrist, Queens Medical Centre, Nottingham)
- Dr Nikos Christodoulou (Consultant Liaison Psychiatrist, Queens Medical Centre, Nottingham)
- Amanda Kemp (Deputy Director of Local Services, Nottinghamshire Healthcare NHS Foundation Trust)
- Nikki Pownall (Deputy Director of Operations, Nottingham University Hospital NHS Trust)
- Teresa Cope (Programme Director Urgent Care, South Nottinghamshire CCGs)
What was the problem?

- Through monitoring and data collection at SRG it became clear that there were 2 key areas that needed resources to improve functioning.

- **Night time cover** (which was 1 MHLN per night) our largest time of breaches involving a psychiatric patient was at night.

- The second was Medical Admissions Units needing **early assessments** to improve flow in the whole system.
What happened

- We received funding that allowed us to increase our rota to 2 MHLN covering nights and allowed us to send a consultant liaison psychiatrist directly to the medical admissions wards.
What were the results?

<table>
<thead>
<tr>
<th>Before</th>
<th>After</th>
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<td>60 TDA breaches per week</td>
<td>15.5 TDA guidelines</td>
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<td></td>
<td>Case review psychiatric cause</td>
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<tr>
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<td>MHA</td>
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<td>6.7</td>
<td>1.7</td>
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- Following the funding our results were: This shows that by doing this using TDA guidelines we saved 44.5 breached per week (979 breaches over the funding period). If we used our individual analysis of the case we saved 53.3 breaches per week (1172 breaches over the funding period).
- **3% improvement on the overall Acute Trust 95% target figure.**

- Also 15% improvement in 1 hour ED response from 73.8% to 88.4%
Consultant on MAU

- An interesting result was that the assessments were faster not only in the patients directly seen by the consultant, but also by assessments done by others in the team once the consultant started.

- Before: Average assessment time = 2 hours 2 mins

- After: Average assessment time (by the consultant) = 1 hour 2 mins
  Average assessment time (not by the consultant) = 1 hour 36 mins

- This shows that placing a consultant at the front line speeds up assessment and can be used to improve flow in the acute hospital setting.

- All seen with care plan before 12 noon vs 21% before
As a result of the system wide analysis the winter resilience funding was agreed to become recurrent funding.
UEC Vanguard

MH Navigation
MH Navigation – patient flow

Emergency | Urgent | Routine

CRHT

MH Navigation

MH Navigation Locality clinics

Community Services
Enhancing access and support within primary care linked to integrated care models

- Principia MCP vanguard
  - GP liaison psychiatry model – if successful roll out to whole area

- LTC and Mental Health
Primary Care Psychological Medicine

Natasha Cain - MHLN
Dr Nick Page - GP
Chris Schofield - Psychiatrist
Primary Care Psychological Medicine
Long term conditions:
30% of population of England (approx. 15.4m people)

Mental health problems:
20% of the population of England (approx. 10.2m people)

30% of people with a long-term condition have a mental health problem (approx. 4.6m people)

46% of people with a mental health problem have a long-term condition (approx. 4.6m people)

From Long-term conditions and mental health: the costs of co-morbidities.
Many more reports and research
What about us?
DPM

- We get many patients who have been through the system.
  - Multiple Ix
  - Multiple services
  - Multiple organ failure
  - No clear answers

  - BUT IT IS PHYSICAL – IT IS NOT MADE UP!
Nottinghamshire

Inpatient admissions

Number of inpatient admissions

Patient 1
Patient 2
Patient 3
If we use year 0 as baseline (last observation carried forwards) saving of 125 bed days for Patient 1, 29 bed days for Patient 2 and 214 bed days for Patient 3.

Totalling 368 bed days saved in just 3 patients! This effect appears sustained and so would increase over time.
Medical conditions in these 3 patients included:

- short bowel syndrome,
- hypocalcaemia,
- hemiparesis,
- hypoglycaemia due to insulinoma,
- Ehlers Danlos syndrome,
- questions of Munchausen’s syndrome,
- manipulation of results,
- depression,
- anxiety,
- PTSD
- and much more.

None of the patients had Munchausen’s syndrome nor were they manipulating of results. They all have physical diagnosed illnesses and psychiatric diagnoses. As well as medical diagnoses 2 of them have MUS as well.
Who are we?

- Liaison Psychiatrist Consultant time
- Experience Liaison Nurses.
- Offering up 10 clinical sessions per week.
- Based at Castle Practice – but mobile.
What we will do

- Diagnosis of complex mixed medical and psychiatric morbidity (LTC)
- Case management of identified complex cases such as patients with complex Medically Unexplained Symptoms (MUS)
- Supervision and support for GPs and other healthcare professionals – for those who want it.
- Training healthcare staff – how to help your patients.
- Develop educational resources for patients.
We will

- See patients in Primary Care
  - And some at home
  - PROMS, CROMS, PREMs and GP feedback
  - CCG look at money
  - (GAD-7, PHQ-9, Core 10, EQ-5D-5L) – PROM
  - (CGI-I) - CROM
We are not the only ones doing this.

- Pennine Care
- Hull
- Tavistock
- City & Hackney
- Bradford
- There may be a few more.