

Review of NHS GG&C Unscheduled Care for Mental Health - Crisis, OOH and Liaison Sub Group

Liaison Short Life Working Group Report

Introduction

This report was commissioned by the Crisis, OOH and Liaison Sub Group as part of the Review of Unscheduled Care for Mental Health. The paper describes Mental Health Liaison services to Acute Hospitals across NHS GG&C for Adults, Older People and Addictions, highlights differences of service in the distinct geographical areas of Greater Glasgow, Renfrewshire and Inverclyde and offers considerations for equity of service provision, function and configuration by care group.

Background

A short life working group was established to scope out current Liaison service provision across Greater Glasgow and Clyde. The scoping included:

- Staffing profiles
- Any known gaps in service
- Does the service work to an operational policy
- Identify links to In-Patients and CMHTs
- Identify pathways in and out of service
- Any known or perceived service weakness that needs further exploration

The group has representation from each care group and geographical service area:

[redacted] - Glasgow Adult Liaison Service
[redacted] - Inverclyde Liaison Services
[redacted] - Renfrewshire Adult Liaison Service
[redacted] - Renfrewshire OPMH Liaison
[redacted] - Glasgow OPMH Liaison
[redacted] - Glasgow Liaison Addictions
[redacted] - Renfrewshire Liaison Addictions
[redacted] - Inverclyde Addictions Liaison

[redacted] - Inverclyde Liaison Service
[redacted] - Glasgow Adult Liaison Services
[redacted] - Glasgow OPMH Liaison
[redacted] - Renfrewshire Adult Liaison Service
[redacted] - Inverclyde Crisis Team Leader
[redacted] - Renfrewshire OPMH
[redacted] - Crisis Team Leader North East Glasgow
[redacted] - Glasgow Liaison Services

The group developed a scoping template and completed a literature review to support the process. The scoping template was completed by service leads in each geographical area and the information is summarised for each care group below. As a consequence of this the group identified three main functions offered by Liaison Services as, mental health assessment to emergency departments (ED), mental health assessment following self harm and mental health assessment to acute inpatients.

Adult MH Liaison

Adult Mental Health Liaison Services cover three geographical areas, Greater Glasgow, Inverclyde and Renfrewshire. All services offer mental health assessment following self harm and mental health assessment to acute inpatients. The Greater Glasgow service also offers mental health assessment to Emergency Departments. Renfrewshire and Inverclyde services operate Monday–Friday 9am–5pm. Greater Glasgow operates Monday–Sunday 9am–5pm, on Saturdays, Sundays and Public Holidays they only offer mental health assessment following self harm. In Renfrew and Inverclyde services the nursing staff are Band 6 reporting to local Team Leaders. In Greater Glasgow the nursing staff are Band 7 and report to Band 8a Clinical Nurse Managers within the service. Renfrewshire work to an operational policy, Greater Glasgow work to a service profile, Inverclyde do not currently have and operational policy or service profile.

Points considered	Greater Glasgow	Inverclyde	Renfrewshire
Hospitals Covered	QEUH, Glasgow Royal Infirmary, Gartnavel General, New Victoria, Stobhill, VOLDH and regional specialist services. Also ED (Mon – Fri) Hospices	Inverclyde Royal Hospital in patients.	Royal Alexandra Hospital in patients.
Working Hours	Mon – Sun Office hours	Mon – Fri Office hours	Mon – Fri Office hours
Staffing Profile	3.4 WTE consultant psychiatrists 2 WTE Band 8 Clinical Nurse managers 9.8 WTE Band 7 nursing staff 1 WTE clinical psychologists (2)	0.2 WTE Consultant Psychiatrist Junior Doctor (sessions unknown at this time) 0.5 WTE band 6 (0.5 CMHT)	0.5 WTE consultant psychiatrist 2 WTE Band 6 nurses
Operational Policy	Service profile ED and Inpatients including self harm	No Liaison nurse covers acute in-patients and carries a CMHT caseload.	Yes In-patients including self-harm and liaison
Pathways	Incoming referrals from inpatient wards and ED Onward referrals to specialist MH services, specialist acute services, addictions, etc.	Incoming referrals received from any in-patient wards within IRRH. Onwards referrals to specialist MH services, specialist acute services, addictions, ect	Incoming referrals received from any in-patient wards within RAH. Onward referrals to specialist MH services, specialist acute services, addictions, ect

Differences

- Greater Glasgow Liaison offer mental health assessment to ED Mon-Fri 9am – 5pm. Mon-Fri 5-8pm, weekends and PH this is provided by the Duty Doctor.
- Renfrewshire and Inverclyde do not offer a service to ED.
- In Greater Glasgow nursing staff are Band 7 and 8a and in Renfrew and Inverclyde they are Band 6.
- There are cross cover arrangements for Medical staff, this does not happen with any other discipline within the service.
- Greater Glasgow offer mental health assessment following self harm Mon – Sun 9am-5pm.

Considerations

- All three Liaison services offer mental health assessment to ED extending to a 7 day service, Mon-Fri 9am -8pm, weekends and PHs 9am-5pm.
- Renfrewshire and Inverclyde Liaison services extend mental health assessment following self harm to a 7 day service, Mon-Sun and PHs 9am-5pm.
- Greater Glasgow Liaison service withdraw from providing mental health assessment to ED and Crisis service offer this function Mon-Fri 9am-8pm, weekends and PHs 9am-5pm in alignment with Renfrewshire and Inverclyde
- Review of the nursing staff bands within Liaison services across the 3 geographical areas.
- One point of access for referrals for each acute hospital.

Older People Liaison

Older People Liaison cover 3 geographical areas, Glasgow City, Inverclyde and Renfrewshire. They offer mental health assessment to acute inpatients Monday-Friday 9am – 5pm.

Points Considered	Greater Glasgow	Inverclyde	Renfrewshire
Hospitals Covered	All Admission wards within acute across Glasgow City, continuing care units and AWI within care homes.		Royal Alexandra Hospital in patients and any area care homes.
Working Hours	Mon – Fri Office hours	Mon – Fri Office hours	Mon – Fri Office hours
Staffing Profile	15 clinical consultant sessions 6 WTE Band 6 nurses 1.5 WTE clinical psychologist	4 clinical consultant sessions 1xWTE Acute In-patient liaison nurse	4 clinical consultant sessions 2 WTE Band 6 nurses 0.75 WTE Band 5 nurse
Operational Policy	Yes	No	No (under development)
Pathways	Incoming referrals from inpatient wards. Onward referrals to specialist MH services, specialist acute services, addictions, third sector.	In-patient Liaison – referrals sent via internal mail from acute wards. Referrals screened by Liaison nurse daily. Onwards referrals directed to the most appropriate element of service for follow-up including consultants OPA, OPMHT, memory clinic, Care home Liaison nurse.	Incoming referrals from in patient wards direct to secretary. Discharge from liaison is agreed between consultants following ward MDT

Differences

- Greater Glasgow work to an operational policy, Inverclyde and Renfrewshire are currently developing an operational policy in line with Greater Glasgow's. Service leads meet regularly to ensure consistency across the service.

Considerations

- One point of access for referrals for each acute hospital.

Addiction Liaison

Addiction Liaison cover 3 geographical areas, Glasgow City, Inverclyde and Renfrewshire. They offer a service to acute hospitals detailed below including emergency departments. The service operates Monday-Friday 9am-5pm. Referrals received out with core hours are actioned the next working day. Greater Glasgow and Renfrew work to an operational policy, Inverclyde are developing one, the service Team leads meet monthly across the 3 areas to ensure consistency of service.

Points considered	Greater Glasgow	Inverclyde	Renfrewshire
Hospitals Covered	All acute hospitals in Glasgow city and Vale of Leven.	Inverclyde Royal Hospital and Larkfield Unit in-patients, Emergency Departments and out-patients. In-patient Mental Health Services.	Royal Alexandra Hospital acute in patients, Dykebar and 3B Leverndale MH inpatients.
Working times	Mon-Fri office hours	Mon-Fri 08.30 - 16.30 hours	Mon-Fri office hours
Staffing Profile	1 WTE Band 7 NTL 3.9 WTE Band 6 nursing staff 3 WTE Band 5 nursing staff	1 Band 7 NTL (shared with alcohol day services and community alcohol nurse teams). 2 Band 6 Acute Addiction Liaison Nurses.	2 WTE Band 6 nurses 1 WTE Band 5 nurses (currently seconded to another service)
Operational Policy	Yes	No, Implementation of acute addiction plan. Provide follow-up at liaison clinic as appropriate. Provide related training to acute hospital staff. Work collaboratively with acute adult and old age psychiatry. Provide management advice as per related guidelines.	Yes
Pathways	Inward referrals from acute in patients, including assertive outreach by the team, and liaison psychiatry. Onward referrals to MH services would be via MH liaison unless already open to CMHT.	Inward referrals via direct daily contact with medical wards, regular contact with A&E dept, telephone and written referrals from all hospital depts. Onward referrals to follow-up acute addiction liaison clinic. Referring to Liaison psychiatry, specialist community addiction services.	Inward referrals from RAH, mental health services, and from team visiting wards daily.

Differences

- No perceived differences.

It is worth noting, acute suggested there was a gap in Liaison services across evenings and weekends. The local service managers have provided the following response:

Addiction Liaison does not require to provide a rapid response as alcohol or drug use are chronic relapsing conditions, acute issues relating to withdrawal etc is a medical emergency and therefore requires admission to a medical bed. Discharge from an acute bed would proceed as previously planned over evenings and weekends.

Considerations

- One point of access for referrals for each acute hospital.

Unscheduled Care Review Sub Group for Liaison, OOH and Emergency Medicine

Date: Tuesday 5th September 2017 @ 2.30pm

Venue: Large Seminar Room, Dykebar Hospital.

Attendees:

Chair: [REDACTED] (LMcK) Service Manager
 Co Chair: J [REDACTED] (JB) Clinical Lead - Mental Health Service Redesign
 [REDACTED] (GR) Crisis Team Leader
 [REDACTED] (JK) ED consultant GRI
 [REDACTED] (JB) clinical lead MH Service Redesign
 [REDACTED] (AC) Service manager
 [REDACTED] (MH) People & Change Manager
 [REDACTED] (CMcD) NHS Police Custody Healthcare Service Manager
 [REDACTED] (FMcM) Program Manager Distress Collaborative
 [REDACTED] (GR) N.E Crisis Team Leader
 [REDACTED] (MR) Integrated ops manager
 [REDACTED] (ES) Professional Nurse Advisor
 [REDACTED] (PS) Nurse Team Leader
 [REDACTED] (MS) Consultant Psychiatrist
 [REDACTED] (JH) Consultant Liaison Psychiatry
 [REDACTED] (VMcW) ST6 Emergency medicine
 [REDACTED] (CM) Service Manager Older People and Primary Care
 [REDACTED] (JN) Locality Manager (West Ren) DN & RES
 [REDACTED] (GU) Health Improvement Lead (Mental Health)
 [REDACTED] (GMcl)
 [REDACTED] (KO) Clinical Services Manager
 [REDACTED] (KM) unite
 [REDACTED] (MMcC) Unison

Apologies:

[REDACTED] (CB) HMM
 [REDACTED] (JC) Joint Services Manager
 [REDACTED] (DB) Consultant Liaison Psychiatrist
 [REDACTED] (BM) Acute Addiction Manager
 [REDACTED] (LS) Associate Chief Nurse South Sector

Note Taker: [REDACTED] (AO) PA HMM

Item	Action
1: Apologies - Noted above	
The group amended the notes from the previous meeting. PS asked that she be on the distribution list. Janice Naven also asked that her apologies from the previous meeting were noted as she has submitted them. AO will correct. Notes approved.	
2: Introduction and welcome	
<p>Introductions were given twice as meeting was restarted due to late arrivals</p> <p>MMcC asked for background as this is her first meeting and not received any previous papers. AO Advised she is not on the distribution list. It was agreed that the attendance/distribution list needs to be confirmed and then updated. AO to check with CB then amend the TOR and reflect TOR in email distribution list once confirmed</p> <p>L McK gave a summary of the background to the UCR, structure and process so far and indicated that a full presentation had been given to the group at previous meeting. LMCK Advised that there is a Steering group for UCR two subgroups – for Liaison, OOH and ED & one for Crisis/Inpatient OOH there is also an HR Sub group and Data group.</p> <p>MMcC stated that she was not happy that no representatives had been involved or included and that this should come through SPF – LMCK advised that RCN and Unison had been involved from the start of Phase 1 and this work had now progressed to phase 2 with staff partnership involvement throughout. Katrina Phillips was dealing with what representatives are on each group and had sought clarification from SP on this. LMCK advised that due to personal circumstances CB would not be present and she would be chairing today on behalf of CB.</p>	AO

Item	Action
<p>Matters Arising:</p> <p>1. Work Plan – comments: The group decided that this would be discussed later in meeting as it was on the agenda but noted that changes had been made since last meeting.</p> <p>2. Incorporating Information on National drivers and links with national work: JB and PS had shared links from National work with the group after last meeting, it was agreed that AO would re circulate once distribution and membership updated. Some discussion took place about national versus local roles that people may have. JB re-iterated that people were invited here with the intention for their contribution to be made within their GG&C role or substantive role in their board, to avoid any potential conflict of interest especially where the individuals may hold a Scottish Government role out with their Board one LMcK re-iterated that this is an Internal Review but any information or support around National Drivers is useful to the group. Discussion about names for primary care CMcD confirmed in GGC our OOH services are still known as GP OOH.</p> <p>3. OOH Implication/resource CMcD is looking at options around the OOH CPN service, to take test of change forward. Paper to come back to this group</p>	<p>All</p> <p>AO/CB</p> <p>CMcD</p>
<p>TOR</p> <p>A question arose about which programme board is mentioned in the TOR. JB advised the group that the steering group is also being held tomorrow and will ask CB/KP for clarification and update. AO to ensure that TOR matches with distribution list. CB to update AO on correct attendees. PS also noted that in TOR breathing space should be removed. Group Also noted changes to the membership Dr S Richie should be removed from the distribution list.</p> <p>Discussions regarding job descriptions for the transformational posts, LMcK advised that work would be taken forward by the HR sub group. MMcC stated she knew nothing of the HR sub group. MH advised that Katrina Phillips sent an email out on the 1st August 2017. MH will resend KP email to GU and MMcC.</p> <p>CMcD discussed the Test of Change and paper to be developed also noted that as a secondary piece of work he has set up team meeting /development days in October 2017 with OOH team.</p> <p>FMcM highlighted that the distress collaborative were looking at proposals for what the alternative response in ED should be whether this is a community response or by a 3rd sector provider and that she has data on that now. She also noted they were doing work on pathways which would involved other services and boards such as NHS 24. JK also noted they have national data. FMcM and JK discussed this in more depth. PS CM and JK will meet with FMcM to ensure the data work that NHS 24 are proposing for OOH is amalgamated with the proposed work and data collection for Distress Collaborative to help streamline the data measurement framework that is in place already. Caldecott requirements must be met.</p>	<p>AO/CB</p> <p>MH</p> <p>CMcD</p> <p>PS CM JK FMcM</p>

Work Plan update on progress and Phases of Work	Action
<p>Work plan to be issued to group again for comments as additional new members are in attendance subject to agreed distribution. L McK stated this group will feed back to main Steering Group which all sub groups feed into.</p>	CB, AO
<p>Transformation Funding: It was noted that this would be to fill the gap in ED after 5pm and weekends. Job Description is completed and the banding is awaited. Then it will go to advert. Paper was completed/tabled for Staff Partnership Redesign and Engagement Forum.</p>	LMcK,
<p>Board wide services: Next steps in the discussion No update due to CB apologies; feedback at the next meeting.</p>	CB
<p>Tests of Change – OOH Look at Core Staff. Staff Meetings been taking place / staff development ongoing. Test of change paper for OOH staff in ED to be written up by CMcD</p>	CMcD
<p>Data Measurement Framework developed this has been agreed with managers and analysed by Business Intelligence. Reports will be produced on baseline to inform the above transformation work and OOH Test of change.</p>	
<p>Could feed into National Objectives – Scottish Gov - PS</p>	
<p>Tests of Change - Distress Collaborative.</p>	
<p>FMcM – looking at alternative responses at ED / Community response – expanding role. Currently collecting data – pathways work.</p>	FMcM JK PS
<p>Range of data available / sources / drivers trying to get info. FMcM to set up group & lead with JC & PS.</p>	
<p>Other comments on Work/action plan</p>	
<p>JH advised Liaison Psychiatry could input to sections two, three, five, six and eight of work/improvement plan.</p>	
<p>CM highlighted that there was no reference to Acute Mental Health and no mention of Older People is there a need to separate the over 65 Change.</p>	
<p>Also that there was no mention of Social Work / OOH services – requirements. L McK advised that this was on the other Sub Group/Steering Group.</p>	
<p>PS/JK reiterated that the work being taken forward in GGC could feed into achieving some of the national work around unscheduled care and the MH strategy.</p>	
<p>KM stated to the group he was finding this a complex area of work with a lot of detail to be understood LMcK advised that she would be happy for him to contact her out with this meeting and help with any questions he had. KM thanked L McK for this as he felt there was a lot of information around the review to be processed.</p>	

<p>HR Sub Group Update</p> <p>Job Descriptions for Transformational posts are at the AFC Panel 5th September 2017.</p> <p>Communication Plan:</p> <p>Newsletter coming from Steering Group and Local Managers keeping staff updated with changes coming.</p> <p>MMcC asked JB who is partnership representatives. JB advised that GU and KM are the representatives.</p>	<p>MH</p>
<p>New items</p> <p>OOH pathways mapping with GP Services and NHS 24 to be completed as not everyone understands how this works to be brought to next meeting</p> <p>Data measurement Framework further information</p> <p>JB has been working with managers on this with business intelligence. Framework has been agreed and analysis of feasibility complete. Has been tested and a data quality guidance has been developed as a result of this test of the framework. This will be implemented by the service managers across OOH/liaison service functions across GGC. Reports will be re-run in 1 month time to measure change in practice and assess data quality</p> <p>MR requested could we share further for learning or have this developed for other services JB explained that was not in scope for this group but this approach if it is successful could be used with other groups/frameworks</p> <p>Data Quality in the new EMIS system was discussed within the group, also the need to develop this guidance approach for Crisis & CMHT, Inpatient staff</p> <p>VMcW asked could ED access EMIS. She was advised that this will be taken to eHealth Strategy Group, discussion, paper written, and decision with GG&C Care Group Forum. Mental Health Medical Director (Michael Smith) involved in group. Most likely there will be summary information shared via the Portal</p> <p>ACP (Anticipatory Care Plan) – discussed merits of this for ED and sharing information.</p> <p>FMcM advised (not relevant to this group) Pathway being developed for people known to CMHT – care guidance. This has been at ED repeatedly presenting and would be looking to upload to clinical portal.</p> <p>GMcl reminded the group that people make assumptions info has been shared already. He asked Is anyone asking Service Users what they want. There is a lot of work already done on this and MH network could assist in the future with this.</p> <p>CM gave an example in older people's care where experience was measured. JB re-iterated that the managers would need to build in patient outcome and experience measures into the test of change proposals that will come back to this group for comment.</p>	<p>CMcD</p> <p>Service Managers</p> <p>Service Managers</p>
<p>AOCB</p> <p>No further business LMck thanked all and closed meeting</p>	
<p>Next Meeting due to take place on :</p> <p>7th November 2017 @ 2.30pm, Large Seminar Room, Dykebar Hospital</p>	