

0 Questionnaire

Sixth Liaison Psychiatry Survey of England (LPSE-6)

This is the 6th Liaison Psychiatry Survey of England. We are asking about the staffing and activities of services which provide mental healthcare in Acute Hospitals with Emergency Departments in England. All responses are read and understood by a person, so please just describe your situation if the questions don't address your circumstances very well. The spaces between the questions can be expanded, so please write as much as you'd like to.

Your details

1. What is your name and what are your contact details?

Email and/or telephone please.

Tom Clarke -01622725000

Service overview questions

2. What is the name of Acute Hospital and Acute Trust in which your team works?

Most Liaison Psychiatry services operate in a single acute hospital. If that is not your situation, please describe it.

Maidstone Liaison Psychiatry- Maidstone and Tunbridge Wells NHS trust

3. What is the name of the provider of your service?

Usually this is a Mental Health Trust.

KMPT NHS

4. What is the name of your team?

For example, Working Age Adult Liaison Psychiatry, Older Adult Liaison Psychiatry, Dementia Team, Drug and Alcohol, Children and Young People, HIV, Adult all age Liaison Psychiatry.

Liaison Psychiatry (18year and over)

5. Does your team offer Liaison Psychiatry to any other sites?

This might be another hospital, GP surgeries or somewhere else.

Maidstone and Pembury

6. During the Covid-19 pandemic, was there an alternative care pathway to the Acute Hospital Emergency Department for patients presenting primarily with a mental health problem? If yes, do you know when the service started, whether it remains in operation and/or when it stopped?

Please describe the location of this service, for example, acute hospital site either within or outside of ED footprint/on another site co-located with other mental health services. Please describe the staffing provision for this service, for example, staff from liaison services, staff from other mental health services or temporary staffing, or a mix. Please also describe the degree of physical healthcare this service can/could deliver.

The service ran as normal

7. Are there any other Liaison Psychiatry teams operating in your Acute Hospital? If so, please provide a name and contact for these teams.

We want to count every liaison professional once. You can do this by each service responding separately, or by including the people in all the services in a single response, or some combination.

No

8. Is your team's office in the same building as ED/wards? If not, is it on site? If not, what is the travel time (and mode of transport)?

Office is in the same building

9. Does your service/team offer anything clinical other than Liaison? If so, please outline the other clinical activities:

Some teams are unified Crisis, Home Treatment and Liaison, for example. Many pediatric services offer Liaison as one of many activities undertaken.

CMHT 72 hour follow up clinic for patients open to CMHT

10. Is your service securely and recurrently funded?

If the term is fixed but long, please tell us when it is up for review. Please describe if some or all of your service is recurrent but some is on short-term contracts. Please say if your service has to rejustify its existence at intervals or similar, even if the terms of this justification are vague.

Yes

11. In early 2022, NHSE announced £19M in flexible funding for adult crisis/liaison services up to 2024. Do you know if your Trust has been awarded a share of this funding? Do you know if any of the funding has come directly into your liaison service? If Yes, do you know how much was awarded to liaison and what was it used for? If No, do you know the destination of this funding?

No

Workforce

If your service delivers clinical care other than Liaison, please only include workforce figures for the Liaison part if you can. If there is no clear division, please describe the entire service and indicate approximately what fraction of the workload is Liaison.

In the 'No. of FTEs' column, please write the total number of Full Time Equivalentents for each row. For example, there may be 2 people in Band 2 Administrator roles, each working 0.6 of full time. This would make 1.2 FTEs.

12. Administrators, MHPs and Doctors:

| Role description & Band/Grade | No. of people | No. of FTEs <i>Please only include time assigned to this service.</i> | Employment status <i>e.g. Substantive/ Fixed term/Locum/ Temporary/ Winter pressures</i> |
|--|----------------------|---|--|
| Administrators Band 2 | | | |
| Administrators Band 3 | 1 | 2 | Fixed |
| Administrators Band 4 | 0.2 | 0.2 | |
| Administrators Band 5 | | | |
| MHP Band 5 | 2 | 2 | |
| MHP Band 6 | 8 | 8 | |
| MHP Band 7 | 2 | 3 | fixed |

| | | | |
|--|-----|-----|--|
| MHP Band 8 | 0.5 | 0.5 | |
| Dr F1 | | | |
| Dr F2 | | | |
| Dr CT1-3 (SHOs) | | | |
| Dr ST4-6 (SpR) | | | |
| Dr SAS (Staff Grade/ Associate Specialist) | 2 | 2 | |
| Psychologists | 1 | 1 | |
| Others with non-MHP roles, and their bands <i>e.g. Associate Physician/Social Worker/Pharmacist/ Drug and Alcohol Worker/ HCA etc.</i> | | | |

13. Consultants: Please use one row for each consultant and describe the following for each:

| FTE <i>Please only include time assigned to this service</i> | Certificate of Completion of Training (CCT) <i>General Adult/Old Age/ CAMHS etc.</i> | Endorsements <i>Liaison/Addictions etc.</i> | Employment status <i>Substantive/Locum/ Temporary/Fixed term</i> |
|--|--|---|--|
| 1 | General adult | Liaison | substantive |
| 0.5 | General adult | Liaison | substantive |
| | | | |
| | | | |

ED Activity

14. Service referral criteria (incl. age range) from ED:

Please be as specific as you can, and please specify whether you always/sometimes/never wait for patients to be 'medically fit for discharge', or 'medically cleared' before seeing them.

Accept referrals from ED 18 years and over. We will assess concurrently before being medically fit. (Fit for interview)

15. Which team/s or service/s see ED referrals your service does not see?

Please be as specific as you can: Tell us who sees patients in different age ranges, out of hours, primary alcohol presentations etc. or if they are not seen.

Patients under the age of 18yrs

16. Hours of service (incl. number of days per week):

Do not include transferring over to the on call SHO or a crisis team out of hours
24/7

17. What happens outside the above hours?
Who sees the patients? Do they wait until the next shift?
Liaison staff as operates 24hr a day

18. What are the target wait times to see ED referrals (if any)?

Within 1 hour

Ward Activity

19. Service referral criteria (incl. age range) from wards:
Please be as specific as you can, and please specify whether you always/sometimes/never wait for patients to be 'medically fit for discharge', or 'medically cleared' before seeing them.

18 years and over see within 24hrs

20. Which team/s or service/s accept ward (incl. MAU) referrals your service does not see?
Please be as specific as you can: Tell us who sees patients in different age ranges, out of hours, primary alcohol presentations etc. or if they are not seen.

Liaison see all patients over 18years old

21. Hours of service (incl. number of days per week):
Please do not include transferring over to the on call SHO or a crisis team out of hours.

22. What happens outside the above hours?
Who sees the patients? Do they wait until the next shift?

23. What are the target wait times to see ward (incl. MAU) referrals (if any)?
24hrs

24. Criteria by which your service sees outpatients, if at all:
If there is more than one pathway to being seen as an outpatient, please list them and their criteria.
Only for 72 hours follow up over the weekend for CMHT. Not face to face

25. Is there a Frequent Attenders service? If there is, what date did it start, if you know? If there used to be one, what date did it start and what date did it stop, if you know? Please include contact details for the service if it is different to your Liaison service.
Run by General hospital and ICS started 2 years ago

| Please indicate how the frequent attenders service is best described | Yes/No |
|--|---------------|
| No specific staff - Case Management Meetings only. | yes |
| Designated member of staff or staff time from Liaison. | Yes |
| Designated member of staff or staff time from Acute Hospital. | Yes |
| Designated member of staff or staff time from another organisation, or other structure (please describe below) | |

26. Impact of Covid-19 pandemic:

Please describe how the Covid-19 pandemic has affected your service. Please include the impact on staffing/morale/case mix/activity levels/relationships with other services. Please describe input into any specialist covid clinics.

Reduced morale. Increased use of technology

27. Other activities your service undertakes, if any:

Many liaison services deliver teaching to staff, managers, students etc. Please describe all that happens and how frequently. Please also document any student attachments with your service. Please record any work undertaken by your service not captured above (e.g. non-ED S136s being undertaken).

Teaching to the general hospital

Final queries

28. Does your service use a competence framework? If so, please give details.

Particularly in how one is used. If no competence framework is actually in organisational use, but its existence is known and there are plans to use it, please document this too.

Yes, nursing competency framework

29. Do you use FROM-LP or FROM-LP 2 outcome measures? If so, please indicate which elements:

| | Yes/No |
|------------------------------------|---------------|
| IRAC | yes |
| CGI-I | yes |
| CORE-10 | no |
| Patient Satisfaction Scale | yes |
| Friends & Family Test | yes |
| Referrer Satisfaction Scale | no |
| CROM | no |
| GOMM | no |

30. Do you use any other outcome measures? If so, please describe them:

31. Is your service worse, similarly or better resourced than it was in July 2019?

Same

32. What does your service do well?

Assess and signpost

33. What in your service is a challenge?

Recruitment and retention

In particular, we would like to know if recruitment and retention is a challenge and what you may have done/are planning to do to meet that challenge. If one or more of your consultants has reduced their hours or retired early due to the pension rules, please document it here.

34. Is there anything else you would like to contribute to the survey?

Perhaps your service has piloted an initiative, or used winter monies creatively – please tell us the specifics of your unique service. Please also tell us if you are delivering one or more research studies.

Thank you for taking part in the Sixth Survey of Liaison Psychiatry in England (LPSE-6)

Please email your response to cft.lpse@nhs.net