

## 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?

Jo Clarke

#### 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.*

Medway Maritime Hospital

Darent Valley Hospital

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

*Usually this is a Mental Health Trust.*

Kent and Medway partnership Trust ( KMPT)

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

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

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

No

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.*

We where able to try to undertake business as usual in terms of staffing on the ground, we took on gatekeeping role which would normally sit under CRHT and this virtually via Lifesize (like teams) we had senior presence remotely over weekend so Matrons would cover Liaison across Kent. We had a process for those referred from Corvid hot wards and did some telephone consultations. We have had a triage process for some years before this and was able to use it during these times. We where able to carry out a could degree of face to face care during the pandemic.

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)?

Yes, in Medway – Yes in Dartford

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.*

We offer 72 hr. follow up for those patients who we see on a Thursday Friday to bridge the Gap in our community services provision over the weekends

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?

I do not know

### 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 Equivalents 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:

<b>Role description &amp; Band/Grade</b>	<b>No. of people</b>	<b>No. of FTEs</b> <i>Please only include time assigned to this service.</i>	<b>Employment status</b> <i>e.g. Substantive/ Fixed term/Locum/ Temporary/ Winter pressures</i>
<b>Administrators Band 2</b>	1 at Dartford 2 in Medway	1 2	Substantive

<b>Administrators Band 3</b>			
<b>Administrators Band 4</b>			
<b>Administrators Band 5</b>			
<b>MHP Band 5</b>	2 in Medway 2 in Dartford		
<b>MHP Band 6</b>	8 in Dartford 9 in Medway		
<b>MHP Band 7</b>	2 in Dartford 4 in Medway		
<b>MHP Band 8</b>	1 for North Kent Dartford & Medway combined		
<b>Dr F1</b>	Varies both sites		
<b>Dr F2</b>	Varies both sites		
<b>Dr CT1-3 (SHOs)</b>	Varies both sites		
<b>Dr ST4-6 (SpR)</b>	1 in Dartford		
<b>Dr SAS (Staff Grade/ Associate Specialist)</b>			
<b>Psychologists</b>	1 in Medway		
<b>Others with non-MHP roles, and their bands</b> <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:

<b>FTE</b> <i>Please only include time assigned to this service</i>	<b>Certificate of Completion of Training (CCT)</b> <i>General Adult/Old Age/ CAMHS etc.</i>	<b>Endorsements</b> <i>Liaison/Addictions etc.</i>	<b>Employment status</b> <i>Substantive/Locum/ Temporary/Fixed term</i>
2 FTE Dartford			Substantive
2 FTE Medway			Substantive

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### **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.*

18 and above no age cap – we do not wait for the patient to be medically fit – we will have a look see and make a clinical judgment about a patient's ability to partake in a meaningful assessment

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.*

If some leave before being seen we will ask CRHT or CMHT to see – we see everyone referred to us

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 hours 7 days a week

17. What happens outside the above hours?

*Who sees the patients? Do they wait until the next shift?*  
NA

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

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.*

Over 18 – we don't wait for medical fitness

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.*

NA

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.*  
7 days a week – 24 hr. service

22. What happens outside the above hours?

*Who sees the patients? Do they wait until the next shift?*  
NA

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

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.*

We currently offer a follow up services for those we would ask the CMHT to offer 72 hr. follow up to – to bridge the gap of weekends and bank holidays

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.

Please indicate how the frequent attenders service is best described	Yes/No
No specific staff - Case Management Meetings only.	
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.*

Staff morale has fluctuated – the overwhelming sense of loss for society, our acute trust partners, wider in our own organization and personal has been a challenge – our organization KMPT has had a significant input in to wellbeing for our acute trust partners across Kent and we have worked closely with different acute hospitals to provide emotional support as appropriate – Eg working on access to pathways for acute hospital staff

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).*

Our consultants provide cover on KMPT's 136 Rota

We provide training for both Medway hospital and Dartford – on rolling programs with in these trusts, as part of induction for all staff, complex case training and the Dr's programs, we offer bespoke training for ward teams - our aim is to ensure we offer over 2 hours a month training on each site

We have student nurse and OT placements, paramedic trainees, junior Dr's and lots of other services coming to shadow us from new staff within KMPT to local drug and alcohol homeless teams

We offer debriefing to our partners following incidents

## 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.*

We use the Liaison competency frame work -Developed and Written by the London Liaison Mental Health Nurses' Special Interest Group

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

	Yes/No
<b>IRAC</b>	yes
<b>CGI-I</b>	Yes
<b>CORE-10</b>	No
<b>Patient Satisfaction Scale</b>	No
<b>Friends &amp; Family Test</b>	Yes
<b>Referrer Satisfaction Scale</b>	No
<b>CROM</b>	No
<b>GOMM</b>	No

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

We use PROM

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

Better

32. What does your service do well?

Good robust assessment put the patient first

We have a pathway for ACP and have 2 nurse consultants within the overall KMPT liaison service

33. What in your service is a challenge?

*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.*

Recruitment at times

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](mailto:cft.lpse@nhs.net)