Tees Liaison Psychiatry Service Specification

Status: Draft
Document type: Operational
1 Purpose

This service specification is a framework within which the Tees Liaison Psychiatry Service will operate. It should be seen as a working document as it will be reviewed and updated at least annually in order to remain relevant to service developments and changes in policy and practice.
2 Related documents

The Trust mission, vision and goals and statement of values and behaviours underpin this Operational Policy.

http://intouch/Aboutthetrust/Pages/Ourgoals.aspx
http://intouch/Aboutthetrust/Pages/Ourvaluesandbehaviours.aspx


3 Context, Statement of Intent and Service Provision

Tees Liaison Psychiatry Service comprises of two multi-disciplinary locality based teams and one speciality (CAMHS) based team of professionals. We provide specialist mental health services to both adults and children who present at or are an in-patient of one of the three acute hospitals in Tees (James Cook University Hospital, University Hospital of North Tees or University Hospital of Hartlepool), and have a diagnosed or suspected mental health problem.

Tees Liaison Psychiatry operates 24 hours a day, 365 days a year. The services basis and contact details are as follows:

North Tees Liaison team operates in University of North Tees and University Hospital of Hartlepool. The team are based at Farndale on the North Tees site and can be contacted on Tel. 01642 624318, fax. 01642 624306, team e-mail: tewv-nth-lp@nhs.net

South Tees Liaison team operates in James Cook University Hospital. The team are based at Roseberry Park on the same site and can be contacted on Tel. 01642 838201, fax. 01642 838213, team e-mail: tewv-sth-lp@nhs.net

The CAMHS Liaison Psychiatry Service is based at West Lane Hospital, Acklam Road, Middlesbrough, TS5 4EE. The team can be contacted on Tel. 03000132000 option 1

Each team has a number of band 6 nurse, who work across the age range. The band 6 nurses provide the frontline first contact in most instances. They are supported by Consultant Psychiatrists, Associate Nurse Consultants, an Advanced Nurse Practitioner (Dual Diagnosis), Support Workers, Occupational Therapists, and dedicated psychology and medical staff of varying grades, who provide specialist age and/or condition specific expertise.

The South Tees Liaison Psychiatry service, in addition to the core business described above, have service level agreements with Teesside hospice and Carillion; the former providing advice and support for people with mental health problems accessing the hospice, and the latter providing Occupational Mental Health assessments.

Statement of Intent

We provide an efficient, effective and seamless, 24 hour individualised mental health service for people individuals who are accessing the acute general hospitals on Tees. We offer person centred assessment and interventions, support, advice and mental health education/promotion, and aim to ensure the best patient experience.

Our success depends upon working in partnership with patients and the people who support them, and in collaboration with staff of the acute services, other mental health and mainstream health teams, and voluntary, private, and not for profit health and social care providers.

We are committed to promoting positive attitudes towards mental health and to improving the knowledge and understanding of staff working in general hospitals, enabling them to better support individuals with mental health needs.
3.1 Vision

The shared vision of Tees Liaison Psychiatry is:

‘to be the best that we can be’

To achieve our vision we will:

✓ listen to our patients, carers and partners
✓ be compassionate and caring, person centred in our approach
✓ be professional in our approach to patients, carers, partners and each other
✓ celebrate our successes but acknowledge and change when things aren’t right
✓ work as a team, listen to each other, understand each other, accept we are not all the same, respect each other’s opinions, support each other, praise and motivate each other
✓ develop, enhance and maintain specialist skills in specific areas of liaison psychiatry
✓ know our limitations and seek opportunities to develop our own skills and knowledge
✓ share our skills, knowledge and expertise with each other, our patients and carers, and staff in our partner organisations
✓ positively challenge ourselves, each other and our partners so that we constantly improve
✓ use opportunities for reflection positively, even when we feel challenged
✓ base our clinical decisions on evidence based practice
✓ have a ‘can do attitude’ and think creatively to find solutions to problems, and if there is something we cannot do we will explain why
✓ demonstrate a positive attitude and take pride in our work
✓ be visible and promote our service in the general hospital
✓ tackle stigma towards mental health by modelling, sharing knowledge, challenging discrimination and beliefs
✓ be aware of our own well-being and that of each other and support each other to take action when well-being is compromised
✓ take care of our own safety and the safety of others
✓ make best use of our resources such as time, each other, carers, information, technology, equipment, standard processes
✓ be supported by strong clinical leaders and managers who invest in our development, thank us and give praise for a job well done, but equally do not accept behaviours that are at odds with the service and Trust vision.
✓ Operate 24 hours a day, 7 days a week
✓ Provide comprehensive mental health assessment including assessment of risk
✓ Provide diagnostic assessment
✓ Plan care and deliver targeted interventions based on relevant care pathways and assessed needs, in collaboration with the clinical staff on the wards and including the participation of the individual and where appropriate carers.
✓ Provide advice and education to individual’s, and where appropriate their carers regarding health promotion, harm minimisation, self-help and coping strategies.
✓ Advise on care and management strategies (including role modelling) particularly if there are difficult behavioural or psychological symptoms present
✓ Provide a second opinion in relation to a service user's capacity to consent or refuse treatment
✓ Provide formal teaching and informal training to acute hospital staff
✓ Support with complex discharge planning, placing an emphasis on diversion and discharge from A&E and on facilitation of early but effective discharge from general admission wards
✓ Operate a number of follow up clinics for patients discharged from hospital including self harm7, substance misuse, psychological input, old age psychiatry, medically unexplained physical symptoms (limited to one-off session as opposed to ongoing psychological
therapy) and an adjoined memory clinic for patients with delirium and suspected underlying dementia

 ✓ Involve the care co-ordinator or lead professional of individuals who are already subject to the CPA approach during the acute hospital admission in order to provide continuity following discharge.

 ✓ Refer into other mental health teams for ongoing assessment and treatment needs
4 Referral Process and Response Times

Referrals are accepted for any patient based in any ward or department of James Cook University Hospital, University Hospital of North Tees or University Hospital of Hartlepool

Referrals can be made by:

- Any health or social care professional employed within the James Cook University Hospital, University Hospital of North Tees or University Hospital of Hartlepool
- Patients and Carers where appropriate
- Community Mental Health Teams - this referral should clearly outline the roles of both Liaison Psychiatry and the CMHT whilst the patient is in the acute trust

If referrals are received from NHS Walk-in centres, the referrer will be advised to either arrange for any patient with co-morbid physical health problems to be transported to the local A&E department for assessment by Liaison Psychiatry or refer to the local Crisis Response Team.

In addition team members visit A&E and wards daily and make regular contact during the day (pulling referrals to the service), with the aim of identifying referrals early.

Upon receipt of the referral, Liaison Psychiatry will discuss and negotiate the timeframe for assessment with the referrer. This will depend on the needs of the patient, the patient’s fitness to be interviewed and existing workload with the service.

Unless there is a reason to delay the assessment identified with the referrer response times will aim to be

- Aim to provide rapid assessment with an aim of 1 hour for A&E referrals (Maximum of 4 hours)
- Aim to provide rapid assessment with an aim of 4 hour for ward referrals (Maximum of 24 hours)

The rationale for any delay outside of the above timeframes should be clearly documented on the Electronic Patient Record.

N.B. Fitness to be interviewed does not mean ‘Medically fit’. Clinicians to use the Capacity to be assessed assessment tool to determine fitness to be interviewed, particularly those patients who are intoxicated.
4.1 Patients who leave the Acute Hospital prior to assessment

Patients who leave the acute hospital before a mental health assessment is completed may be offered an assessment as an out-patient, the decision to do so is based on risk and knowledge of the patient.

5 Assessment, Outcome and Documentation

The assessment performed by Liaison Psychiatry will be in accordance with the Clinical Risk Assessment and Management Policy (CLIN/0017/v5(1) and the Policy and Procedure for PARIS (IT/0024/v2(1).


Prior to commencement of the face to face contact, any previous assessment held within the electronic patient record or held by partner agencies will be considered if available, along with collateral information from family, friends and carers if consent to do so is given.

The patient will be assessed in the acute trust in the most appropriate location, taking into account any identified risks and patient limitations. See Risk Assessments in and Health & Safety file.

At the commencement of the face to face assessment, consent is sought from the patient and capacity to undertake the assessment is assumed. If the patient declines an assessment, a judgement of their capacity to do so will be made.


If English is not the patient’s first language they will always be offered an interpreter and this will be documented in the electronic care record.

An activity entry will be made summarising the assessment findings and the treatment/management plan in all cases.

All patient reviews will be documented as an activity entry.

In all cases, patients (and carers when appropriate and consent gained) will be given a care plan, with appropriate contact numbers e.g. Crisis team, IAPT etc.

Written and verbal information relating to a patient’s illness, symptoms and treatment will be given on an individual basis.

Following every assessment and review, Liaison Psychiatry clinicians will clearly communicate the outcome of the patient assessment to Acute Trust staff. The assessment will be documented in the
If a patient warrants support from additional services, either within primary, secondary mental health or the voluntary sector, a referral will be made by Liaison Psychiatry using the agreed processes for each service.

A copy of the Liaison Psychiatry assessment will be sent to the GP once the assessment is completed.
6 Formulation /Multi Agency Care Planning

There is a cohort of patients who repeatedly present at the Acute Trust with behaviour that the staff find challenging, some of these will present repeatedly.

Liaison Psychiatry lead multi-agency/multi-professional formulation and care planning sessions for these individuals who do not have/require an open mental health referral; when the patient is involved with a mental health team Liaison Psychiatry support the Care Coordinator/Lead Professional to lead the process.

Patients and carers are involved in the process whenever appropriate.

Formulations and care plans are documented with the patient’s electronic care record and shared with all involved agencies to ensure a coordinated and consistent approach to the individuals’ needs.
7 Specialist Provision in addition to Core Liaison Psychiatry Service

7.1 Confusion, delirium and frailty provision

To provide prompt front of house (A&E, MAU, EAU and specialist frailty unit(s)) assessment, care planning, advice, short term interventions and care delivery for adults with confusion, delirium, and/or diagnosed or suspected dementia and North Tees and Hartlepool NHS Foundation Trust. Predominantly but not exclusively this is the frail elderly or those with long term physical and co-morbid mental health conditions. The intention of this development was to commence earlier pharmacological and non-pharmacological treatment and support with positive risk taking in order to support admission avoidance, and earlier discharge. It also promotes more effective care in the community at an earlier point in the patients’ care journey by collaborating with existing generic and mental health services. The service is delivered by specialist nurses who are part of the Liaison Psychiatry service, 8am to 8pm, across 7 days

A holistic assessment is completed for those who are medically stable and care planned with the aim of supporting the individual to return home as soon as possible. This plan is frequently multi-agency/multi-disciplinary in nature and requires collaborative working with A&E medical, nursing and therapy staff and generic and mental health specialist services that already exist.

In addition the knowledge and skills of the staff in A&E regarding delirium, dementia and depression are being enhanced by on the job training and case discussion.

This model is supported by Canadian research (Donnelly, McElanhey and Carr 2011) which identified five recommendations for improving the care for persons with dementia in emergency departments:

1. Screen all patients for delirium who show indications of cognitive impairment.
2. Provide appropriate triage for patients with dementia and involve specially-trained geriatric emergency nurses where possible.
3. Focus on working closely with caregivers as partners in care.
4. Follow appropriate guidelines for managing behaviour problems in dementia, starting with non-pharmacological approaches and adding medications as needed.
5. Improve training of all personnel in emergency regarding appropriate care for persons with dementia.

North Tees and Hartlepool – Recurrent Funding via Systems Resilience Group (SRG)

South Tees – Temporary funding agreed via SRG to August 2016 – Awaiting decision on future service provision
8 Working with carers


Liaison Psychiatry clinical staff will then strive to actively involve the Carer in devising the patient’s care and treatment plan, unless there are clear reasons not to do so.

The Liaison Psychiatry Service also signposts Carers to local Carer Support Organisations, to ensure a Carers Assessment is conducted and the Carer receives appropriate support.